Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100141003
Decal Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☑ Yes ☐ No

   b. Provide blanket decal number if applicable: _____ Blanket Decal Number

2. Facility Location:

   a. Name of Facility: CHRISTOPHER BARTHULY
   b. Street Address: 26 MARSHALL STREET
   c. City/Town: Winthrop
   d. State: MA
   e. Zip Code: 02152
   f. Telephone Number: _____

3. Worksite Location:

   a. Building Name/Building Location: BASEMENT
   b. Building #: _____
   c. Wing: _____
   d. Floor: _____
   e. Room: _____

4. Is the facility occupied? ☑ Yes ☐ No

5. Asbestos Contractor:

   a. Name: DUDLEY SERVICES INC
   b. Address: 43 DUDLEY STREET PO BOX 132
   c. City/Town: ARLINGTON
   d. Zip Code: 02176
   e. Telephone Number: 7816434328
   f. DOS License Number: AC000112
   g. Contract Type: ☑ Written ☐ Verbal
   h. Facility Contact Person: _____
   i. Contact Person's Title: _____

6. a. Name of On-Site Supervisor/Foreman: SAMUEL J NIGRO III
   b. Supervisor/Foreman DOS Certification Number: AS032802

7. a. Name of Project Monitor: ENVIRO-SAFE ENGINEERING
   b. Project Monitor DOS Certification Number: AM060297

8. a. Name of Asbestos Analytical Lab: ENVIRO-SAFE ENGINEERING
   b. Asbestos Analytical Lab DOS Certification Number: AA000131

9. a. Project Start Date (mm/dd/yyyy): 01/26/2012
   b. End Date (mm/dd/yyyy): 01/26/2012
   c. Work hours Mon-Fri.: 8AM-5PM
   d. Work hours Sat-Sun.: _____

10. a. What type of project is this?

    ☐ Demolition ☑ Renovation
    ☐ Repair ☐ Other, please specify:

    b. Describe: _____

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☐ Cleanup ☐ Other, specify:
    ☑ Full containment

    b. Describe: _____

12. Is the job being conducted: ☑ Indoors? ☐ Outdoors?

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Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

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Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

a. Total pipes or ducts (linear ft)	100		b. Total other surfaces (square ft)	40	
c. Boiler, breaching, duct, tank surface coatings		Lin. ft.	40 Sq. ft.	d. Insulating cement	Lin. ft. / Sq. ft.
e. Corrugated or layered paper pipe insulation	100	Lin. ft.	Sq. ft.	f. Trowel/Sprayer coatings	Lin. ft. / Sq. ft.
g. Spray-on fireproofing		Lin. ft.	Sq. ft.	h. Transite board, wall board	Lin. ft. / Sq. ft.
i. Cloths, woven fabrics		Lin. ft.	Sq. ft.	j. Other, please specify:	Lin. ft. / Sq. ft.
k. Thermal, solid core pipe insulation		Lin. ft.	Sq. ft.	l. Specify	

14. Describe the decontamination system(s) to be used:

CONTAINMENT BARRIER WITH CLEAN ROOM USING NEGATIVE AIR SYSTEM AND HEPA

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

WET ASBESTOS PROPERLY SEALED IN SIX MIL POLY BAGS PLACARDED FOR ASBESTOS

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A–F apply to this project? ☐ Yes ☑ No

B. Facility Description

1. Current or prior use of facility: RESIDENTIAL DWELLING

2. Is the facility owner-occupied residential with 4 units or less? ☑ Yes ☐ No

3. SAME
a. Facility Owner Name | b. Address
c. City/Town | d. Zip Code | e. Telephone Number (area code and extension)

4. a. Name of Facility Owner's On-Site Manager | b. On-Site Manager Address
c. City/Town | d. Zip Code | e. Telephone Number (area code and extension)

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B. Facility Description (cont.)

5. a. Name of General Contractor | b. Address
c. City/Town | d. Zip Code | e. Telephone Number (area code and extension)
f. Contractor's Worker's Comp. Insurer | g. Policy Number | h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility? a. Square Feet | b. Number of floors

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

a. Name of Transporter | b. Address
c. City/Town | d. Zip Code | e. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

a. Name of Transporter: J.O.B. ROLLOFF | b. Address
c. City/Town | d. Zip Code | e. Telephone Number

3. a. Refuse Transfer Station and Owner | b. Address
c. City/Town | d. Zip Code | e. Telephone Number

4. a. Final Disposal Site Location Name: WASTE SYSTEMS INCORPORATED | b. Final Disposal Site Location Owner's Name
c. Final Disposal Site Address: 90 ROCHESTER NECK | d. City/Town: ROCHESTER
e. State: NH | f. Zip Code | g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

a. Name: SAM NIGRO | b. Authorized Signature
c. Position/Title | d. Date (mm/dd/yyyy): 1/12/2012
e. Telephone Number | f. Representing: DUDLEY SERVICES INC.
g. Address
h. City/Town | i. Zip Code

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Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100145937
Decal Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☐ Yes ☑ No

   b. Provide blanket decal number if applicable: Blanket Decal Number

2. Facility Location:

   a. Name of Facility: WINTHROP MIDDLE SCHOOL
   b. Street Address: 151 PAULINE STREET
   c. City/Town: WINTHROP
   d. State: MA
   e. Zip Code: 02152
   f. Telephone Number: 6178465507

3. Worksite Location:

   a. Building Name/Building Location: WINTHROP MIDDLE SCH.
   b. Building #:
   c. Wing:
   d. Floor: GROUND
   e. Room: BOILER

