

**SUBMITTAL COVERSHEET**  
**Nanuet UFSD -Phase 3 Projects**

**Architect:**  
KSQ Architects  
215 W 40<sup>th</sup> Street, 15<sup>th</sup> Floor  
New York, NY 10018

**Owner:**  
Nanuet Union Free School District  
101 Church Street  
Nanuet, NY 10954

**Construction Manager:**  
Jacobs  
One Penn Plaza, 54<sup>th</sup> floor  
New York, NY 10019

**Contractor:** Joe Lombardo Plumbing & Heating of Rockland Inc

**Contract:** Ron Lombardo

**Address:** 321 Spook Rock Road Suite 109A  
Suffern, New York 10901

**Telephone:** 845-357-6537

**Fax:** 845-357-8529

**School Name:** Nanuet Union Free School District Phase 3 Bond Projects @ Barr Middle School & Nanuet High School

**Type of Submittal:**

**Re-submittal:**  No  Yes

- Shop Drawings     Product Data     Schedule     Sample     \_\_\_\_\_
- Test Report         Certificate         Color Sample     Warranty     \_\_\_\_\_

**Submittal Description:**

**Product Name:** asebestos abatment - barr ms

**Manufacturer:** \_\_\_\_\_

**Subcontractor/  
Supplier:** \_\_\_\_\_

**References:**

**Spec. Section No.:** 028200

**Drawing No(s):** \_\_\_\_\_

**Paragraph:** \_\_\_\_\_

**Rm. or Detail No(s):** \_\_\_\_\_

Architect's/ Engineer's Review Stamp          	<b>Contractor Review Statement:</b>  These documents have been checked for accuracy and coordinated with job conditions and Contract requirements by this office and have been found to comply with the provisions of the Contract Documents.  <div style="display: flex; justify-content: space-between;"> <span>Ronald J. Lombardo</span> <span>9-29-23</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name:</span> <span>Date:</span> </div> Company Name: Joe Lombardo Plumbing & Heating of Rockland Inc.
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**Remarks:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> National Insurance Brokerage of New York, Inc. 175 Oval Drive  Islandia NY 11749	<b>CONTACT NAME:</b> Cheryl Kremenick <b>PHONE (A/C No. Ext):</b> (631)273-4242 <b>E-MAIL ADDRESS:</b> ckremenick@nibony.com	<b>FAX (A/C, No):</b> (631)273-8990
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> NSC Abatement Services, Inc. 122 East Third Street  Mount Vernon NY 10550	<b>INSURER A:</b> Great Divide Insurance Company	<b>NAIC #</b> 25224
	<b>INSURER B:</b> Allstate Insurance Company	<b>NAIC #</b> 19232
	<b>INSURER C:</b> State Insurance Fund	<b>NAIC #</b> 36102
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: Updated Master 22-24

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ECP2021482-16	3/13/2023	3/13/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			648171645	6/2/2023	6/2/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FFX2021510-16	3/13/2023	3/13/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	W 2069421-2	11/23/2022	11/23/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
A	<b>Contractor Pollution &amp; Professional Liability</b>			ECP2021482-16	3/13/2023	3/13/2024	Limit: \$1,000,000/\$2,000,000	\$10,000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The following are included as additional insured A.T.I.M.A on a primary and non-contributory basis and waiver of subrogation applies with respect to General Liability as required by written contract/written agreement per the policy terms, conditions and exclusions: Joe Lombardo Plumbing & Heating of Rockland Inc. and its affiliates.

**CERTIFICATE HOLDER****CANCELLATION**

Joe Lombardo Plumbing & Heating of Rockland, Inc. 321 Spook Rock Road Suffern, NY 10901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Frank Cormio/PATTIE 
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ACORD 25 (2014/01)

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INS025 (201401)

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**



SCAN TO VALIDATE  
AND SUBSCRIBE

^^^^^^ 113480330  
NATIONAL INSURANCE BROKERAGE  
OF NY INC  
175 OVAL DR  
ISLANDIA NY 11749

<b>POLICYHOLDER</b> NSC ABATEMENT SERVICES INC 122 EAST THIRD STREET MOUNT VERNON NY 10550		<b>CERTIFICATE HOLDER</b> JOE LOMBARDO PLUMBING & HEATING OF ROCKLAND INC. 321 SPOOK ROCK ROAD SUFFERN NY 10901	
<b>POLICY NUMBER</b> W2069 421-2	<b>CERTIFICATE NUMBER</b> 732944	<b>POLICY PERIOD</b> 11/23/2022 TO 11/23/2023	<b>DATE</b> 9/20/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2069 421-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

**IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.**

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PABLO BERHAU PRES 1 OF 1  
NSC ABATEMENT SERVICES INC

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 402407349

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF MATERIALS MANAGEMENT

**PART 364**  
**WASTE TRANSPORTER PERMIT NO. 1A-371**

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

**PERMIT ISSUED TO:**

ASBESTOS TRANSPORTATION COMPANY, INC.  
2 MORICHES MIDDLE ISLAND ROAD  
SHIRLEY, NY 11967

**PERMIT TYPE:**

NEW  
 RENEWAL  
 MODIFICATION

CONTACT NAME: GARY CRETTEY  
COUNTY: SUFFOLK  
TELEPHONE NO: (631)924-5050

EFFECTIVE DATE: 05/01/2023  
EXPIRATION DATE: 04/30/2024  
US EPA ID NUMBER: NY0000148163

**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)	Note
110 Sand Company Clean Fill Disposal Site	Melville , NY	Non-Hazardous Industrial/Commercial	non friable asbestos
A & L SALVAGE, INC.	LISBON , OH	Non-Hazardous Industrial/Commercial Asbestos	
Action Trucking Company	Wantagh , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
ALLIANCE SANITARY LANDFILL	TAYLOR , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
ALLIED WASTE SYSTEMS OF PA LLC	IMPERIAL , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Waste Tires	
AMERICAN LAMP RECYCLING, LLC	MARLBORO , NY	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial	
BETHLEHEM LANDFILL	BETHLEHEM , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	

\*\*\* 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 Materials Management - Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7251

AUTHORIZED SIGNATURE: Laura Stevens Digitally signed by Laura Stevens  
Date: 2023.03.08 14:36:30 -05'00' Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# WASTE TRANSPORTER PERMIT

## GENERAL CONDITIONS

The permittee must:

1. Carry a copy of this waste transporter permit in each vehicle to transport waste. Failure to produce a copy of the permit upon request is a violation of the permit.
2. Display the full name of the transporter on both sides of each vehicle and display the waste transporter permit number on both sides and rear of each vehicle containing waste. The displayed name and permit number must be in characters at least three inches high and of a color that contrasts sharply with the background.
3. Transport waste only in authorized vehicles. An authorized vehicle is one that is listed on this permit.
4. Submit to the Department a modification application for additions/deletions to the authorized fleet of vehicles. The permittee must wait for a modified permit before operating the vehicles identified in the modification application.
5. Submit to the Department a modification application to add a new waste category or a new destination facility, or to change the current waste or destination facility category. The permittee must wait for a modified permit before transporting new waste types or transporting to new destination facilities.
6. Submit to the Department a modification application for change of address or company name.
7. Comply with requirements for placarding and packaging as set forth in New York State Transportation Law as well as any applicable federal rules and regulations.
8. Contain all wastes in the vehicle so there is no leaking, blowing, or other discharge of waste.
9. Use vehicles to transport only materials not intended for human or animal consumption unless the vehicle is properly cleaned.
10. Comply with requirements for manifesting hazardous waste, regulated medical waste, or low-level radioactive waste as set forth in the New York State Environmental Conservation Law and the implementing regulations. Transporters who provide a pre-printed manifest to a generator/shipper/offeror of regulated waste shall ensure that all information is correct and clearly legible on all copies of the manifest.
11. Deliver waste only to transfer, storage.. treatment and disposal facilities authorized to accept such waste. Permittee must demonstrate that facilities are so authorized if requested to do so.
12. Maintain liability insurance as required by New York State Environmental Conservation Law.
13. Maintain records of the amount of each waste type transported to each destination facility on a calendar-year basis. The transporter is obligated to provide a report of this information to the Department at the time of permit renewal, or to any law enforcement officer, if requested to do so.
14. Pay regulatory fees on an annual basis. Non-payment may be cause for revocation or suspension of permit.
15. This permit is not transferrable. A change of ownership will invalidate this permit.
16. This permit does not relieve the permittee from the obligation to obtain any other approvals or permits, or from complying with any other applicable federal, state, or local requirement.
17. Renewal applications must be submitted no less than 30 days prior to the expiration date of the permit to:

New York State Department of Environmental Conservation  
Division of Materials Management, Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7251

**PART 364**  
**WASTE TRANSPORTER PERMIT NO. 1A-371**

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

**PERMIT ISSUED TO:**

ASBESTOS TRANSPORTATION COMPANY, INC.  
2 MORICHES MIDDLE ISLAND ROAD  
SHIRLEY, NY 11967

**PERMIT TYPE:**

- NEW  
 RENEWAL  
 MODIFICATION

CONTACT NAME: GARY CRETTEY  
COUNTY: SUFFOLK  
TELEPHONE NO: (631)924-5050

EFFECTIVE DATE: 05/01/2023  
EXPIRATION DATE: 04/30/2024  
US EPA ID NUMBER: NY0000148163

**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)	Note
CHEMICAL WASTE MANAGEMENT	EMELLE , AL	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial	
CLEAN EARTH OF NORTH JERSEY	KEARNY , NJ	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
CLEAN HARBORS DEER PARK	LAPORTE , TX	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
CLEAN HARBORS OF BALTIMORE	BALTIMORE , MD	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
CLEAN HARBORS OF CONNECTICUT	BRISTOL , CT	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial	
CONESTOGA LANDFILL	MORGANTOWN , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
CUMBERLAND COUNTY LANDFILL (PA DEP 100945)	SHIPPENSBURG , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
CWM CHEMICAL SERVICES LLC	MODEL CITY , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	

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

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF MATERIALS MANAGEMENT

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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)	Note
CWM CHEMICAL SERVICES LLC	MODEL CITY , NY	Hazardous Industrial/Commercial Waste Oil	
CYCLE CHEM (NJ)	ELIZABETH , NJ	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
EQ OF DETROIT	DETROIT , MI	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
FRANK ROAD RECYCLING SOLUTIONS	COLUMBUS , OH	Non-Hazardous Industrial/Commercial Asbestos	
GRAND CENTRAL SANITARY LANDFILL	PEN ARGYL , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
GROWS LANDFILL NORTH (PA DEP 101680)	MORRISVILLE , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
IESI-BLUE RIDGE LANDFILL	CHAMBERSBURG , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
MEADOWFILL LANDFILL	BRIDGEPORT , WV	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Waste Tires	
MICHIGAN DISPOSAL WASTE TREATMENT PLANT	BELLEVILLE , MI	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	

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

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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)	Note
MINERVA ENTERPRISES INC	WAYNESBURG , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
NORTHLAND ENVIRONMENTAL, LLC	PROVIDENCE , RI	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
Ontario County Sanitary Landfill	Stanley , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
PHASE III ENVIRONMENTAL	PALMERTON , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
REPUBLIC ENVIRONMENTAL SYSTEMS	HATFIELD , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
SHADE LANDFILL, INC.	CAIRNSBROOK , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
SOUTHERN ALLEGHENIES LANDFILL	DAVIDSVILLE , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
TULLYTOWN RESOURCE RECOVERY FACILITY (PA DEP 101494)	TULLYTOWN , PA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil	
VEOLIA ES TECHNICAL SOLUTIONS (FORMERLY ONYX)	FLANDERS , NJ	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial	

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

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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)	Note
VEOLIA ES TECHNICAL SOLUTIONS (FORMERLY ONYX)	FLANDERS , NJ	Waste Oil	
VEOLIA ES TECHNICAL SOLUTIONS LLC	STOUGHTON , MA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	
VEOLIA ES TECHNICAL SOLUTIONS, LLC	PORT ARTHUR , TX	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil	

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
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EFFECTIVE DATE: 05/01/2023  
EXPIRATION DATE: **04/30/2024**  
US EPA ID NUMBER: NY0000148163

**AUTHORIZED VEHICLES:**

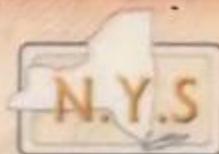
The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

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

84 (Eighty Four) Permitted Vehicle(s)

ME 2370312	ME 2925841
ME 2370313	ME 3017642
ME 2433263	ME 3112026
ME 2433264	ME 3122971
ME 2433268	ME 3126803
ME 2433271	ME 3315478
ME 2433272	NY 15274PF
ME 2433273	NY 17500PB
ME 2443708	NY 26254PC
ME 2443709	NY 27293PF
ME 2443710	NY 32976PC
ME 2443711	NY 34178PC
ME 2443712	NY 36992MA
ME 2443713	NY 44209PC
ME 2443714	NY 44640PA
ME 2547185	NY 47733PC
ME 258236F	NY 69714PC
ME 2585372	NY 69809PC
ME 2585373	NY 70025PC
ME 2585374	NY 70027PC
ME 2585375	NY 70028PC
ME 2585376	NY 70029PC
ME 2585377	NY AT55524
ME 2585378	NY AW17844
ME 2632582	NY AW17845
ME 2632583	NY AW17846
ME 2632585	NY AW17848
ME 2632587	NY AW17849
ME 2632588	NY AW17850
ME 2632589	NY BA15570
ME 2632590	NY BA15571
ME 2632591	NY BA15572
ME 2632592	NY BA16914
ME 2632593	NY BA16915
ME 2632594	NY BA16916
ME 2632595	NY BA18861
ME 2632596	OH TRG5608
ME 2632597	OH TRQ7851
ME 2632599	OH TTH4085
ME 2632604	End of List
ME 274656B	
ME 274657B	
ME 278830A	
ME 278831A	
ME 2924387	

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



**VICTOR ARAUJO NARVAEZ**  
CLASS(EXPIRES)  
A HAND(02/24)

CERT# 12-10045  
DMV# 881378302

MUST BE CARRIED ON ASBESTOS PROJECTS



**QUALITATIVE RESPIRATORY FIT TEST**

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: VICTOR ARAUJOAddress 31-32-97ST EAST ELMHURST 11369SSN: 1509 DOB: 02/25/09 TEL. (347) 392 0511**RESPIRATORS TESTED - SUCCESSFUL TEST**Test Agent : 1. Irritant Smoke X 2. Odorous Vapor — 3. Taste Test —**HALF FACE MASK ONLY**BRAND NAME (1) NORTH (2) #7700 SIZE (1) Medium (2) —TEST DATE 9-25-2022 FIT TEST NUMBER 9252022-HF-EF-00Name of person performing respiratory fit test Edward FranleySignature Edward Franley**AND O International Inc**  
44-01 21st ST  
Long Island City, NY 11101

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: VICTOR ARAUJO  
Home Address: 31-32-97ST  
City, State and Zip Code: EAST ELMHURST 11369  
Telephone Number: (347) 392-0511  
Date of Birth: 02/25/69  
Social Security Number: \_\_\_\_\_

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is  is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Carlos J. Serrano MD  
Print Name of Physician

[Signature]  
Signature of Physician

221633  
State License Number

09/21/2022  
Date of Examination

Dr. Carlos J. Serrano  
CIVIL SURGEON NY

[Address]  
Address  
Tel: (718) 507-9373 Fax: (718) 507-8894

Telephone Number

Please do not include any other medical information with this form.

