



September 29, 2023

Mr. Bob Sly
Smith Group
1700 New York Avenue, Suite 100
Washington, DC 20006

SUBJECT: Closeout Report – Ceiling Penetrations
Recorder of Deeds Building
515 D Street NW
Washington, DC

Dear Mr. Sly:

Maxximus performed background air sampling, clearance inspections and clearance air sampling following the removal of sections of asbestos-containing plaster ceiling to inspect spaces above ceilings at the Recorder of Deeds Building. The clearance was performed by Rodney Distance on September 8 through September 15, 2023.

Maxximus collected background air samples in all work areas prior to removal activities. The samples were analyzed by Mr. Distance by phase contrast microscopy (PCM). The analyses of all samples indicated that fiber concentration were below 0.01 fiber per cubic centimeter (f/cc), the PCM clearance criteria.

Post-abatement visual inspections indicated that the work had been successfully completed and that no dust or debris remained in the work areas. Air samples were collected in each work area and were submitted to AMA Analytical in Lanham, MD for analysis by transmission electron microscopy (TEM). All samples were below the TEM clearance criteria of 70 s/mm². Based on these findings, all work areas have been successfully completed, and the areas can be re-occupied.

Sincerely,
Maxximus Environmental, Inc.

A handwritten signature in black ink, appearing to read "Joshua Julius", is written over a light blue rectangular background.

Joshua Julius
Certified Industrial Hygienist

Attachments:

- Laboratory Analysis Report



DC Courts Recorder of Deeds – 3rd Floor - Ceiling Probe Locations



Room #302 – 091323 – DCC-01 to 05 - COC #344656 - TEM Final Clearance



DC Courts Recorder of Deeds – 3rd Floor - Ceiling Probe Locations



Room #303



Room #303 (Window) – 091323 – DCC-06 to 10 - COC #344656 - TEM Final Clearance



DC Courts Recorder of Deeds – 1st Floor - Ceiling Probe Locations



Room #1st Floor Right – 091223 – DCC-01 to 05 - COC #341711 - TEM Final Clearance



DC Courts Recorder of Deeds – 1st Floor - Ceiling Probe Locations



1st Floor – Left – 091223 – DCC-06 to 10 - COC #344656 - TEM Final Clearance



DC Courts Recorder of Deeds – 2nd Floor - Ceiling Probe Locations



Room #200 – 091523 – DCC-01 to 05 - COC #341713 - TEM Final Clearance



DC Courts Recorder of Deeds – 2nd Floor - Ceiling Probe Locations



Room #202 - 091523 – DCC-11 to 15 - COC #341713 - TEM Final Clearance



DC Courts Recorder of Deeds – 2nd Floor - Ceiling Probe Locations



Room #205 091523 – DCC-06 to 10 – COC #341713 – TEM Final Clearance

CERTIFICATE OF ANALYSIS

Chain of Custody: 344656
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Courts Recorder of Deeds
Job Location: 315 D Street NW Washington DC
Job Number: 694-05-08
P.O. Number: DCSC-20-RFP-008

Date Submitted: 09-13-2023
Date Analyzed: 09-14-2023
Report Date: 09-14-2023
Date Sampled: 09-13-2023
Person Submitting: Rodney Distance Sr.

NY ELAP
 Lab ID 10920

Summary of Transmission Electron Microscopy

Filter Type:		MCE		Pore Size:		0.45 um		Filter Size:		25 mm (385 mm ²)	
AMA Sample	Client Sample	Volume (L)	Area Analyzed (mm ²)	Analytical Sensitivity s/cc	Asbestos		# Non Asbestos Structures	Concentration		Sample Type	Comments
					Amount/Type	<5um	>=5um	s/mm ²	s/cc		
344656-1	091323-DCC-01	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-2	091323-DCC-02	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-3	091323-DCC-03	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-4	091323-DCC-04	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-5	091323-DCC-05	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-6	091323-DCC-06	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-7	091323-DCC-07	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-8	091323-DCC-08	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-9	091323-DCC-09	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-10	091323-DCC-010	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-11	091323-DCC-11	1235	0.0	--	--		--	--	--	OWA	
344656-12	091323-DCC-12	1235	0.0	--	--		--	--	--	OWA	
344656-13	091323-DCC-13	1235	0.0	--	--		--	--	--	OWA	
344656-14	091323-DCC-14	1235	0.0	--	--		--	--	--	OWA	
344656-15	091323-DCC-15	1235	0.0	--	--		--	--	--	OWA	
344656-16	091323-DCC-16	0	0.0	--	--		--	--	--	BLK	
344656-17	091323-DCC-17	0	0.0	--	--		--	--	--	BLK	
344656-18	091323-DCC-18	0	0.0	--	--		--	--	--	BLK	

Analytical procedures used meet or exceed the AHERA "Interim Transmission Electron Microscopy Analytical Methods" protocol described in Appendix A to Subpart E of 40 CFR Part 763 No. III.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy

Uncertainty and 95% confidence limits (n_u and n_L) for the air concentration are based on a Poisson distribution of fibers counted on the filter. It is dependent on the mean number of fibers counted (\bar{n}), standard deviation (s), the number of grid openings (k) and the confidence interval (t).

Chain of Custody: 344656
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

CERTIFICATE OF ANALYSIS

Job Name: DC Courts Recorder of Deeds
Job Location: 315 D Street NW Washington DC
Job Number: 694-05-08
P.O. Number: DCSC-20-RFP-008

Date Submitted: 09-13-2023
Date Analyzed: 09-14-2023
Report Date: 09-14-2023
Date Sampled: 09-13-2023
Person Submitting: Rodney Distance Sr.

Summary of Transmission Electron Microscopy

Upper Limit n_u : $\bar{n} + ts/\sqrt{k}$
Lower Limit n_L : $\bar{n} - ts/\sqrt{k}$

Calculated confidence limit concentrations as well as the Poisson table are available upon request.

Analyst(s): Mario Maldonado



Technical Director Andreas Saldivar

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.

**AMA Analytical Services, Inc.**

Focused on Results www.amalab.com
 AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (10920)
 4475 Forbes Blvd. • Lanham, MD 20706
 (301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY

Sheet 1 of 2

(Please Refer To This
Number For Inquiries)

344656

AMA Client Information:

- Client Name: Maximus Environmental
- Address 1: 1010 Rockville Pike Suite 200
- Address 2: Rockville MD 20852
- Billing Email: Maximus@MSH.com
- Phone #: 301-838-2730

Submittal Information:

- Job Name: DC Courts Recorder of Deeds
- Job Location: 515 D Street NW Washington DC
- Job #: 694-05-08 P.O. #: DCSC-20-RFP-008
- Contact Person: Kiki Muse Cell: 240-372-9233
- Collected by: Redney Distance Cell: 410-814-9273

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must be pre-scheduled and may not be technically feasible for some analytical methods) AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night Date Due: _____ Time Due: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Results Required By Noon (add fees may apply) <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input checked="" type="checkbox"/> 1 Day Date Due: <u>9.14.23</u> <input type="checkbox"/> 2 Day (Rush TATs must be pre-scheduled and may not be technically feasible for some analytical methods)	REPORT TO: <input type="checkbox"/> Email 1: <u>Kiki@Maximus.com</u> <input type="checkbox"/> Email 2: <u>Redney@Maximus.com</u> <input type="checkbox"/> Email 3: <u>Redneydistance@yahoo.com</u>
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Asbestos Analysis

*PCMAir - Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____
☒ AHERA 18 _____ (QTY)
☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk
☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

☐ Qualitative PLM _____ (Qty) ☐ Quantitative PLM _____ (Qty)
☐ Qualitative PLM/TEM _____ (Qty) ☐ Quantitative PLM/TEM _____ (Qty)

TEM Bulk

☐ ELAP 198.4/Charfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

TEM Dust*

☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

☒ All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis

☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)
☐ Pb Dust Wipe _____ (QTY) (For submitted samples, use an analytical method approved by EPA and
☐ Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Waste Water ☐ Pb _____ (QTY) ☐ Co _____ (QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

☐ *Spore-Trap _____ (QTY) Collection Apparatus for Spore Traps/Air
☐ *Surface Swab _____ (QTY) Samples: _____
☐ *Surface Tape _____ (QTY)
☐ Other (Specify _____) (QTY) Collection Media _____
☐ Surface Vacuum Dust _____ (QTY)

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCMA	PLM	ELAP	MOLD	COMMENTS/SPECIAL INSTRUCTIONS
091323-DEC-01	3rd floor Inside Containment 302	9/13/23	11:00	12.25		/					
02			10			/					
03			11:10			/					
04						/					
05						/					
06			11:40			/					
07			10			/					
08			1:50			/					
09						/					
10						/					
11	outside Containment		9:40			/					
12			10			/					
13			11:10			/					

Relinquished by: <u>Redney Distance</u>	Signature: <u>[Signature]</u>	Date: <u>9/13/23</u>	Time: <u>3:40 PM</u>	Delivery Information (For Lab Use Only)
Received by: <u>Diana Williams</u>	Signature: <u>[Signature]</u>	Date: <u>9.13.23</u>	Time: <u>3:30 PM</u>	<input type="checkbox"/> UPS <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier

**AMA Analytical Services, Inc.**

Focused on Results

www.amalab.com

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4475 Forbes Blvd. • Lanham, MD 20706

(301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY(Please Refer To This
Number For Inquiries)**3446576**

Sheet 2 of 2

AMA Client Information:

1. Client Name: Manassas Environmental
2. Address 1: _____
3. Address 2: _____
4. Billing Email: _____
5. Phone #: _____

Submittal Information:

1. Job Name: SHOE
2. Job Location: SHOE
3. Job #: _____ P.O. #: _____
4. Contact Person: SHOE Cell: _____
5. Collected by: SHOE Cell: _____

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must
be pre-scheduled and
may not be technically
feasible for some
analytical methods)**AFTER HOURS**

- ☐ 4 Hours ☐ 24 Hours
- ☐ Immediate (6-8 Hours) ☐ Late Night

Date Due: _____ Time Due: _____

NORMAL BUSINESS HOURS

- ☐ 4 Hours ☐ 3 Day ☐ Results Required By Noon
- ☐ Same Day (6-8 Hours) ☐ 5 Day + ☐ (add fees may apply)
- ☒ 1 Day Date Due: 9.14.23
- ☐ 2 Day

(Rush TATs must be pre-scheduled may not be technically feasible for some analytical methods)

REPORT TO:

- ☐ Email 1: SHOE
- ☐ Email 2: _____
- ☐ Email 3: _____

Asbestos Analysis

*PCM Air - Please Indicate Filter Type: _____

☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____

☒ AHERA 18 _____ (QTY)☐ NIOSH 7402 _____ (QTY)☐ Other (specify _____) _____ (QTY)**PLM Bulk**☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop☐ EPA Point Count _____ (QTY)☐ NY State Friable 198.1 _____ (QTY)☐ Grav. Reduction ELAP 198.6 _____ (QTY)☐ Other (specify _____) _____ (QTY)**Asbestos Soil ASTM D7521**☐ Qualitative PLM _____ (Qty) ☐ Quantitative PLM _____ (Qty)☐ Qualitative PLM/TEM _____ (Qty) ☐ Quantitative PLM/TEM _____ (Qty)**TEM Bulk**☐ ELAP 198.4/Chatfield _____ (QTY)☐ NY State PLM/TEM _____ (QTY)☐ Residual Ash _____ (QTY)☐ Vermiculite _____ (QTY)**TEM Dust***☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)☐ Quan. (s/area) Dust D6480-99 _____ (QTY)**TEM Water**☐ Qual. (pres/abs) _____ (QTY)☐ ELAP 198.2/EPA 100.2 _____ (QTY)☐ EPA 100.1 _____ (QTY)☒ All samples received in good condition unless otherwise noted.

(TEM Water samples _____ °C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)☐ *Pb Dust Wipe _____ (QTY) (By submitting samples, you are certifying ASTM E1702 approved wipe, etc. used)☐ *Pb Air _____ (QTY)☐ Pb Soil/Solid _____ (QTY)☐ Pb TCLP _____ (QTY)☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)☐ Waste Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)☐ Pb Furnace (Media _____) _____ (QTY)**Fungal Analysis**☐ *Spore-Trap _____ (QTY)☐ *Surface Swab _____ (QTY)☐ *Surface Tape _____ (QTY)☐ Other (Specify _____) _____ (QTY)☐ Surface Vacuum Dust _____ (QTY)Collection Apparatus for Spore Traps/Air
Samples: _____

Collection Media _____

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL. (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOULD	COMMENTS/SPECIAL INSTRUCTIONS
091323-DEC-1A	3rd Floor Outside Containment	9/13/23		1235		✓					
-15				1235		✓					
-16	Inside Bldg			0		✓					
-17	Outside Bldg			0		✓					
-18	Front Bldg			0		✓					

Print Name

Signature

Date

Time

Relinquished by:

SHOE

Received by:

SHOEto: ill:ansShana Willing9.13.233:30pm

Delivery Information (For Lab Use Only)

- ☐ UPS ☒ As-Person ☐ Other
- ☐ FedEx ☐ Drop Box
- ☐ USPS ☐ Courier

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group**Address:****Date:** Friday, September 8, 2023**Project/Job#:** 694-05-08 (DCSC-20-RFP-008)**Location:** DC Courts Recorder of Deeds**Contractor:** Retro Environmental**Address:** 5301 Enterprise St # D,
Sykesville, MD 21784

515 D Street, NW,

Washington DC

Phase: Background Air Samples

Summary of Daily Events:

9:00 AM Arrived on site and met with Retro supervisor Manolo G. Zacarias and 3 workers. We discussed scope of work. Workers will continue to set up containment areas on the 1st floor for removal of plaster and gray coat from the ceilings areas.**10:30 AM** PCM background air samples were calibrated on the first floor level.**10:45 AM** PCM background air samples were started on the first floor level. Workers still are setting up two containment areas on the 1st floor level.**12:00 PM** Workers broke for lunch.**12:45 PM** PCM background air samples were stopped and samples were analyzed by NIOSH 7400 methods.**1:00 PM** Workers returned from lunch and continue to set up containment areas.**1:30 PM** PCM background air samples passed <0.01 f/cc**4:00 PM** Containment area set up and we all left site.**Hygienist:** Rodney Distance**Signature:****Date:**
Page 1

Friday, September 8, 2023

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____
Name (printed): _____
Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? X PCM			
TEM			
2. All PCM results less than 0.01 f/cc?	Yes		

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): _____

Signature: _____

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852
301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group
Address:

Contractor: Retro Environmental
Address: 5301 Enterprise St # D,
Sykesville, MD 21784

Date: Monday, September 11, 2023
Project/Job#: 694-05-08 (DCSC-20-RFP-008)
Location: DC Courts Recorder of Deeds
515 D Street, NW,
Washington DC
Phase: Background Air Samples

Summary of Daily Events:

6:00 AM Arrived on site and met with Retro supervisor Elvin Mejicanos and 2 workers. We discussed scope of work. Workers will continue to set up containment areas on the 3rd floor for removal of plaster and gray coat from the ceilings areas.

6:30 AM PCM background air samples were calibrated on the 3rd floor level.

6:45 AM PCM background air samples were started on the 3rd floor level. Workers still are setting up two containment areas on the 1st and 3rd floor level.

8:45 AM PCM background air samples were stopped on the 3rd floor level and samples were analyzed by NIOSH 7400.

9:30 PM PCM background air samples were started on the 2nd floor level

11:30 AM PCM background air samples were stopped on the 2nd floor level and samples were analyzed by NIOSH 7400.

12:00 PM Workers broke for lunch

12:30 PM All PCM background air sample passed <0.01 f/cc

1:00 PM Workers returned from lunch and continue to setup areas on the 3rd floor. No showers were on site so workers could not perform any removal today. I informed Kiki and was told to leave site.

Hygienist: Rodney Distance
Signature:

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____

Name (printed): _____

Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? X PCM			
TEM			
2. All PCM results less than 0.01 f/cc?	Yes		

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): _____

Signature: _____

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852
301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group
Address:

Contractor: Retro Environmental
Address: 5301 Enterprise St # D,
Sykesville, MD 21784

Date: Tuesday, September 12, 2023
Project/Job#: 694-05-08 (DCSC-20-RFP-008)
Location: DC Courts Recorder of Deeds
515 D Street, NW,
Washington DC
Phase: TEM Final Air Clearance Samples

Summary of Daily Events:

5:50 AM Arrived on site and met with Retro supervisor Elvin Mejicanos and 3 workers. Workers finished removal on the containment areas on the 1st floor for removal of plaster and gray coat from the ceilings areas.

5:55 AM TEM outside final air samples pumps were calibrated on the 1st floor level.

6:00 AM TEM final air clearance samples were started on the 1st floor level. Workers finished removal two containment areas on the 1st floor level.

8:10 AM TEM outside final air clearance samples were stopped on the 1st floor level.

9:30 AM TEM final air clearance samples were started on the 1st floor containment right side.

11:40 AM TEM final air clearance samples were stopped on the 1st floor containment right side.

12:00 PM Workers broke for lunch

12:30 PM TEM final air clearance samples were started on the 1st floor containment left side.

1:00 PM Workers returned from lunch and continue removal on the 3rd floor

2:40 PM TEM final air clearance samples were stopped on the 1st floor containment left side.

2:50 PM I left site to take samples to AMA labs

3:30 PM Samples were drop off at AMA labs.

Hygienist: Rodney Distance
Signature:

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____

Name (printed): _____

Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: DC Courts Recorder of Deeds

Date: Tuesday, September 12, 2023

	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			9/12/23 @ 6:00
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? _____ PCM			
X TEM			
2. All PCM results less than 0.01 f/cc?			