4. Is the facility occupied? ☑ Yes ☐ No

5. Asbestos Contractor:

   a. Name: SENCAM INC
   b. Address: 145 MARSTON STREET
   c. City/Town: LAWRENCE
   d. Zip Code: 01841
   e. Telephone Number: 9786837767
   f. DOS License Number: AC000129
   g. Contract Type: ☑ Written ☐ Verbal
   h. Facility Contact Person: GERALD BOYLE
   i. Contact Person's Title: DIRECTOR OF FACILITIES

6. a. Name of On-Site Supervisor/Foreman: LEONARDO TORRES
   b. Supervisor/Foreman DOS Certification Number: AS030837

7. a. Name of Project Monitor: AXIOM PARTNERS
   b. Project Monitor DOS Certification Number: AA000179

8. a. Name of Asbestos Analytical Lab: AXIOM PARTNERS
   b. Asbestos Analytical Lab DOS Certification Number: AA000179

9. a. Project Start Date (mm/dd/yyyy): 4/23/2012
   b. End Date (mm/dd/yyyy): 4/26/2012
   c. Work hours Mon-Fri.: 7AM-3PM
   d. Work hours Sat-Sun.:

10. a. What type of project is this?

    ☐ Demolition ☑ Renovation
    ☐ Repair ☐ Other, please specify:

    b. Describe

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☐ Cleanup ☐ Other, specify:
    ☑ Full containment

    b. Describe

12. Is the job being conducted: ☑ Indoors? ☐ Outdoors?

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Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

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Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

0	500				
a. Total pipes or ducts (linear ft)	b. Total other surfaces (square ft)				
c. Boiler, breaching, duct, tank surface coatings	Lin. ft.	500 Sq. ft.	d. Insulating cement	Lin. ft.	Sq. ft.
e. Corrugated or layered paper pipe insulation	Lin. ft.	Sq. ft.	f. Trowel/Sprayer coatings	Lin. ft.	Sq. ft.
g. Spray-on fireproofing	Lin. ft.	Sq. ft.	h. Transite board, wall board	Lin. ft.	Sq. ft.
i. Cloths, woven fabrics	Lin. ft.	Sq. ft.	j. Other, please specify:	Lin. ft.	Sq. ft.
k. Thermal, solid core pipe insulation	Lin. ft.	Sq. ft.	l. Specify		

14. Describe the decontamination system(s) to be used:

THREE CHAMBER DECON UNIT/NEGATIVE PRESSURE HEPA AIR FILTRATION

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

WASTE WETTED/DOUBLE BAGGED IN 6MIL POLY/EPA APPROVED LANDFILL

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A–F apply to this project? ☐ Yes ☑ No

B. Facility Description

1. Current or prior use of facility: SCHOOL BOILER ROOM

2. Is the facility owner-occupied residential with 4 units or less? ☐ Yes ☑ No

3.

TOWN OF WINTHROP	1 METCALF SQUARE
a. Facility Owner Name	b. Address
WINTHROP	02152
c. City/Town	d. Zip Code
	e. Telephone Number (area code and extension)

4.

GERALD BOYLE	45 PAULINE STREET
a. Name of Facility Owner's On-Site Manager	b. On-Site Manager Address
WINTHROP	02152
c. City/Town	d. Zip Code
	6175395853
	e. Telephone Number (area code and extension)

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B. Facility Description (cont.)

5. N/A
a. Name of General Contractor

b. Address

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

f. Contractor's Worker's Comp. Insurer

g. Policy Number

h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?

a. Square Feet

b. Number of floors

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

SENCAM, INC.
a. Name of Transporter

741 SOUTH MAIN STREET
b. Address

HAVERHILL
c. City/Town

01835
d. Zip Code

9786837767
e. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

SERVICE TRANSPORT GROUP
a. Name of Transporter

58 PYLES LANE
b. Address

NEW CASTLE
c. City/Town

19720
d. Zip Code

8779999559
e. Telephone Number

3.
a. Refuse Transfer Station and Owner

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

4. MINERVA ENTERPRISES INC
a. Final Disposal Site Location Name

b. Final Disposal Site Location Owner's Name

9000 MINERVA ROAD
c. Final Disposal Site Address

WAYNESBURG
d. City/Town

OH
e. State

44688
f. Zip Code

g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

PATRICK SENNOTT
a. Name

PATRICK SENNOTT
b. Authorized Signature

PRESIDENT
c. Position/Title

4/9/2012
d. Date (mm/dd/yyyy)

9786837767
e. Telephone Number

SENCAM, INC.
f. Representing

741 SOUTH MAIN STREET
g. Address

WINTHROP
h. City/Town

02152
i. Zip Code

ANF0011002003

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100141003
Decal Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☑ Yes ☐ No

   b. Provide blanket decal number if applicable: _____ Blanket Decal Number

2. Facility Location:

   a. Name of Facility: CHRISTOPHER BARTHULY
   b. Street Address: 26 MARSHALL STREET
   c. City/Town: Winthrop
   d. State: MA
   e. Zip Code: 02152
   f. Telephone Number: _____

3. Worksite Location:

   a. Building Name/Building Location: BASEMENT
   b. Building #: _____
   c. Wing: _____
   d. Floor: _____
   e. Room: _____

4. Is the facility occupied? ☑ Yes ☐ No

5. Asbestos Contractor:

   a. Name: DUDLEY SERVICES INC
   b. Address: 43 DUDLEY STREET PO BOX 132
   c. City/Town: ARLINGTON
   d. Zip Code: 02176
   e. Telephone Number: 7816434328
   f. DOS License Number: AC000112
   g. Contract Type: ☑ Written ☐ Verbal
   h. Facility Contact Person: _____
   i. Contact Person's Title: _____

6. a. Name of On-Site Supervisor/Foreman: SAMUEL J NIGRO III
   b. Supervisor/Foreman DOS Certification Number: AS032802

7. a. Name of Project Monitor: ENVIRO-SAFE ENGINEERING
   b. Project Monitor DOS Certification Number: AM060297

8. a. Name of Asbestos Analytical Lab: ENVIRO-SAFE ENGINEERING
   b. Asbestos Analytical Lab DOS Certification Number: AA000131

9. a. Project Start Date (mm/dd/yyyy): 01/26/2012
   b. End Date (mm/dd/yyyy): 01/26/2012
   c. Work hours Mon-Fri.: 8AM-5PM
   d. Work hours Sat-Sun.: _____

10. a. What type of project is this?