Updated 12/2000

NYC DEP ASBESTOS CONTROL PROGRAM  
ASBESTOS CERTIFICATE



**ARAUJO NARVAEZ,**  
VICTOR  
HANDLER  
127191

EXPIRES: 02/25/2025

DOB: 02/25/1969 M 5' 05"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS





38-602010850

This card acknowledges that the recipient has successfully completed:

**30-hour Construction Safety and Health**

This card issued to:

**Victor E Araujo**

**Anthony Kelvin Molina**  
Trainer Name

**11/29/2020**  
Date of Issue



Occupational Safety  
and Health Administration

**12-602070378**

This card acknowledges that the recipient has successfully completed:

**30-hour Construction Safety and Health**

This card issued to:

**ELVYN JOAQUIN P.**

---

**MANUEL FIALLOS**

**09/14/2018**

---

Trainer Name

---

Date of Issue

Patient: ELVYN J. POZO

DOB: 01/28/1978

Physician: MERCEDES CAMACHO, FNP

DOS: 01/07/2023

OCCUPATIONAL AND COMMUNITY HEALTH SERVICES

3300 Hudson Avenue, Union City, NJ 07087

Tel: (201) 325-8002

Fax: (201) 325-9718

E-mail: ochsclinic@yahoo.com

MEDICAL EVALUATION: ASBESTOS WORK

Last Name POZO	First Name ELVYN	Social Security Number 350-95-9761	Date of Birth 01/28/1978
Address 3 ORCHARD AVE		Apartment Number 3	Male/Female Male
City GARFIELD	State/Province NJ	Postal Code 07026	Home Phone 3475954547
Emergency Contact Person ANA GUTIERREZ		Emergency Contact Telephone 347-604-4856	

The patient indicated above has been evaluated 01/07/2023 in compliance with on

OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR.)

MEDICAL HISTORY REPORT

OSHA Standard 1910.134 App C Questionnaire for respiratory protection

X unremarkable significant finding

OSHA Standard 1926.1101 App D Questionnaire for asbestos workers

X unremarkable Significant finding

Patient is: X non-smoker smoker cigarettes/day X years quit smoking on after years

Last Chest X-ray dated , results: normal abnormal

Respiratory system evaluation within normal limits deviations from normal

Gastrointestinal system evaluation within normal limits deviations from normal

Cardiovascular system evaluation within normal limits deviations from normal

PHYSICAL EXAMINATION REPORT:

Blood pressure 120/80 HR 85 RR 17 HT 6'2" WT 224 lb. Visual acuity: Lt. Eye Rt. Eye

Pulmonary function test X normal abnormal results attached

Electrocardiogram (per clinician discretion) normal significant deviations from normal N/A

Physical examination X within acceptable limits significant deviations from normal

Chest X-ray: not indicated ordered normal abnormal results pending

RESULTS:

X ABLE TO WORK IN ASBESTOS AND WEAR RESPIRATORY PROTECTION WITHOUT RESTRICTION

ABLE TO WORK IN ASBESTOS AND WEAR RESPIRATORY PROTECTION WITH RESTRICTIONS

CLEARANCE DENIED POSTPONED NEEDS FURTHER EVALUATION OR FOLLOW-UP

SPECIFIC RECOMMENDATIONS:

1. Do not smoke cigarettes.
2. Always wear respirator mask while at work

PATIENT EDUCATION

The patient has been informed of the risks involved in asbestos work and of [the increased risk of lung cancer attributable [0 the combined effects of smoking and asbestos exposure, and of the increased risk with higher intensity and duration of exposure.

The results of this medical evaluation for use of respirators and asbestos work have been explained to me (patient).

'Los resultados de esta evaluacion medica han sido explicados a mi persona

THIS MEDICAL EVALUATION REPORT EXPIRES ON: 01/07/2024

This report must be accompanied by numeric and graphical printout of the spirometry results.

Original report and all copies must bear the OCHS watermark seal.

MERCEDES CAMACHO, DNP, APN, FNP-BC

01/07/2023

01/07/2023

Signature of Licensed Health Care Provider

Date

Patient Signature

Date

Patient: ELVYN POZO  
Physician: MERCEDES CAMACHO, FNP

DOB:01/28/1978  
DOS: 01/07/2023



OCCUPATIONAL & COMMUNITY HEALTH SERVICES  
3300 Hudson Avenue, Union City, NJ 07087  
Tel: (201) 325-8002 Fax: (201) 325-9718 E-mail: ochsclinic@yahoo.com

### QUALITATIVE RESPIRATOR FIT TEST REPORT

FIT TEST RECORD NUMBER	FIT TEST DATE 01/07/2023	EXPIRATION DATE 01/07/2024
FIRST NAME ELVYN	LAST NAME POZO	SOCIAL SECURITY NUMBER 350-95-9761

#### RESPIRATION DATA

TYPE:APR HALF FACE

MANUFACTURER:NORTH

MODEL: 7700-30

SIZE:MEDIUM

TESTING AGENT: BITTER/AMER

POSITIVE PRESSURE TEST:PASS

NEGATIVE PRESSURE TEST:PASS

NORMAL BREATHING:PASS

DEEP BREATHING:PASS

TURN HEAD SIDE TO SIDE:PASS

NOD HEAD UP AND DOWN:PASS

TALK ALOUD:PASS

JOG IN PLACE:PASS

FACIAL HAIR:NONE

MERCEDES CAMACHO, DNP, APN, FNP-BC

SIGNATURE OF TESTER

DATE: 01/07/2023

SIGNATURE OF RESPIRATOR USER

ORIGINAL MUST BEAR ISES WATER MARK SEAL

*LEGAL NOTICE / NOTA LEGAL: This fit-test is personal. The alteration of this document for fraudulent purposes is a federal crime. La alteracion de este doel/mento para usos fraudulentos es un crimen federal.*

**Patient Information**

Name ELVYN POZO  
 ID 350959761  
 Age 40  
 Height 6 ft 2 in  
 Weight 224 lbs, BMI 28.7  
 Gender MALE  
 Ethnic HISPANIC  
 Smoker NO  
 Asthma NO

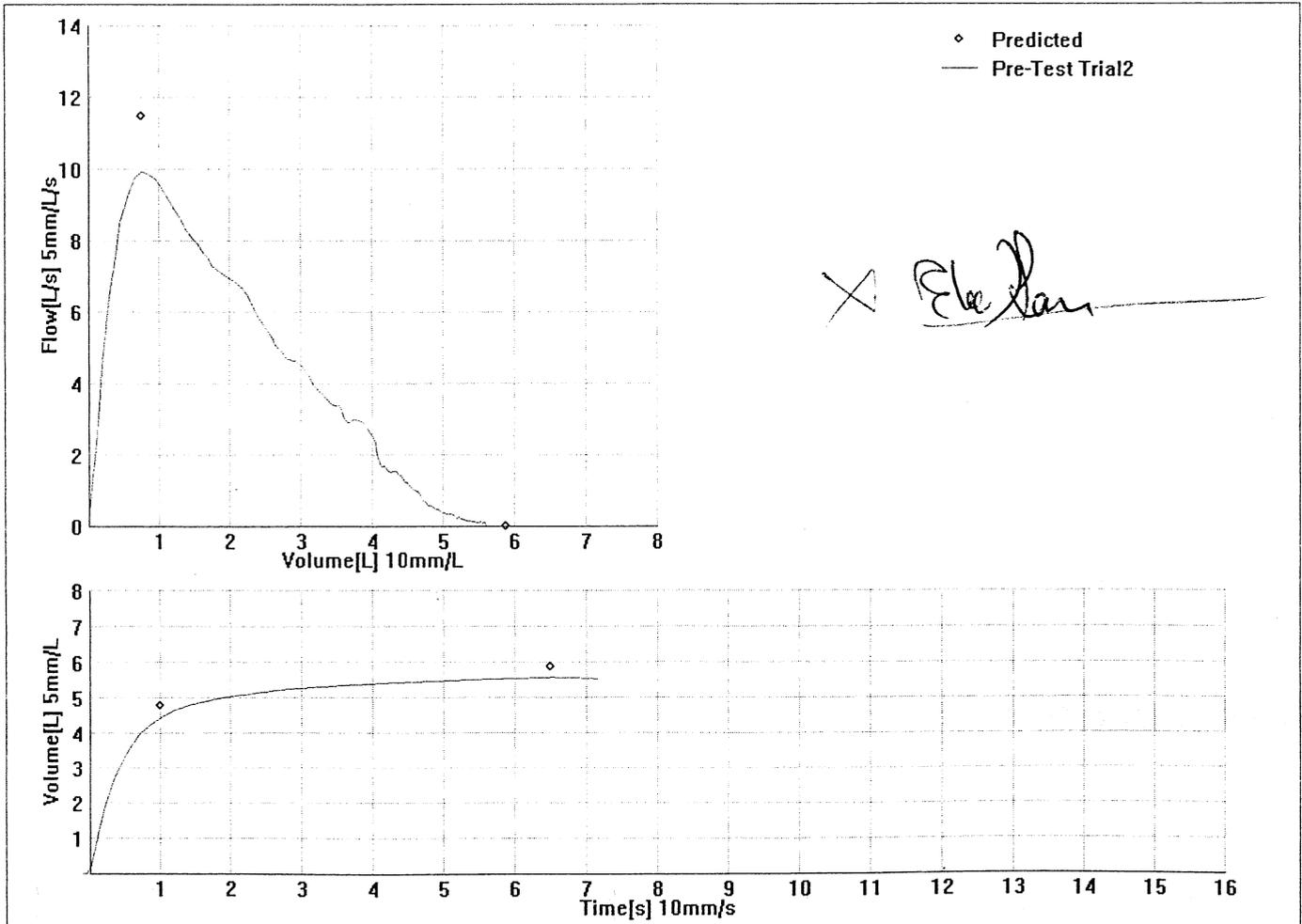
**Test Information**

Test Date/Time 01/07/2023 10.03  
 Post Time --  
 Test Mode FRONTLINE  
 Syst. Interpret. NLHEP  
 Predicted Ref Nhanes III  
 Value Select BEST VALUE  
 Tech ID  
 Automated QC ON  
 BTPS (IN/EX) --/ 1.02