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): Rodney Distance

Signature: _____

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852
301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group
Address:

Contractor: Retro Environmental
Address: 5301 Enterprise St # D,
Sykesville, MD 21784

Date: Wednesday, September 13, 2023
Project/Job#: 694-05-08 (DCSC-20-RFP-008)
Location: DC Courts Recorder of Deeds
515 D Street, NW,
Washington DC
Phase: TEM Final Air Clearance Samples

Summary of Daily Events:

8:50 AM Arrived on site and met with Retro supervisor Elvin Mejicanos and 3 workers. Workers finished removal on the containment areas on the 3rd floor for removal of plaster and gray coat from the ceilings areas.

8:55 AM TEM outside final air samples pumps were calibrated on the 3rd floor level.

9:00 AM TEM final air clearance samples were started on the 3rd floor level. Workers finished removal two containment areas on the 3rd floor level.

11:00 AM TEM final air clearance samples were started on the 3rd floor containment room 302.

11:10 AM TEM final air clearance samples were stopped on the 3rd floor level.

11:40 AM TEM final air clearance samples were started on the 3rd floor containment room 303

12:00 PM Workers broke for lunch.

1:00 PM Workers returned from lunch and continue setup on the 2nd floor

1:10 PM TEM final air clearance samples were stopped on the 3rd floor containment room 302.

1:50 PM TEM final air clearance samples were stopped on the 3rd floor containment room 303.

2:10 PM I left site to take samples to AMA labs

3:30 PM Samples were drop off at AMA labs.

Hygienist: Rodney Distance
Signature:

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____

Name (printed): _____

Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: DC Courts Recorder of Deeds

Date: #####

	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			9/13/23 @ 9:00
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? _____ PCM			
X TEM			
2. All PCM results less than 0.01 f/cc?			

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): Rodney Distance

Signature: _____

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852
301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group
Address:

Contractor: Retro Environmental
Address: 5301 Enterprise St # D,
Sykesville, MD 21784

Date: Thursday, September 14, 2023
Project/Job#: 694-05-08 (DCSC-20-RFP-008)
Location: DC Courts Recorder of Deeds
515 D Street, NW,
Washington DC
Phase: Set Up

Summary of Daily Events:

8:00 AM Arrived on site and met with Retro supervisor Angel Ortiz and 4 workers. We discussed scope of work. Workers will tear down the 1st and 3rd floor containment areas and continue to setup 2nd floor containment.

10:00 AM Workers finished tear down on the 1st and 3rd floor and continue to setup 2nd floor area.

12:00 PM Workers broke for lunch

1:00 PM Workers returned from lunch and continue to set up and start removal on the 2nd floor room 202

2:30 PM Workers finished removal in room 202 containment area of ceiling plaster and gray coat. No finals could be run due to the encapsulation not being dry.

3:30 PM We all left site.

Hygienist: Rodney Distance
Signature:

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____

Name (printed): _____

Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: DC Courts Recorder of Deeds

Date: _____

	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? _____ PCM			
X TEM			
2. All PCM results less than 0.01 f/cc?			

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): Rodney Distance

Signature: _____

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852
301-838-2730 office 301-838-2732 fax

Daily Project Summary Sheet

Client: Smith Group
Address:

Contractor: Retro Environmental
Address: 5301 Enterprise St # D,
Sykesville, MD 21784

Date: Friday, September 15, 2023
Project/Job#: 694-05-08 (DCSC-20-RFP-008)
Location: DC Courts Recorder of Deeds
515 D Street, NW,
Washington DC
Phase: TEM Final Air Clearance Samples

Summary of Daily Events:

8:50 AM Arrived on site and met with Retro supervisor Angel Ortiz and 3 workers. Workers finished removal on the containment areas on the 2nd floor for removal of plaster and gray coat from the ceilings areas.

9:00 AM TEM inside containment final air samples pumps were calibrated on the 2nd floor level.

9:15 AM TEM final air clearance samples were started on the 2nd floor level room 202. Workers finished removal three containment areas on the 2nd floor level.

9:30 AM TEM final air clearance samples were started on the 2nd floor containment room 203.

11:25 AM TEM final air clearance samples were stopped on the 2nd floor level room 202.

11:40 AM TEM final air clearance samples were stopped on the 2nd floor containment room 203

12:00 PM Workers broke for lunch. TEM final air clearance samples were started on the 2nd floor . containment room 205

12:20 PM TEM final air clearance samples were started on the 2nd floor outside containment .

1:00 PM Workers returned from lunch and started loading the truck and bagging out debris.

2:10 PM TEM final air clearance samples were stopped on the 2nd floor containment room 205

2:30 PM TEM final air clearance samples were stopped on the 2nd floor outside containment .

2:50 PM I left site to take samples to AMA labs

3:30 PM Samples were dropped off at AMA labs

Hygienist: Rodney Distance
Signature:

Pre Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____ Date: _____
Project Address: _____
Client Address: _____
Contact: _____ Phone: _____
Contractor: _____
Contractor Address: _____

Type and amount of material to be abated: _____

Abatement method employed: _____

Specific site of abatement: _____

	Yes	No	Comments
A. Operational Readiness			
1. Plans and specs approved?	Yes		
2. Workers certified?	Yes		
3. Danger signs posted?	Yes		
4. State/EPA notified?	Yes		
5. Emergency plan in place?	Yes		
6. Contractor's asbestos license on site?	Yes		
7. Landfill/waste transport arranged?	Yes		
B. Site Readiness			
1. Decontamination chamber in place?	Yes		
2. Containment barriers in place? ventilation grillies, equipment, floor drains?	Yes		
3. Utilities deactivated?	Yes		
4. HEPA filtration system in place?	Yes		
C. Equipment Readiness			
1. HEPA vacs?	Yes		
2. HEPA air movers?	Yes		
3. Wetting agent?	Yes		
4. Respirators/cartridges in supply?	Yes		
5. Lighting?	Yes		
6. Toilet facilities?	Yes		
7. Disposable coveralls?	Yes		
8. Appropriate tools?	Yes		
9. Other:	Yes		
D. Waste Handling			
1. 6 mil bags on site?	Yes		
2. Drums?	Yes		
3. Warning labels?	Yes		
4. Wastewater filtration system?	Yes		
5. Waste transporter?	Yes		
6. Landfill?	Yes		

Comments: _____

Date Notice Given to Proceed: _____

Name (printed): _____

Signature: _____

Daily Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: _____

Date: _____

	Yes	No	Comments
A. Personal Protection			
1. Respirators?	Yes		
■ NIOSH approved?	Yes		
■ Type: Half face			
Full-face			
PAPR			
Other			
2. Disposable coveralls?	Yes		
3. Hood?	Yes		
4. Boots?	Yes		
5. Gloves?	Yes		
6. #2-#5 available for inspector?	Yes		
B. Work Area			
1. Danger signs posted at access points?	Yes		
2. Access securable?	Yes		
3. EPA/OSHA regulations on site?	Yes		
4. Area isolated/contained?	Yes		
5. Ventilation system isolated/contained?	Yes		
C. Decontamination Area			
1. Pressure differential apparent?	Yes		
2. Shower cleanliness OK?	Yes		
3. Soap available?	Yes		
4. Hot and cold water?	Yes		
5. Towels?	Yes		
D. Work Practices			
1. Personal activities OK?	Yes		
■ PPE adequate and employed?	Yes		
■ Respirators worn properly?	Yes		
■ Eating, smoking, and chewing prohibited in work area?	Yes		
■ Shower use?	Yes		
2. Pressure differential apparent?	Yes		
■ If not used, list reason?			
■ Manometer reading:			
3. Abatement methods OK?	Yes		
■ Wet methods employed?			
■ If not, list reason:			
■ Wetting agent used?	Yes		
■ Surfaces cleaned/brushed?	Yes		
■ Surfaces wiped?	Yes		
4. Clean up and bagging OK?	Yes		
■ HEPA vacs used?	Yes		
■ 6 mil bags used?	Yes		
■ Debris bagged wet?	Yes		
■ Waste double bagged?	Yes		
■ Drums used/labeled?	Yes		
■ Contaminated clothing bagged?	Yes		
■ Bags cleaned before removal?	Yes		
E. Waste Disposal			
1. Bags free of tears/ruptures during load out?	Yes		
2. Number of bags removed:			
3. Landfill trip tickets obtainable?	Yes		

Comments/summary of Day's Events _____

Name (printed): _____

Signature: _____

Post Abatement Checklist

Maxximus Environmental Inc.