    ☐ Demolition ☑ Renovation
    ☐ Repair ☐ Other, please specify:

    b. Describe: _____

11. a. Check abatement procedures:

    ☐ Glove bag ☐ Encapsulation
    ☐ Enclosure ☐ Disposal only
    ☐ Cleanup ☐ Other, specify:
    ☑ Full containment

    b. Describe: _____

12. Is the job being conducted: ☑ Indoors? ☐ Outdoors?

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Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

10014003
Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

a. Total pipes or ducts (linear ft)	100	b. Total other surfaces (square ft)	40		
c. Boiler, breaching, duct, tank surface coatings	Lin. ft.	40 Sq. ft.	d. Insulating cement	Lin. ft.	Sq. ft.
e. Corrugated or layered paper pipe insulation	100 Lin. ft.	Sq. ft.	f. Trowel/Sprayer coatings	Lin. ft.	Sq. ft.
g. Spray-on fireproofing	Lin. ft.	Sq. ft.	h. Transite board, wall board	Lin. ft.	Sq. ft.
i. Cloths, woven fabrics	Lin. ft.	Sq. ft.	j. Other, please specify:	Lin. ft.	Sq. ft.
k. Thermal, solid core pipe insulation	Lin. ft.	Sq. ft.	l. Specify		

14. Describe the decontamination system(s) to be used:

CONTAINMENT BARRIER WITH CLEAN ROOM USING NEGATIVE AIR SYSTEM AND HEPA

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

WET ASBESTOS PROPERLY SEALED IN SIX MIL POLY BAGS PLACARDED FOR ASBESTOS

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A–F apply to this project? ☐ Yes ☑ No

B. Facility Description

1. Current or prior use of facility: RESIDENTIAL DWELLING

2. Is the facility owner-occupied residential with 4 units or less? ☑ Yes ☐ No

3. a. Facility Owner Name: SAME — b. Address
c. City/Town — d. Zip Code — e. Telephone Number (area code and extension)

4. a. Name of Facility Owner's On-Site Manager — b. On-Site Manager Address
c. City/Town — d. Zip Code — e. Telephone Number (area code and extension)

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

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Decal Number

B. Facility Description (cont.)

5. a. Name of General Contractor
b. Address
c. City/Town
d. Zip Code
e. Telephone Number (area code and extension)
f. Contractor's Worker's Comp. Insurer
g. Policy Number
h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?
a. Square Feet
b. Number of floors

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

a. Name of Transporter
b. Address
c. City/Town
d. Zip Code
e. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

a. Name of Transporter: J.O.B. ROLLOFF
b. Address
c. City/Town
d. Zip Code
e. Telephone Number

3. a. Refuse Transfer Station and Owner
b. Address
c. City/Town
d. Zip Code
e. Telephone Number

4. a. Final Disposal Site Location Name: WASTE SYSTEMS INCORPORATED
b. Final Disposal Site Location Owner's Name
c. Final Disposal Site Address: 90 ROCHESTER NECK
d. City/Town: ROCHESTER
e. State: NH
f. Zip Code
g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

a. Name: SAM NIGRO
b. Authorized Signature
c. Position/Title
d. Date (mm/dd/yyyy): 1/12/2012
e. Telephone Number
f. Representing: DUDLEY SERVICES INC.
g. Address
h. City/Town
i. Zip Code

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ANF0010203

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100145937
Decal Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☐ Yes ☑ No

   b. Provide blanket decal number if applicable: _____ Blanket Decal Number

2. Facility Location:
   - a. Name of Facility: WINTHROP MIDDLE SCHOOL
   - b. Street Address: 151 PAULINE STREET
   - c. City/Town: WINTHROP
   - d. State: MA
   - e. Zip Code: 02152
   - f. Telephone Number: 6178465507

3. Worksite Location:
   - a. Building Name/Building Location: WINTHROP MIDDLE SCH.
   - b. Building #:
   - c. Wing:
   - d. Floor: GROUND
   - e. Room: BOILER

4. Is the facility occupied? ☑ Yes ☐ No

5. Asbestos Contractor:
   - a. Name: SENCAM INC
   - b. Address: 145 MARSTON STREET
   - c. City/Town: LAWRENCE
   - d. Zip Code: 01841
   - e. Telephone Number: 9786837767
   - f. DOS License Number: AC000129
   - g. Contract Type: ☑ Written ☐ Verbal
   - h. Facility Contact Person: GERALD BOYLE
   - i. Contact Person's Title: DIRECTOR OF FACILITIES

6. a. Name of On-Site Supervisor/Foreman: LEONARDO TORRES
   - b. Supervisor/Foreman DOS Certification Number: AS030837

7. a. Name of Project Monitor: AXIOM PARTNERS
   - b. Project Monitor DOS Certification Number: AA000179

8. a. Name of Asbestos Analytical Lab: AXIOM PARTNERS
   - b. Asbestos Analytical Lab DOS Certification Number: AA000179

9. a. Project Start Date (mm/dd/yyyy): 4/23/2012
   - b. End Date (mm/dd/yyyy): 4/26/2012
   - c. Work hours Mon-Fri.: 7AM-3PM
   - d. Work hours Sat-Sun.:

10. a. What type of project is this?
    - ☐ Demolition
    - ☐ Repair
    - ☑ Renovation
    - ☐ Other, please specify:

    b. Describe

11. a. Check abatement procedures:
    - ☐ Glove bag
    - ☐ Enclosure
    - ☐ Cleanup
    - ☑ Full containment
    - ☐ Encapsulation
    - ☐ Disposal only
    - ☐ Other, specify:

    b. Describe

12. Is the job being conducted: ☑ Indoors? ☐ Outdoors?

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Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100145937
Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

	Lin. ft.	Sq. ft.
a. Total pipes or ducts (linear ft)	0	
b. Total other surfaces (square ft)		500
c. Boiler, breaching, duct, tank surface coatings		500
d. Insulating cement		
e. Corrugated or layered paper pipe insulation		
f. Trowel/Sprayer coatings		
g. Spray-on fireproofing		
h. Transite board, wall board		
i. Cloths, woven fabrics		
j. Other, please specify:		
k. Thermal, solid core pipe insulation		
l. Specify		

14. Describe the decontamination system(s) to be used:
THREE CHAMBER DECON UNIT/NEGATIVE PRESSURE HEPA AIR FILTRATION

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):
WASTE WETTED/DOUBLE BAGGED IN 6MIL POLY/EPA APPROVED LANDFILL

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official
b. Title
c. Date (mm/dd/yyyy) of Authorization
d. DEP Waiver #
e. Name of DOS Official
f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization
h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A–F apply to this project? ☐ Yes ☑ No

B. Facility Description

1. Current or prior use of facility: SCHOOL BOILER ROOM

2. Is the facility owner-occupied residential with 4 units or less? ☐ Yes ☑ No

3. a. Facility Owner Name: TOWN OF WINTHROP
b. Address: 1 METCALF SQUARE
c. City/Town: WINTHROP
d. Zip Code: 02152
e. Telephone Number (area code and extension):

4. a. Name of Facility Owner's On-Site Manager: GERALD BOYLE
b. On-Site Manager Address: 45 PAULINE STREET
c. City/Town: WINTHROP
d. Zip Code: 02152
e. Telephone Number (area code and extension): 6175395853

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Commonwealth of Massachusetts

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Decal Number

B. Facility Description (cont.)

5. N/A
a. Name of General Contractor

b. Address

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

f. Contractor's Worker's Comp. Insurer

g. Policy Number

h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?

a. Square Feet

b. Number of floors

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

SENCAM, INC.
a. Name of Transporter

741 SOUTH MAIN STREET
b. Address

HAVERHILL
c. City/Town

01835
d. Zip Code

9786837767
e. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

SERVICE TRANSPORT GROUP
a. Name of Transporter

58 PYLES LANE
b. Address

NEW CASTLE
c. City/Town

19720
d. Zip Code

8779999559
e. Telephone Number

3.
a. Refuse Transfer Station and Owner

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

4. MINERVA ENTERPRISES INC
a. Final Disposal Site Location Name

b. Final Disposal Site Location Owner's Name

9000 MINERVA ROAD
c. Final Disposal Site Address

WAYNESBURG
d. City/Town

OH
e. State

44688
f. Zip Code

g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

PATRICK SENNOTT
a. Name

PATRICK SENNOTT
b. Authorized Signature

PRESIDENT
c. Position/Title

4/9/2012
d. Date (mm/dd/yyyy)

9786837767
e. Telephone Number

SENCAM, INC.
f. Representing

741 SOUTH MAIN STREET
g. Address

WINTHROP
h. City/Town

02152
i. Zip Code

ANF001 10 02 0 0 3

TOWN OF WINTHROP

Town Hall, 1 Metcalf Square, Winthrop, MA 02152 Telephone: 617-846-1301

Richard A. Cifuni
Facilities Manager

Winthrop Middle School / High School
Indoor Air Quality Assessment

August 15, 2014

Mr. James McKenna
Town Manager
Town of Winthrop, MA 02152

Dear Manager McKenna:

The purpose of this letter is to give you an update on the status of work performed or scheduled to be performed, in order to address the short-term recommended corrective actions as recommended by Mr. Michael Feeney, Mass Department of Public Health. These action steps were recommended and should respond to the findings report of Mr. Feeney to the Superintendent on August 6, 2014. The purpose of these action steps is to improve the overall air quality at the Winthrop Middle School / High School.

The short term recommendations were identified and deemed to be reasonable corrective measures given that the estimated usage of the facility as a school building will be limited to two years. This response letter presents the results of a building inspection conducted on August 14, 2014, by the Winthrop Building Commissioner Al Lagee, Facilities Manager Richard Cifuni, Senior Custodian Steve Nickerson and the Chelsea Building Commissioner.

It is our assessment that most recommendations fall in one of three categories:

1. (Category 1) - WMS/WHS staff cultural / behavior issues – defined as the staff awareness of how its/their respective work spaces are to be managed throughout the school year.

2. (Category 2) - Regular Maintenance – defined as the way the building is consistently maintained and serviced.

3. (Category 3) - Maintenance Plans / Code issues – defined as schedules/plans in place or to be implemented to maintain a clean and provide for a healthy school environment, and also address building code issues.

All issues cited by Mr. Feeney related to Category 1 have been corrected during the annual summer cleaning of the school. Going forward, under the direction of principal Eileen Belastock and Superintendent John Macero, the staff working at the WMS/WHS will be educated as to what measures must be taken to ensure a safe learning environment for both the students and staff.

Many of the issues related to Category 2 have been corrected with a remaining few currently still to be addressed.

Issues related to Category 3 are ongoing and will be scheduled as needed with consideration given to the fact we expect the use of the current school building to be 2 years.

