

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

Architect:
KSQ Architects
215 W 40th Street, 15th Floor
New York, NY 10018

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

Construction Manager:
Jacobs
One Penn Plaza, 54th floor
New York, NY 10019

Contractor: Joe Lombardo Plumbing & Heating of Rockland Inc

Contract: Ron Lombardo

Address: 321 Spook Rock Road Suite 109A

845-357-6537

Telephone:

Suffern, New York 10901

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

Contractor Review Statement:

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.

Ronald J. Lombardo

9-29-23

Name:

Date:

Company Name:

Joe Lombardo Plumbing & Heating of Rockland Inc.

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).

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

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	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Pollution Liability</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Pollution Liability	\$ 1,000,000
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
MED EXP (Any one person)	\$ 5,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
Pollution Liability	\$ 1,000,000																				
B	AUTOMOBILE LIABILITY <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	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>PIP-Additional</td><td>\$ 100,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	PIP-Additional	\$ 100,000				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
PIP-Additional	\$ 100,000																				
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	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			W 2069421-2	11/23/2022	11/23/2023	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	Contractor Pollution & Professional Liability			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
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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



SCAN TO VALIDATE
AND SUBSCRIBE

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

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: (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

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
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) ***

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: (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) ***

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: (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
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 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: 02/25/69 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**ANDO 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, 8th 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 (FEV₁), 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
MD, CIVIL SURGEON NY

Address
100-11 100th Ave, Flushing, NY 11355
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:

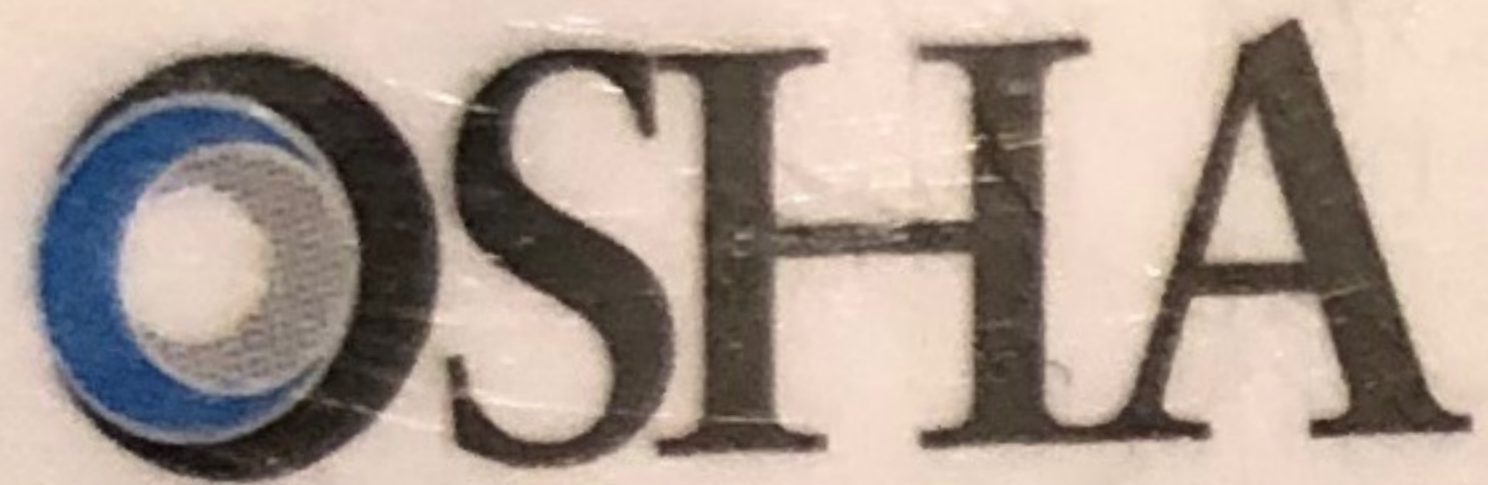
Victor E Araujo

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

Trainer Name

09/14/2018

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 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 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

A handwritten signature in black ink, appearing to be "RC", is written over a horizontal line.

