

City of Newton



Setti D. Warren  
Mayor

# Inspectional Services Department

John D. Lojek, Commissioner  
1000 Commonwealth Avenue  
Newton Centre, MA 02459-1449  
Telephone: (617) 796-1060  
Fax: (617) 796-1086  
www.ci.newton.ma.us

Building/Zoning Inspectors  
(617) 796-1060  
Zoning Board of Appeals  
(617) 796-1060  
Plumbing and Gas Division  
(617) 796-1070  
Electrical Division  
(617) 796-1075  
TDD/TTY: (617) 796-1089

## RESIDENTIAL DEMOLITION REQUIREMENTS (COMPLETE STRUCTURE)

	Yes	No	N/A	
demo sub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Erosion Control has to be in place prior to issuance of demolition permit. Protection of adjoining property: If afforded the necessary license to enter the adjoining lot, building or structure, the person causing the demolition shall at all times and at his or her own expense preserve and protect the lot, building or structure from damage or injury
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction fence: 6' high fence must be installed around the perimeter of the lot
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Permit Application form, filled out completely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractor's signature and homeowner's signature
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photocopies of all pertinent licensing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers' Compensation Insurance Affidavit and Certificate
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tree Permit: Contact Tree Warden, Marc Welch; Parks and Rec. Department (617) 796-1500 left msg.
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official notice of <b>disconnection</b> of all utilities (as applicable) (Electric, gas, telephone, cable, etc.)
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign-off from Engineering Department; cut and cap of water and sewer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign-off from Health Department; proof of removal or absence of hazardous materials and dust/particulate matter abatement (as applicable) <i>licensed contractor cert by non-beater</i> <del>signed by contractor left msg</del> Ky 10
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign-off from Historic Commission (as applicable) A building older than 50 years or located within a Historic District
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sign-off from Conservation Commission (as applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice of intent: The person intending to cause a demolition shall notify intent to the owner of each potentially affected direct abutter and/or cover a distance of 300 feet. The notice must be sent by certified mail. A copy of the notice and certified mail receipts are required to be submitted. Letter must include contractor contact information.

*Last met April*

Yes No N/A

- |                          |                          |                                     |   |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plot plan of land with existing structures, showing existing grades (topography). Plan must be submitted on CD .pdf format if bigger than 11x17 sheet               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Copy of recorded Special permit or variance (as applicable)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Sign off from district inspector that work is complete and site safe within 72 hours post demolition and before any building permit is issued for the new structure |

### ADDITIONAL REQUIRMENTS

- Movement of equipment across City property - Sidewalk Bond (Public Works Dept.)
- Safe guards to site access during demolition (may include but is not limited to: fencing and erosion control)
- Noise abatement measures (as applicable)
- Hours of operation ( as applicable) Weekdays (7:00am-7:00pm) Saturdays (8:00am-7:00pm)
- Traffic Consideration- Any construction or demolition activity that may create a hazard or disruption to either vehicular or pedestrian traffic in the area shall contact Newton Police Detail Office at (617) 796-2115 to determine whether a detail Officer will be required

22 Beecher Place Realty Trust  
C/O Ben Bressel  
50 Chestnut Hill Ave  
Brighton, MA 02135

June 1, 2016

To Whom It May Concern:

We are hereby notifying you that it is our intent to demolish our house at 22 Beecher Place.

We've retained the Construction management firm of Gary Streck CRM Inc.  
Reachable at [ben@garystreck.com](mailto:ben@garystreck.com)

Thank you

Ben Bressel

# Final Label Report

SBL	Owner	Number	Street	Unit
65008 0027	SOSTILIO NANDO TR	20	BEECHER PL	
65008 0029	KOPNISKY JOSEPH C & MIRANDA L	26	BEECHER PL	
65008 0030	TRAKHTENBERG SOFIA TR	28	BEECHER PL	
65008 0022B	KLYUSHNICHENKO VADIN & IRYNA	15-17	HAMLET ST	17
65008 0022	FROYMAN STEVE	15-17	HAMLET ST	15
65008 0021B	RUSHANSKY GIZELA	19-21	HAMLET ST	21
65008 0021	ZHANG BOACHUN	19-21	HAMLET ST	19

City of Newton



Setti D. Warren  
Mayor

## ASSESSMENT ADMINISTRATION

Elizabeth Dromey, Director

Telephone  
(617) 796-1160  
Telefax  
(617) 796-1179  
tdd-tty  
(617) 796-1089

Email  
assessing@newtonma.gov  
dromey@newtonma.gov

January 30, 2017

22 Beecher Place Realty Trust  
Attn: Gary Streck  
47 Corey Rd.  
Brookline, MA 02445

Re: 22 Beecher Place  
Property ID: 65008 0028

Dear Mr. Streck:

Please find the abutter's list you have requested.