**FVC Test Results** Your FEV1 is 93% Predicted

Parameter	Best	Pred	%Pred
FVC[L]	5.6	5.9	95
FEV1[L]	4.4	4.8	93
FEV1/FVC[%]	79.7	81.2	98
PEF[L/min]	595.6	689.7	86

Pre-Test FEV1 Var=0.10L 2.2%; FVC Var=0.10L 1.7%; Session Quality D  
 Syst. Interpret. Normal, but the values shouldn't be used for comparisons with other tests  
 Caution: Only One Acceptable Maneuver - Interpret With Care.



NYC DEP ASBESTOS CONTROL PROGRAM  
ASBESTOS CERTIFICATE

POZO RAMIREZ,  
ELVYN  
HANDLER  
135829



EXPIRES: 01/28/2025  
DOB: 01/28/1978 M 6' 05"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS



STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



**ELVYN J POZO RAMIREZ**  
CLASS(EXPIRES)  
A HAND(01/24)



CERT# 14-05158  
DMV# 827335768

MUST BE CARRIED ON ASBESTOS PROJECTS





Occupational Safety  
and Health Administration

**12-602033474**

This card acknowledges that the recipient has successfully completed:

**30-hour Construction Safety and Health**

This card issued to:

**JOSE M. ROSARIO BATISTA**

---

**MANUEL FIALLOS**

**04/11/2018**

---

Trainer Name

---

Date of Issue

### QUALITATIVE RESPIRATOR FIT TEST REPORT

as per  
OSHA STANDARD 29 CFR 1910.134 APP. C FOR RESPIRATORY PROTECTION

RESPIRATORY QUESTIONNAIRE	FIT TEST DATE 02/04/2023	EXPIRATION DATE 02/04/2024
No contraindication		
FIRST NAME JOSE	LAST NAME RODRIGUEZ	SOCIAL SECURITY NUMBER 158-17-5660

#### RESPIRATOR DATA

TYPE: APR HALF FACE  
MANUFACTURER: NORTH  
MODEL: 7700-30  
SIZE: LARGE  
TESTING AGENT: BITTER AMER  
POSITIVE PRESSURE TEST: PASS  
NEGATIVE PRESSURE TEST: PASS  
DEEP BREATHING: PASS  
TURN HEAD SIDE TO SIDE: PASS  
NOD HEAD UP AND DOWN: PASS  
TALK ALOUD: PASS  
JOG IN PLACE: PASS  
FACIAL HAIR: NONE

*Mercedes Camacho*

Mercedes Camacho, DNP, APN, FNP-BC

Signature of Tester

Signature of respirator user

Date

02/04/2023

ORIGINAL MUST BEAR OCHS WATERMARK SEAL. EMAILED CERTIFICATES MUST BE DONE EXCLUSIVELY VIA OCHS EMAIL.

**LEGAL NOTICE/ NOTA LEGAL:** This fit-test is pertains only to the person tested. The alteration of this document for fraudulent purposes is a federal crime. Esta prueba pertenece solo a la personal que se lo hizo. La alteracion de este documento para usos fraudulentos constituye un delito federal.

WATERMARK SEAL:

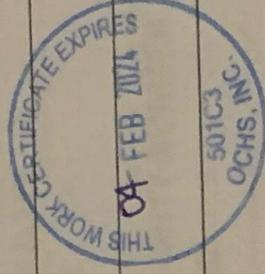




Occupational and Community Health Services, Inc. - 3300 Hudson Ave., Union City, NJ 07087 - Phone: (201)325-8002 - Fax: (201)325-9718

### MEDICAL CLEARANCE FOR RESPIRATOR USE AND ASBESTOS WORK

First Name JOSE	Last Name RODRIGUEZ	Gender MALE
DOB 03/18/1978	SSN 158-17-5660	Company
Address 303 WOODSIDE AVE	APT	City NEWARK
State NJ	Zip 07104	Telephone 862-888-4363
Emergency contact name KARINA	Emergency contact last name ORTIZ	Emergency contact telephone 862-387-2300



The patient above has been evaluated on 02/04/2023 in compliance with OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR)

#### OSHA MEDICAL HISTORY QUESTIONNAIRES:

OSHA Standard 1910.134 App respiratory protection; 1926.1101 App D asbestos workers:  unremarkable  significant finding:

Patient is:  non-smoker  smoker:  cig. (s)/day  years Quit smoking  after  year(s) of smoking

Date last chest X-ray:  normal  abnormal  CT scan:

Respiratory/ Cardiovascular/Gastrointestinal system review:  within normal limits  deviations from normal:

#### PHYSICAL EXAMINATION:

Heart sounds: normal S1S2, regular, no murmur. Lung sounds: Normal clear to auscultation bilaterally. Abnormal findings:

Tests: Pulmonary function test:  within normal limits  abnormal  DEFERRED PER CDC DROPLET PRECAUTIONS

Chest X ray:  not indicated  ordered  normal  abnormal  results pending EKG:  ordered  normal  abnormal

#### RESULTS:

ABLE TO WEAR RESPIRATORY PROTECTION AND WORK IN ASBESTOS WITHOUT RESTRICTION

GENERAL RECOMMENDATIONS: 1. NO SMOKING 2. ALWAYS WEAR RESPIRATOR 3. Other:

**PATIENT EDUCATION:** *The patient has been informed of the risks involved in asbestos work and of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure, and of the increased risk with higher intensity and duration of exposure. The results of this medical evaluation for the use of the respirator and asbestos and relevant airborne chemical exposure have been explained to me (the patient)/ los resultados de esta examinacion han sido explicados a mi persona incluyendo el peligro de cancer que aumenta combinado con cigarro. It is the responsibility of the patient to perform ordered chest-x-rays/ tests and obtain results. Es la responsabilidad del paciente de ejecutar la orden medica de rayos-X y obtener mis resultados.*

**LEGAL NOTICE:** This report must be accompanied by numeric and graphical printout of the spirometry results. Original report and all copies must carry the OCHS watermark seal. Alteration of this document is fraudulent can constitutes a federal crime.

**THIS MEDICAL REPORT EXPIRES: 02/04/2024**

*Mercedes Camacho*

Mercedes Camacho, DNP, APN, FNP-BC

Signature of Licensed Health Care Provider

02/04/2023

Date

02/04/2023

Patient signature Date

NYC DEP ASBESTOS CONTROL PROGRAM  
ASBESTOS CERTIFICATE



**RODRIGUEZ,**  
JOSE  
HANDLER  
114911

EXPIRES: 03/18/2024  
DOB: 03/18/1978 M 5' 02"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS



38-602006150

This card acknowledges that the recipient has successfully completed:

**30-hour Construction Safety and Health**

This card issued to:

**Jose Rodriguez**

**Anthony Kelvin Molina**

Trainer Name

**11/24/2019**

Date of Issue

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



**JOSE A RODRIGUEZ**  
CLASS(EXPIRES)  
A HAND(03/24)

CERT# 09-08124  
DMV# 971972460

MUST BE CARRIED ON ASBESTOS PROJECTS



**Site Safety Training  
Card**

ID: 1Q4390E540

**SITE SAFETY TRAINING**

**JOSE RODRIGUEZ**

WE ARE  
LIUNA!