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

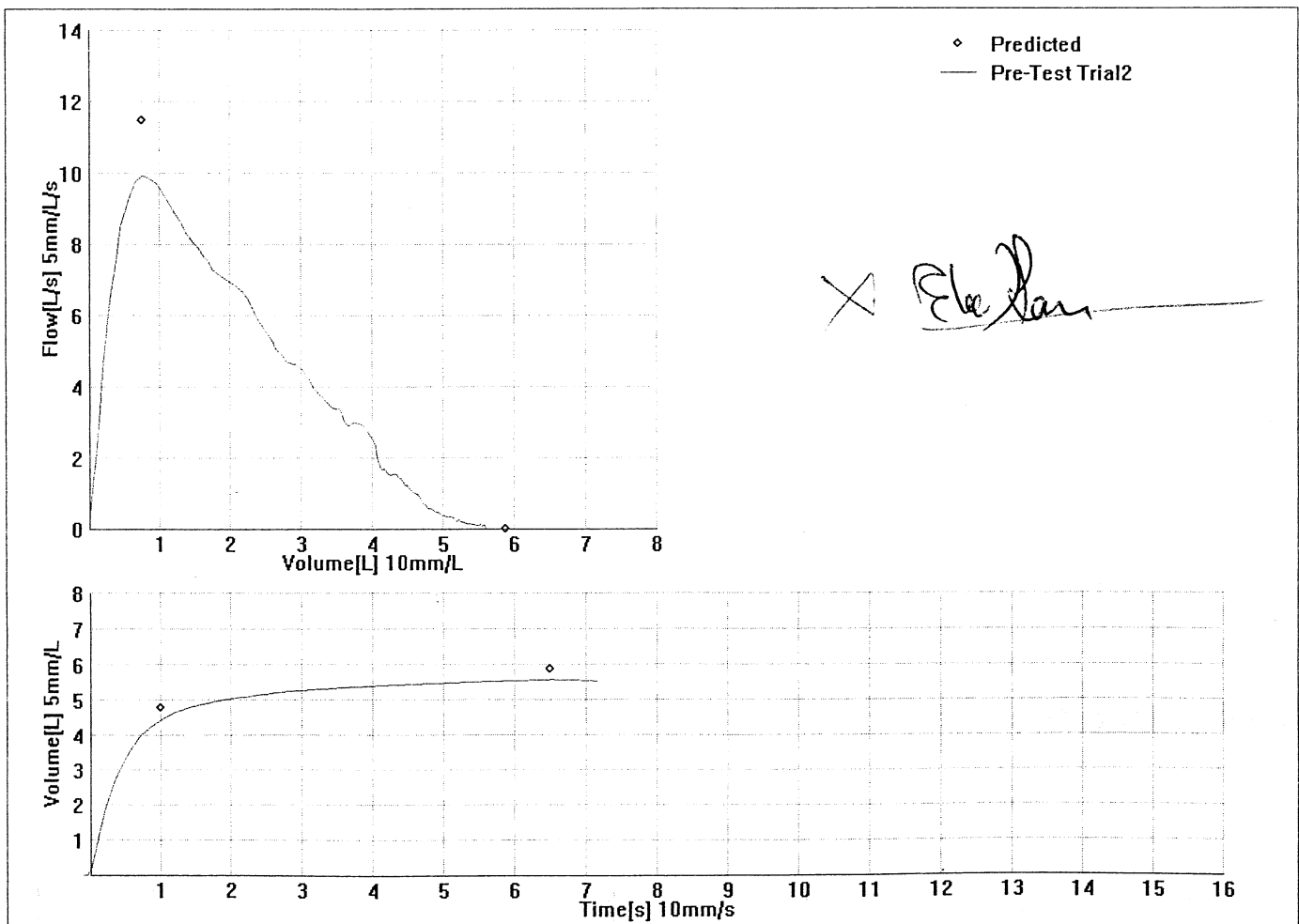
Test Date/Time 01/07/2023 10.03
Post Time --
Test Mode FRONTLINE
Syst. Interpret. NLHEP
Predicted Ref Nhanes III
Value Select BEST VALUE
Tech ID
Automated QC ON
BTPS (IN/EX) - - / 1.02

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	EXPIRATION DATE
No contraindication	02/04/2023	02/04/2024
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