1010 Rockville Pike Suite 200 Rockville, MD 20852

301-838-2730 office 301-838-2732 fax

Project: DC Courts Recorder of Deeds

Date: Friday, September 15, 2023

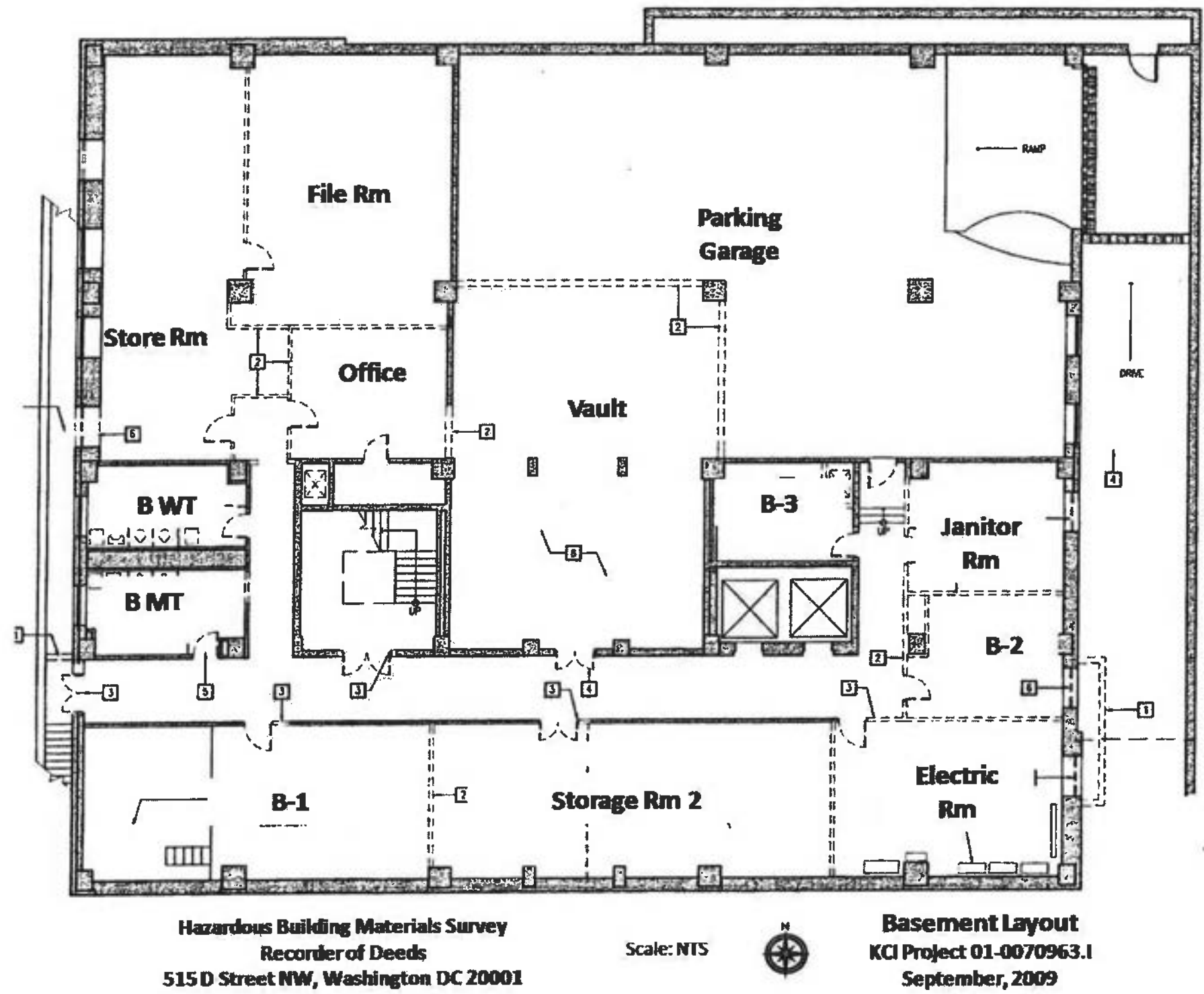
	Yes	No	Comments
A. Pre Sealant Inspection			
1. Work area free of debris?	Yes		
2. Substrate free of asbestos?	Yes		
3. Plastic free of debris?	Yes		
4. Equipment cleaned and removed from work area?	Yes		
5. Sealant color different from substrate?	Yes		
6. Area ready for sealant application?	Yes		
■ Date/time proceed notice was given:			9/15/23 @ 9:00
B. Sealant Application Inspection			
1. Substrate coated?	Yes		
2. Plastic coated?	Yes		
3. Sealant properly applied?	Yes		
C. Clean up Inspection			
1. Plastic inside area rolled, removed, and properly disposed of?	Yes		
2. All debris removed and disposed of?	Yes		
3. Surfaces wet wiped/mopped?	Yes		
4. Equipment wet wiped?	Yes		
D. Air Monitoring Results			
1. Personal activities OK? _____ PCM			
X TEM			
2. All PCM results less than 0.01 f/cc?			

Project Summary (total bags, amount of abated materials, etc.)

Name (printed): Rodney Distance

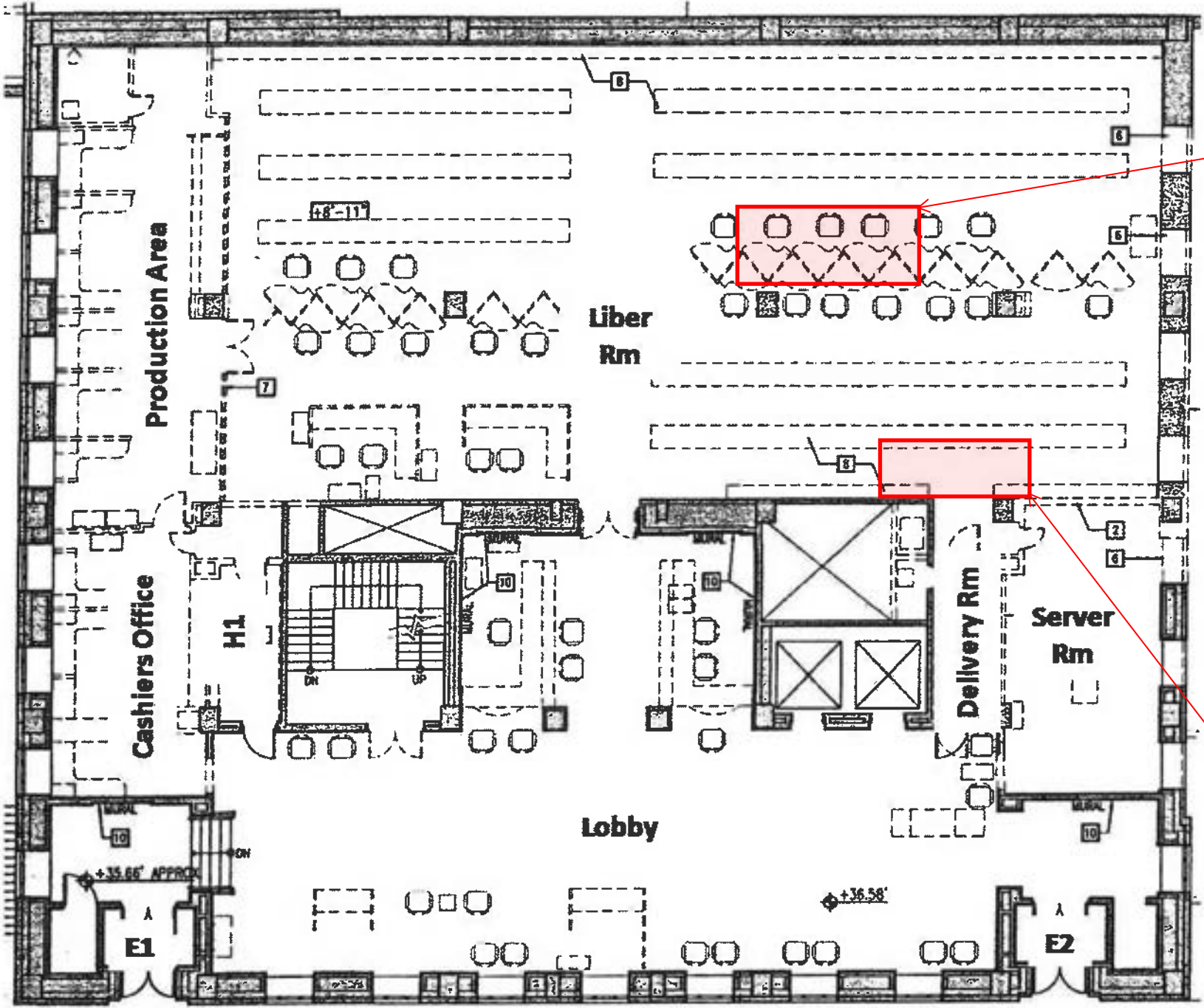
Signature:

BASEMENT ROOM LAYOUT



NOTE: ALL PROBES ARE FOR THE REMOVAL OF FINISHES ABOVE THE NOTED SPACES.

GROUND LEVEL ROOM LAYOUT



Hazardous Building Materials Survey
Recorder of Deeds
515 D Street NW, Washington DC 20001

Scale: NTS



First Floor Layout
KCI Project 01-0070963.1
September, 2009

APPROXIMATE PROBE LOCATIONS.

