

**CITY OF WOONSOCKET
FINANCE DEPARTMENT**

INVITATION TO BID # 5795

DEMOLITION OF BUILDINGS LOCATED AT:

**109 East School Street
707-709 Park Avenue
278 River Street**

Sealed proposals in duplicate, enclosed in an envelope labeled, and addressed to the Finance Director, City of Woonsocket, 169 Main Street, P. O. Box B, Woonsocket, RI 02895, will be received until 2 PM on Thursday, April 27, 2017, at which time they will be publicly opened and read. The Instructions to Bidders and other Contract Documents are available on the City website at www.woonsocketri.org

This contract is intended to provide for **Demolition and Removal** of all unsafe structures, any and all building components, including foundation walls, basement floor, and all contents within and on the properties at the above listed sites in the City of Woonsocket, Rhode Island.

A certified check payable to the City of Woonsocket or bid bond in the amount of 5% of the bid price, must accompany each proposal. The certified check or bonds will be returned to all but the successful bidder upon execution of the contract. The bidder's check/bond will be returned upon acceptance of a Performance and Payment Bond by the City.

A Performance and Payment Bond for the entire project with a satisfactory surety company will be required of the successful bidder. Successful bidder shall also apply for, and be issued a Demolition Permit with the Building Inspection Department, prior to any demolition work commencing.

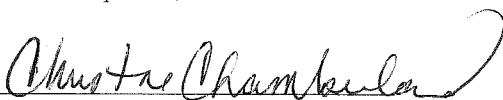
In accordance with Rhode Island General Law 44-1-6, nonresident contractors are subject to a 3% withholding of the contract price to secure payment of any sales tax, use tax, and/or income tax withheld that may be due the State of Rhode Island.

The Finance Department, through its Director, reserves the right to accept or reject any or all bids or proposals; to waive any technicality to any bid or part thereof submitted; to accept any bid or option or comparison thereof; to contract in part or in whole; and to accept the bid deemed to be in the best interest of the City of Woonsocket.

No bidder may withdraw its bid within sixty (60) days after the actual time and date of the bid opening thereof. WBE, MBE and Section 3 contractors are encouraged to submit a bid.

Contact the City of Woonsocket Construction Supervisor, Thomas Koback, at (401) 767-9233 with any questions.

Published: April 17, 2017


Christine Chamberland, Finance Director

**CITY OF WOONSOCKET
RHODE ISLAND**

FINANCE DEPARTMENT

INVITATION TO BID # 5795

DEMOLITION:

**109 East School Street
707-709 Park Avenue
278 River Street**

**DEPARTMENT OF PLANNING
BUILDING INSPECTION DIVISION**

April.....2017

City of Woonsocket

Demolition

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Bond Requirements & Technical Specifications

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**CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT**

SECTION 1

GENERAL PROVISIONS:

Wherever in this agreement the word 'Building Official' is used, it shall be and is mutually understood to refer to the Building Official of the City of Woonsocket, acting either directly or through any assistant having general charge of the work, or through any assistant or inspector having immediate charge of the work, or through any assistant or inspector having immediate charge of a portion thereof, limited by the particular duties entrusted to them.

Whenever the word 'Contractor' is used herein, it shall be and is mutually understood to refer to the party or parties of the second part to this agreement, or the legal representative of said party or parties.

The proposal shall include all labor, tools, equipment and materials necessary for the complete demolition and removal of all building construction materials, including the foundation walls, basement floor, and all contents within the structure and on the property. All work is to be performed in strict accordance with the guidelines as set forth in the Technical Specifications. Special provisions may apply to specific sites and they will be clarified on the bid proposal sheet.

Successful bidder must mobilize a crew to begin work within fourteen (14) working days after being awarded requested work.

Work hours are from 7 am to 4 pm Monday through Friday, excluding holidays. Any work by a contractor that is necessary after normal work hours will be billed following the Engineering Division policy in the 'Permit Manual' A copy of the manual can be obtained on the following web site http://www.ci.woonsocket.ri.us/perm_sched.htm.

Any deviations from the original specifications shall be noted by the bidder.

The City assumes no responsibility for any changes in conditions between bid award and contract start date.

SECTION 2

TECHNICAL SPECIFICATIONS:

Contractor shall:

- Obtain all local and/or State permits required to perform required work.
- Evaluate the building for asbestos and/or other materials considered to be hazardous. Should any hazardous materials be located, the removal shall be in accordance with all applicable Federal, State and Local rules and regulations.
- Provide Certified Payroll(s), if so directed.
- Excavate to remove sewer and water utilities in accordance with Engineering Division requirements.
- Provide all labor, equipment and tools necessary to properly disconnect utilities, including necessary trench boxes.
- Provide all safety barrels, cones, construction signs and steel plates as needed or as directed by the City.
- Supply any required police details for traffic control as directed by the Woonsocket Police Department.
- Backfill excavation with clean suitable bank run gravel.
- Finish grade excavation to insure that no surface water will runoff onto adjacent properties and provide necessary erosion control.
- Slope sites 6 inches per foot or less if required.
- Maintain a clean worksite at all times. Remove all construction debris during operations each day and load into dumpsters for proper disposal. No demolition debris shall be buried on site.
- Provide documentation and a signed manifest as proof of proper disposal of debris.

- Supply water to wash down debris for dust control.
- Assume responsibility for damages caused to water pipes, gas pipes, electrical wires, conduits, sewers, storm water drains, and any public or private property, that occurred as a result of the contracted work. Should adjacent property be damaged in any manner, the Contractor shall immediately contact the Building Official, Brad Ward at (401)767-9246 or (401)767-9238. All damage to said areas shall be repaired immediately.
- Repair damaged landscape areas and any gouging of adjacent roadway caused by tracked equipment.
- Provide and install temporary hot patch (2" thick) on all excavated trenches.
- Remove and dispose of material and/or debris, which has washed into, flowed into or been placed in water courses, ditches, gutters, drains, catch basins, pavement areas or anywhere else, during the progress of the work.

SECTION 3

LOCATION OF UNDERGROUND STRUCTURE:

The locations provided on furnished plans for existing sewers, water pipes, storm drainage, gas, electric mains and other conduits are intended to be approximate only. The City will not be responsible for any omission, nor for any errors in locations due to incomplete or faulty records. The contractor must obtain a 'Dig Safe' number from Dig Safe System, Inc. at 1-888-344-7233.

SECTION 4

SUB-CONTRACTORS:

No portion of the work shall be sub-let to any sub-contractor without first giving the Building Inspection Division due notice in writing of such intention. No sub-contractor shall be employed who is unsatisfactory to the Building Official.

SECTION 5

COMPETENT WORKMEN/LICENSES:

Contractor shall provide a 'Competent Person', as defined by the US Department of Labor Occupational Safety & Health Administration (OSHA), for the location of the proposed work. The contractor shall employ only competent and efficient laborers, operators and tradesmen for every kind of work, and whenever, in the opinion of the City Engineer, any person is unfit to perform their task, or does their work contrary to directions, or conducts themselves improperly, the contractor must discharge that person immediately and not employ that person again on the work.

All equipment operators and workers performing work at the proposed location shall hold the appropriate State of Rhode Island licenses for their responsibilities.

An OSHA ten (10) hour construction safety program is required for all on-site employees.

SECTION 6

SAFETY:

All Federal, State and Local safety regulations shall be followed.

The contractor shall assume responsibility for risks and casualties of every description, for loss or injury to persons and property arising out of the nature of the work, from the action of the elements or from any unforeseen or unusual difficulty.



Department of Health
700 State Capital Bldg
Providence, RI 02603-1007
TTY: 711
www.health.ri.gov

Date: February 1, 2012

To: Rhode Island City and Town Building Officials

From: David Spink, Asbestos Control Program Manager

Re: Building Demolition

Federal Law (40 CFR 61 NESHAP Act) and State Regulations (R23-24.5-ASB Rules and Regulations for Asbestos Control) require that an applicant for a demolition permit present an asbestos survey or approved asbestos abatement plan as part of the application process to obtain a demolition permit. These regulations also require that all friable asbestos be abated prior to the demolition of the structure.

Prior instructions from this Office stated that this inspection must be performed by an individual that is certified through the Model Accreditation Plan of the Federal AHERA act (40 CFR 763) and licensed by This Department to provide these inspections.

As further clarification, and as a result of several recent incidents, this office is providing this additional guidance to local building officials.

Any asbestos surveys/inspections presented to obtain demolition permits that do not contain sample results should be referred to this office (stephan.madonnagh@health.ri.gov, 222-7746) and the permit should be either denied or held under consideration until a determination is made by this office regarding the appropriateness of the survey/inspection.

Asbestos was used in over four thousand consumer products in the US and this includes many building components. Licensed Asbestos Inspectors are never allowed to make a presumption of non-asbestos content of building products. In the absence of testing, all suspect materials must be assumed positive for the presence of asbestos. An inspector's experience is not sufficient justification to preclude proper collection and analysis of suspected building materials. The Only acceptable reason to exclude suspect asbestos-containing material from the abatement process is laboratory analysis per approved methodology by a licensed, certified laboratory.