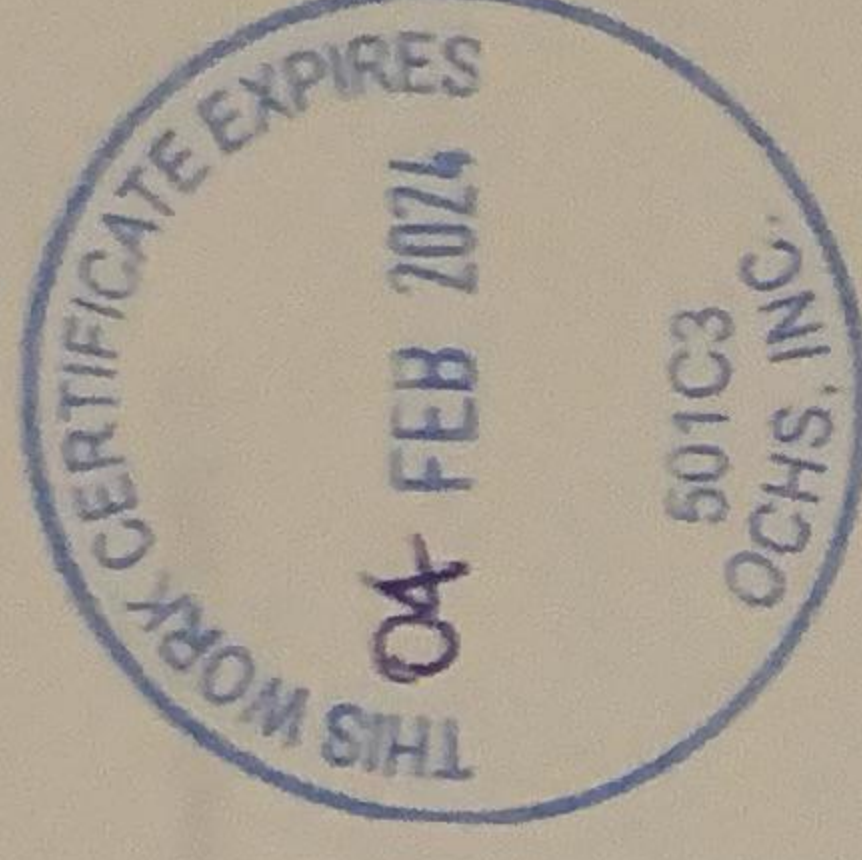
Date

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:

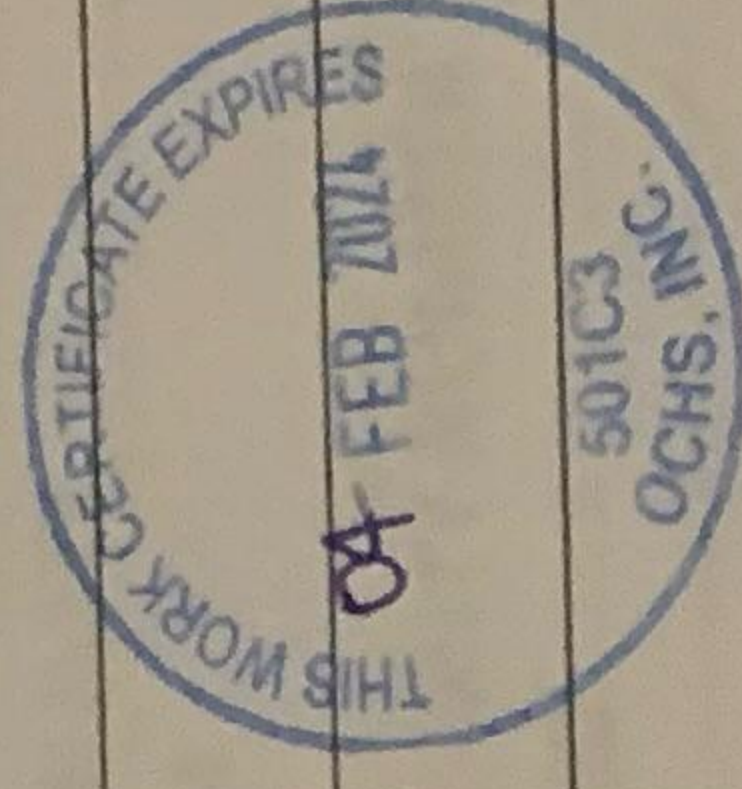




Occupational and Community Health Services, Inc. - 3300 Hudson Ave., Union City, NJ 07087 - Phone: (201)325-8002 - Fax: (201)325-9718

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: ___ Results: ___ 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**



Issued: 09/01/2020

Expires: 09/01/2025



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: 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-EF 010

Name of person performing respiratory fit test: Edward Frawley

Signature: Edward Frawley

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

44-01 21st Street 3rd Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3238
www.andointernational.com

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

Examination

HEIGHT: 6'01	WEIGHT: 215	BP: 136/77	PULSE: 67	RESP: B
--------------	-------------	------------	-----------	---------

Have you ever had any respiratory problems:

shortness of breath: No

chest pain:

wheezing:

Tobacco: No	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

RYNATA UKOWSKA MD
Attending Physician
NPI # 1467698763 Lic # 251238
MMIS # 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

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

RENATA UKONSKA MD
Allergist/Immunologist
NPI # 400231154
NPI # 1407698563
MED
25/258
698866

