



enviro-watch

Asbestos • Radon • Lead • Water Testing • Complete Home Pre-purchase Inspections

April 19, 2003

United Hospital Medical Center ✓
406 Boston Post Road
Port Chester, NY 10573

Project No.: 3261

The asbestos removal has been completed as specified in your agreement with the asbestos contractor.

Enclosed please find analytical information for your records. The filters were analyzed by the phase contrast microscopic technique following the NIOSH 7400 rules, at West Lab, Inc. ELAP #11459. All fiber counts were below the E.P.A. clearance level for airborne fibers.

Please feel free to call if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Ginger A. O'Rourke".

Ginger A. O'Rourke



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REPORT OF ANALYSIS

Report Date: April 19, 2003
Project No.: 3261
Client: United Hospital Medical Center, 406 Boston Post Road, Port Chester, NY 10573
Testing Date: 4/19/03
Work Site: 406 Boston Post Road, Port Chester, NY

*Submitted for Airborne Fiber Analysis per NIOSH 7400
 Lab Analysis Performed by West Lab Inc. ELAP 11459*

We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

Pre Test

Sample	Volume in Liters	Flow Rate	Fibers/CC
Pre Test			
1. IWA S End of W/A	900	15	0.004
2. IWA Near Doorway	900	15	0.005
3. OWA Outside Doorway	900	15	0.005
4. OWA Inside Mechanical Room	900	15	0.005
5. Blank Lab	-	-	N/A
6. Blank Field	-	-	N/A

BDL = below detection limit

WEST LAB Inc.

Donny Perez-Lab Director

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We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

Post Test

Post Test	<u>Sample</u>	<u>Volume in Liters</u>	<u>Flow Rate</u>	<u>Fibers/CC</u>
1.	IWA S End of W/A	900	15	0.005
2.	IWA Near Doorway	900	15	0.004
3.	OWA Outside Doorway	900	15	0.004
4.	OWA Inside Mechanical Room	900	15	0.005
5.	Blank Lab	-	-	N/A
6.	Blank Field	-	-	N/A

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Donny Perez - Lab Director

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TRI-STATE TRANSFER ASSOC., INC.
1199 Randall Avenue
Bronx, New York 10474
718/ 617-0771 - Fax: 718/ 378-5858

MANIFEST NO. 34993

JBT. NY DEC 1A375
NJ DEP SW1896

DATE OF ISSUE

NON - HAZARDOUS WASTE MANIFEST

DEC 1A 175
DEC 1A 456

EMITTER AT POINT OF ORIGIN, DOUBLE BAGGED AND MADE NON FRAGILE FOR TRANSPORT AND CONTAINER OF 40
CHRYSLER ASBESTOS OIL TANKS (TYPE 1) 11,000 LBS WASTE TYPE 101A
US EPA AIR COMPLIANCE BRANCH, REGION II 270 BROADWAY NEW YORK, NY 10007 212 637-3279

NEW YORK UNITED METHODIST HOSPITAL, 406 BOSTON POST ROAD PORTCHESTER N.Y. DIST. 07424 409
BUILDING OWNER'S NAME AND MAILING ADDRESS

NAME AS ABOVE

SITE OF GENERATION (if different from mailing address)

TRI STATE TRANSFER ASSOC. INC. DEC 1A 456 OR J.B.T. DEC 1A 175 1199 RANDALL AVENUE BRONX, NY 10474
ASBESTOS HAULERS COMPANY NAME

TRI-STATE TRANSFER ASSOC. INC. 2-0007-000007 1199 RANDALL AVE. BRONX, NY 10474
TRANSFER STATION DISPOSAL FACILITY PERMIT NO. (11 digits) ADDRESS

NON HAZARDOUS LANDFILL 11 BOGGS ROAD, P.O. BOX 45 IMPERIAL, PA 15126 894 895 10060
DESIGNATED DISPOSAL FACILITY NAME, SITE ADDRESS, TELEPHONE NO. & PERMIT NO.

ROLL OFF (U) NO. OF CONTAINERS 11 HAUL TRUCK UNITS (WT VOL) QUANTITY

EMS OF NEW YORK

ASATEMENT COMPANY NAME

67 WOODSIDE AVE BRARCLIFF MANOR N.Y. 10510

ASATEMENT COMPANY ADDRESS

PROGRAM MANAGER'S NAME

PROGRAM MANAGER'S SIGNATURE

Ronnie Kufko

PRINT TYPE NAME

TITLE

[Signature]

SIGNATURE

[Signature]

MANAGER

AUGIBIT OWNER'S CERTIFICATION: I CERTIFY THAT THE ABOVE DESCRIBED WASTE CONTAINING SOLIDS IS
FULLY AND ACCURATELY DESCRIBED AND HAS BEEN THOROUGHLY TESTED, PACKED AND LABELED IN
FULL COMPLIANCE WITH THE PROVISIONS OF SECTION 16.17.1 OF THE ADMINISTRATIVE CODE OF THE CITY
OF NEW YORK AS AMENDED BY LOCAL LAW 21 OF 1987.