Issued: 09/01/2020

Expires: 09/01/2025





Safety & Environmental Training • Consulting

### QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: JOSE M ROSARIO

Address: 2562 BRONXWOOD AV

SSN: 170-17-9874 DOB: \_\_\_\_\_ TEL: 347-4164521

### RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent: 1. Irritant Smoke X 2. Odorous Vapor \_\_\_\_\_ 3. Taste Test \_\_\_\_\_

### HALF FACE MASK ONLY

BRAND NAME (1) Hugobull NORTH (2) #770 SIZE (1) LARGE (2) \_\_\_\_\_

TEST DATE 3-18-2023 FIT TEST NUMBER 3182023-HF-EF010

Name of person performing respiratory fit test: Edward Frawley

Signature: Edward Frawley

AND O International Inc  
44-01 21st ST  
Long Island City, NY 11101

# Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101

Asbestos Exposure in Construction

**ANDO-MED, INC**  
**44-01 21st St. 3rd Fl.**  
**Long Island City, NY 11101**  
**tel.:(718) 349-3235**

*All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.*

Date: 3/18/23

**Patient Information**

Patient SSN: <u>170-17-9874</u>	Sex: <u>M</u>	Date of Birth: (mm/dd/yyyy) <u>01-01-1981</u>
Patient Name: (First/MI/Last) <u>JOSE G ROSARIO</u>		
Patient address: <u>2562 Bronwood Av</u>		
Telephone number: <u>347-416-4521</u>		

**Examination**

HEIGHT: <u>6'01</u>	WEIGHT: <u>245</u>	BP: <u>136/77</u>	PULSE: <u>67</u>	RESP: <u>B</u>
---------------------	--------------------	-------------------	------------------	----------------

**Have you ever had any respiratory problems:**

shortness of breath: No  
 chest pain:  
 wheezing:

Tobacco: <u>No</u>	Do you use tobacco?..... <input type="radio"/> Currently <input type="radio"/> Previously <input checked="" type="radio"/> Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

**Based upon medical examination which included pulmonary function test it is my opinion that the above named patient**

**IS**

**IS NOT**

**physically qualified to wear a respirator in the performance of his/her job.**

\_\_\_\_\_ print name of physician

\_\_\_\_\_ signature of physician

**RUNATA UKOWSKA MD**  
 Attending Physician  
 ANDO-MED  
 NPI # 400553 Lic # 251238  
 NPI # 1467698763 MMS # 696866

ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

**sdi** DIAGNOSTICS

ID Code: 318235 Date: 03-18-2023 Time: 11:33  
 Name: Rosario Jose  
 Sex: Male Age(y): 42 Height(in): 73 Wgt(lb): 146  
 Temp.(°F): 64 Pres(mmHg): 525 Humidity(%):60 Smok.I.:  
 Technician:  
 Predicted: KNUDSON-USA Transducer: Turbine  
 F.BTPS: 1.149 Ethnic f.: 100 BMI : 19.3  
 Version: 5118FB-4.02

**FVC REPORT**

**AstraPro-SDI Diagnostics**

PARAMETER	M1	%PRED	M2	%PRED	M3	%PRED	PRED	LLN
Best FVC (l)	5.08	91	5.08	91	5.08	91	5.58	5.28
Best FEV1 (l)	4.70	103	4.70	103	4.70	103	4.56	4.36
BFev1/BFvc (%)	92.43	113	92.43	113	92.43	113	81.74	65.39
FVC (l)	5.08	91	5.08	91	4.52	81	5.58	5.28
FEV0.5 (l)	3.60		3.62		3.28			
FEV1 (l)	4.70	103	4.60	101	4.16	91	4.56	4.36
FEV3 (l)	5.08		5.08		4.52			
FEV0.5/FVC (%)	70.94		71.26		72.59			
FEV1/FVC (%)	92.48	113	90.59	111	91.86	112	81.74	65.39
FEV1/VC (%)								
PEF (l/s)	11.19	113	11.43	115	9.97	100	9.93	7.94
FEF75% (l/s)	2.94	129	2.94	129	2.68	117	2.29	2.07
FEF50% (l/s)	6.76	121	6.84	123	5.82	104	5.58	5.17
FEF25%-75% (l/s)	5.67	121	5.73	123	5.33	114	4.67	4.33
FEF75%-85% (l/s)	2.55		2.29		2.09			
FEF50%/FIF50%								
FEV1/FEV0.5	1.30		1.27		1.27			
FEV1/PEF (%)	7.00		6.71		6.95			
FIF50% (l/s)								
FIVC (l)								
FEV1/FIV1 (%)								
Vext. (l)	0.13		0.12		0.13			
MVV ind (l/min)	140.92		138.12		124.66			
FEV6 (l)	5.08		5.08		4.52			
FEV1/FEV6 (%)	92.48		90.59		91.86			
COPD index (%)					1.00			
Lung Age	22.87		25.78		39.81			
FEV0.75 (l)	4.28		4.26		3.84			
FEV0.75/FVC (%)	84.32		83.82		84.83			

Repeatability ATS/ERS: FVC: No, FEV1: No

Alerts ATS/ERS : M1: ET M2: ET M3: ET

Interpretation: ATS/ERS  
Possible restriction:  
Mild

RENAJA UKONSKA MD  
 Asthma Pro-SDI  
 NPI # 402223  
 NPI # 146769563  
 03/18/2023 11:33 AM  
 696866

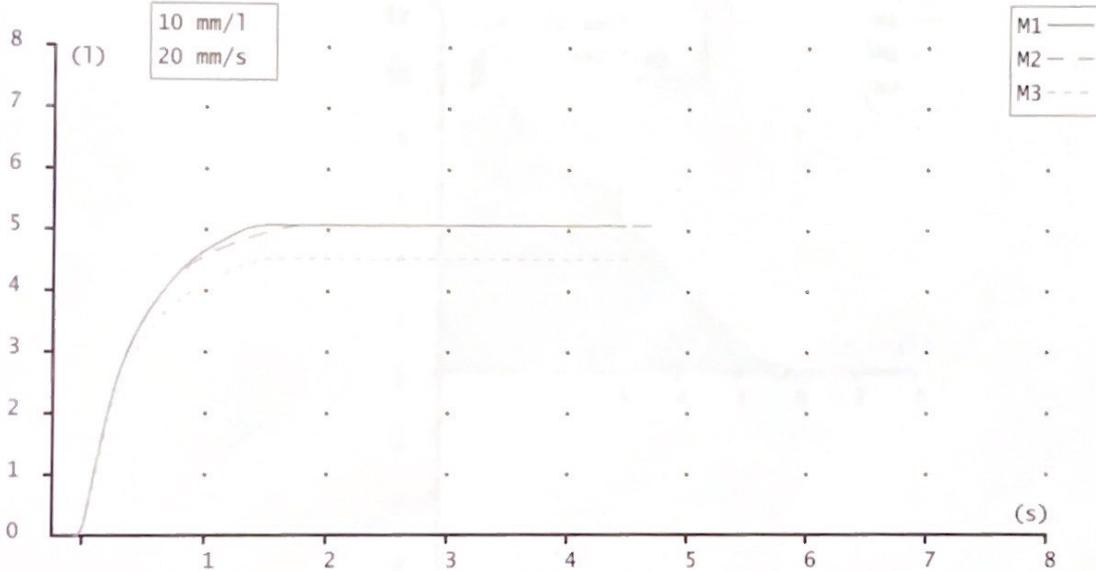
ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

**sdi** DIAGNOSTICS

ID Code:	318235	Date:	03-18-2023	Time:	11:33		
Name:	Rosario Jose						
Sex:	Male	Age(y):	42	Height(in):	73	Wgt(lb):	146
Temp.(°F)	64	Pres(mmHg):	525	Humidity(%)	60	Smok.I.:	
Technician:		Transducer:	Turbine				
Predicted:	KNUDSON-USA	Ethnic f.:	100	BMI:	19.3		
F.BTPS:	1.149						
Version:	5118FB-4.02						



RENATA LUKOWSKA MD  
Allergology  
NPI # 1457699563  
NPI # 231258  
NPI # 698866