The charges are as follows:

\$	10.25	Staff preparation & review (\$ .55 X 15min @ \$32.95hr)
\$	<u>          .50</u>	One set of mailing labels @ \$.50 a sheet (1 sheet)
\$	10.75	Total

If paying by check, please make checks payable to the City of Newton.  
If you need further assistance, please contact me at (617) 796-1160.

Sincerely,

Marie Caruso  
Assistant Assessor

Mailing Address  
Assessing Department  
1000 Commonwealth Ave.  
Newton, MA 02459

Assessment Administration  
City of Newton, MA

Phone Numbers  
Main Office: 617-796-1160  
Facsimile: 617-796-1179

REQUEST FOR ABUTTERS LIST  
AND MAILING LABELS

Purpose: (check one)

- Conservation Commission Filing
- Filing for Victualler's/Restaurant or Liquor License
- Other: Demo  
(Ordinances, laws, or regulations that require a citizen/organization to send a notice by mail to "parties of interest.")

Name of organization: 22 Beechor Place Realty Trust

Person filing request: Gary Streck Title: Principal

Address: 47 Corey Rd Brookline MA 02445

Telephone no. during day: 617-512-0347 (to notify for pick-up)

Subject property: 22 Beechor Place (65-8-28)

Abutters list requires owner names and addresses of: (check all that apply)

- Abutters to subject property only
- Abutters to subject property and abutters to abutters
- Abutters within user-specified distance from property line: within \_\_\_\_\_ feet
- Abutters along one or more streets (list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please verify spelling of street on City map on wall near front door of Assessors office.

Mailing labels for abutters (as above): (Charge: \$.50 per label sheet)

- 1 Set
- 2 Sets

Fees: Staff preparation time: \$ 30.27/hour (or portion thereof)  
(depends on complexity of project) to

\$ 52.33/hour (or portion thereof)

Mailing labels: \$ .50 per label sheet

Total Cost: \$ Calculated upon completion

Please allow ten (10) days for completion of this request.

Signature: [Signature] Date: Jan 30 2017



Massachusetts Department of Public Safety  
Board of Building Regulations and Standards

License: CS-098074  
Construction Supervisor



GARY R STRECK  
47 COREY ROAD  
BROOKLINE MA 02445



*Matthew C.*  
Commissioner

Expiration:  
11/16/2018



*The Commonwealth of Massachusetts*  
Office of Consumer Affairs & Business Regulation  
HOME IMPROVEMENT CONTRACTOR

TYPE: Individual

Registration  
163333

Expiration  
05/31/2019

GARY R. STRECK



GARY STRECK  
47 COREY RD.  
BROOKLINE, MA 02445

*J. C. DePa...*  
Undersecretary



SETTI D. WARREN  
MAYOR

## TREE REMOVAL PERMIT

Name of applicant: 22 Beecher Place

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Property named in application: 22 Beecher Place Realty Trust

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Date complete application received by Tree Warden: 3/16/2017

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The following action has been taken on this application:

**Application is approved as submitted.**

Permission is hereby granted to remove, transplant and/or replace protected trees to the extent indicated in the application. Any changes from this approved plan must be submitted for review and approval before work continues.

**Application is approved with conditions.**

Permission is hereby granted to remove, transplant and/or replace protected trees to the extent indicated in the application, except as indicated below. Any changes from this approved plan must be submitted for review and approval before work continues.

Action taken by: Marc R. Welch, Director of Urban Forestry

(Tree Warden or designee)

Date of Action: 3/16/2017

For additional information, contact the Parks and Recreation Department at (617) 796-1500



September 19, 2017

Ben & Marian Bresser  
22 Beecher Place Realty Trust  
19 Holbrook Ave  
Hull, MA 02045

RE: 22 Beecher Place, Newton, MA

Dear Ben & Marian Bresser:

At Eversource, we're committed to delivering great service.