DEMOLITION PERMITS
PROCEDURE FOR DISCONNECTING, REMOVING, PLUGGING
OF
WATER, SEWER, STORM DRAINAGE

- 1) The Engineering Division will be responsible for confirming water and/or sewer and/or storm drainage have been properly disconnected and/or plugged. Once confirmed, Engineering Division Personnel will sign for Public Works Department.
- 2) The contractor will be responsible for obtaining a permit through the Engineering Division and notifying the Engineering Division and Water Division 24 hours prior to digging to disconnect and/or remove and/or plug any water and/or sewer and/or storm drainage.

SEWER

- 1) Sewer laterals will be dug at the back of the sidewalk area, on the owner's property.
- 2) Ties to the existing laterals can be found in the Engineering Division Office.
- 3) The lateral will be cut with a pipe cutter or saw. The end will then be capped with a **FERNCO QWIK CAP**, or a similar kind.
- 4) A 2 x 4 piece of lumber will be placed at the end of the plug for locating purposes.
- 5) The other cut end of the pipe will then be plugged with concrete.
- 6) New ties to the capped end will be taken by Engineering Personnel.

STORM DRAINAGE

Storm drain lines shall be bulkheaded if the following conditions exist:

- 1) The pipe drains into a city-owned line.
- 2) The pipe is considered "PRIVATE".
- 3) The pipe only takes from the property in which demolition is to take place.
- 4) Permission to connect the pipe, to a city-owned line, was never given.
- 5) It is found that the pipe is connected into the sanitary sewer system.
- 6) Future use of the drain line will not be needed.

All open ends of pipe shall be bulkheaded. Bulkheading will be performed based on the type of pipe material.

WATER

- 1) The property owner must formally request that the service be shut at the curb-stop by the Water Division.
- 2) Personnel from the Water Division will take a final meter reading and remove any City-owned meters.

- 3) A Master Plumber in the State of Rhode Island and the excavating contractor shall obtain an excavation permit through the Engineering Division, so the service can be disconnected at the curb-stop.
- 4) Said permit shall make the contractor responsible for permanently repairing the sidewalk to City of Woonsocket specifications.
- 5) Disconnection shall be done by the Master Plumber, and witnessed by the Water Division.

Disconnection must be done as follows:

- A) The service must be completely disconnected by cutting the tubing/piping at approximately 6" (six inches) from the end of the curb-stop and pulling the free end of the tubing/piping that leads to the building away from the curb stop. The 6" (six inch) piece will then be crimped.

It is understood that there are times that these procedures cannot be followed, due to public safety. The Building Inspector, or his authorized agent or representative, may take steps other than outlined to have any water and/or sewer and/or storm drainage disconnected and/or plugged and/or removed, to insure public safety. If the contractor knows of any other reason that these procedures cannot be followed at the demolition site, then it is the contractor's responsibility to make them known to the Engineering Division.

Rev. 12/2014

CITY OF WOONSOCKET, RI
BUILDING INSPECTION DEPARTMENT

**PROCEDURE TO DEMOLISH A BUILDING OR STUCTURE
OR PORTION THERE OF;**

1. All owners and/or Corporations of the property must sign the permit with his or her name and address and telephone number (Notary may be required)
2. On the back of the permit sheet a sign off by the Electric Co, the Telephone Co, the Gas Company, and public works for water and sewer disconnects must be signed to assure removal or disconnection of these services. If there is only sub electric & water feeds, a licensed electrician or plumber shall do the work and sign the permit. **RIGL 23-27.3-116.1**
3. A **performance bond** in the amount of the job must be posted in the City Clerk's Office.
 - a. An insurance certificate in the amount of \$100,000.00 must be posted in this office. **RIGL 23-27.3-116.8**
 - b. The city shall be put on the certificate as well as the owner.
4. A Dig-Safe number 1-888-344-7233 must be obtained and posted on the permit.
5. No building or structure is to be razed or demolished unless, and until provisions are made for the rodent eradication of the building or structure. The General acceptance standard for compliance is that baiting has been accomplished. **RIGL 23-27.3-116.2**
6. Federal and State, (RI Dept of Health), regulations require that prior to the demolition of a building or structure, it must be thoroughly inspected for the presence of friable and non-friable asbestos containing material. A letter must be submitted to this office from a qualified person (registered with the state) that this inspection has been performed and that the building is free of or has asbestos material. If asbestos is found, an abatement program shall be provided to this office.
7. Demolition fee must then be paid in the inspection office and is based on the total fee for the demolition of the structure. A copy of signed contract from Demolition Company **must be supplied**.
 - a. If any portion of the existing foundation or structure acts as a retaining wall for sloped or adjacent properties, accommodations must be made and approved of, prior to the commencement of any work to either replace existing or reconstruct existing to the Building officials approval. It may require a stamped engineers plan. If not, complete removal from site of the foundation, footings and all debris is required. The final grade shall be clean, smooth with grass planted and maintained during growth. Ensure no run off on any adjacent properties or city streets.
8. When all the above is completed the permit will be mailed to you. If this is an emergency then the Building Official may grant one, if this office is given a written request and state the emergency to start the job.
9. When all the demolition work has been completed and the site inspected to the satisfaction of the Building Official or his designee a release will be issued to you for you to obtain your bond form the City Clerk.

ASBESTOS REPORTING FORM

DEFINITION: SPOT REPAIR: Any removal, repair, encapsulation, enclosure or other disturbance which encompasses: (1) up to ten (10) linear feet of asbestos from piping and/or (2) up to twenty five (25) square feet of asbestos from any surfaces other than pipes. Large projects divided into smaller segments are not Spot Repairs.

I HEREBY CERTIFY THAT: (CHECK ONE).

_____ a. No asbestos in any amount will be disturbed by work to be performed under permit or contract.

OR

_____ b. Asbestos is present but such amounts to be disturbed are such that the proposed work falls under the definition of SPOT Repair.

OR

_____ c. Asbestos is present in amounts to be disturbed greater than that defined in Spot Repair. I have enclosed a certified copy of the DOH approved abatement plan and a certified copy of the license of the asbestos contractor who shall undertake the work.

Date

Signature

Name of premises

Printed name, & Title

Location of premises

Company, Corp., Owner, etc.

FOR OFFICE USE ONLY

Company address

PERMIT NO.

Company phone number

DATE OF
ISSUANCE

Estimate Provisions

Please be advised that the authorized representatives of the City of Woonsocket have thoroughly reviewed all costs involved with recently completed demolition projects.

In order to continue our Blight Reduction Program with the most efficiency and afford us an opportunity to study this process even further, we are requesting that contractors submit their bids in three (3) different formats.

The first format will have a line item to include the combined cost estimate for demolition and disposal of debris.

The second format will not include an estimate for disposal costs and require the contractor to submit tare slips with invoices for the actual costs to transport and dispose of debris.

The third format is to provide an estimate for the completion of all three demolitions if awarded to successful bidder as one contract.

Please note that all line items must have a dollar amounts entered to be accepted as qualified competitive bids.

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
707-709 Park Avenue, Plat 16E, Lot 181

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.
All line items shall include a cost estimate.

<u>DESCRIPTION</u>	<u>TOTALS</u>
Disconnection of all utilities (water, sewer, gas, electric, cable) necessary to obtain demolition permit.	\$ _____
Asbestos abatement (include \$75.00 for post abatement inspection)	\$ _____
Complete demolition of a 29' x 59' four story multi-family wood framed building. Removal and proper disposal of all building materials, building components, foundation, concrete porches, walks and all contents within the structure and on the property.	\$ _____
<u>Special Provisions:</u> Site is to be sloped with clean suitable fill to the same grade elevation as the existing driveway.	\$ _____
Miscellaneous materials, as approved	cost plus 10%
Police detail, as approved	cost plus 10%
TOTAL PRICE:	\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAEMeEMAIL

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
707-709 Park Avenue, Plat 16E, Lot 181

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.
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<u>DESCRIPTION</u>	<u>TOTALS</u>
Disconnection of all utilities (water, sewer, gas, electric, cable) necessary to obtain demolition permit.	\$ _____
Asbestos abatement (include \$75.00 for post abatement inspection)	\$ _____
Complete demolition of a 29' x 59' four story multi-family wood framed building.	\$ _____
Removal and proper disposal of all building materials, building components, foundation, concrete porches, walks and all contents within the structure and on the property.	See Estimate Provisions
<u>Special Provisions:</u> Site is to be sloped with clean suitable fill to the same grade elevation as the existing driveway.	\$ _____
Miscellaneous materials, as approved	cost plus 10%
Police detail, as approved	cost plus 10%
TOTAL PRICE:	\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____



FUS	29	
FUS		
BAS		
FBM		
24		24
	29	
FUS	29	
FUS		5
BAS		FBP
UBM		6.7
35		30
6	23	
EQ	92	RTD
5.3	4	20
FUS		7
FUS		
BAS		

Asbestos Abatement Plan

for

Department of Planning & Development

City of Woonsocket, Rhode Island

City Hall, 169 Main Street

P.O. Box B

Woonsocket, Rhode Island 02895

at

Residential Structure (Multi-Unit House)

located at

707 – 709 Park Avenue

Woonsocket, Rhode Island 02895

Prepared by:

*NORTHEAST ENVIRONMENTAL TESTING
LABORATORY, INC.*

472 Smith Street

Providence, Rhode Island 02908

(401) 454-3400

March, 2017

RHODE ISLAND DEPARTMENT OF HEALTH
NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: Residential Structure (Multi-Unit House)

Address: 707-709 Park Avenue

City/Town: Woonsocket Zip: 02895 Amendment Phase No: _____

Abatement Plan Written By: Raymond A. Spinella Certification No: AAC-227PD

Summary of specific waivers/variances being requested: All air sampling, Section B.8.2.p., and Form ASB-16, Items 14 and 17; See Attachment, Page 20, Item 4C.