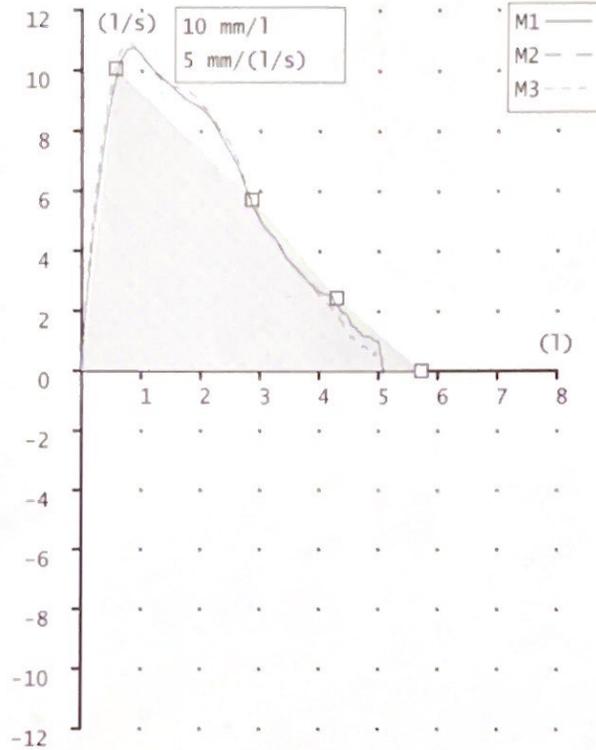
ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

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Technician:				Transducer:	Turbine		
Predicted:	KNUDSON-USA			Ethnic f.:	100	BMI :	19.3
F.BTPS:	1.149						
Version:	5118FB-4.02						



RENATA KWOWSKA MD  
Attending Physician  
NPI # 146769563  
LIC # 251238  
MMS # 69846

ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

**sdi** DIAGNOSTICS

ID Code: 318235 Date: 03-18-2023 Time: 11:33  
 Name: Rosario Jose  
 Sex: Male Age(y): 42 Height(in): 73 Wgt(lb): 146  
 Temp.(°F): 64 Pres(mmHg): 525 Humidity(%):60 Smok.I.:  
 Technician: KNUDSON-USA Transducer: Turbine  
 Predicted: 1.149 Ethnic f.: 100 BMI : 19.3  
 F.BTSP: 5118FB-4.02  
 Version:

**FVC REPORT**

**AstraPro-SDI Diagnostics**

PARAMETER	M1	%PRED	M2	%PRED	M3	%PRED	PRED	LLN
Best FVC (l)	5.08	91	5.08	91	5.08	91	5.58	5.28
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FVC (l)	5.08	91	5.08	91	4.52	81	5.58	5.28
FEV0.5 (l)	3.60		3.62		3.28			
FEV1 (l)	4.70	103	4.60	101	4.16	91	4.56	4.36
FEV3 (l)	5.08		5.08		4.52			
FEV0.5/FVC (%)	70.94		71.26		72.59			
FEV1/FVC (%)	92.48	113	90.59	111	91.86	112	81.74	65.39
FEV1/VC (%)								
PEF (l/s)	11.19	113	11.43	115	9.97	100	9.93	7.94
FEF75% (l/s)	2.94	129	2.94	129	2.68	117	2.29	2.07
FEF50% (l/s)	6.76	121	6.84	123	5.82	104	5.58	5.17
FEF25%-75% (l/s)	5.67	121	5.73	123	5.33	114	4.67	4.33
FEF75%-85% (l/s)	2.55		2.29		2.09			
FEF50%/FIF50%								
FEV1/FEV0.5	1.30		1.27		1.27			
FEV1/PEF (%)	7.00		6.71		6.95			
FIF50% (l/s)								
FIVC (l)								
FEV1/FIV1 (%)								
Vext. (l)	0.13		0.12		0.13			
MVV ind (l/min)	140.92		138.12		124.66			
FEV6 (l)	5.08		5.08		4.52			
FEV1/FEV6 (%)	92.48		90.59		91.86			
COPD index (%)					1.00			
Lung Age	22.87		25.78		39.81			
FEV0.75 (l)	4.28		4.26		3.84			
FEV0.75/FVC (%)	84.32		83.82		84.83			

Repeatability ATS/ERS: FVC: No, FEV1: No

Alerts ATS/ERS : M1: ET M2: ET M3: ET

Interpretation: ATS/ERS  
Possible restriction:  
Mild

RENATA UKOWSKA MD  
 Attending Physician  
 NPI # 404523  
 NP1 # 1467698563  
 NP2 # 257288  
 NP3 # 096866

**NYC DEP ASBESTOS CONTROL PROGRAM**  
ASBESTOS CERTIFICATE



**ROSARIO BATISTA,**  
JOSE  
HANDLER  
142697

EXPIRES: 01/01/2025  
DOB:01/01/1981 M 6' 01"

---

**MUST BE CARRIED ON ALL ASBESTOS PROJECTS**



STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



**JOSE M ROSARIO**  
CLASS(EXPIRES)  
A HAND(01/24)

CERT# 16-00125  
DMV# 381114407

**MUST BE CARRIED ON ASBESTOS PROJECTS**



# Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101  
Asbestos Exposure in Construction

**ANDO-MED, INC**  
44-01 21st St. 3rd Fl.  
Long Island City, NY 11101  
tel.: (718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 3/20/2023

## Patient Information

Patient SSN: 4744	Sex: M	Date of Birth: (mm/dd/yyyy) 10/28/1994
Patient Name: (First/Mi/Last) Merlyn Muñoz		
Patient address: 547 West 157 Street New York, NY		
Telephone number: 347-892-6720		

## Examination

HEIGHT: 6'2	WEIGHT: 190	BP: 133/60	PULSE: 61	RESP: 14
-------------	-------------	------------	-----------	----------

Have you ever had any respiratory problems:  
shortness of breath: No  
chest pain: No  
wheezing: No

Tobacco: No	Do you use tobacco?..... If previously, when did you quit?.....	<input type="radio"/> Currently <input type="radio"/> Previously <input checked="" type="radio"/> Never
		How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS

IS NOT

physically qualified to wear a respirator in the performance of his/her job.

print name of physician

signature of physician

**ANDO**  
International, Inc.

Safety & Environmental Training • Consulting

## QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: Merlyn Muñoz

Address: 547 West 157 Street New York, NY

SSN: 4744 DOB: 10/28/94 TEL: 347-892-6720

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent: 1. Irritant Smoke X 2. Odorous Vapor     3. Taste Test    

HALF FACE MASK ONLY

BRAND NAME (1) NORTH (2) #770 SIZE (1) Large (2)    

TEST DATE 3/20/23 FIT TEST NUMBER 522221-HF-EF-003

Name of person performing respiratory fit test Edward Frawley

Signature *Edward Frawley*

ANDO International  
11-01-21-851  
Long Island City, NY 11

NYC DEP ASBESTOS CONTROL PROGRAM  
ASBESTOS CERTIFICATE



**MUNOZ VERAS,  
MERLYN  
HANDLER  
157378**

EXPIRES: 10/28/2023  
DOB: 10/28/1994 M 6' 01"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

STATE OF NEW YORK - DEPARTMENT OF LABOR  
ASBESTOS CERTIFICATE



**MERLYN A MUNOZ  
CLASS (EXPIRES)  
A HAND (10/23)**

CERT# 19-03277  
DMV# 111366348

MUST BE CARRIED ON ASBESTOS PROJECTS

**OSHA**  
Occupational Safety  
and Health Administration

12-602142737

This card acknowledges that the recipient has successfully completed:

**30-hour Construction Safety and Health**

This card issued to:  
**MERLYN A MUNOZ.**

**Gerardo Cano**      **03/07/2019**  
Trainer Name      Date of Issue

# *NSC Abatement Services Inc.*

*122 East 3<sup>rd</sup> Street Mount Vernon NY. 10550*

Tel. (914) 668-4111

Fax. (914) 668-4112

## **List of Equipment/Tools (Mixed List-Personal & Leased, as of 2023)**

- 2 16' Box Truck
- 1 Cargo Trailer
- 2 Mobile Decontamination Unit
- 40 2000 CFM Air Filtration Devices (Large Capacity Negative Air Machines)
- 10 600 CFM Air Filtration Devices (Small Capacity Negative Air Machines)
- 25 HEPA Vacuums
- 15 Personal and Waste Decontamination Units
- 10 Water filtration units
- 20 Portable showers
- 2 Airless Sprayers
- Pump-up Sprayers
- Assorted Hand Tools
- 60 Floor Scrapers
- 2 Roof cutters
- 15 Elec. Drills, 4 Cordless Drills, 12 SawZalls, 8 Circular Saws
- 30 Half Face Respirators, 12 PAPR Respirators
- 40 Pcs. Pipe Scaffolding, 4 Bakers
- 18 Life Lines
- 24 Ladders (assorted sizes)
- 14 Hand Carts (1cu/yd).
- 3 Generators
- 8 Chipping Guns
- Assorted Drop Lights, Flood Lights, Electrical Cords & GFCI's
- 4 Roof Debris Chutes

2023



2023

# Construction and Demolition Debris Facility License

License Expires December 31, 2023

**Facility:** Minerva Enterprises LLC  
CID: 54288  
8955 Minerva Rd SE  
Waynesburg, OH 44688

**Licensee:** Minerva Enterprises, LLC  
8955 Minerva Rd., SE  
P.O. Box 709  
Waynesburg, OH 44688

This license has been issued in accordance with the requirements of state law, is subject to revocation or suspension for cause, and is not transferable without the consent of the approved Board of Health and the Director of the Ohio Environmental Protection Agency.

**Licensing Authority: Stark County Combined General Health District**

### Conditions of Licensure:

The Licensee hereunder, its agents, employees, and all others in active concert with said licensee, including the facility owner and operator, shall be subject to and shall comply with the following conditions of this license:

1. All applicable requirements of Ohio Revised Code Chapters 3714, 3734, 6111, and 3704 and the rules adopted thereunder.
2. Plans, other authorizing documents and administrative and judicial orders applicable to this facility and as approved by the Ohio Environmental Protection Agency and/or the approved Board of Health.
3. By applying for and accepting this license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of inspecting, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under Ohio Revised Code Sec. 3714.08.

The licensee, its agents, employees, and all others in active concert with said licensee shall maintain and operate the construction and demolition debris facility to which the license pertains in a sanitary manner so as not to create a nuisance, create a fire hazard, cause or contribute to water pollution, or create a health hazard. This license shall not be construed to constitute a defense to any civil or criminal action brought by the State of Ohio or any duly authorized representative thereof to enforce the provisions of Chapters 3714, 3734, 3767, 6111, or 3704 of the Ohio Revised Code, or the rules adopted thereunder.

Issuance of this license does not relieve the licensee of the duty to comply with all applicable federal, state, and local laws, regulations and ordinances.

If Checked, Additional Conditions Apply to This License (See Back, or Attachment)

Health Commissioner

DECEMBER 28, 2022

Date Issued



**FINAL**

**Division of Air Pollution Control  
Permit-to-Install and Operate  
for  
Minerva Enterprises, LLC**

Facility ID:	1576001700
Permit Number:	P0127704
Permit Type:	Renewal
Issued:	03/22/2022
Effective:	03/22/2022
Expiration:	03/22/2032



**Division of Air Pollution Control  
Permit-to-Install and Operate  
for  
Minerva Enterprises, LLC**

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**Final Permit-to-Install and Operate**  
Minerva Enterprises, LLC  
**Permit Number:** P0127704  
**Facility ID:** 1576001700  
**Effective Date:** 03/22/2022

## Authorization

Facility ID: 1576001700  
Application Number(s): A0065019  
Permit Number: P0127704  
Permit Description: Renewal permit for existing asbestos and construction & demolition (C&D) waste landfill.  
Permit Type: Renewal  
Permit Fee: \$0.00  
Issue Date: 03/22/2022  
Effective Date: 03/22/2022  
Expiration Date: 03/22/2032  
Permit Evaluation Report (PER) Annual Date: Oct 1 - Sept 30, Due Nov 15

This document constitutes issuance to:

Minerva Enterprises, LLC  
8955 Minerva Road SE  
P.O. Box 709  
Waynesburg, OH 44688

of a Permit-to-Install and Operate for the emissions unit(s) identified on the following page.

Ohio Environmental Protection Agency (EPA) District Office or local air agency responsible for processing and administering your permit:

Canton City Public Health  
420 Market Ave.  
Canton, OH 44702-1544  
(330)489-3385

The above named entity is hereby granted this Permit-to-Install and Operate for the air contaminant source(s) (emissions unit(s)) listed in this section pursuant to Chapter 3745-31 of the Ohio Administrative Code. Issuance of this permit does not constitute expressed or implied approval or agreement that, if constructed or modified in accordance with the plans included in the application, the described emissions unit(s) will operate in compliance with applicable State and federal laws and regulations.

This permit is granted subject to the conditions attached hereto.

Ohio Environmental Protection Agency

Entered into the Journal of the Director on:

A handwritten signature in black ink that reads "Laurie A. Stevenson".

Date: 03/22/2022

Laurie A. Stevenson  
Director



**Final Permit-to-Install and Operate**  
 Minerva Enterprises, LLC  
**Permit Number:** P0127704  
**Facility ID:** 1576001700  
**Effective Date:** 03/22/2022

## Authorization (continued)

Permit Number: P0127704  
 Permit Description: Renewal permit for existing asbestos and construction & demolition (C&D) waste landfill.

Permits for the following Emissions Unit(s) or groups of Emissions Units are in this document as indicated below:

<b>Emissions Unit ID:</b>	<b>F001</b>
Company Equipment ID:	C&D Disposal
Superseded Permit Number:	P0104984
General Permit Category and Type:	Not Applicable
<b>Emissions Unit ID:</b>	<b>F002</b>
Company Equipment ID:	Roadways & Parking Areas
Superseded Permit Number:	P0104984
General Permit Category and Type:	Not Applicable
<b>Emissions Unit ID:</b>	<b>F003</b>
Company Equipment ID:	Asbestos Disposal
Superseded Permit Number:	P0104984
General Permit Category and Type:	Not Applicable

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER



Expires 12:01 AM April 01, 2024  
Issued April 01, 2022  
Revised March 30, 2023

**CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE**

*Issued in accordance with and pursuant to section 502 Public Health Law of New York State*

*MR. BING LIANG  
NICHE ANALYSIS INC  
399 KNOLLWOOD ROAD, SUITE 208 SUITE 208  
WHITE PLAINS, NY 10603*

*NY Lab Id No: 11236*

*is hereby APPROVED as an Environmental Laboratory for the category  
ENVIRONMENTAL ANALYSES AIR AND EMISSIONS  
All approved subcategories and/or analytes are listed below:*

**Miscellaneous**

Fibers NIOSH 7400 A RULES



**Serial No.: 66316**

Property of the New York State Department of Health. Certificates are valid only at the address shown and must be conspicuously posted by the laboratory. Continued accreditation depends on the laboratory's successful ongoing participation in the Program. Consumers may verify a laboratory's accreditation status online at <https://apps.health.ny.gov/pubdoh/applinks/wc/elappublicweb/>, by phone (518) 485-5570 or by email to [elap@health.ny.gov](mailto:elap@health.ny.gov).

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER



Expires 12:01 AM April 01, 2024  
Issued April 01, 2022  
Revised March 30, 2023

**CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE**

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*MR. BING LIANG  
NICHE ANALYSIS INC  
399 KNOLLWOOD ROAD, SUITE 208 SUITE 208  
WHITE PLAINS, NY 10603*

*NY Lab Id No: 11236*

*is hereby APPROVED as an Environmental Laboratory for the category  
ENVIRONMENTAL ANALYSES SOLID AND HAZARDOUS WASTE  
All approved subcategories and/or analytes are listed below:*

**Miscellaneous**

Asbestos in Friable Material                      Item 198.1 of Manual



**Serial No.: 66315**

Property of the New York State Department of Health. Certificates are valid only at the address shown and must be conspicuously posted by the laboratory. Continued accreditation depends on the laboratory's successful ongoing participation in the Program. Consumers may verify a laboratory's accreditation status online at <https://apps.health.ny.gov/pubdoh/applinks/wc/elappublicweb/>, by phone (518) 485-5570 or by email to [elap@health.ny.gov](mailto:elap@health.ny.gov).