This letter serves as confirmation that, as of 06/21/17, the electric service to 22 Beecher Place, Newton MA, has been removed.

Based on this information, there is no electric power at this address and you may proceed with the demolition. If you have any questions, please contact me at (888) 633-3797.

Sincerely,

Tracey Hallahan  
Electric Services Support Center



**January 31, 2017**

**To: Benn Bressel**

**Re: 22 Beecher Pl Newton, MA**

This letter is to notify you that after our investigation it has been determined that there is no live gas at 22 Beecher Pl Newton, MA

If you have any questions please feel free to contact me at 781-907-3771

Thank you

*Sarah J Fortwengler*

Sarah J Fortwengler

**National Grid**

40 Sylvan Rd Waltham MA 02451

Gas Customer Fulfillment

sarah.fortwengler@nationalgrid.com

781.907.3771



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
*Revised Mar 2011*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION**

<b>1.1 Property Address:</b> <u>22 Beecher place</u>		<b>1.2 Assessors Map &amp; Parcel Numbers</b>	
1.1a Is this an accepted street? yes <input type="checkbox"/> no <input type="checkbox"/>		<u>121NE</u> Map Number	Parcel Number
<b>1.3 Zoning Information:</b> <u>MR-2</u> <u>residential 2 fam</u> Zoning District Proposed Use		<b>1.4 Property Dimensions:</b> <u>10,114</u> <u>45 1/2</u> Lot Area (sq ft) Frontage (ft)	

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L c. 40, §54)  
Public  Private

**1.7 Flood Zone Information:**  
Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

**1.8 Sewage Disposal System:**  
Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
22 Beecher place Realty Trust Brighton MA 02135  
Name (Print) City, State, ZIP  
50 Chestnut Hill Ave 6178214886 ben@garystreet.com  
No. and Street Telephone Email Address

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input checked="" type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work<sup>2</sup>:  
Demolish Single Family house

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ <u>370</u> Indicate how fee is determined: <input checked="" type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	\$ <u>18,500</u>	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

Gary Streck  
Name of CSL Holder

47 Corey Rd  
No. and Street

Brookline MA 02135  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address

CS-098074      11-16-2018  
License Number      Expiration Date

List CSL Type (see below) U

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

Gary Streck CRM Inc  
HIC Company Name or HIC Registrant Name

47 Corey Rd  
No. and Street

Brookline MA 02445  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

163333      6-1-2017  
HIC Registration Number      Expiration Date

gary@garystreck.com  
Email address

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached?    Yes .....       No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

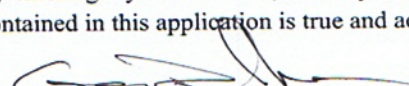
I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Print Owner's Name (Electronic Signature)

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

  
Print Owner's or Authorized Agent's Name (Electronic Signature)

1-30-2017  
Date

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

Please Print Legibly

Name (Business/Organization/Individual): Gary Streck CRM Inc

Address: 47 Corey Rd

City/State/Zip: Brookline 02445 Phone #: 617 512 0347

Are you an employer? Check the appropriate box:

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
- 4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
- 6.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: [Handwritten Signature] Date: 1-30-2017

Phone #: 617 512 0347

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



Massachusetts Department of Public Safety  
Board of Building Regulations and Standards

License: CS-098074  
Construction Supervisor



GARY R STRECK  
47 COREY ROAD  
BROOKLINE MA 02445



*Matthew C. ...*  
Commissioner

Expiration:  
11/16/2018



*The Commonwealth of Massachusetts*  
Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 163333

Expiration: 6/1/2017

Type:

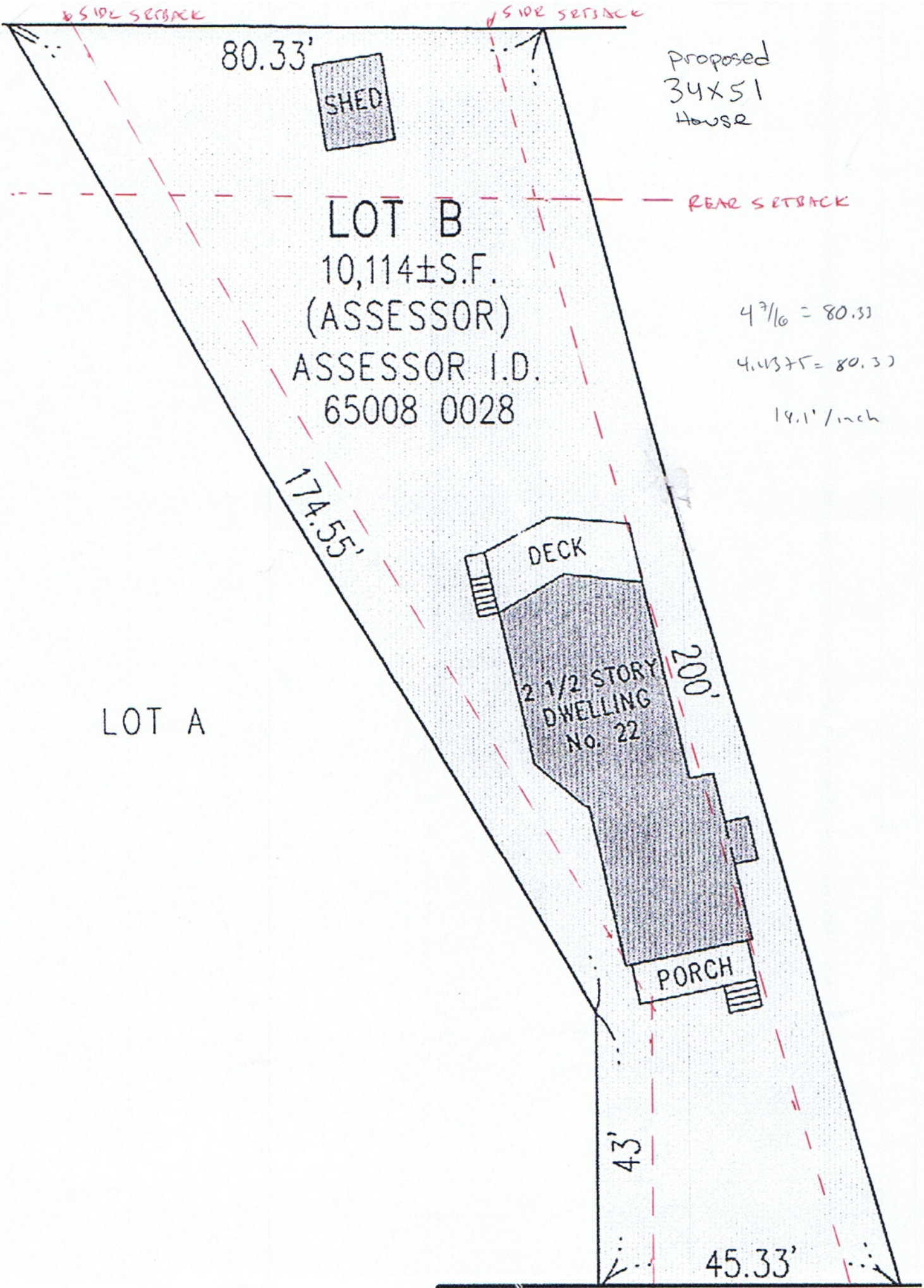
Individual

GARY R. STRECK



GARY STRECK  
47 COREY RD.  
BROOKLINE, MA 02445

*[Signature]*  
Undersecretary



SIDE SETBACK

SIDE SETBACK

80.33'



Proposed  
34X51  
House

REAR SETBACK

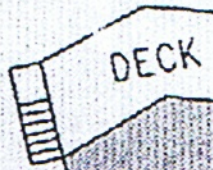
LOT B  
10,114±S.F.  
(ASSESSOR)  
ASSESSOR I.D.  
65008 0028

$4 \frac{7}{16} = 80.33$

$4.4375 = 80.33$

1/4" = 1 inch

174.55'



2 1/2 STORY  
DWELLING  
No. 22

200'



LOT A

43'

45.33'



**NEALCO**  
Inspectional Services  
1001 Marina Drive Suite 306  
Quincy MA 02171

Office (781) 885-3966

Fax (617) 481-2777

April 11, 2017

Sergio Sole  
22 Beecher Place  
Newton MA 02459  
(617) 710-4161

**Re: Pre-Demolition Inspection for Asbestos Containing Materials**

At the request of Sergio Sole, NEALCO Inspectional Services performed a pre-demolition asbestos inspection at:

**22 Beecher Place  
Newton MA 02459**



**Property Description**

Residential, Single Family  
2,738 SF



## **ASBESTOS BULK SAMPLING**

On April 6, 2017, Neal Cass, Mass DLS Asbestos Inspector License # AI000213, performed a close visual inspection of the above listed property in search of any suspect asbestos containing materials. Fifteen (15) bulk samples of suspect material were collected, bagged and delivered to SanAir Technologies Laboratory located in Powhatan, VA, for analysis.