Type of Asbestos Abatement () Removal () Enclosure () Encapsulation
(X) Demolition () Glovebag () Asphalt Roofing
() Other (specify) _____

Is this plan being submitted in response to a Notice of Violation and/or a Notice of Requirement to Submit an Asbestos Abatement Plan? () Yes (X) No

If yes, Indicate Notice/Building Evaluation No(s): _____

Contractor: To Be Selected License No: LAC-

Estimated Starting Date: ASAP

Pre-Abatement Sampling Information

Bulk Samples Collected By: Raymond A. Spinella Certification No: AAC-227IS

Bulk Samples Analyzed By: AmeriSci Richmond Certification No: AAL-122

Air Samples Analyzed By: NA Certification No: AAL-

Clearance Air Sampling Information

Air Samples to be Collected By: NA

Air Samples Analyzed By: NA Certification No: AAL-

CERTIFICATION

I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Section 23-24.5-6 of the RI Asbestos Control Act and Parts A and C of the RI Rules and Regulations for Asbestos Control; all abatement/management activities performed in conjunction with this plan must be in compliance with the specifications prescribed in this plan (when approved) and the most current revision of all applicable federal and state regulations; and the asbestos abatement/management activities described in this plan must be performed by a RI licensed asbestos abatement contractor.

Certified by: D. David Bowen
(Signature of Building Owner or Agent)

Title: Dir. of Planning & Realty

D. David Bowen
(Typed/Printed Name of Certifier)

Date: MARCH 20, 2017

Subscribed and sworn before me this 20 day of March, 2017

Russella T. Stearns
(Notary Public)

My Commission Expires: 12/1/19

AFFIX NOTARY SEAL HERE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

City of Woonsocket

3. Building Owner's Mailing Address and Telephone Number:

Street: City Hall - 169 Main Street

P.O. Box B

City/Town: Woonsocket

Zip: 02895

Telephone No.: (401) 767-9233

(Area Code, No., Ext.)

2. Application Prepared By:

Raymond A. Spinella

RI certification No: AAC-227PD

Telephone No: (401) 454-3400

(Area code, No., Ext.)

4. Person to be contacted regarding this application:

Name: Mr. Tom Koback

Telephone No: (401) 767-9233

(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): Residential Structure (Multi-Unit House)

Street: 707-709 Park Avenue

City/Town: Woonsocket

Zip: 02895

6. Is this application being submitted in response to a "Notice of Requirement to Submit an Asbestos Abatement plan"? () Yes (X) No

If Yes, what is the due date for submittal of Abatement plan?

(Mo.) (Day) (Yr.)

Evaluation Number on the Notice:

7. Contractor who will be performing abatement work (if selected):

Name: To Be Selected

R.I. License No.: _____

8. Estimated Starting Date of Abatement Work: A.S.A.P.
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: 2-3 Days
(Month) (Day) (Year)

10. Type of Asbestos Abatement: (Check all that apply)

- () Removal () Enclosure
() Encapsulation (X) Demolition
() Operations and Maintenance Only
() Other (Specify) _____

11. Type of Building: () School
(X) Privately Owned Building
() Publicly Owned Building
() Residence
() Other (Specify) _____

12. Building Access: () Public Access (\geq 25% of Building Area)
() Limited Public Access (< 25% of Building Area)
(X) No Public Access VACANT

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: Raymond A. Spinella RI Certification No.: AAC-227IS

B). Sampling Methodology:

() EPA AHERA Sampling requirements [40 CFR 763.86].

(X) EPA's Asbestos Containing Material in School Buildings: A Guidance Document (EPA-405/2-78-014) or Guidance for Controlling Asbestos Containing Materials – 1985 Edition (EPA-560-5-85-024)

() Other (Specify) _____

C). Laboratory performing the analysis of the bulk samples

Name: AmeriSci Richmond RI Certification No.: AAL-122

D). Analytical Methodology:

(X) EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples [PLM method only].

() Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis: **Waiver Requested**
See Attachment, Page 20, Item 4C

A). Person collecting pre-abatement air samples:

Name: N/A Affiliation: _____

B). Laboratory performing analysis of pre-abatement air samples.

Name: N/A RI Certification No: AAL-

C). Methodology used in the collection and analysis of pre-abatement samples:

() NIOSH Method 7400 [Most Current Revision]

() OSHA 29 CFR 1926.1101 – Appendix A & B

() Other (Specify) _____

-
15. A. Indicate how the regulated asbestos containing material (RACM) will be removed from the abatement site. If a hauler or broker will be used to transport the RACM to a disposal site, they must also be identified.

To be determined by contractor.

- B. Provide the name and location of the authorized asbestos waste facility to which the removed material will be transferred for disposal (if known).

To be determined by contractor.

-
16. Person designated as compliance monitor for abatement work. **[NOT REQUIRED]**

Name: N/A

Affiliation: _____

17. In-Process & Clearance Air Sampling: **Waiver Requested**
See Attachment, Page 20, Item 4C

- A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.
- B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.
- C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.
- D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceeded during final clearance testing.

18. A separate and fully completed Form ASB-16A must be submitted for each area to be abated. List below the entry in Item 1 from each attached ASB-16A.

- A. First Floor - Rear Apartment Kitchen & Bath Area, See Attachment
- B. Second Floor - Front Apartment Kitchen Area, See Attachment
- C. Second Floor - Rear Apartment Kitchen Area, See Attachment
- D. Third Floor - Front Apartment Kitchen Area, See Attachment
- E. Third Floor - Rear Apartment Kitchen Area, See Attachment
- F. Basement Apartment - Bathroom Area, See Attachment

19. I certify that this plan was prepared by me and I am responsible for its content.

Signature: Raymond A. Spinnell Date 3-16-17
(Month) (Day) (Year)
Affiliation: Northeast Environmental Testing Laboratory, Inc.

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- | | |
|--|---------------|
| () Operation & Maintenance Only | \$ 75 |
| () Up to One (1) NESHAP Unit | \$ 75 |
| (X) Between One (1) & Ten (10) NESHAP Units | \$ 300 |
| () Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| () Over Fifty (50) NASHAP Units | \$ 900 |
-

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

- (1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

A.) First Floor – Rear Apartment - Kitchen/Bath Area, See Attachment, Page 1, Item 1

- (2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 1, Item 2

- (3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 13, Item 3

- (4) PROPOSED REMEDIES:

- A). Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B). Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C). Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D). Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E). Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

B.) Second Floor – Front Apartment - Kitchen Area, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 1, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 14, Item 3

(4) PROPOSED REMEDIES:

(A) Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B) Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C) Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

C.) Second Floor – Rear Apartment - Kitchen Area, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 1, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 15, Item 3

(4) PROPOSED REMEDIES:

(A) Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B) Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C) Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

D.) Third Floor – Front Apartment - Kitchen Area, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 2, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 16, Item 3

(4) PROPOSED REMEDIES:

(A) Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B) Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C) Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Health
Office of Occupational & Radiological Health
APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

E.) Third Floor – Rear Apartment - Kitchen Area, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 2, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 17, Item 3

(4) PROPOSED REMEDIES:

(A) Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B) Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C) Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 707-709 Park Avenue, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

F.) Basement Apartment - Bathroom Area, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 2, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 18, Item 3

(4) PROPOSED REMEDIES:

(A) Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 19, Item 4A

(4) PROPOSED REMEDIES (cont.):

B) Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C) Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 20, Item 4C

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

ATTACHMENT

ITEM 1.

The City of Woonsocket intends to demolish the existing Residential Structure on the property.

Personnel of Northeast Environmental Testing Laboratory, Inc. conducted an inspection on Monday, March 6, 2017 for visible suspect/apparent Asbestos Containing Building Materials (ACBM). Bulk samples were collected for analysis to confirm the presence/absence of ACBM.

This abatement plan addresses the abatement of all presently known ACBM prior to demolition.

If during the abatement/demolition project additional suspect or apparent ACM is found, proper methods in accordance with all Federal and Rhode Island regulations shall be utilized to remove and dispose of the material. In addition, the Department of Health shall be notified of the type, location, and quantities of material to be removed and an amendment of the original plan prepared and submitted with fee to the Department of Health.