To follow is a brief assessment of the recommendations made by the Bureau of Environmental Health and the status of such:

1. Operate all ventilation systems throughout the building continuously to maximize air exchange.
    - Largely a category 1 issues that will communicated to staff for the upcoming year.

2. Consult with an HVAC engineering firm to assess and repair ventilation system components.
    - Category 2 issue - An engineering firm was hired to assess/diagnosis all the univents in the building and provide a report specifying parts and services needed for each univent.
    - Cooling and Heating Specialist was hired and performed the repairs outlined in the report in addition to cleaning all univents serviced.

3. Remove all blockages / debris from univent and returns to ensure adequate air flow.
    - Category 1 issue which has been corrected and will be monitored on an ongoing basis.

4. Replace all HVAC filters and perform regular maintenance.
    - Category 2 issues – Filter changes and regular maintenance scheduled to be performed and completed the week of August 17, 2014 by Cooling & Heating Specialists Inc.
    - The cleaning of all ductwork in the athletic facility areas is currently underway by a licensed contractor.

5. Consider adopting a balancing schedule every five years for all mechanical ventilation systems.

- Category 3 issue – Not applicable knowing the usage plan for the school is only 2 years.

6. Use openable windows to supplement fresh air in the classrooms during occupancy.
   Category 1 issue - to be communicated to the staff.

7. Adopt adequate cleaning practices to minimize common indoor air contaminants whose irritant effects can be enhanced when the relative humidity is low.
   - Category 1 and 2 issues that are currently corrected as the custodial staff has done an excellent job with the summer cleaning.
   - Principal Eileen Belastock will work with the staff to have the school maintained and cleaned, and that a safe environment be assured on a regular basis.

8. Ensure roof and plumbing leaks are repaired and replace any water damages ceiling tiles.
   - Category 2 issue – This work is ongoing and part of regular maintenance. Roof and plumbing leaks are addressed as soon as they are discovered and this will continue to be the case.
   - The roof was examined on August 14th by the building commissioner with only one area of potential concern noted and which is presently being addressed.

9. Determine if interlocking ceiling tiles contain asbestos
   - It was determined that the interlocking ceiling tiles are not asbestos tiles.

10. Clean partition wall between rooms 107 and 109 with an anti-microbial agent
    - Category 2 item which has been corrected

11. Seal holes / breaches where pipes from univents and sinks penetrate into the crawlspace or wall cavity with appropriate fire-rated sealant to prevent movement of odors/particles from all cavities and sub floor areas.
    - Category 2 & 3 issue – work to correct this issue is currently underway and will be re-inspected by the building commissioner prior to the start of the 2014-2015 school year.

12. Repair broken/unused fixtures or decommission completely.
    - Category 2 issue – parts and fixtures have been ordered to remedy this issue with installation expected to start the week of August 17, 2014.

13. Ensure plants, trees and shrubs are located at least five feet away from exterior walls/foundations.

- Category 2 & 3 issue – currently being addressed with additional assessment as to risks scheduled for the week on August 17, 2014

14. Re-point cracks and missing mortar to exterior of building
    - Category 2 & 3 issue that is preformed as needed; no obvious trouble areas are currently identified.

15. Store cleaning products properly and out of reach of students with all product use given prior approved by the school department.
    - Category 1 issues that will be communicated to the staff

16. Refrain from using air fresheners and deodorizers to prevent exposure to VOC' s
    - Category 1 issue that will be communicated to the staff

17. Ensure that there is a dedicated exhaust fan in the kiln room used every time the kiln is in use.
    - Category 1 issue - There is currently a dedicated exhaust fan in the Kiln room operated by a switch; the requirement if making sure it be turned on when the kiln is in use will be reiterated to the staff.

18. Relocated or reduce the amount of material stored in a classroom to allow for adequate cleanings of such rooms.
    - Category 1 issue that will be communicated to the staff

19. Clean air diffusers, exhaust/return vents and personal fans periodically of accumulated dust.
    - Category 2 issue- Currently underway and will continue through the week of August 17, 2014.

20. Clean chalk and dry erase marker trays of accumulated dust and debris regularly using a damp cloth.
    - Category 1 issue that will be communicated to the staff. Currently all chalk and dry erase trays are clean and ready for the start of the 2014-2015 school year.

21. Consider replacing tennis balls with latex free tennis balls or glides
    - Category 3 issue that has been corrected

22. Ensure areas operating photocopiers and lamination machines are located in well ventilated areas.
    - The location of photocopiers and lamination machines for the 2014-2015 are currently being evaluated to optimize the ventilation surrounding these units.

23. Investigate function of marked-out device on ceiling of teachers' lounge and repair or replace as needed.
    - This issue as been corrected as the device was removed

24. Encapsulate exposed fiberglass insulation around univent pipes in classrooms.
    Category 3 issue which will be revaluated during the maintenance service the week of August 17th.

25. Ensure regular air testing for Carbon Monoxide and nitrogen dioxide is conducted and recorded in facility logbook.
    - Category 2 issue that is ongoing

In conclusion, many items in the findings report of Mr. Feeney were found to be corrected, while several items will be addressed in the next few weeks prior to school opening. Based upon this thorough walkthrough by your inspection and facilities teams on Thursday August 14, 2014, we plan on continuing to monitor the progress through the start of the school year with regular inspections.

Please let me know if you have any questions.

Richard A. Cifuni
Public Facilities Manager
Town of Winthrop
100 Kennedy Drive
Winthrop MA 02152
(617) 846-1341

Cc: Al Lagee – Building Commissioner – Town of Winthrop
Cc: John Macero – Superintendent of Schools – Town Of Winthrop
Cc: Eileen Belastock – Principal – Winthrop High School

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

ARGEO PAUL CELLUCCI
GOVERNOR

WILLIAM D. O'LEARY
SECRETARY

HOWARD K. KOH, MD, MPH
COMMISSIONER

July 8, 1998

Dr. Joan Connelly
Superintendent of Schools
Winthrop School Department
E.B. Newton Elementary School
45 Pauline Street
Winthrop, MA 02152

Dear Dr. Connelly:

As you know, the Bureau of Environmental Health Assessment (BEHA) was asked to provide assistance and consultation by the Winthrop Board of Health regarding indoor air quality issues and health concerns at the Winthrop Middle School.