A. Geyral

PRINT TYPE NAME OF OWNER OF HAULING COMPANY

[Signature]

TITLE

SIGNATURE

MANAGER

ASBESTOS HAULER #2 ACKNOWLEDGMENT OF RECEIPT OF MATERIAL AS DESCRIBED ABOVE

PRINT TYPE NAME OF OWNER OF HAULING COMPANY

TITLE

SIGNATURE

MANAGER

DISCREPANCY INDICATION SPACE

PRINT TYPE NAME

TITLE

SIGNATURE

MANAGER

RECEIVED DISPOSAL FACILITY'S OWNER OR OPERATOR CERTIFICATION OF ORIGIN OF WASTE IS NOTED
BY THIS MANIFEST. RESULT AS NOTED IN THE DISCREPANCY INDICATION SPACE

BUILDING OWNER



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April 26, 2003

United Hospital Medical Center ✓
406 Boston Post Road
Port Chester, NY 10573

Project No.: 3271

The asbestos removal has been completed as specified in your agreement with the asbestos contractor.

Enclosed please find analytical information for your records. The filters were analyzed by the phase contrast microscopic technique following the NIOSH 7400 rules, at West Lab, Inc. ELAP #11459. All fiber counts were below the E.P.A. clearance level for airborne fibers.

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Ginger A. O'Rourke



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REPORT OF ANALYSIS

Report Date: April 26, 2003
Project No.: 3271
Client: United Hospital Medical Center, 406 Boston Post Road, Port Chester, NY 10573
Testing Date: 4/25/03
Work Site: 406 Boston Post Road, Port Chester, NY

*Submitted for Airborne Fiber Analysis per NIOSH 7400
 Lab Analysis Performed by West Lab Inc. ELAP 11459*

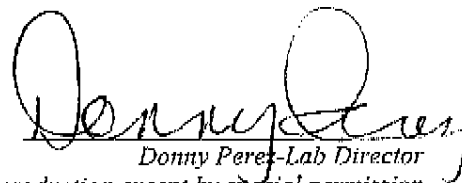
We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

Pre Test

<u>Sample</u>	<u>Volume in Liters</u>	<u>Flow Rate</u>	<u>Fibers/CC</u>
Pre Test			
1. IWA Left Side of W/A	900	15	0.006
2. IWA Center of W/A	900	15	0.006
3. IWA Right Side of W/A	900	15	0.005
4. OWA Outside Doorway to W/A	900	15	0.005
5. OWA Right Side of Room (outside)	900	15	0.005
6. OWA Outside Building	900	15	0.005
7. Blank Lab	-	-	N/A
8. Blank Field	-	-	N/A

BDL = below detection limit

WEST LAB Inc.


 Donny Perez - Lab Director

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We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

During Prep

<i>Sample</i>	<i>Volume in Liters</i>	<i>Flow Rate</i>	<i>Fibers/CC</i>
<i>During Prep</i>			
1. OWA Doorway to W/A	2736.25	9.97	0.003
2. OWA Right Side of Room (outside)	2736.25	9.97	0.004
3. OWA Outside of Building	2736.25	9.97	0.005
4. Blank Lab	-	-	N/A
5. Blank Field	-	-	N/A

BDL = below detection limit

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Donny Perez, Lab Director

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REPORT OF ANALYSIS

Report Date: April 26, 2003
Project No.: 3271
Client: United Hospital Medical Center, 406 Boston Post Road, Port Chester, NY 10573
Testing Date: 4/26/03
Work Site: 406 Boston Post Road, Port Chester, NY

Submitted for Airborne Fiber Analysis per NIOSH 7400
Lab Analysis Performed by West Lab Inc. ELAP 11459

We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

During Removal

<i>Sample</i>	<i>Volume in Liters</i>	<i>Flow Rate</i>	<i>Fibers/CC</i>
During Removal			
1. OWA On Entrance to Decon	3589.2	9.97	0.004
2. OWA On Entrance to Waste Decon	3589.2	9.97	0.005
3. OWA Far Left on Exhaust	3589.2	9.97	0.004
4. OWA Far Right on Exhaust	3589.2	9.97	0.005
5. OWA Center Wall of Office	3589.2	9.97	0.004
6. Blank Lab	-	-	N/A
7. Blank Field	-	-	N/A

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Donny Perz-Lab Director

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Lab Analysis Performed by West Lab Inc. ELAP 11459