ITEM 2. A. First Floor – Rear Apartment – Kitchen & Bath Area:

There is approximately 156 square feet of floor cover material (sheet goods) in the kitchen that contains 15% Chrysotile Asbestos. There is also 32 square feet of floor cover material (sheet goods) in the bathroom that contains 20% Chrysotile Asbestos. The condition of both materials is good to fair.

See copy of Laboratory Analysis Report on Page 3, Sample #17-3026-1 and -8.

B. Second Floor – Front Apartment - Kitchen Area:

There is approximately 182 square feet of floor cover material (sheet goods) in the kitchen that contains 20% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 4, Sample #17-3026-13

C. Second Floor – Rear Apartment - Kitchen Area:

There is approximately 156 square feet of floor cover material (sheet goods) in the kitchen that contains 20% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 4, Sample #17-3026-18.

ATTACHMENT

ITEM 2. D. Third Floor – Front Apartment – Kitchen Area:

There is approximately 182 square feet of floor cover material (sheet goods) in the kitchen that contains 20% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 4, Sample #17-3026-24.

E. Third Floor – Rear Apartment - Kitchen Area:

There is approximately 156 square feet of floor cover material (sheet goods) in the kitchen that contains 20% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 4, Sample #17-3026-28.

F. Basement Apartment - Bathroom Area:

There is approximately 32 square feet of floor cover material (sheet goods) in the kitchen that contains 20% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 5, Sample #17-3026-37.



Northeast Environmental
Testing Laboratory, Inc.

472 Smith Street Providence, Rhode Island 02908

(401) 454-3400

Certificate of Analysis

Dept. of Planning & Development
City of Woonsocket
City Hall 169 Main Street
P.O. Box B
Woonsocket, Rhode Island 02895-4379
ATTN: Tom Koback,
Construction Supervisor

Invoice #: 17-3026
P.O.#:
Date Received: 3-06-17
Date Reported: 3-15-17

Sample Description: 38 bulk samples collected.

Sample Location: 707-709 Park Avenue, Woonsocket, RI (3-06-17)

As requested, the above samples have been analyzed with the following results:

SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3026-1	1 st Floor Apt. Rear - Kitchen	Floor Cover-Sheet Goods Brown/Tan Stone Pattern	Asbestos	15% Chrysotile Asbestos
17-3026-2	1 st Floor Apt. Rear - Kitchen	Mastic on Floor Cover - Yellow	Asbestos	No Asbestos Detected
17-3026-3	1 st Floor Apt. Rear - Kitchen	Vinyl Baseboard - Brown	Asbestos	No Asbestos Detected
17-3026-4	1 st Floor Apt. Rear - Kitchen	Mastic on Baseboard	Asbestos	No Asbestos Detected
17-3026-5	1 st Floor Apt. Rear-Bedroom #1	Spline Ceiling Panel (12 in.)	Asbestos	No Asbestos Detected
17-3026-6	1 st Floor Apt. Rear-Bedroom #2	Spline Ceiling Panel (12 in.)	Asbestos	No Asbestos Detected
17-3026-7	1 st Floor Apt. Rear - Kitchen	Suspended Ceiling Tile (2' x 4')	Asbestos	No Asbestos Detected
17-3026-8	1 st Floor Apt. Rear - Bathroom	Floor Cover-Sheet Goods Tan Marble Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-9	1 st Floor Apt. Front - Kitchen	Floor Cover-Sheet Goods Lt. Brown Tile Pattern	Asbestos	No Asbestos Detected
17-3026-10	1 st Floor Apt. Front - Kitchen	Vinyl Baseboard - Brown	Asbestos	No Asbestos Detected
17-3026-11	1 st Floor Apt. Front - Kitchen	Mastic on Floor Cover Yellow	Asbestos	No Asbestos Detected

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 Invoice #17-3026
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 City of Woonsocket
 RE: 707-709 Park Avenue
 Woonsocket, RI


SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3026-13	2 nd Floor Apt.- Front – Kitchen	Floor Cover – Sheet Goods Yellow/tan Stone Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-14	2 nd Floor Apt.- Front – Kitchen	Mastic on Floor Cover – Yellow	Asbestos	No Asbestos Detected
17-3026-15	2 nd Floor Apt.- Front – Kitchen	Spline Ceiling Tile (12 in.)	Asbestos	No Asbestos Detected
17-3026-16	2 nd Floor Apt.- Front – Kitchen	Vinyl Baseboard – Brown	Asbestos	No Asbestos Detected
17-3026-17	2 nd Floor Apt.- Front – Kitchen	Mastic on Baseboard – Lt. Brown	Asbestos	No Asbestos Detected
17-3026-18	2 nd Floor Apt.- Rear – Kitchen	Floor Cover – Sheet Goods Gold/Brown Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-19	2 nd Floor Apt.- Rear – Kitchen	Mastic on Floor Cover – Yellow	Asbestos	No Asbestos Detected
17-3026-20	2 nd Floor Apt.- Rear – Kitchen	Vinyl Baseboard – Brown	Asbestos	No Asbestos Detected
17-3026-21	2 nd Floor Apt.- Rear – Kitchen	Mastic on Baseboard	Asbestos	No Asbestos Detected
17-3026-22	2 nd Floor Apt.- Rear–Bathroom	Floor Cover–Sheet Goods Tan Marble Pattern	Asbestos	No Asbestos Detected
17-3026-23	2 nd Floor Apt.- Rear–Bathroom	Mastic on Floor Cover	Asbestos	No Asbestos Detected
17-3026-24	3 rd Floor Apt. Front - Kitchen	Floor Cover–Sheet Goods Yellow/Brown Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-25	3 rd Floor Apt. Front - Kitchen	Mastic on Floor Cover - Yellow	Asbestos	No Asbestos Detected
17-3026-26	3 rd Floor Apt. Front - Kitchen	Spline Ceiling Tile (12 in.)	Asbestos	No Asbestos Detected
17-3026-27	3 rd Floor Apt. Front - Kitchen	Wall Cavity Blown-In Insulation	Asbestos	No Asbestos Detected
17-3026-28	3 rd Floor Apt. Rear - Kitchen	Floor Cover – Sheet Goods Tan Marble Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-29	3 rd Floor Apt. Rear - Kitchen	Mastic on Floor Cover – Yellow	Asbestos	No Asbestos Detected
17-3026-30	3 rd Floor Apt. Rear - Bedroom	Suspended Ceiling Tile (2 x 4')	Asbestos	No Asbestos Detected


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 Invoice #17-3026
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 City of Woonsocket
 RE: 707-709 Park Avenue
 Woonsocket, RI

SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3026-31	Exterior Roof	Asphalt Roof Shingle	Asbestos	No Asbestos Detected
17-3026-32	Exterior Roof	Roof Felt	Asbestos	No Asbestos Detected
17-3026-33	Basement Apt. - Kitchen	Floor Cover - Tile (12 in.) Off White	Asbestos	No Asbestos Detected
17-3026-34	Basement Apt. - Kitchen	Mastic on Floor Tile - Yellow	Asbestos	No Asbestos Detected
17-3026-35	Basement Apt. - Kitchen	Baseboard (Vinyl) Off White	Asbestos	No Asbestos Detected
17-3026-36	Basement Apt. - Kitchen	Mastic on Baseboard - Clear	Asbestos	No Asbestos Detected
17-3026-37	Basement Apt. Bathroom	Floor Cover - Sheet Goods Gray Brick Pattern	Asbestos	20% Chrysotile Asbestos
17-3026-38	Basement Apt. Bathroom	Mastic on Floor Cover - Yellow	Asbestos	No Asbestos Detected

Analyses for asbestos (bulk samples) were performed by
 AmeriSci Richmond, 13635 Genito Road, Midlothian, VA 23112

Please see attached AmeriSci Asbestos report.