The samples were analyzed by Polarized Light Microscopy per EPA Method 600/R-93-116, July 1993; the detection limit of the EPA recommended method is one percent asbestos by weight. Materials containing greater than one percent asbestos are treated as asbestos-containing as required by EPA. The laboratory is accredited by the National Institute of Standards and Technologies NIST/NVLAP Program (NVLAP #200919-0) and licensed for asbestos analysis in bulk.

## **SUMMARY OF ASBESTOS CONTAINING MATERIALS –22 Beecher Place, Newton**

**Of the (15) samples, none of them tested positive for asbestos:**

**No asbestos containing materials were found**

*\*Materials containing less than 1% chrysotile do not require abatement by a licensed Massachusetts asbestos contractor but must be disposed of in an approved DEP manner.*

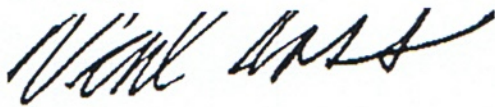
## CONCLUSION

1. Any bulk samples that tested greater than 1% will require a Mass licensed contractor for remediation.
2. Any additional suspect materials not identified in this report that become exposed during building demolition activities should be sampled and analyzed for asbestos content prior to disturbing.
3. NEALCO Inspectional Service's scope of work did not include evaluation of the site for the presence of underground asbestos-cement water/sewer piping or subsurface damp-proofing material or other coatings on exterior foundation walls.
4. Any areas within walls, drywall encased columns and above ceilings were inspected (if present) in accessible representative locations. However, each individually enclosed area was not inspected. Accessible areas beneath such surfaces were examined and sampled.
5. Homogeneous materials observed to be non-suspect by the inspector include concrete floors, wood flooring/joists, concrete pads which hold equipment, black/brown vinyl flexible duct connectors, fiberglass insulation, arm flex (neoprene) insulation and wiring.

Attached you will find your sample analytical results.

Please contact me at your convenience with questions or if you need additional information. Thank you for the opportunity to provide you with our services.

Sincerely,



Neal Cass, President  
NEALCO Inspectional Services  
Cell- 617 593-1664  
neal@nealcoinspects.com



# SanAir Technologies Laboratory

## Analysis Report

prepared for

**Nealco Inspectional Services**

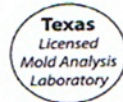
Report Date: 4/10/2017  
Project Name: 22 Beecher PI  
Project #: Sergio  
SanAir ID#: 17012541



NVLAP LAB CODE 200870-0



Certification # 652931



License # LAB0166



804.897.1177

[www.sanair.com](http://www.sanair.com)



# SanAir Technologies Laboratory, Inc.

1551 Oakbridge Drive, Suite B, Powhatan, VA 23139  
804.897.1177 Toll Free: 888.895.1177 Fax: 804.897.0070  
Web: <http://www.sanair.com> E-mail: [iaq@sanair.com](mailto:iaq@sanair.com)

Nealco Inspectional Services  
1001 Marina Drive  
Suite 306  
Quincy, MA 02171

April 10, 2017

SanAir ID # 17012541 22  
Project Name: 22 Beecher Pl  
Project Number: Sergio

Dear Neal Cass,

We at SanAir would like to thank you for the work you recently submitted. The 15 sample(s) were received on Friday, April 07, 2017 via FedEx. The final report(s) is enclosed for the following sample (s): #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15.

These results only pertain to this job and should not be used in the interpretation of any other job. This report is only complete in its entirety. Refer to the listing below of the pages included in a complete final report.