ANDO MED

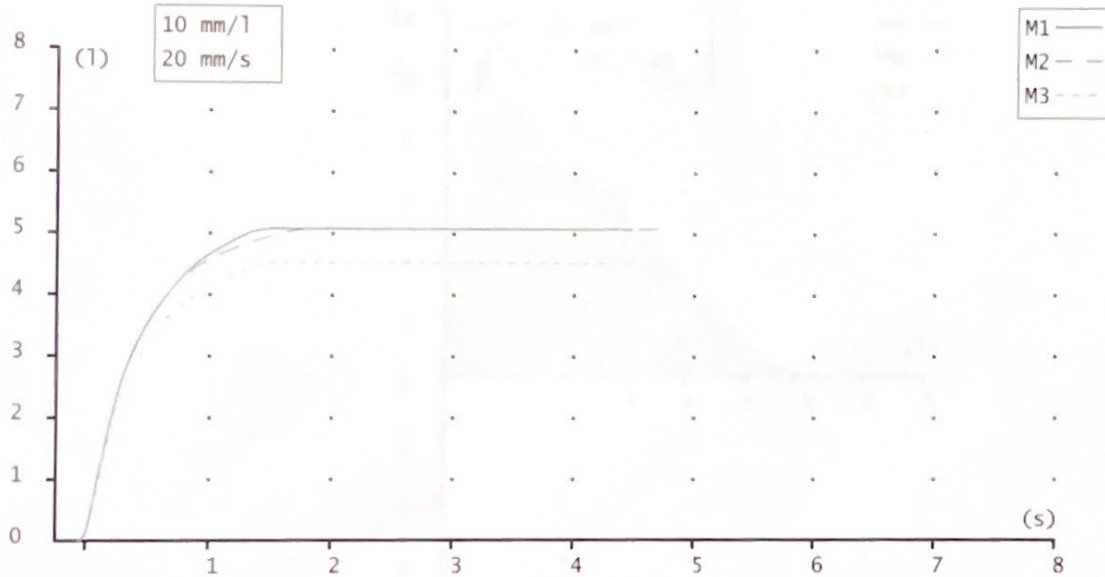
44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code: 318235
Name: Rosario Jose
Sex: Male
Temp. (°F): 64
Technician: KNUDSON-USA
Predicted: 1.149
F.BTPS: 5118FB-4.02
Version:

Date: 03-18-2023 Time: 11:33
Age(y): 42 Height(in): 73 Wgt(lb): 146
Pres(mmHg): 525 Humidity(%): 60 Smok.I.:
Transducer: Turbine
Ethnic f.: 100 BMI : 19.3



RENATA UKOWSKA MD
Attending
NPI # 1467698563
SCL # 231756
MED
698866

ANDO MED

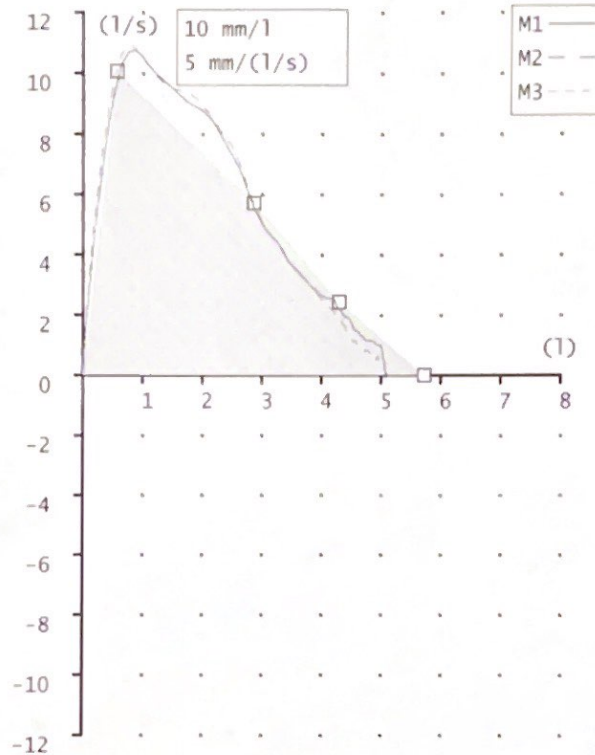
44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code: 318235
Name: Rosario Jose
Sex: Male
Temp. (°F): 64
Technician: KNUDSON-USA
Predicted: 1.149
Version: 5118FB-4.02

Date: 03-18-2023 Time: 11:33
Age(y): 42 Height(in): 73 Wgt(lb): 146
Pres(mmHg): 525 Humidity(%): 60 Smok.I.:
Transducer: Turbine
Ethnic f.: 100 BMI : 19.3