On June 4, 1998, Michael Feeney, Chief of Emergency Response/Indoor Air Quality (ER/IAQ), BEHA, conducted a site visit with William Frazier, Winthrop Board of Health; Larry Powers, Chief, Winthrop Fire Department; Robert Trainer, Senior Custodian, Winthrop Middle School; Tom Giancristiano, Winthrop School Department; Lester Tolson, Winthrop School Department; and Jeanne Maggio, Winthrop Board of Health. This visit was prompted by the reported transport of students to the local hospital due to the possible presence of noxious odors in classrooms 114.

Air tests for carbon monoxide were taken with a BioSystems PhD_2 carbon monoxide detector. No measurable levels of carbon monoxide were detected in any tested classroom during this inspection. Air tests for total volatile organic compounds (VOCs) were taken with a HNu Systems Photoionization Detector. No unusual sources of VOCs were detected within classroom tested, however BEHA staff did identify several conditions which can have an adverse effect on indoor air quality.

As described to BEHA staff by school officials, several students in classroom 114 nearest the exterior window reported symptoms of nausea and headaches. This classroom was cleared of students. Concurrent to this incident, a refrigerator truck had idled at the loading dock for one hour during a delivery. The school loading dock is located directly below the windows of classroom 114.

During this visit, the windows of classroom 114 were open and the unit ventilator was off. The exhaust ventilation in this classroom was functioning. The interior of classroom 114 and adjacent classrooms (113, 115, 217, 219, 200, the art room and wood shop) were examined for point sources of materials that could have caused this incident. No source was identified within the school during this inspection.

During this inspection, a different refrigerator truck from the previous day made a delivery to the school at the loading dock. The odor of diesel fuel exhaust was noted entering the windows of classroom 113. The combination of the open windows and functioning exhaust system could enhance the entrainment of diesel or gasoline exhaust through the open window. The symptoms reported by students, when considered in combination of the timing of the food delivery and condition of the ventilation system, indicate that diesel exhaust penetration through windows of classroom seems to be the most likely cause of this incident.

In addition, teachers had indicated that vehicle exhaust odor in classrooms near the loading dock is a chronic problem. In an effort to address these concerns, it appears that the unit ventilators for these classrooms were deactivated to prevent exhaust entertainment.

To eliminate this problem in the short term, school officials had committed to having food deliveries limited to after school hours to prevent vehicle exhaust entrainment. Adopting this action permanently would be advisable. If limiting deliveries to off-hours is not practical, several options should be considered. Preventing trucks from idling during deliveries would be effective to reduce vehicle exhaust, but this option may not be practical for refrigerated trucks. (The refrigeration unit on these types of trucks runs on a separate engine from the truck engine, therefore fossil fuel engine exhaust is still produced even when the truck is not idling.) Moving the location of the loading dock, moving the location of fresh air intakes and/or limiting the opening of windows in classrooms adjacent to the loading dock are options that may be considered.

As previously noted, BEHA staff identified conditions that can effect air quality, which are separate from this incident. The unit ventilators in classrooms adjacent to the loading dock were not functioning. It is necessary for univents to function in order to control for comfort in these classrooms. In addition, these fresh air supplies need to be balanced with the functioning exhaust ventilation system.

Storage room 3 off classroom 115 contained improperly stored hazardous chemicals. The following conditions were observed in a cabinet in this storeroom.

1. A bottle of nitric acid had heavy crystallization on the exterior of the container, indicating that the bottle was not completely sealed.

2. Acids are stored in a fireproof wooden cabinet. Acids can corrode insulation and wood. It is also possible that the insulation contains asbestos, which could be released when the acid erodes this material. Acids need to be stored in a cabinet that is resistant to degradation by acid.

3. Reactive materials (nitric acid and hydrogen chloride with ammonium hydroxide) are stored together. Acids should be stored away from bases.

4. Non-flammable materials (elemental mercury) are stored in the flameproof cabinet.

5. There are a number of unlabeled containers filled with unknown materials.

Please consider contacting a licensed hazardous waste consultant concerning the identification, storage and removal of these chemicals. In addition, you may wish to consult a licensed asbestos removal firm or the Lead and Asbestos Program of the Massachusetts Department of Labor and Workforce Development concerning the possibility that the flameproof cabinet insulation may contain asbestos.

We hope you find this information helpful. We have committed to the Winthrop Board of Health to conduct a full indoor air evaluation at this school after the heating season begins next school year. If you are in need of further information or help, please feel free to contact either Michael Feeney or Cory Holmes at (617) 624-5757.