 Raymond A. Spinella
 President/Co-Director


 Joseph J. Spinella
 Co-Director

clf



AmeriSci Richmond
13635 GENITO ROAD
MIDLOTHIAN, VIRGINIA 23112
TEL: (804) 763-1200 • FAX: (804) 763-1800

PLM Bulk Asbestos Report

Northeast Environmental Testing Labor
Attn: Raymond Spinella
472 Smith Street
Providence, RI 02908

Date Received 03/08/17
Date Examined 03/10/17

AmeriSci Job # 117031356
P.O. #
Page 1 of 7

RE: 17-3026; City Of Woonsocket; 707-709 Park Ave
Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-1	117031356-01	Yes	15 %
Location: 1st Floor Apt - Rear Kitchen; Floor Cover - Sheet Goods - Brown/Tan Stone Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Multi-Colored, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types: Chrysotile 15.0 %			
Other Material: Cellulose 5 %, Non-fibrous 80 %			
17-3026-2	117031356-02	No	NAD
Location: 1st Floor Apt - Rear Kitchen; Mastic On Floor Cover - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-3	117031356-03	No	NAD
Location: 1st Floor Apt - Rear Kitchen; Vinyl Baseboard - Brown			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-4	117031356-04	No	NAD
Location: 1st Floor Apt - Rear Kitchen; Mastic On Baseboard			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Transparent Yellow, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 2 %, Non-fibrous 98 %			
17-3026-5	117031356-05	No	NAD
Location: 1st Floor Apt - Rear - Bedroom #2; Spline Ceiling Panel (12in((by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-6	117031356-06	No	NAD
Location: 1st Floor Apt - Rear - Bedroom #1; Spline Ceiling Panel (12in)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-7	117031356-07	No	NAD
Location: 1st Floor Apt - Rear - Kitchen; Suspended Ceiling Tile (2x4)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-8	117031356-08	Yes	20 %
Location: 1st Floor Apt - Rear - Kitchen; Floor Cover - Sheet Goods - Tan Marble Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan/Brown, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types: Chrysotile 20.0 %			
Other Material: Cellulose 5 %, Non-fibrous 75 %			
17-3026-9	117031356-09	No	NAD
Location: 1st Floor Apt - Front - Kitchen; Floor Cover - Sheet Goods - Lt Brown Tile Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/Tan, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 30 %, Non-fibrous 70 %			
17-3026-10	117031356-10	No	NAD
Location: 1st Floor Apt - Front - Kitchen; Vinyl Baseboard - Brown			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-11	117031356-11	No	NAD
Location: 1st Floor Apt - Front - Kitchen; Mastic On Baseboard - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-12	117031356-12	No	NAD
Location: 1st Floor Apt - Front - Bedroom; Spline Ceiling Tile (12in)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-13	117031356-13	Yes	20 %
Location: 2nd Floor Apt Front - Kitchen; Floor Cover - Sheet Goods - Brown/Tan Stone Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan/Brown/Beige, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types: Chrysotile 20.0 %			
Other Material: Cellulose 5 %, Non-fibrous 75 %			
17-3026-14	117031356-14	No	NAD
Location: 2nd Floor Apt Front - Kitchen; Mastic On Floor Cover - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-15	117031356-15	No	NAD
Location: 2nd Floor Apt Front - Kitchen; Spline Ceiling Tile (12in)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-16	117031356-16	No	NAD
Location: 2nd Floor Apt Front - Kitchen; Vinyl Baseboard - Brown			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-17	117031356-17	No	NAD
Location: 2nd Floor Apt Front - Kitchen; Mastic On Baseboard - Lt Brown			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-18	117031356-18	Yes	20 %
Location: 2nd Floor Apt Rear - Kitchen; Floor Cover - Sheet Goods - Gold/Brown Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Chrysotile 20.0 % Other Material: Non-fibrous 80 %			
17-3026-19	117031356-19	No	NAD
Location: 2nd Floor Apt Rear - Kitchen; Mastic On Floor Cove - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Beige, Homogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			
17-3026-20	117031356-20	No	NAD
Location: 2nd Floor Apt Rear - Kitchen; Vinyl Baseboard - Brown			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			
17-3026-21	117031356-21	No	NAD
Location: 2nd Floor Apt Rear - Kitchen; Mastic On Baseboard			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Homogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			
17-3026-22	117031356-22	No	NAD
Location: 2nd Floor Apt Rear - Bathroom; Floor Cover - Sheet Goods - Tan Marble Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 15 %, Fibrous glass 5 %, Non-fibrous 80 %			
17-3026-23	117031356-23	No	NAD
Location: 2nd Floor Apt Rear - Bathroom; Mastic On Floor Cover			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-24	117031356-24	Yes	20 %
Location: 3rd Floor Apt Front - Kitchen; Floor Cover - Sheet Goods - Yellow/Brown Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan/Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Chrysotile 20.0 % Other Material: Cellulose 5 %, Non-fibrous 76 %			
17-3026-25	117031356-25	No	NAD
Location: 3rd Floor Apt Front - Kitchen; Mastic On Floor Cover - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 2 %, Non-fibrous 98 %			
17-3026-26	117031356-26	No	NAD
Location: 3rd Floor Apt Front - Kitchen; Spline Ceiling Tile (12in)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-27	117031356-27	No	NAD
Location: 3rd Floor Apt Front - Kitchen; Wall Cavity Blown-In Insulation			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 90 %, Fibrous glass 5 %, Non-fibrous 5 %			
17-3026-28	117031356-28	Yes	20 %
Location: 3rd Floor Apt Rear - Kitchen; Floor Cover - Sheet Goods - Tan Marble Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan/Brown/Beige, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Chrysotile 20.0 % Other Material: Non-fibrous 80 %			
17-3026-29	117031356-29	No	NAD
Location: 3rd Floor Apt Rear - Kitchen; Mastic On Floor Cover - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-30	117031356-30	No	NAD
Location: 3rd Floor Apt Rear - Bedroom; Suspended Ceiling Tile (2x4)			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown/White, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3026-31	117031356-31	No	NAD
Location: Exterior Roof; Asphalt Roof Shingle			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Black, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 25 %, Non-fibrous 75 %			
17-3026-32	117031356-32	No	NAD
Location: Exterior Roof; Roof Felt			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Black, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Synthetic fibers 35 %, Non-fibrous 30 %			
17-3026-33	117031356-33	No	NAD
Location: Basement Apt - Kitchen; Floor Cover - Tile (12in) Off Whl			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Gray, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			
17-3026-34	117031356-34	No	NAD
Location: Basement Apt - Kitchen; Mastic On FT - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Tan, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 2 %, Non-fibrous 98 %			
17-3026-35	117031356-35	No	NAD
Location: Basement Apt - Kitchen; Baseboard (Vinyl) Off White			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Off White, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Non-fibrous 100 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3026; City Of Woonsocket; 707-709 Park Ave Woonsocket,
RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3026-36	117031356-36	No	NAD
Location: Basement Apt - Kitchen; Mastic On Baseboard - Clear			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Beige, Homogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 2 %, Non-fibrous 98 %			
17-3026-37	117031356-37	Yes	20 %
Location: Basement Apt - Bathroom; Floor Cover - Sheet Goods - Gray Brick Pattern			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Gray/Brown, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types: Chrysotile 20.0 %			
Other Material: Non-fibrous 80 %			
17-3026-38	117031356-38	No	NAD
Location: Basement Apt - Bathroom; Mastic On Floor Cover - Yellow			(by CVES) by John S. Shearwood on 03/10/17
Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 2 %, Non-fibrous 98 %			

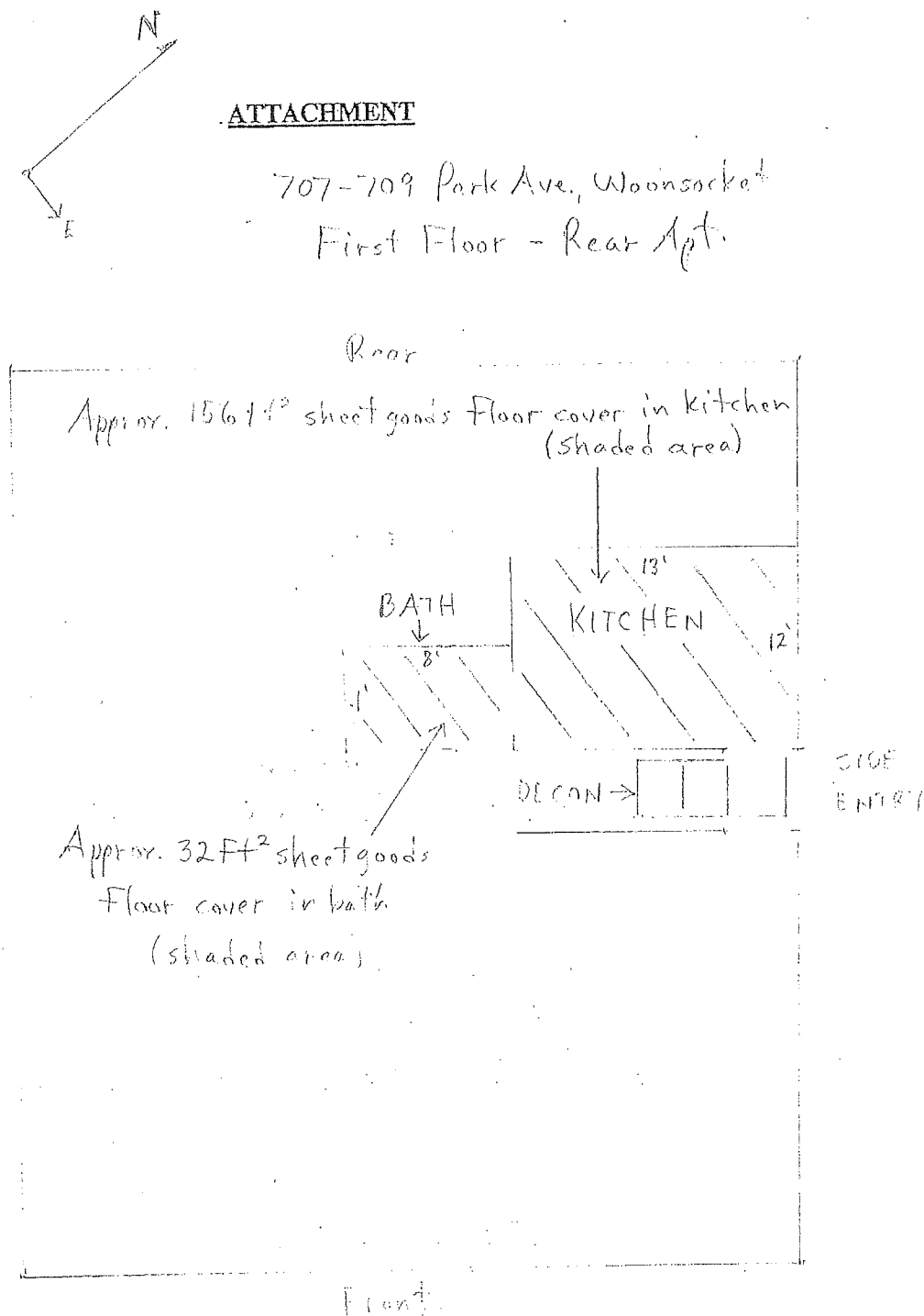
Reporting Notes:

Analyzed by: John S. Shearwood *John Shearwood* Date 3/10/17
 *NAD = no asbestos detected, Detection Limit <1%, Reporting Limits: CVES = 1%, 400 Pt Ct = 0.25%, 1000 Pt Ct = 0.1%; "Present" or NVA = "No Visible Asbestos" are observations made during a qualitative analysis; NA = not analyzed; NA/PS = not analyzed / positive stop; PLM Bulk Asbestos Analysis by EPA 600/R-93/116 per 40 CFR 763 (NVLAP Lab Code 101904-0) and ELAP PLM Analysis Protocol 198.1 for New York friable samples which includes quantitation of any vermiculite observed (198.6 for NOB samples) or EPA 400 pt ct by EPA 600/M4-82-020 (NYSDOH ELAP Lab # 10984); CA ELAP Lab # 2508; Note: PLM is not consistently reliable in detecting asbestos in floor coverings and similar NOB materials. NAD or Trace results by PLM are inconclusive, TEM is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos-containing in New York State (also see EPA Advisory for floor tile, FR 59, 146, 38970, 8/1/94). NIST Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. This PLM report relates ONLY to the items tested.
 Reviewed By: *John Shearwood*

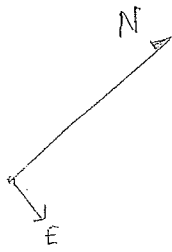
ITEM 3

ATTACHMENT

707-709 Park Ave., Woonsocket
First Floor - Rear Apt.

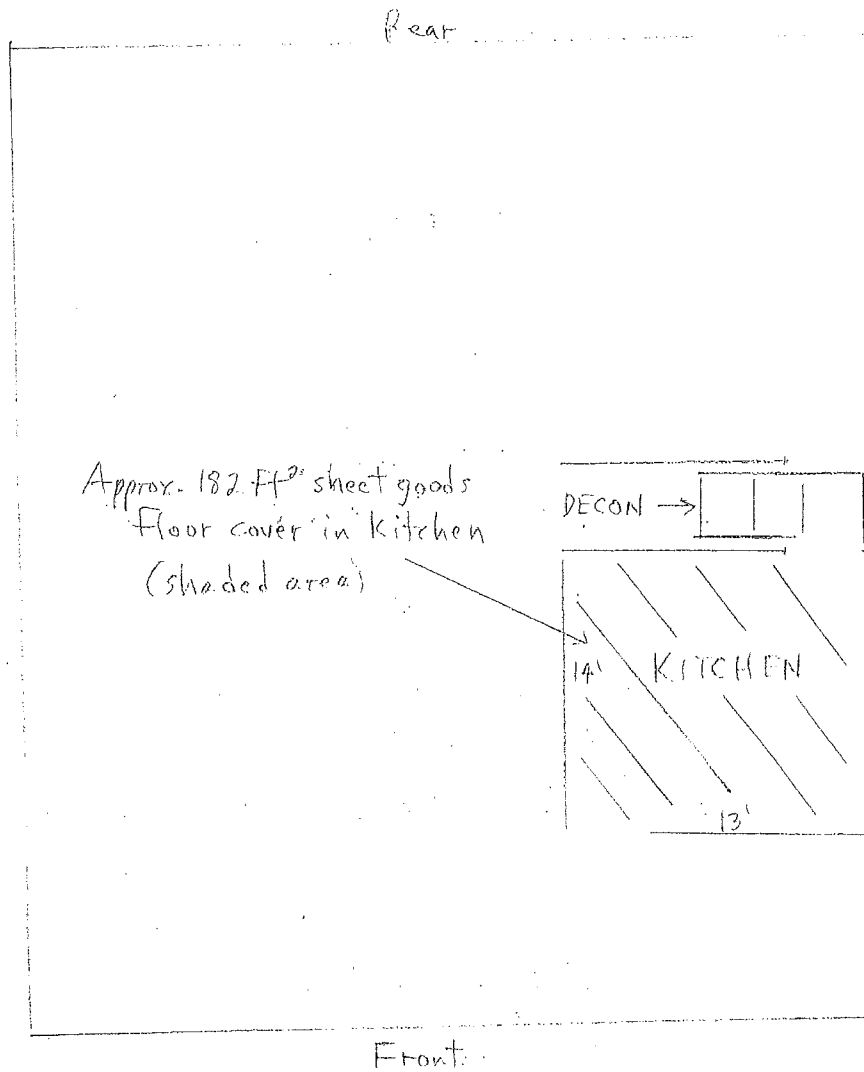


ITEM 3

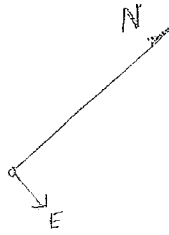


ATTACHMENT

707-709 Park Ave., Woonsocket
Second Floor - Front Apt.



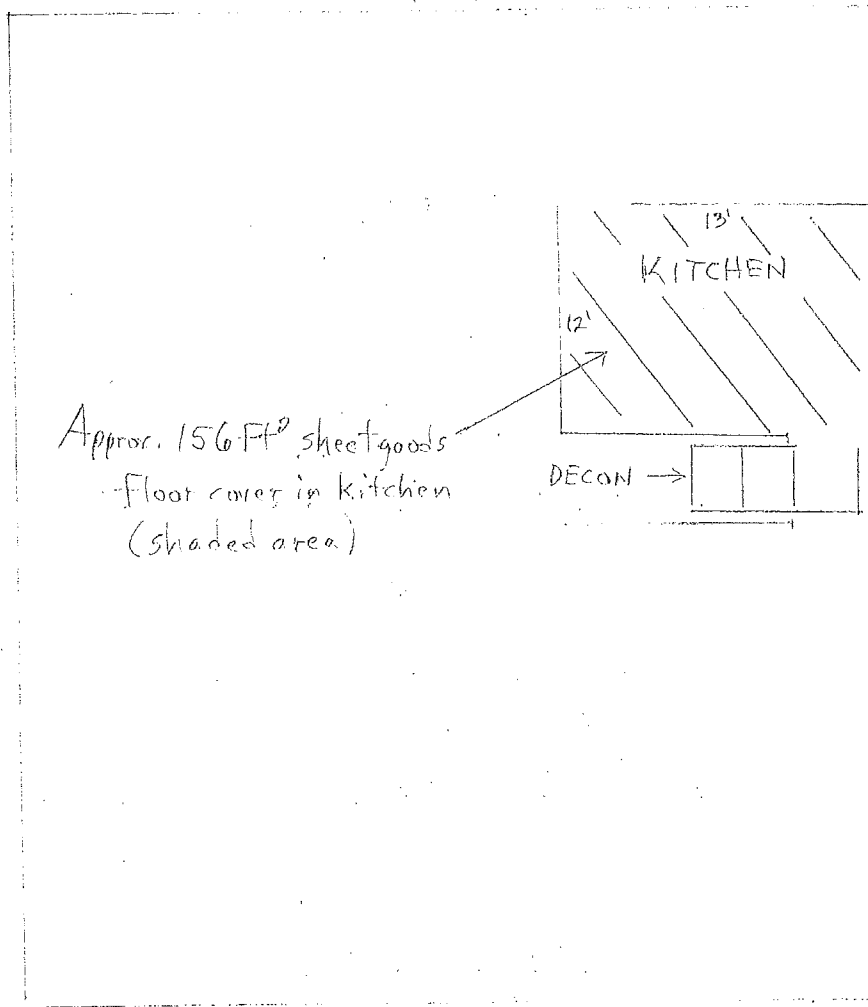
ITEM 3



ATTACHMENT

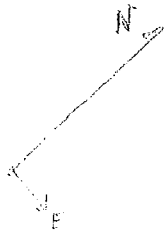
707-709 Park Ave., Woonsocket
Second Floor - Rear Apt.