Sincerely,

Sandra Sobrino  
Asbestos & Materials Laboratory Manager  
SanAir Technologies Laboratory

Final Report Includes:

- Cover Letter
- Analysis Pages
- Disclaimers and Additional Information

sample conditions:

2 sample(s) in Discrepancy w/ COC condition      13 sample(s) in Good condition



# SanAir Technologies Laboratory, Inc.

1551 Oakbridge Drive, Suite B, Powhatan, VA 23139  
804.897.1177 Toll Free: 888.895.1177 Fax: 804.897.0070  
Web: <http://www.sanair.com> E-mail: [iaq@sanair.com](mailto:iaq@sanair.com)

SanAir ID Number

**17012541**

FINAL REPORT

**Name:** Nealco Inspectional Services  
**Address:** 1001 Marina Drive  
Suite 306  
Quincy, MA 02171

**Project Number:** Sergio  
**P.O. Number:** Newton  
**Project Name:** 22 Beecher Pl

**Collected Date:** 4/6/2017  
**Received Date:** 4/7/2017 10:30:00 AM  
**Report Date:** 4/10/2017 11:14:11 AM  
**Analyst:** Robertson, Erin

## Asbestos Bulk PLM EPA 600/R-93/116

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#1 / 17012541-001 Basement Chimney Flue Right	Various Non-Fibrous Heterogeneous		100% Other		< 1% Chrysotile

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#2 / 17012541-002 Basement Chimney Flue Left	Various Non-Fibrous Heterogeneous		100% Other		< 1% Chrysotile

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#3 / 17012541-003 Boiler Ins	Pink Fibrous Homogeneous	95% Glass 3% Cellulose	2% Other		None Detected

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#4 / 17012541-004 Chimney Duct Filler	Various Non-Fibrous Heterogeneous	15% Wollastonite	85% Other		None Detected

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#5 / 17012541-005 Kitchen Joint Comp	White Non-Fibrous Homogeneous		100% Other		None Detected

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#6 / 17012541-006 Kitchen Wall	Off-White Non-Fibrous Homogeneous	5% Cellulose	95% Other		None Detected

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#7 / 17012541-007 Front Wall	Off-White Non-Fibrous Homogeneous	5% Cellulose	95% Other		None Detected

### Certification

Analyst: *Erin Robertson*  
Analysis Date: 4/10/2017

Approved Signatory:  
Date: 4/10/2017



# SanAir Technologies Laboratory, Inc.

1551 Oakbridge Drive, Suite B, Powhatan, VA 23139  
804.897.1177 Toll Free: 888.895.1177 Fax: 804.897.0070  
Web: <http://www.sanair.com> E-mail: [iaq@sanair.com](mailto:iaq@sanair.com)

SanAir ID Number

**17012541**

FINAL REPORT

**Name:** Nealco Inspectional Services  
**Address:** 1001 Marina Drive  
Suite 306  
Quincy, MA 02171

**Project Number:** Sergio  
**P.O. Number:** Newton  
**Project Name:** 22 Beecher Pl

**Collected Date:** 4/6/2017  
**Received Date:** 4/7/2017 10:30:00 AM  
**Report Date:** 4/10/2017 11:14:11 AM  
**Analyst:** Robertson, Erin

## Asbestos Bulk PLM EPA 600/R-93/116

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#8 / 17012541-008 2nd Bedroom Wall	Off-White Non-Fibrous Homogeneous	5% Cellulose	95% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#9 / 17012541-009 2nd Floor Hall Wall	Off-White Non-Fibrous Homogeneous	5% Cellulose	95% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#10 / 17012541-010 Kitchen Floor Thinset	Beige Non-Fibrous Homogeneous		100% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#11 / 17012541-011 1st Floor Bath Thinset	Beige Non-Fibrous Homogeneous		100% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#12 / 17012541-012 Roofing Paper	Black Fibrous Homogeneous	80% Cellulose	20% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#13 / 17012541-013 Roofing Shingle	Brown Non-Fibrous Heterogeneous	20% Cellulose	80% Other	None Detected

SanAir ID / Description	Stereoscopic Appearance	Components		Asbestos Fibers
		% Fibrous	% Non-Fibrous	
#14 / 17012541-014 Attic Ins	Pink Fibrous Homogeneous	95% Glass 3% Cellulose	2% Other	None Detected

### Certification

Analyst: *Erin Robertson*  
Analysis Date: 4/10/2017

Approved Signatory: *[Signature]*  
Date: 4/10/2017



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SanAir ID Number

**17012541**

FINAL REPORT

**Name:** Nealco Inspectional Services  
**Address:** 1001 Marina Drive  
Suite 306  
Quincy, MA 02171

**Project Number:** Sergio  
**P.O. Number:** Newton  
**Project Name:** 22 Beecher Pl

**Collected Date:** 4/6/2017  
**Received Date:** 4/7/2017 10:30:00 AM  
**Report Date:** 4/10/2017 11:14:11 AM  
**Analyst:** Robertson, Erin