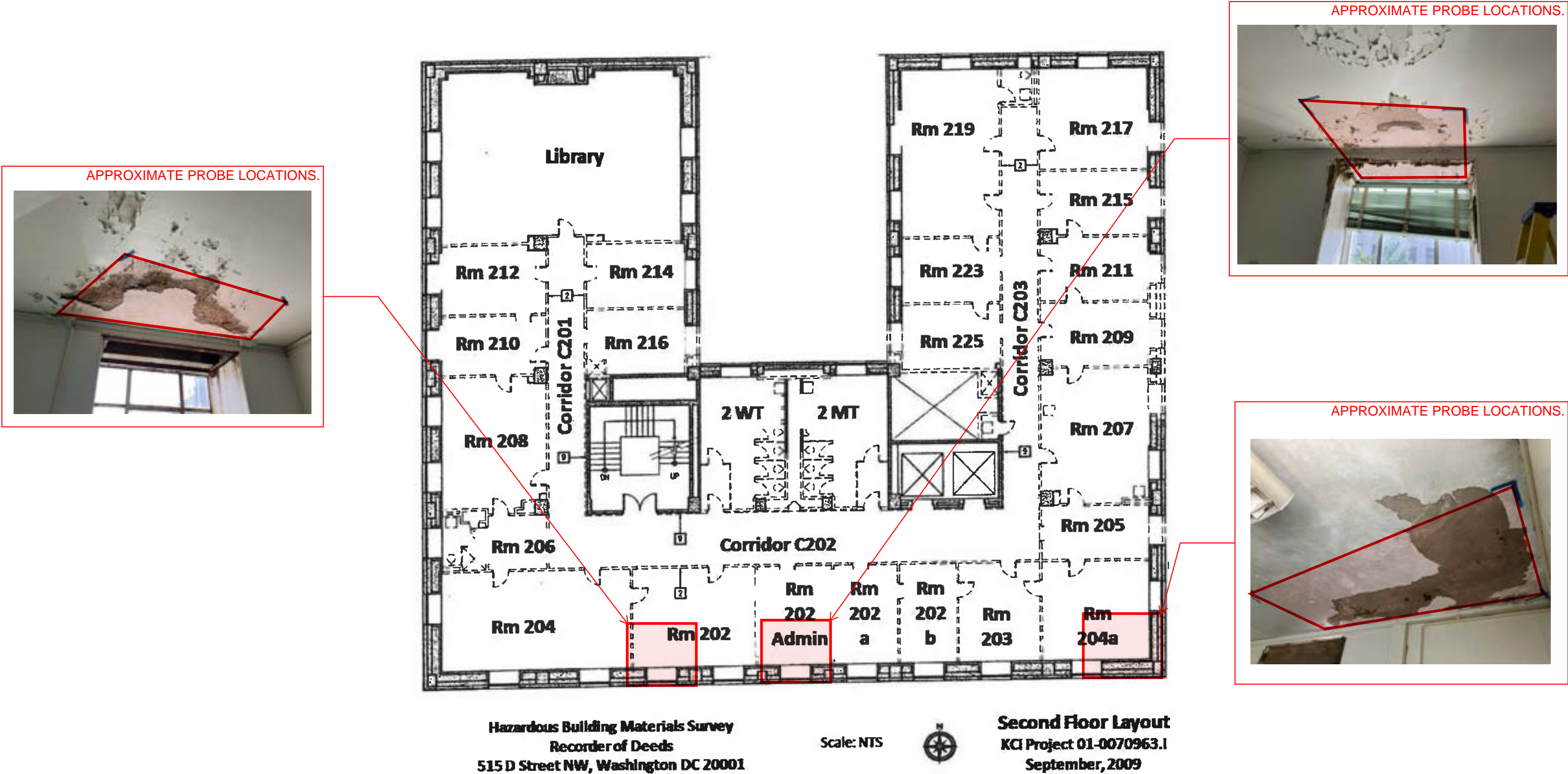


APPROXIMATE PROBE LOCATIONS.



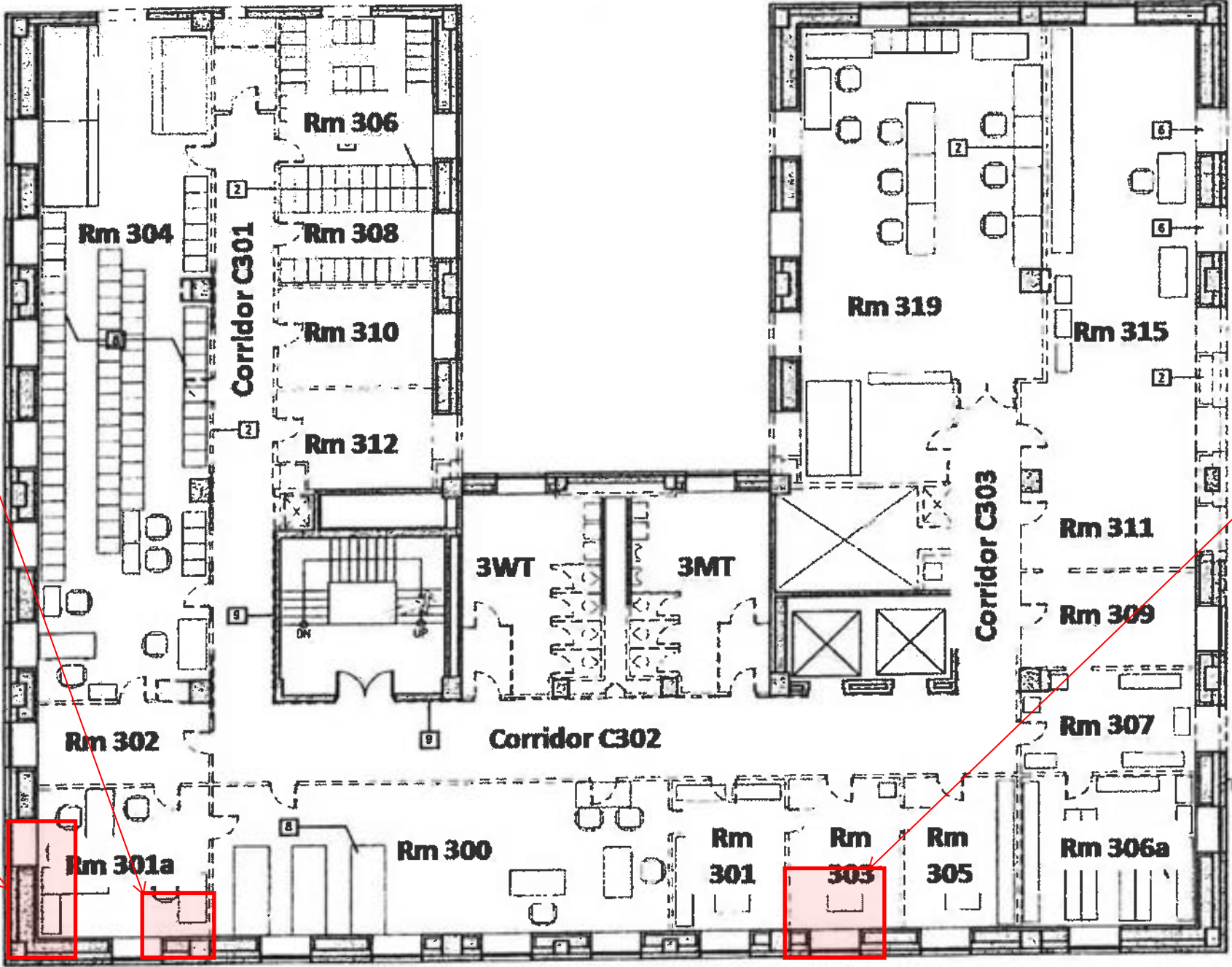
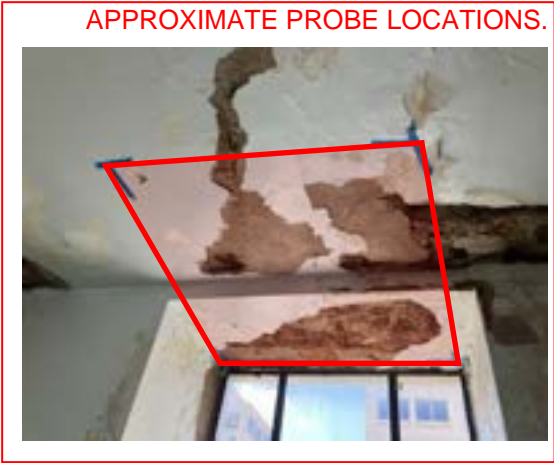
NOTE: ALL PROBES ARE FOR THE REMOVAL OF FINISHES ABOVE THE NOTED SPACES.

LEVEL 2 ROOM LAYOUT



NOTE: ALL PROBES ARE FOR THE REMOVAL OF FINISHES ABOVE THE NOTED SPACES.