Rear



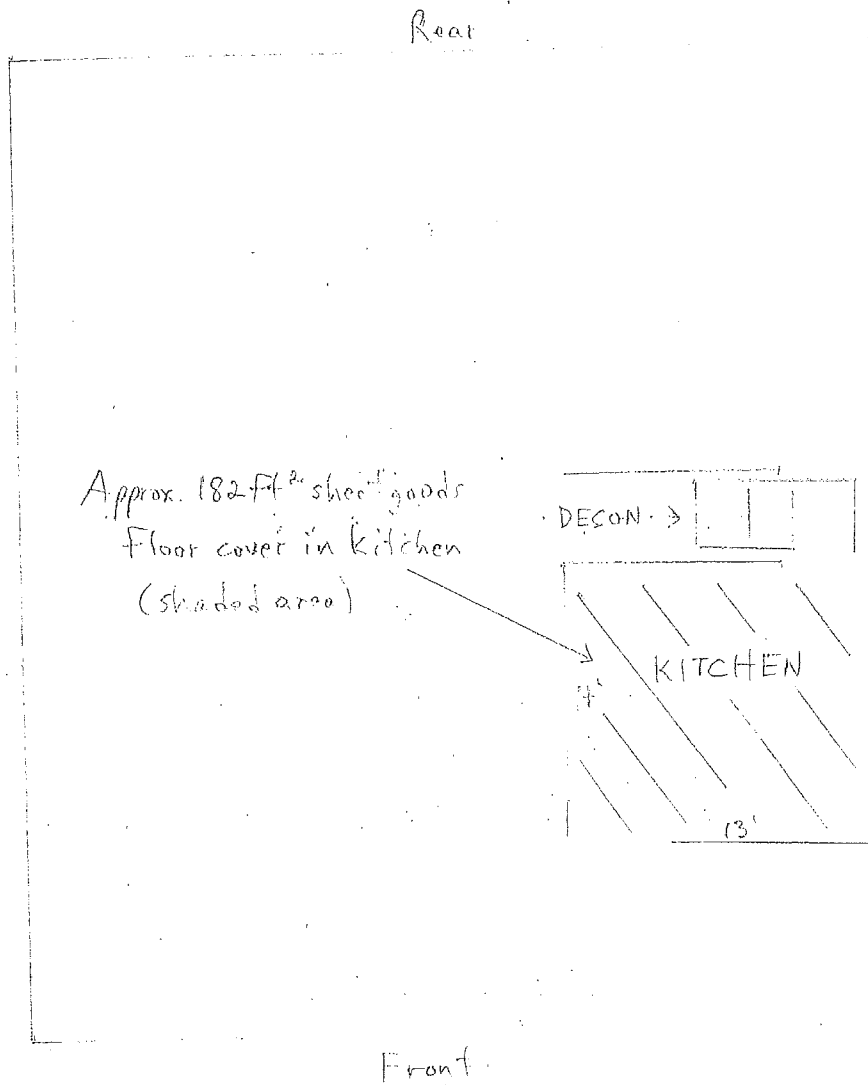
Front

ITEM 3



ATTACHMENT

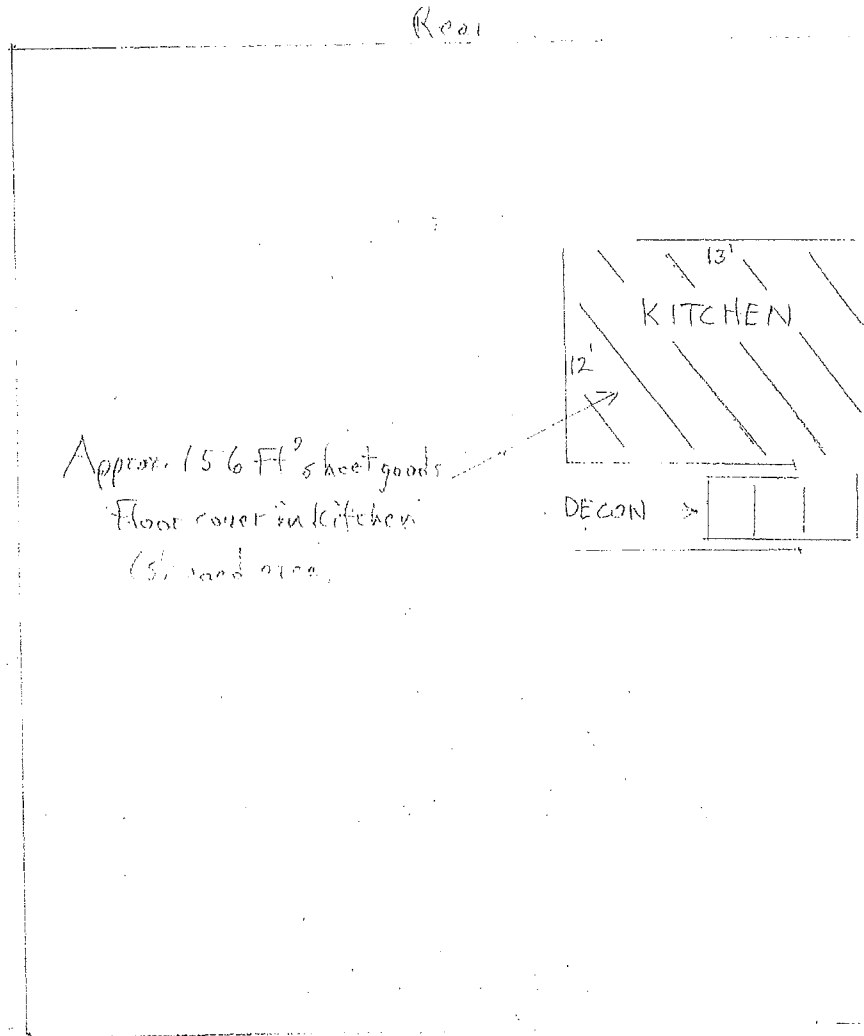
707-709 Park Ave, Woonsocket
This Floor - Front Apt.



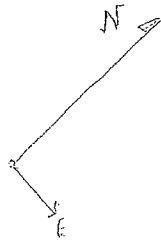
ITEM 3

ATTACHMENT

707-709 Park Ave. Woonsocket
Third Floor - Rear Apt.

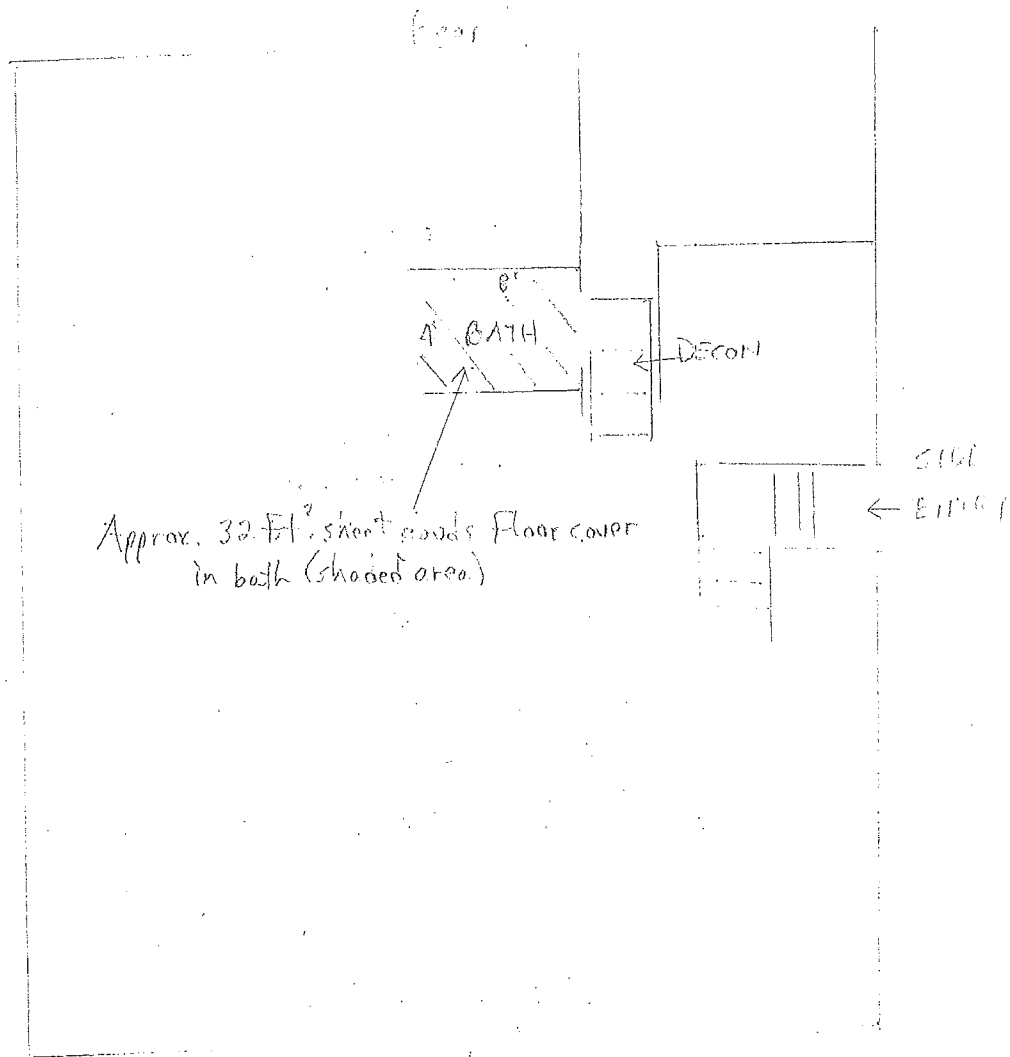


ITEM 3



ATTACHMENT

707-709 Park Ave., Woonsocket
Basement - App.