## Asbestos Bulk PLM EPA 600/R-93/116

SanAir ID / Description	Stereoscopic Appearance	% Fibrous	Components		Asbestos Fibers
			% Non-Fibrous		
#15 / 17012541-015 Cellar Window Glaze	White Non-Fibrous Homogeneous		100%	Other	None Detected

### Certification

Analyst: *Erin Robertson*  
Analysis Date: 4/10/2017

Approved Signatory:  
Date: 4/10/2017

### **Disclaimer**

The final report cannot be reproduced, except in full, without written authorization from SanAir. Fibers smaller than 5 microns cannot be seen with this method due to scope limitations. The accuracy of the results is dependent upon the client's sampling procedure and information provided to the laboratory by the client. SanAir assumes no responsibility for the sampling procedure and will provide evaluation reports based solely on the sample and information provided by the client. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government.

For NY state samples, method EPA 600/M4-82-020 is performed.

Polarized- light microscopy is not consistently reliable in detecting asbestos in floor covering and similar non-friable organically bound materials. Quantitative transmission electron microscopy is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos containing.

NY ELAP lab ID 11983





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Asbestos  
Chain of Custody

SanAir ID Number

17012541

Sergio

Company: Nealco Inspectional Services	Project #: Sergio	Collected by:
Address: 1001 Marina Drive	Project Name: 39 Beecher Pl	Phone #: 617-272-3397
City, St., Zip: Quincy, MA 02171	Date Collected: Newton	Fax #: 857-342-7451
State of Collection: Account #: 2689	P.O. Number:	Email:

Soil		Air		Soil/Vermiculite	
ABB	PLM EPA 600/R-93/116 <input checked="" type="checkbox"/>	ABA	PCM NIOSH 7400 <input type="checkbox"/>	ABSE	PLM EPA 600/R-93/116 (Qual.) <input type="checkbox"/>
	Positive Stop <input type="checkbox"/>	ABA-2	OSHA w TWA* <input type="checkbox"/>	ABSP	PLM CARB 435 (LOD <1%) <input type="checkbox"/>
ABEPA	PLM EPA 400 Point Count <input type="checkbox"/>	ABTEM	TEM AHERA <input type="checkbox"/>	ABSP1	PLM CARB 435 (LOD 0.25%) <input type="checkbox"/>
ABB1K	PLM EPA 1000 Point Count <input type="checkbox"/>	ABATN	TEM NIOSH 7402 <input type="checkbox"/>	ABSP2	PLM CARB 435 (LOD 0.1%) <input type="checkbox"/>
ABSEN	PLM EPA NOB <input type="checkbox"/>	ABT2	TEM Level II <input type="checkbox"/>		
ABBCH	TEM Chatfield <input type="checkbox"/>				
ABBTM	TEM EPA NOB <input type="checkbox"/>				
Water		New York ELAP		Dust	
ABHE	EPA 100.2 <input type="checkbox"/>	PLM NY	PLM EPA 600/M4-82-020 <input type="checkbox"/>	ABWA	TEM Wipe ASTM D-6480 <input type="checkbox"/>
		ABEPA2	NY ELAP 198.1 <input type="checkbox"/>	ABDMV	TEM Microvac ASTM D-5755 <input type="checkbox"/>
		ABENY	NY ELAP 198.6 PLM NOB <input type="checkbox"/>		
		ABBNY	NY ELAP 198.4 TEM NOB <input type="checkbox"/>	Matrix	Other <input type="checkbox"/>

Turn Around Times	3 HR (4 HR TEM) <input type="checkbox"/>	6 HR (8HR TEM) <input type="checkbox"/>	12 HR <input type="checkbox"/>	24 HR <input checked="" type="checkbox"/>
	2 Days <input type="checkbox"/>	3 Days <input type="checkbox"/>	4 Days <input type="checkbox"/>	5 Days <input type="checkbox"/>