Sincerely,

Suzanne K. Condon, Director
Bureau of Environmental Health Assessment

cc\ Michael Feeney, BEHA
Cory Holmes, BEHA
William Frazier, Winthrop Board of Health
Jeanne Maggio, Winthrop Health Department
Larry Powers, Chief, Winthrop Fire Department
Tom Giancristiano, Principal, Winthrop Middle School
Lester Tolson, Winthrop School Department
Robert Trainer, Senior Custodian, Winthrop Middle School

EndPoint LLC
ENGINEERS & ENVIRONMENTAL PROFESSIONALS

December 31, 2012

BY EMAIL

Mr. Eric O. Moore, Administrator
Winthrop Department of Health
Winthrop Town Hall
1 Metcalf Square, Room 5
Winthrop, MA 02152

Re: Winthrop Middle School / 151 Pauline Street (RTN 3-31070)
Filing of *Response Action Outcome* (RAO) *and Immediate Response Action* (IRA) *Completion Report* under the Massachusetts Contingency Plan (MCP, 310 CMR 40.0000)

Dear Mr. Moore;

As required by the public involvement provisions (Section 1400) of the Massachusetts Contingency Plan (MCP, 310 CMR 40.0000), this letter is sent by EndPoint LLC (EndPoint, an environmental consultant) on behalf of the Winthrop Middle School, to notify you that a Response Action Outcome (RAO) and Immediate Response Action (IRA) Completion report has been submitted for the property at 151 Pauline Street in Winthrop. This property is the location of a release of No. 2 fuel oil, which has been investigated and remediated under the provisions of the MCP.

Section 40.1400 of the MCP requires that the chief municipal and health officers in municipalities in which a release has occurred be notified when an RAO (which closes the site) is filed with the Massachusetts Department of Environmental Protection (MassDEP). The RAO report and related information may be obtained on line from MassDEP's Searchable Sites Database [*http://public.dep.state.ma.us/SearchableSites/Search.asp*] by entering Release Tracking Number (RTN) 3-31070.

Should you have any questions concerning this situation, please feel free to contact me at the letterhead address or my cell phone below.

Sincerely,
(EndPoint, LLC)

James S. Young, PG, LSP
Associate / Hydrogeologist
603-425-8004 (cell)

Z:\EndPoint Projects\2137-001Winthrop Middle School/ Notif Ltr - BOH.doc

COPY

TOWN OF WINTHROP

HEALTH DEPARTMENT

ERIC O. MOORE / PUBLIC HEALTH ADMINISTRATOR
Town Hall, 1 Metcalf Square, Winthrop, MA 02152
Tel (617) 846-1740 X131; Fax (617) 539-0812; Email emoore@town.winthrop.ma.us

July 28, 2011

Martha Kelleher
Principal
Winthrop Middle School
Winthrop MA

RE: Follow up on inspection of Winthrop Middle School

Dear Principal Kelleher,

On June 9, 2011, a complaint was received from a parent of one of your students in the Winthrop Middle School. An inspection was carried out on June 13, 2011 and the following were observed:

1. **Hives following lunch at school-** Great emphasis needs to be placed on asking students and identifying food allergens. Kitchen staff need to be trained in food safety and allergen awareness, and nursing staff need to be adequately equipped to deal with any emergency.
2. **Mold in gym hallway near recycling area and cafeteria ceiling-** No observable mold was seen in both places although there are water stain marks on ceiling in recycling area. I was informed this was due to a pipe leak 4-5 years ago.
3. **Mice in cafeteria** – Mice traps were observed in the kitchen. Kindly review pest control and pest management plan.

We appreciate your prompt attention to these matters.

Sincerely,

Eric Moore
Public Health Administrator

Cc:
Superintendent Macero, Winthrop School Department
James Soper, Building Commissioner
Ro Sarro, Public Health Nurse

M.J. TAVARES ARCHITECTS
architecture interior design planning

RECEIVED
JAN 29 1999

January 18, 1999

Mr. Tom Giancristiano, Principal
Winthrop Middle School
Winthrop Ma 02152

RE: Insufficient Outdoor Ventilation at the Middle School

Dear Mr. Giancristiano,

This letter is long due since our last phone conversation about the above referenced problem, back in December of 1998.

My daughter Andrea Tavares, as complained several times about the air quality at the Middle School. Back in the second week of November of last year, I spoke with the school nurse who informed me that a total of 50 students were logged in her book on the Monday of that week alone, for problems with respiratory problems, colds etc. At that point I became concerned about the number of students that went to see the school nurse, and therefore, suspect that the air quality at the Middle school facility is well bellow accepted standards. By code, a requirement of 15CFM per person, to dilute indoor air Contaminants is required.

In the past, air quality tests have been done in the town school buildings, and showed very high levels of Carbon Dioxide. I believe, therefore, it would be wise to ask the State Department of Public Health to perform a new air quality test to assess the problem.

Recent upgrades to the Middle School's ventilation's systems that were recently done, oviosly did not solve the problem that has existed in the past. The existing 12"x12" diffuser located at a corner of each classroom, can not in my estimation as a professional architect, deliver the required fresh air volume required for each classroom. Base on the existing duct size, it is impossible to bring the required fresh air even if the air flow velocity was increased at the main air handling units.

Please call me if I could be of assistance to you.

Respectfully Submitted,

Manuel Tavares, AIA

CC Dr. Joan Connolly, Superintendent of schools
Mr. Edward Hazlett, Winthrop Health Department Director
Mr. Jerry Fogus, Chairman, Winthrop Board of Selectmen
Mrs. Deborah Kneeland, PTA President

520 Pleasant Street • Winthrop, MA 02152 • Tel: (617) 846-1187 • Fax: (617) 846-5619

COPY

Town Of Winthrop
Board of Health

Edward A. Hazlett, *Chairman*
William E. Hayes
Jeanne L. Maggio

Room 5, Town Hall
Winthrop, MA 02152
(617) 846-1740

Fax No.: (617) 846-5458

February 5, 1999

MIDDLE SCHOOL
Thomas Giancristiano, Principal

RE: AIR QUALITY TEST

Please be advised that the Board of Health has ordered an air quality test be taken at the Middle School on Friday, February 12th. This was due to a complaint received by the Board of Health from the School Department.

Enclosed you will find a copy of the complaint.