We find as follows: (OWA) Outside Work Area (IWA) Inside Work Area

Post Test	<u>Sample</u>	<u>Volume in Liters</u>	<u>Flow Rate</u>	<u>Fibers/CC</u>
Post Test				
1.	IWA Center Wall of W/A	900	15	0.004
2.	IWA Right Side Wall of W/A	900	15	0.004
3.	IWA Left Side Wall of W/A	900	15	0.004
4.	OWA On Decon Entrance	900	15	0.005
5.	OWA On Exhaust	900	15	0.004
6.	OWA Entrance Door by Office	900	15	0.004
7.	Blank Lab	-	-	N/A
8.	Blank Field	-	-	N/A

BDL = below detection limit

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Donny Perez, Lab Director

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TRI-STATE TRANSFER ASSOC., INC.
1199 Randall Avenue
Bronx, New York 10474
718/ 617-0771 - Fax: 718/ 378-5858

MANIFEST NO. 34992

JBT: NY DEC 1A375
NJ DEP SW1866

NON - HAZARDOUS WASTE MANIFEST

DATE 04-28-2003

D.E.C. 1A-375
D.E.C. 2A-456

FRIABLE AT POINT OF ORIGIN, DOUBLE BAGGED AND MADE NON-FRIABLE FOR HANDLING AND TRANSPORTATION
(FRIABLE ASBESTOS ONLY) ASBESTOS: 9NA2312.111 RQ DEP WASTE TYPE ID37A
USEPA AIR COMPLIANCE BRANCH REGION II 290 BROADWAY NEW YORK, NY 10007 212-637-4249

NEW YORK UNITED METHODIST HOSPITAL 406 BOSTON POST ROAD PORTCHESTER N.Y. 10573 (914) 954 3091
BUILDING OWNER'S NAME AND MAILING ADDRESS PHONE NO.

SAME AS ABOVE

SITE OF GENERATION (if different from mailing address) DEPT. NO.

TRI-STATE TRANSFER ASSOC. INC. DEC#2A-456 OR J.B.T. DEC#1A-375 1199 RANDALL AVENUE BRONX NY 10474
ASBESTOS HAULERS COMPANY NAME

TRI-STATE TRANSFER ASSOC. INC. 2-6007-000060 1199 RANDALL AVE. BRONX, NY 10474 718-617-0771
TRANSFER STATION DISPOSAL FACILITY PERMIT NO. (11 digits) ADDRESS PHONE #

BFI IMPERIAL LANDFILL 11 BOGGS ROAD, P.O. BOX 47 IMPERIAL, PA 15126 (724-693-0900) 100620
DESIGNATED DISPOSAL FACILITY NAME, SITE ADDRESS, TELEPHONE NO., & PERMIT NO.

ROLL-OFF (1) 100 BAGS TRI 100 BAGS TRI
TYPE OF CONTAINERS NO. OF CONTAINERS UNITS (WT/VOL) QUANTITY

EMS OF NEW YORK

ABATEMENT COMPANY NAME
67 WOODSIDE AVE. BRIARCLIFF MANOR, N.Y. 10510 (914) 762 6333
ABATEMENT COMPANY ADDRESS PHONE NO.

PROGRAM MANAGER'S NAME PROGRAM MANAGER'S AFFILIATION

Ronnie R... *[Signature]* 4/28/03
PRINT/TYPER NAME TITLE SIGNATURE MO/DAY/YR

BUILDING OWNER'S CERTIFICATION: I CERTIFY THAT THE ABOVE DESCRIBED WASTE CONTAINING ASBESTOS IS FULLY AND ACCURATELY DESCRIBED AND HAS BEEN THOROUGHLY WET DOWN, PACKED AND LABELED IN FULL COMPLIANCE WITH THE PROVISIONS OF SECTION 16-117.1 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AS AMENDED BY LOCAL LAW 21 OF 1987.

A. Gent *[Signature]* *[Signature]* 4/28/03
PRINT/TYPER NAME ON BEHALF OF HAULING COMPANY TITLE SIGNATURE MO/DAY/YR
ASBESTOS HAULER #2 ACKNOWLEDGEMENT OF RECEIPT OF MATERIAL AS DESCRIBED ABOVE

PRINT/TYPER NAME ON BEHALF OF HAULING COMPANY TITLE SIGNATURE MO/DAY/YR

DISCREPANCY INDICATION SPACE

PRINT/TYPER NAME TITLE SIGNATURE MO/DAY/YR

DESIGNATED DISPOSAL FACILITY'S OWNER OR OPERATOR CERTIFICATION OF RECEIPT OF WASTE COVERED BY THIS MANIFEST, EXCEPT AS NOTED IN THE DISCREPANCY INDICATION SPACE