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**Department  
of Labor**

DIVISION OF SAFETY & HEALTH LICENSE AND CERTIFICATE UNIT, STATE OFFICE CAMPUS, BLDG. 12, ALBANY, NY 12226

# ASBESTOS HANDLING LICENSE

Niche Analysis, Inc.

399 Knollwood Road, Suite 208, White Plains, NY, 10603

License Number: 28914

License Class: RESTRICTED

Date of Issue: 12/28/2022

Expiration Date: 01/31/2024

Duly Authorized Representative: Bing Liang

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

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

A handwritten signature in black ink, appearing to read "Amy Phillips".

Amy Phillips, Director  
For the Commissioner of Labor

EXCELSIOR

# NSC Abatement Services Inc.

122 East Third Street, Mount Vernon, NY 10550

Tel. (914) 668-4111

Fax. (914) 668-4112

## Major Projects Completed (Past 4 years)

### **Name: Brookside Elementary School**

**Owner:** Ossining Union Free School District  
400 Executive Boulevard  
Ossining, NY 10562

**Contract Amount:** \$82,000

**Year work was Completed:** 2021

**Scope of Work:** Abatement of ACM Pipe Insulation/Pipe Fittings & Ceiling Tiles.

**Contact:** Tom Bertussi - (845) 735-5588

**Project Manager:** Kevin Fox

**Project Monitor:** Quality Environmental & Solutions Technologies, Inc.  
1376 US 9  
Wappingers Falls, NY 12590  
(845) 298-6031

**Status:** Complete

---

### **Name: Elmwood Country Club**

**Owner:** Capital Industries Corp.  
555 Saw Mill River Rd.  
Yonkers, NY 10701

**Contract Amount:** \$225,000

**Year work was Completed:** 2021

**Scope of Work:** Abatement of ACM Transite Siding, Pipe Insulation, Ceramic Floor Tile Adhesive & Roofing

**Contact:** Anthony Cianciulli – 914-963-2000

**Project Manager:** Kevin Fox

**Project Monitor:** Lawal Environmental  
55 East Mosholu Parkway North – Suite 3G  
Bronx, NY 10467  
(646) 528-0913

**Status:** Complete

**Name: 500 Main Street - New Rochelle, NY**

**Owner:** Capital Industries Corp.  
555 Saw Mill River Rd.  
Yonkers, NY 10701

**Contract Amount:** \$460,000

**Year work was Completed:** 2021

**Scope of Work:** Abatement of Duct Insulation, VAT/Mastic, Pipe Insulation, Door Insulation, Window Glazing, Various Adhesives on Floors/Walls & Roofing

**Contact:** Anthony Cianciulli – 914-963-2000

**Project Manager:** Kevin Fox

**Project Monitor:** Environmental Maintenance Contractors Inc.  
5 Anderson Lane  
Goldens Bridge, NY  
(914) 232-7355

**Status:** Complete

---

**Name: The Renaissance at Lincoln Park**

**Owner/GC:** NRP Group, LLC  
1228 Euclid Ave.  
Cleveland, OH 44115

**Contract Amount:** \$170,650

**Year work was Completed:** 2021

**Scope of Work:** Abatement of VAT/Mastic, Door Caulk, Roofing, Mirror Mastic, Exterior Water Proofing, and Demolition of masonry façade.

**Contact:** Michael Koenig – (440) 655-4130

**Project Manager:** Kevin Fox

**Project Monitor:** Airtek Environmental Corp  
39-27 39<sup>th</sup> St.  
New York, NY 11101  
(914) 592-8380

**Status:** Complete

**Name: Park Lake Residences**

**Owner:** Metropolitan Realty  
60 Cuttermill Rd Suite 200  
Great Neck, NY 11021

**Contract Amount:** \$1,200,000

**Year work was Completed:** 2020

**Scope of Work:** Abatement of contaminated soil and pipe insulation throughout crawlspaces.

**Contact:** Stephen Gordon – (347) 829-2190

**Project Manager:** Kevin Fox

**Project Monitor:** Lawrence Environmental  
108 W. 39<sup>th</sup> St.  
New York, NY 10018  
(212) 682-2001

**Status:** Complete

---

**Name: Middletown School District/Various Schools**

**Owner/GC:** Bertussi's Contracting  
60-70 Dexter Plaza  
Pearl River, NY 10965

**Contract Amount:** \$537,200

**Year work was Completed:** 2020

**Scope of Work:** Abatement of VAT/Mastic, removal of unit ventilators

**Contact:** Ray Breit – (845) 536-0616

**Project Manager:** Kevin Fox

**Project Monitor:** Adelaide Environmental  
1511 Rt. 22, Suite C24  
Brewster, NY 10509  
(845) 278-7710

**Status:** Complete

**Name: Brookfield Commons Apartments**

**Owner:** Trinity Brookfield Commons

75 Federal St.

Boston, MA 02110

**Contract Amount:** \$594,000

**Year work was Completed:** 2019

**Scope of Work:** Asbestos abatement of pipe insulation, Window Caulk, Roofing, and VAT/Mastic.

**Contact:** Robert Stevenson - (914) 963-2000

**Project Manager:** Kevin Fox

**Project Monitor:** ALC Environmental

121 W. 27<sup>th</sup> St.

New York, NY 10001

(212) 675-5544

**Status:** Complete

---

**Name: Lakeland Central School District Various Schools**

**Owner:** Lakeland Central School District

1086 Main St.

Shrub Oak, NY

**Contract Amount:** \$70,000

**Year work was Completed:** 2019

**Scope of Work:** Abatement of pipe insulation, Duct Insulation, Electrical Wiring.

**Contact:** Ray Breit - (845) 536-0616

**Project Manager:** Kevin Fox

**Project Monitor:** Louis Berger

565 Taxter Rd.

Elmsford, NY 10523

(914) 798-3733

**Status:** Complete

**Name: Washingtonville HS**

**Owner:** Washingtonville Central School District  
54 West Main St.  
Washingtonville, NY 10992

**Contract Amount:** \$350,000

**Year work was Completed:** 2019

**Scope of Work:** Abatement of VAT, mastic, & pipe fittings, ceiling tile.

**Contact:** John Paul Jackson, Arris Contracting – (845) 473-3600

**Project Manager:** Kevin Fox

**Project Monitor:** Quality Environmental & Solutions Technologies, Inc.  
1376 US 9  
Wappingers Falls, NY 12590  
(845) 298-6031

**Status:** Complete

---

**Name: William Cottle ES**

**Owner:** Tuckahoe School District  
65 Siwanoy Blvd.  
Tuckahoe, NY 10709

**Contract Amount:** \$213,000

**Year work was Completed:** 2019

**Scope of Work:** Abatement of Window Caulk, VAT/Mastic, Pipe Insulation.

**Contact:** Anthony Russo – (914) 337-5376

**Project Manager:** Kevin Fox

**Project Monitor:** Omega Environmental Services, Inc.  
280 Huyler St.  
S. Hackensack, NJ 07606  
(201) 489-8700

**Status:** Complete

**Name:** Pearl River School District Multiple Schools

**Owner:** Pearl River School District  
135 W. Crooked Hill Rd.  
Pearl River, NY 10965

**Contract Amount:** \$355,000

**Year work was Completed:**2018

**Scope of Work:** Abatement of Boiler Insulation, VAT/Mastic, Pipe Insulation, Roofing  
And Boiler Demo.

**Contact:** Tom Bertussi - (845) 735-5588

**Project Manager:** Kevin Fox

**Project Monitor:** Quality Environmental & Solutions Technologies, Inc.  
1376 US 9  
Wappingers Falls, NY 12590  
(845) 298-6031

**Status:** Complete

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**Department  
of Labor**

DIVISION OF SAFETY & HEALTH LICENSE AND CERTIFICATE UNIT, STATE OFFICE CAMPUS, BLDG. 12, ALBANY, NY 12226

# ASBESTOS HANDLING LICENSE

NSC Abatement Services, Inc.  
122 East Third Street, Mount Vernon, NY, 10550

License Number: 28759

License Class: FULL

Date of Issue: 07/07/2023

Expiration Date: 07/31/2024

Duly Authorized Representative: Pablo Berhau

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

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

A handwritten signature in black ink, appearing to read "Amy Phillips".

Amy Phillips, Director  
For the Commissioner of Labor

EXCELSIOR