LEVEL 3 ROOM LAYOUT



Hazardous Building Materials Survey
Recorder of Deeds
515 D Street NW, Washington DC 20001

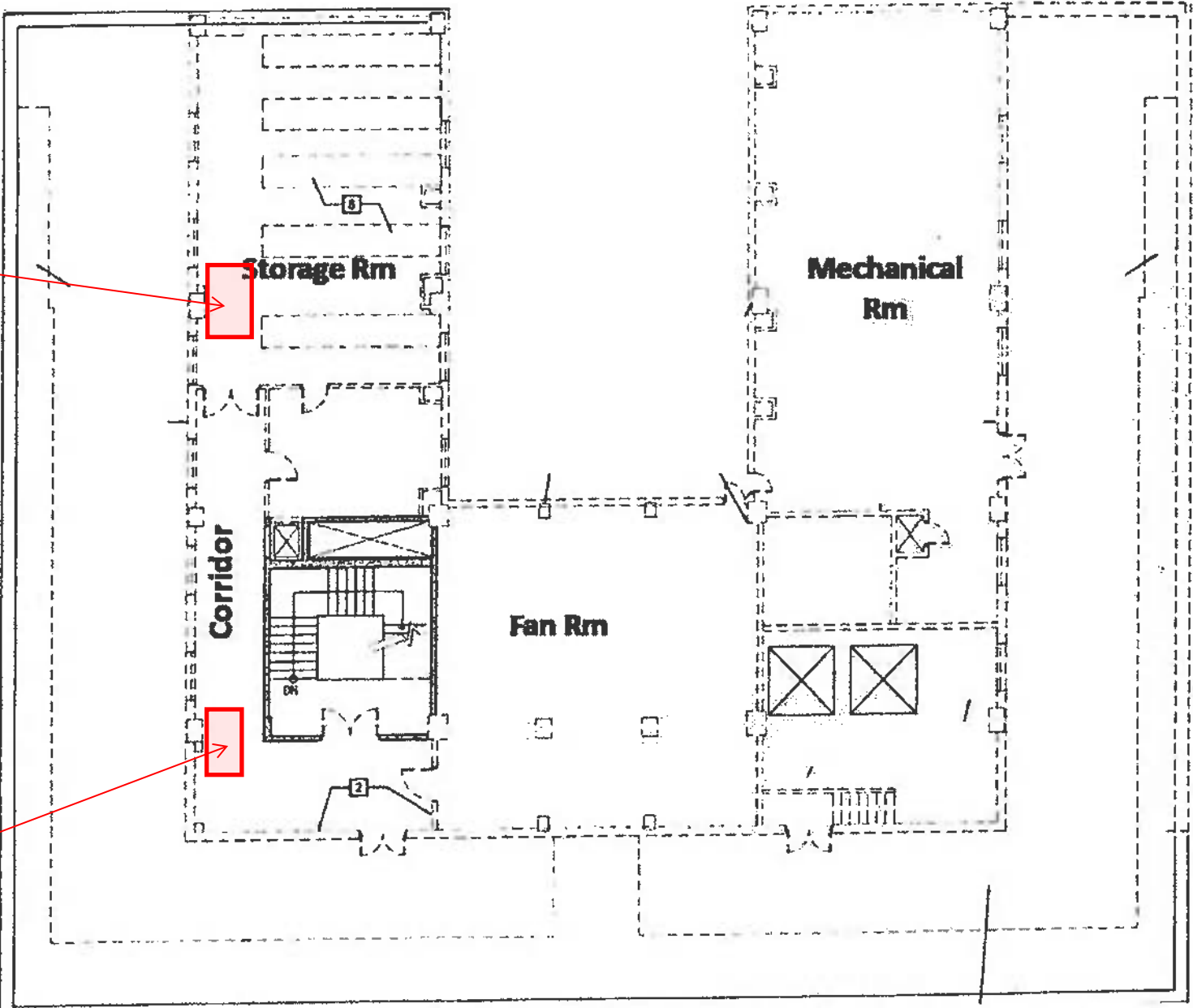
Scale: NTS



Third Floor Layout
KCI Project 01-0070963.I
September, 2009

NOTE: ALL PROBES ARE FOR THE REMOVAL OF FINISHES ABOVE THE NOTED SPACES.

PENTHOUSE ROOM LAYOUT



Hazardous Building Materials Survey
Recorder of Deeds
515 D Street NW, Washington DC 20001

Scale: NTS



Penthouse Layout
KCI Project 01-0070963.I
September, 2009

NOTE: ALL PROBES ARE FOR THE REMOVAL OF FINISHES ABOVE THE NOTED SPACES.

CERTIFICATE OF ANALYSIS

Chain of Custody: 341712
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Court Recorder of Deeds
Job Location: 515 D Street NW, Washington, DC
Job Number: 694-05-08
P.O. Number: DCSC-20-RFP-008

Date Submitted: 09-15-2023
Date Analyzed: 09-18-2023
Report Date: 09-18-2023
Date Sampled: 09-15-2023
Person Submitting: Rodney Distance

NY ELAP
 Lab ID 10920

Summary of Transmission Electron Microscopy

Filter Type:		MCE			Pore Size:			0.45 um		Filter Size:		25 mm (385 mm2)	
AMA Sample	Client Sample	Volume (L)	Area Analyzed (mm²)	Analytical Sensitivity s/cc	Asbestos			# Non Asbestos Structures	Concentration		Sample Type	Comments	
					Amount/Type	<5um	>=5um		s/mm²	s/cc			
341712-1	091523-DCC-01	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-2	091523-DCC-02	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-3	091523-DCC-03	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-4	091523-DCC-04	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-5	091523-DCC-05	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-6	091523-DCC-06	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-7	091523-DCC-07	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-8	091523-DCC-08	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-9	091523-DCC-09	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-10	091523-DCC-10	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-11	091523-DCC-11	1235	0.07	0.0045	1 Chry	1	0	0	14	0.0045	IWA		
341712-12	091523-DCC-12	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-13	091523-DCC-13	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-14	091523-DCC-14	1235	0.07	0.0045	1 Chry	0	1	0	14	0.0045	IWA		
341712-15	091523-DCC-15	1235	0.07	0.0045	0			0	< 14	< 0.0045	IWA		
341712-19	091523-DCC-16	1235	0.0	--	--			--	--	--	OWA	Sample not analyzed.	
341712-20	091523-DCC-17	1235	0.0	--	--			--	--	--	OWA	Sample not analyzed.	
341712-21	091523-DCC-18	1235	0.0	--	--			--	--	--	OWA	Sample not analyzed.	
341712-22	091523-DCC-19	1235	0.0	--	--			--	--	--	OWA	Sample not analyzed.	
341712-23	091523-DCC-20	1235	0.0	--	--			--	--	--	OWA	Sample not analyzed.	
341712-24	091523-DCC-21	0	0.0	--	--			--	--	--	BLK	Sample not analyzed.	
341712-25	091523-DCC-22	0	0.0	--	--			--	--	--	BLK	Sample not analyzed.	
341712-26	091523-DCC-23	0	0.0	--	--			--	--	--	BLK	Sample not analyzed.	

CERTIFICATE OF ANALYSIS

Chain of Custody: 341712
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Court Recorder of Deeds
Job Location: 515 D Street NW, Washington, DC
Job Number: 694-05-08
P.O. Number: DCSC-20-RFP-008

Date Submitted: 09-15-2023
Date Analyzed: 09-18-2023
Report Date: 09-18-2023
Date Sampled: 09-15-2023
Person Submitting: Rodney Distance

Summary of Transmission Electron Microscopy

Analytical procedures used meet or exceed the AHERA "Interim Transmission Electron Microscopy Analytical Methods" protocol described in Appendix A to Subpart E of 40 CFR Part 763 No. III.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy

Uncertainty and 95% confidence limits (n_u and n_L) for the air concentration are based on a Poisson distribution of fibers counted on the filter. It is dependent on the mean number of fibers counted (\bar{n}), standard deviation (s), the number of grid openings (k) and the confidence interval (t).

Upper Limit n_u : $\bar{n} + ts/\sqrt{k}$

Lower Limit n_L : $\bar{n} - ts/\sqrt{k}$

Calculated confidence limit concentrations as well as the Poisson table are available upon request.

Analyst(s): Marcela Gutierrez



Technical Director Andreas Saldivar

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.

**AMA Analytical Services, Inc.**Focused on Results www.amalab.com

AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (10920)

4475 Forbes Blvd. • Lanham, MD 20706

(301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY(Please Refer To This
Number For Inquiries)

341712

AMA Client Information:

- Client Name: Maximus Environmental
- Address 1: 1010 Rockville Pike Suite 200
- Address 2: Rockville MD 20852
- Billing Email: Maximus@maximus.com
- Phone #: 301-838-2730

Submittal Information:

- Job Name: DC Court Recorder of Deeds
- Job Location: 315 D Street NW Washington DC
- Job #: 694-05-08 P.O. #: DCSC-20-RFP-008
- Contact Person: Kiki Huse Cell: 240-872-9233
- Collected by: Rodney Distance Cell: 410-814-9273

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

<small>(After Hours TATs must be prescheduled and may not be technically feasible for some analytical methods)</small> AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night Date Due: _____ Time Due: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input checked="" type="checkbox"/> 1 Day <input type="checkbox"/> Results Required By Noon (addl fees may apply) <input type="checkbox"/> 2 Day Date Due: <u>9/18/23</u> <small>(Rush TATs must be prescheduled may not be technically feasible for some analytical methods)</small>	REPORT TO: <input checked="" type="checkbox"/> Email 1: <u>Kiki@Maximus.com</u> <input checked="" type="checkbox"/> Email 2: <u>Rafael@Maximus.com</u> <input checked="" type="checkbox"/> Email 3: <u>RodneyDistance@yahoo.com</u>
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Asbestos Analysis