RENATA KOWSKA MD
Attending Physician
NPI # 1467698563
Lic # 251258
Med # 090066

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.BTPS: 5118FB-4.02
Version:

FVC REPORT

PARAMETER	M1	%PRED	M2	%PRED
Best FVC (l)	5.08	91	5.08	91
Best FEV1 (l)	4.70	103	4.70	103
BFev1/BFvc (%)	92.43	113	92.43	113
FVC (l)	5.08	91	5.08	91
FEV0.5 (l)	3.60		3.62	
FEV1 (l)	4.70	103	4.60	101
FEV3 (l)	5.08		5.08	
FEV0.5/FVC (%)	70.94		71.26	
FEV1/FVC (%)	92.48	113	90.59	111
FEV1/VC (%)				
PEF (l/s)	11.19	113	11.43	115
FEF75% (l/s)	2.94	129	2.94	129
FEF50% (l/s)	6.76	121	6.84	123
FEF25%-75% (l/s)	5.67	121	5.73	123
FEF75%-85% (l/s)	2.55		2.29	
FEF50%/FIF50%				
FEV1/FEV0.5	1.30		1.27	
FEV1/PEF (%)	7.00		6.71	
FIF50% (l/s)				6.95
FIVC (l)				
FEV1/FIV1 (%)				
Vext. (l)	0.13		0.12	
MVV ind (l/min)	140.92		138.12	
FEV6 (l)	5.08		5.08	
FEV1/FEV6 (%)	92.48		90.59	
COPD index (%)				
Lung Age	22.87		25.78	
FEV0.75 (l)	4.28		4.26	
FEV0.75/FVC (%)	84.32		83.82	

AstraPro-SDI Diagnostics

M3	%PRED	PRED	LLN
5.08	91	5.58	5.28
4.70	103	4.56	4.36
92.43	113	81.74	65.39
4.52	81	5.58	5.28
3.28			
4.16	91	4.56	4.36
4.52			
72.59			
91.86	112	81.74	65.39
9.97	100	9.93	7.94
2.68	117	2.29	2.07
5.82	104	5.58	5.17
5.33	114	4.67	4.33
2.09			
1.27			
6.95			
0.13			
124.66			
4.52			
91.86			
1.00			
39.81			
3.84			
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 UKOLINSKA MD
Attending Physician
NPI # 404513
NP1 # 1467692563
251228
696866

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	Patient Name: (First/Mi/Last) Merlyn Muñoz	Sex: M	Date of Birth: (mm/dd/yyyy) 10/28/1994
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 physically qualified to wear a respirator in the performance of his/her job.

IS NOT

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
44-01 21st St
Long Island City, NY 11101

44-01 21st Street 3rd Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3235
www.andointernational.com

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



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

Trainer Name

03/07/2019

Date of Issue

NSC Abatement Services Inc.

122 East 3rd 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)

A handwritten signature in black ink, appearing to read "Kirkland K. Harris", is written over a horizontal line.

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

Table of Contents

Authorization	1
List of Commonly Used Abbreviations	3
A. Standard Terms and Conditions	4
1. What does this permit-to-install and operate (PTIO) allow me to do?	5
2. Who is responsible for complying with this permit?	5
3. What records must I keep under this permit?	5
4. What are my permit fees and when do I pay them?	5
5. When does my PTIO expire, and when do I need to submit my renewal application?	5
6. What happens to this permit if my project is delayed or I do not install or modify my source?	6
7. What reports must I submit under this permit?	6
8. If I am required to obtain a Title V operating permit in the future, what happens to the operating provisions and permit evaluation report (PER) obligations under this permit?	6
9. What are my obligations when I perform scheduled maintenance on air pollution control equipment? ...	6
10. Do I have to report malfunctions of emissions units or air pollution control equipment? If so, how must I report?	7
11. Can Ohio EPA or my local air agency inspect the facility where the emission unit(s) is/are located?	7
12. What happens if one or more emissions units operated under this permit is/are shut down permanently?	7
13. Can I transfer this permit to a new owner or operator?	7
14. Does compliance with this permit constitute compliance with OAC rule 3745-15-07, "air pollution nuisance"?	8
15. What happens if a portion of this permit is determined to be invalid?	8
B. Facility-Wide Terms and Conditions	9
C. Emissions Unit Terms and Conditions	11
1. F001, C&D Disposal	12
2. F002, Roadways & Parking Areas	19
3. F003, Asbestos Disposal	24



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:

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

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 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.

WE ARE YOUR DOL



**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.

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 39th 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. 39th 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. 27th 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

WE ARE YOUR DOL



**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.

Amy Phillips, Director
For the Commissioner of Labor

EXCELSIOR