Special Instructions

Sample #	Sample Identification/Location	Volume or Area	Sample Type	Flow Rate*	Time* Start - Stop
#1	basement chimney flue tile				
#2	basement chimney flue left				
#3	boiler rms				
#4	chimney duck filler				
#5	kitchen joint comp				
#6	kitchen wall				
#7	front hall ceiling				
#8	2nd bedroom wall				
#9	2nd floor bath wall				
#10	kitchen floor tile				
#11	1st floor bath tile				
#12	Roofing paper				

Relinquished by	Date	Time	Received by	Date	Time
NEAL DASS	4/6/17	3pm	MC	APR 07 2017	10:30AM

Unless scheduled, the turn around time for all samples received after 3 pm EST Friday will begin at 8 am Monday morning. Weekend or Holiday work must be scheduled ahead of time and is charged for rush turn around time. Work with standard turn around time sent Priority Overnight and billed to Recipient will be charged a \$10 shipping fee.



Setti D. Warren  
Mayor

City of Newton, Massachusetts  
Department of Planning and Development  
1000 Commonwealth Avenue Newton, Massachusetts 02459

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(617) 796-1120  
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www.newtonma.gov

James Freas  
Acting Director

Newton Historical Commission Demolition Review Decision

Date: 11/6/15 Zoning & Dev. Review Project# \_\_\_\_\_

Address of structure: 22 Beecher Place

Type of building : House

If partial demolition, feature to be demolished is \_\_\_\_\_

The building or structure:

is \_\_\_\_\_ is not  in a National Register or local historic district not visible from a public way.

is \_\_\_\_\_ is not  on the National Register or eligible for listing.

is \_\_\_\_\_ is not  importantly associated with historic person(s), events, or architectural or social history

is  is not \_\_\_\_\_ historically or architecturally important for period, style, architect, builder, or context.

is \_\_\_\_\_ is not  located within 150 feet of a historic district and contextually similar.

is \_\_\_\_\_ NOT HISTORIC as defined by the Newton Demolition Delay Ordinance.

Demolition is not delayed and no further review is required.

is  HISTORIC as defined by the Newton Demolition Delay Ordinance (See below).

The Newton Historical Commission staff:

\_\_\_\_\_ APPROVES the proposed project based upon materials submitted see below for conditions (if any).

Demolition is not delayed, further staff review may be required.

DOES NOT APPROVE and the project requires  
Newton Historical Commission review (See below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Newton Historical Commission finds the building or structure:

is \_\_\_\_\_ NOT PREFERABLY PRESERVED

Demolition is not delayed and no further review is required.

is  PREFERABLY PRESERVED - (SEE BELOW).

Delay of Demolition:

is in effect until 10/22/16

\_\_\_\_\_ has been waived - see attached for conditions

Determination made by:

*Kate Jane Yule*

Please Note: if demolition does not occur within two years of the date of expiration of the demolition delay, the demolition will require a resubmittal to the Historical Commission for review and may result in another demolition delay.



Setti D. Warren  
Mayor

**City of Newton, Massachusetts**  
Department of Planning and Development  
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James Freas  
Acting Director

**RECORD OF ACTION:**

**DATE:** November 6, 2015

**SUBJECT:** 22 Beecher Place

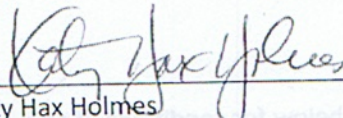
At a scheduled meeting and public hearing on October 22, 2015 the Newton Historical Commission, by vote of 4-2:

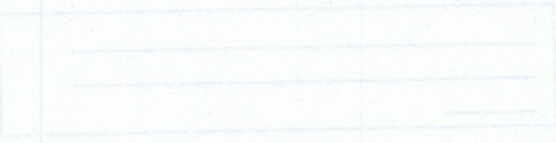
RESOLVED to find the house at 22 Beecher Place preferably preserved for historic context.

Voting in the Affirmative:      Voting in the Negative:      Abstained:

Nancy Grissom, Member  
Peter Dimond, Member  
Laura Fitzmaurice, Member  
Jeff Templar, Member

Len Sherman, Alternate  
Ellen Klapper, Alternate

  
Katy Hax Holmes  
Staff



Please Note: If demolition does not occur within two years of the date of expiration of the demolition delay, the demolition will require a reapplication to the Historical Commission for review and may result in a demolition delay.

Newton Historical Commission  
1000 Commonwealth Avenue, Newton, Massachusetts 02459  
Email: kholmes@newtonma.gov  
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