*PCM Air - Please Indicate Filter Type: _____

☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____

☒ AHERA 2.3 _____ (QTY)☐ NIOSH 7402 _____ (QTY)☐ Other (specify _____) _____ (QTY)**PLM Bulk**☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop☐ EPA Point Count _____ (QTY)☐ NY State Friable 198.1 _____ (QTY)☐ Grav. Reduction ELAP 198.6 _____ (QTY)☐ Other (specify _____) _____ (QTY)**Asbestos Soil ASTM D7521**☐ Qualitative PLM _____ (Qty.) ☐ Quantitative PLM _____ (Qty.)☐ Qualitative PLM/TEM _____ (Qty.) ☐ Quantitative PLM/TEM _____ (Qty.)**TEM Bulk**☐ ELAP 198.4/Chatfield _____ (QTY)☐ NY State PLM/TEM _____ (QTY)☐ Residual Ash _____ (QTY)☐ Vermiculite _____ (QTY)**TEM Dust***☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)☐ Quan. (s/area) Dust D6480-99 _____ (QTY)**TEM Water**☐ Qual. (pres/abs) _____ (QTY)☐ ELAP 198.2/EPA 100.2 _____ (QTY)☐ EPA 100.1 _____ (QTY)☒ All samples received in good condition unless otherwise noted.

(TEM Water samples _____ °C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	WOLD	COMMENTS/SPECIAL INSTRUCTIONS
091823-694-05	on 2nd floor inside Containment	2023/9/15	9:15	1235		✓					
02			to			✓					
03			11:25			✓					
04						✓					
05						✓					
06		208	9:30			✓					
07			to			✓					
08			11:40			✓					
09						✓					
10						✓					
11		205	12:00			✓					
12			to			✓					
13			2:10			✓					

Relinquished by: <u>Rodney Distance</u>	Print Name: _____	Signature: <u>Rodney Distance</u>	Date: <u>9/15/23</u>	Time: <u>1527</u>	Delivery Information (For Lab Use Only)
Received by: (For Lab Use Only)			<u>9/15/23</u>		<input type="checkbox"/> UPS <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop-Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier

*by submitting samples to AMA, you agree to abide by all of our terms & conditions. Please contact the laboratory at info@amalab.com for a copy of our Terms & Conditions.

**AMA Analytical Services, Inc.**

Focused on Results www.amalab.com
 AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (10920)
 4475 Forbes Blvd. • Lanham, MD 20706
 (301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY

(Please Refer To This
Number For Inquiries)

341713

AMA Client Information:

1. Client Name: Maximus Environmental
 2. Address 1: SAHE
 3. Address 2: _____
 4. Billing Email: SAHE
 5. Phone #: SAHE

Submittal Information:

1. Job Name: DC Court Recorder of Deeds
 2. Job Location: SAHE
 3. Job #: SAHE P.O. #: _____
 4. Contact Person: SAHE Cell: _____
 5. Collected by: SAHE Cell: _____

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must be pre-scheduled and may not be technically feasible for some analytical methods) AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night Date Due: _____ Time Due: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input checked="" type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day Date Due: _____ <small>(Rush TATs must be pre-scheduled may not be technically feasible for some analytical methods)</small>		<input type="checkbox"/> Results Required By Noon <small>(add'l fees may apply)</small>	REPORT TO: <input type="checkbox"/> Email 1: <u>SAHE</u> <input type="checkbox"/> Email 2: _____ <input type="checkbox"/> Email 3: _____
---	--	--	--	--

Asbestos Analysis

*PCM Air - Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____
☒ AHERA 23 _____ (QTY)
☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk

☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

☐ Qualitative PLM _____ (Qty.) ☐ Quantitative PLM _____ (Qty.)
☐ Qualitative PLM/TEM _____ (Qty.) ☐ Quantitative PLM/TEM _____ (Qty.)

TEM Bulk

☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

TEM Dust*

☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

☐ All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis

☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)
☐ *Pb Dust Wipe _____ (QTY) (by submitting samples, you are certifying ASTM E1702 approved wipes were used)
☐ *Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Waste Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

☐ *Spore-Trap _____ (QTY) Collection Apparatus for Spore Traps/Air
☐ *Surface Swab _____ (QTY) Samples: _____
☐ *Surface Tape _____ (QTY) Collection Media _____
☐ Other (Specify _____) _____ (QTY)
☐ Surface Vacuum Dust _____ (QTY)

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOLD	COMMENTS/SPECIAL INSTRUCTIONS
091523-DCG-14	on 2nd floor Inside Containment	9/15/16	12:35			✓					
15						✓					
16	Outside 2nd floor Containment		12:20			✓					
17			to			✓					
18			2:30			✓					
19						✓					
20						✓					
21	Inside Blank					✓					
22	Outside Blank					✓					
23	Field Blank					✓					

Relinquished by: <u>SAHE</u>	Print Name	Signature	Date	Time	Delivery Information (For Lab Use Only)
Received by: (For Lab Use Only)					<input type="checkbox"/> UPS <input type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier

*by submitting samples to AMA, you agree to abide by all of our terms & conditions. Please contact the laboratory at info@ama-lab.com for a copy of our Terms & Conditions.

CERTIFICATE OF ANALYSIS

Chain of Custody: 341711
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Courts Recorder of Deeds
Job Location: 515 D Street NW Washington DC
Job Number: 694-05-08
P.O. Number: DSC-20-RFP-008

Date Submitted: 09-12-2023
Date Analyzed: 09-13-2023
Report Date: 09-13-2023
Date Sampled: 09-12-2023
Person Submitting: Rodney Distance Sr.

NY ELAP
 Lab ID 10920

Summary of Transmission Electron Microscopy

Filter Type:		MCE		Pore Size:		0.45 um		Filter Size:		25 mm (385 mm2)	
AMA Sample	Client Sample	Volume (L)	Area Analyzed (mm ²)	Analytical Sensitivity s/cc	Asbestos		# Non Asbestos Structures	Concentration		Sample Type	Comments
					Amount/Type	<5um	>=5um	s/mm ²	s/cc		
341711-1	091223-DCC-01	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-2	091223-DCC-02	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-3	091223-DCC-03	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-4	091223-DCC-04	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-5	091223-DCC-05	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-7	091223-DCC-06	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-8	091223-DCC-07	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-9	091223-DCC-08	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-10	091223-DCC-09	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-11	091223-DCC-10	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
341711-13	091223-DCC-11	1235	0.0	--	--		--	--	--	OWA	
341711-14	091223-DCC-12	1235	0.0	--	--		--	--	--	OWA	
341711-15	091223-DCC-13	1235	0.0	--	--		--	--	--	OWA	
341711-16	091223-DCC-14	1235	0.0	--	--		--	--	--	OWA	
341711-17	091223-DCC-15	1235	0.0	--	--		--	--	--	OWA	
341711-18	091223-DCC-16	0	0.0	--	--		--	--	--	BLK	
341711-19	091223-DCC-17	0	0.0	--	--		--	--	--	BLK	
341711-20	091223-DCC-18	0	0.0	--	--		--	--	--	BLK	

Analytical procedures used meet or exceed the AHERA "Interim Transmission Electron Microscopy Analytical Methods" protocol described in Appendix A to Subpart E of 40 CFR Part 763 No. III.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy

Uncertainty and 95% confidence limits (n_u and n_L) for the air concentration are based on a Poisson distribution of fibers counted on the filter. It is dependent on the mean number of fibers counted (\bar{n}), standard deviation (s), the number of grid openings (k) and the confidence interval (t).

CERTIFICATE OF ANALYSIS

Chain of Custody: 341711
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Courts Recorder of Deeds
Job Location: 515 D Street NW Washington DC
Job Number: 694-05-08
P.O. Number: DSC-20-RFP-008

Date Submitted: 09-12-2023
Date Analyzed: 09-13-2023
Report Date: 09-13-2023
Date Sampled: 09-12-2023
Person Submitting: Rodney Distance Sr.

Summary of Transmission Electron Microscopy

Upper Limit n_u : $\bar{n} + ts/\sqrt{k}$

Lower Limit n_L : $\bar{n} - ts/\sqrt{k}$

Calculated confidence limit concentrations as well as the Poisson table are available upon request.

Analyst(s): Ashley Rose



Technical Director Andreas Saldivar

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.