Very truly yours,

William P. Frazier

WILLIAM P. FRAZIER
Director of Public Health

WPF/rcd

cc: Manuel Tavares
520 Pleasant St.
Winthrop, Ma. 02152

Board of Selectmen
Jerry Ogus

PTA - Deborah Kneeland

Middle School Report

JUNE 4,1998

On June 4,1998 at about 1:00 p.m. the Director was contacted to report to the Middle School . It appears that there was a problem with some type of an odor that was making the students in Room 114 ill . Upon arrival at the school I was met by Captain Flanagan who advised me that his men were in the room taking test of the air in that room. He also said that they didn't detect any odor in the room when they arrived. At this point I observed the students in the library area that were effected by the odors. Several of them complained of being dizzy and sick ,and had thrown up. I then went to the classroom where I ,and some of the firefighters went through the room trying to find the source of the problem . Chief Powers also was there and went through the room and other sections of the building trying to find a possible source of this problem .

Not being able to find the source of the problem it was decided by the Fire Department School Officials and myself to take precautionary action and have those students effected by the odor sent to the hospital to be checked . We also decided to call the Department of Environmental Protection and have one of their environmental engineers come to the school to do some testing . A Mr. Victor Fonkem from D.E.P. Arrived at the school at about 3:00p.m. and went directly to the room in question . He tested the air in this room for volatile components ,his results were negative. We then went to the area outside the school where the windows of the classroom are . He tested this area ,also the dumpster and again had negative results . This area is a loading ramp for the school , and large trucks deliver to the school in this area. We returned to the office area and reported the results of his testing to the Fire Chief and School Officials . We then inquired if there were any deliveries made to this area within the last two hours ,and there were. We then felt that this could have caused the problem . The fumes from the truck could have been sucked into the room causing the students, and the teacher to become ill. (Mr.Fonkem will send us a written report of his findings)
He suggested that all the windows of the school be closed over night ,and then check the room in the morning for any strange odors . I then returned to the office and notified the State Department of Public Health of the situation (Ms. Joan Roth) I received a call right back from a Mr. Michael Feeney of the Bureau of Environmental Health Assessments . He said that he would meet me at the school at 7:30 a.m. with his equipment and test those areas of the school where the problem existed. We met at the Middle School on June 5,1998 at 7:30 a.m. with the following present (Superintendent :Connolly ,Mr. Towlson, Mr. Principal Giancristiano , Mr. Mark Wallace , Mr. Robert Trainor ,Chief Powers , Mrs. Jeanne Maggio of the Board of Health). Mr. Feeney then proceeded to test the following rooms for air

quality 113,114,115, 213,214 215 also the shop area under the classroom in question.

Mr. Feeney could not detect anything that could cause anyone to become ill in all the rooms. He did feel that the trucks left running in the delivery could cause a problem if the windows were open ,or if the fumes were sucked into the intakes of the air exchange system . Mr. Feeney also made some suggestions .

1. All old and out dated chemicals have to be removed .
2. All trucks be re scheduled to non school hours.
3. All unused drains be capped off to stop any backup of sewer odors.
4. When the vent systems are in use the air intake systems should also be on

Mr. Feeney will send us a complete report of his test results,and also to the School Department . School was in full session on June 5,1998.

NOTE : All Members of the Board of Health were present at the school on June 4,1998 (Mr. Hazlett , Mr. Hayes ,and Mrs. Maggio)

William P. Frazier

William P. Frazier

Director of Public Health

Town Of Winthrop
Board of Health

COPY

Ralph E. Sirianni, *Chairman*
Edward A. Hazlett
William E. Hayes

Room 5, Town Hall
Winthrop, MA 02152
(617) 846-1740

Fax No.: (617) 846-5458

May 13 ,1997

Winthrop School Committee
E. B. Newton School
Pauline Street
Winthrop , Mass. 02152

Attention : Dr. Connolly ,

On May 13 ,1997 the Winthrop Board of Health Conducted another inspection of the Winthrop Middle School . This inspection was conducted in the presents of Mr. Giancristiano , Mr. Calli , and Mr. Wallace . During this inspection the following conditions were observed .

1. In the Gym area it was observed that the Girls locker room was not swept . The Boys toilet was not cleaned , there was urin left in the bowls causing a foul odor , also there were no hand towels available in this room . The cover for the drain in the floor is missing ,and the floor was not cleaned .
2. The hallway outside the Gym , and the steps leading to the Auditorium were not cleaned . (there were papers ,dust and stains present in these areas)
3. An inspection of the Drama room was conducted and again it was observed that the floor wasn't properly swept . There was dust and debris around the edges and under the desk. I also noticed that there were candy wrappers and other debris left on the counters.
4. In the main building it was observed that the hall floors are not being properly cleaned . There were dust balls in the corners , and stains on the floors that had not mopped . The same goes for the stairways.
5. Classrooms that were inspected , and were found unacceptable as far as being properly swept and spot mopped are , 102 - 112 - 110 - 111 - 113 - 114 - 115 - this last room has lab sinks that are filled with weeks of trash buildup , also the small storage holes in the front of the desk are filled with trash . Other classrooms that were inspected and found unacceptable were 108 - 106 - 209 - 210 - 213 but 204 and 201 were found to be O.K.
6. The Girls toilet on the first floor was cleaned ,but it appeared that it was cleaned with a dirty mop or with dirty water.
7. The boys room on the first floor had a odor as if it was not properly disinfected .

The Winthrop Board of Health is not satisfied with the condition of this school . It appears to us that that someone is not doing their work properly , or that the system being used to clean the school needs to be adjusted . Once again we suggest that one person be placed in charge of this problem who can over see all the schools , and is responsible for there cleanness . Your continued cooperation in this matter would be greatly appreciated.

William P. Frazier

William P. Frazier

Director of Public Health

cc School Committee: Joe Clark ,Chairman
Mr. Giancristano
Mr. M. Wallace
Mr. Calli