CHAIN OF CUSTODY

(Please Refer To This
Number For Inquires)

3417101

Sheet 1 of 2

AMA Client Information:

- Client Name: Maximus Environmental
- Address 1: 1010 Rockville Pike Suite 200
- Address 2: Rockville MD 20852
- Billing Email: Maxenv@MSN.com
- Phone #: 301-838-2730

Submittal Information:

- Job Name: DC Courts Recorder of Deeds
- Job Location: 515 D Street NW Washington DC
- Job #: 694-05-08 P.O. #: DESC-20-RFP-008
- Contact Person: Kiki Muse Cell: 202-372-9233
- Collected by: Rodney Distance Cell: 410-814-9273

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must be prescheduled and may not be technically feasible for some analytical methods)	AFTER HOURS		NORMAL BUSINESS HOURS		REPORT TO:
	<input type="checkbox"/> 4 Hours <input type="checkbox"/> Immediate (6-8 Hours)	<input type="checkbox"/> 24 Hours <input type="checkbox"/> Late Night	<input type="checkbox"/> 4 Hours <input type="checkbox"/> Same Day (6-8 Hours) <input checked="" type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day + Date Due: <u>9.13.23</u> <small>(Rush TATs must be prescheduled may not be technically feasible for some analytical methods)</small>	
Date Due:		Time Due:		<input type="checkbox"/> Email 1: <u>Kiki@maximus.com</u> <input type="checkbox"/> Email 2: <u>Rodney@maximus.com</u> <input type="checkbox"/> Email 3: <u>Rodneydistance@yahoo.com</u>	

Asbestos Analysis

*PCM Air - Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____
☒ AHERA 18 _____ (QTY)

☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk

☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

☐ Qualitative PLM _____ (Qty) ☐ Quantitative PLM _____ (Qty)
☐ Qualitative PLM/TEM _____ (Qty) ☐ Quantitative PLM/TEM _____ (Qty)

TEM Bulk

☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

TEM Dust*

☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

☒ All samples received in good condition unless otherwise noted.
(TEM Water samples _____ °C) (For Lab Use Only)

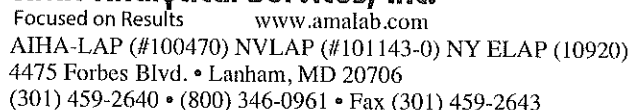
If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOLD	COMMENTS/SPECIAL INSTRUCTIONS
091223-DC-01	Inside Containment #1 1st floor RT	9/12/23	9:00	2.35		✓					
02			10:00			✓					
03			11:00			✓					
04			12:00			✓					
05			12:30			✓					
06			1:00			✓					
07			2:00			✓					
08			2:45			✓					
09			3:00			✓					
10			4:00			✓					
11	Outside Containment 1st floor		4:00			✓					
12			4:00			✓					
13			8:00			✓					

Relinquished by: <u>Rodney Distance</u>	Signature: <u>[Signature]</u>	Date: <u>9/12/23</u>	Time: <u>3:28pm</u>	Delivery Information (For Lab Use Only)
Received by: <u>Diana Williams</u>	Signature: <u>[Signature]</u>	Date: <u>9.12.23</u>	Time: <u>3:28pm</u>	<input type="checkbox"/> UPS <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier

*by submitting samples to AMA, you agree to abide by all of our terms & conditions. Please contact the laboratory at infor@amalab.com for a copy of our Terms & Conditions.



sheet 2 of 2

CHAIN OF CUSTODY

(Please Refer To This
Number For Inquires)

34171

34171

AMA Client Information:

1. Client Name: Maxximus Environmental
2. Address 1: _____
3. Address 2: _____
4. Billing Email: _____
5. Phone #: _____

Submittal Information:

1. Job Name: SAME
2. Job Location: SAME
3. Job #: _____ P.O. #: _____
4. Contact Person: SAME Cell: _____
5. Collected by: SAME Cell: _____

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night Date Due: _____ Time Due: _____		NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input type="checkbox"/> 1 Day <input type="checkbox"/> Results Required By Noon <input type="checkbox"/> 2 Day Date Due: _____ (Rush TATs must be prescheduled and may not be technically feasible for some analytical methods)		Reports and Invoices provided by Email only. REPORT TO: <input type="checkbox"/> Email 1: <u>SAME</u> <input type="checkbox"/> Email 2: _____ <input type="checkbox"/> Email 3: _____	
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Asbestos Analysis

- *PCM Air - Please Indicate Filter Type:
☐ NIOSH 7400 (QTY)

- *TEM Air – Please Indicate Filter Type: _____
☒ AHERA 18 (QTY)
☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk

- ☐ EPA 600 – Visual Estimate _____ (QTY) ☐ Pos Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

- ☐ Qualitative PLM ____ (Qty.) ☐ Quantitative PLM ____ (Qty.)
☐ Qualitative PLM/TEM ____ (Qty.) ☐ Quantitative PLM/TEM ____ (Qty.)

TEM Bulk

- ☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

TEM Dust*

- ☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

- ☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

- ☐ All samples received in good condition unless otherwise noted.
(TEM Water samples _____°C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis

- ☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)
☐ *Pb Dust Wipe _____ (QTY) (by submitting samples, you are certifying ASTM E1792 approved wipes were used)
☐ *Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Waste Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

- ☐ *Spore-Trap _____ (QTY) Collection Apparatus for Spore Traps/Air
☐ *Surface Swab _____ (QTY) Samples: _____
☐ *Surface Tape _____ (QTY)
☐ Other (Specify) _____ (QTY) Collection Media _____
☐ Surface Vacuum Dust _____ (QTY)

SAMPLE INFORMATION

[illegible]

Print Name	Signature	Date	Time	Delivery Information (For Lab Use Only)
Relinquished by: <i>SAME</i>				<input type="checkbox"/> UPS <input type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier
Received by: (For Lab Use Only)				

*for submitting samples to MMA, you must fill out this form. If you are submitting samples to a different agency, you may use this form as a guide.

*by submitting samples to AMA, you agree to abide by all of our terms & conditions. Please contact the laboratory at infor@amalab.com for a copy of our Terms & Conditions.

Maxximus Environmental, Inc.
NIOSH 7400 Phase Contract Microscopy (PCM) Report

Client: SmithGroup
Client's Address: 1700 NewYork Ave, NW #100
Washington, DC 20006
Project: DC Courts Recorder of Deeds
Project's Address: Washington, DC
Contractor: _____
Contractor Telephone: _____

Job Number: 694-05-08
Asbestos Safety Technician: Rodney Distance
Sampling and Analytical Method: NIOSH 7400 (Issue 2, 08/15/94)
Telephone Number: 301-838-2730
Sampling Date: September 08, 2023
On site: X **Lab:** _____

Field Identification	Location or Employee/SSN	Sample Type	Duration (mins.)	Air (liters)	Fibers per cc	TWA (f/cc)
090823-SG-RD-A1	Field blank	BLK			NFO	
090823-SG-RD-A2	Field blank	BLK			NFO	
090823-SG-RD-A3	On 1st Floor Office Area	PRE	120	1,200	<0.01	
090823-SG-RD-A4	On 1st Floor Office Area	PRE	120	1,200	<0.01	
090823-SG-RD-A5	On 1st Floor Office Area	PRE	120	1200	<0.01	
090823-SG-RD-A6	On 1st Floor Office Area	PRE	120	1200	<0.01	
090823-SG-RD-A7	On 1st Floor Office Area	PRE	120	1200	<0.01	

COMMENTS/OBSERVATIONS/ACTIVITIES/CONDITIONS:

ABBREVIATIONS:

ARE = area sample
 BLK = QC field blank
 BZ = personal breathing zone

CR = clean room IE = inside enclosure
 EX = microtrap exhaust IEF = final clearance
 GBA = glovebag area NFO = no fibers observed in 100 fields

OE = outside enclosure
 PRE = background sample

Data Reviewed By: _____

Maxximus Environmental, Inc.
NIOSH 7400 Phase Contract Microscopy (PCM) Report

Client: SmithGroup
Client's Address: 1700 NewYork Ave, NW #100
Washington, DC 20006
Project: DC Courts Recorder of Deeds
Project's Address: Washington, DC
Contractor: _____
Contractor Telephone: _____

Job Number: 694-05-08
Asbestos Safety Technician: Rodney Distance
Sampling and Analytical Method: NIOSH 7400 (Issue 2, 08/15/94)
Telephone Number: 301-838-2730
Sampling Date: September 11, 2023
On site: X **Lab:** _____

Field Identification	Location or Employee/SSN	Sample Type	Duration (mins.)	Air (liters)	Fibers per cc	TWA (f/cc)
091123-SG-RD-A1	Field blank	BLK			NFO	
091123-SG-RD-A2	Field blank	BLK			NFO	
091123-SG-RD-A3	On 3rd Floor Office Area	PRE	120	1,200	<0.01	
091123-SG-RD-A4	On 3rd Floor Office Area	PRE	120	1,200	<0.01	
091123-SG-RD-A5	On 3rd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A6	On 3rd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A7	On 3rd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A8	On 2nd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A9	On 2nd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A10	On 2nd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RG-A11	On 2nd Floor Office Area	PRE	120	1200	<0.01	
091123-SG-RD-A12	On 2nd Floor Office Area	PRE	120	1200	<0.01	

COMMENTS/OBSERVATIONS/ACTIVITIES/CONDITIONS:

ABBREVIATIONS:

ARE = area sample
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 BZ = personal breathing zone

CR = clean room IE = inside enclosure
 EX = microtrap exhaust IEF = final clearance
 GBA = glovebag area NFO = no fibers observed in 100 fields

OE = outside enclosure
 PRE = background sample

Data Reviewed By: _____