Front
Page 18

NOT DRAWN TO SCALE

ATTACHMENT

ITEM 4A

Interim Operations & Maintenance Plan

The scope of the project is to abate (remove) floor covering material (sheet goods) in the first, second, third floors and basement areas. Prior to demolition the material has been tested and confirmed as ACM (Asbestos-Containing Materials). The contractor's, maintenance personnel and staff associated with the demolition project are aware of the presence and location of ACBM within the above stated areas. They have been instructed not to disturb the materials due to the potential health hazards if fibers become airborne.

1. Notification

All building occupants, also any contractors entering the building and/or premises to perform work, shall be notified of the presence and location of asbestos-containing material(s) and cautioned regarding disturbance of the material(s). Also, the building occupants must be notified regarding the occurrence of asbestos abatement activities. If an emergency fiber release occurs, the following procedures shall be initiated.

2. Fiber Release Episodes

A. Minor Release Episode

If a minor fiber release episode occurs (release of less than 3 linear feet or 3 square feet of material), trained maintenance staff may perform the cleaning. Access to the area shall be restricted during clean up. All debris shall be thoroughly wetted using amended water and placed in labeled, double six-mil polyethylene bags. The area shall then be cleaned using HEPA filtered vacuums and/or wet cleaning methods. Damaged material must be cleaned and repaired with non-asbestos-containing material. The area shall then be evaluated to decide if further action is necessary.

B. Major Release Episode

If a major fiber release episode occurs (falling or dislodging of more than 3 linear feet or 3 square feet of ACBM), the cleaning must be carried out and directed by persons accredited to conduct and design response actions. After such an episode, the area shall be immediately restricted and entry to the area prevented. Warning signs shall be posted to caution people other than those qualified to deal with the problem. Air handling units in the area shall be shut down to prevent the spread of fibers beyond the problem area. A response action shall be designed and carried out by qualified personnel.

3. Training

Any employee who, because of their work, may disturb asbestos-containing material shall be trained and certified as a Competent Person as described by the R.I. Rules and Regulations for Asbestos Control. The program coordinator shall ensure that the procedures described above to protect the building occupants shall be followed for any operations and maintenance activities disturbing or involving ACBM.

ATTACHMENT

ITEM 4C

A waiver of all sampling (Pre-Abatement Air Sampling – Form ASB-16, Item 14; In-Process Air Sampling – Form ASB-16, Item 17; and Clearance Air Sampling – Section B.8.2. – Form ASB-116, Item 17) is hereby requested as the structure will not be reoccupied but shall be demolished as soon as abatement activities are completed.

In lieu of the above, personnel air sampling shall be conducted during all Phases of the project. These samples shall be done on a continuous basis during all removal operations.

Copies of the laboratory reports shall be submitted by the abatement contractor to the Department of Health at the conclusion of the project for permanent records.

Floor Poly: It is hereby requested that floor poly be waived where floor covering is to be removed.

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
109 East School Street, Plat 20C, Lot 110

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.

DESCRIPTION

TOTALS

Disconnection of all utilities (water, sewer, gas, electric, cable)
necessary to obtain demolition permit.

\$ _____

Asbestos abatement (include \$75.00 for post abatement inspection)

\$ _____

Complete demolition of a three family wood framed
building, three stories high. (structure is 28' x 38' with an 12' x 14'
bumpout)

Removal and proper disposal of all building materials, building
components, foundation walls and all contents within the structure
and on the property. Oil tank shall be disposed in an environmentally
safe manner.

\$ _____

Special Provisions:

The section of retaining wall at the left & front sides are to remain. The chain
link fence at the left side shall remain.

The driveway, front walk and chain link fencing at the front side are to be removed.

Miscellaneous materials, as approved

cost plus 10%

Police detail, as approved

cost plus 10%

TOTAL PRICE:

\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
109 East School Street, Plat 20C, Lot 110

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.

DESCRIPTION

TOTALS

Disconnection of all utilities (water, sewer, gas, electric, cable)
necessary to obtain demolition permit.

\$ _____

Asbestos abatement (include \$75.00 for post abatement inspection)

\$ _____

Complete demolition of a three family wood framed
building, three stories high. (structure is 28' x 38' with an 12' x 14'
bumpout)

\$ _____

Removal and proper disposal of all building materials, building
components, foundation walls and all contents within the structure
and on the property. Oil tank shall be disposed in an environmentally
safe manner.

See Estimate Provisions

Special Provisions:

The sections of retaining wall at the left & front sides are to remain. The chain
link fence at the left side shall remain.

The front walk and chain link fencing at the front side are to be removed.

Miscellaneous materials, as approved

cost plus 10%

Police detail, as approved

cost plus 10%

TOTAL PRICE:

\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

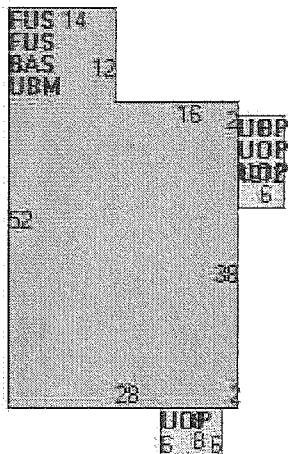
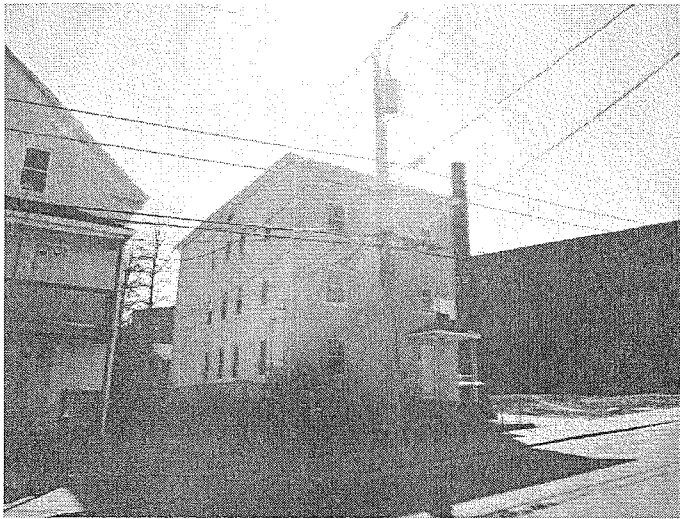
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

109 EAST SCHOOL STREET



Asbestos Abatement Plan

for

Department of Planning & Development

City of Woonsocket, Rhode Island

City Hall, 169 Main Street

P.O. Box B

Woonsocket, Rhode Island 02895

at

Residential Structure

(Three-Story House)

located at

109 East School Street

Woonsocket, Rhode Island 02895

Prepared by:

*NORTHEAST ENVIRONMENTAL TESTING
LABORATORY, INC.*

472 Smith Street

Providence, Rhode Island 02908

(401) 454-3400

March, 2017

RHODE ISLAND DEPARTMENT OF HEALTH
NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: Residential Structure (Three-Story House)
Address: 109 East School Street
City/Town: Woonsocket Zip: 02895 Amendment Phase No: _____
Abatement Plan Written By: Raymond A. Spinella Certification No: AAC-227PD
Summary of specific waivers/variances being requested: All air sampling, Section B.8.2.p.,
and Form ASB-16, Items 14 and 17; See Attachment, Page 10, Item 4C.

Type of Asbestos Abatement () Removal () Enclosure () Encapsulation
(X) Demolition () Glovebag () Asphalt Roofing
() Other (specify) _____

Is this plan being submitted in response to a Notice of Violation and/or a Notice of Requirement
to Submit an Asbestos Abatement Plan? () Yes (X) No

If yes, Indicate Notice/Building Evaluation No(s): _____
Contractor: To Be Selected License No: LAC-
Estimated Starting Date: ASAP

Pre-Abatement Sampling Information

Bulk Samples Collected By: Raymond A. Spinella Certification No: AAC-227IS
Bulk Samples Analyzed By: AmeriSci Richmond Certification No: AAL-122
Air Samples Analyzed By: NA Certification No: AAL-

Clearance Air Sampling Information

Air Samples to be Collected By: NA
Air Samples Analyzed By: NA Certification No: AAL-

CERTIFICATION

I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Section 23-24.5-6 of the RI Asbestos Control Act and Parts A and C of the RI Rules and Regulations for Asbestos Control; all abatement/management activities performed in conjunction with this plan must be in compliance with the specifications prescribed in this plan (when approved) and the most current revision of all applicable federal and state regulations; and the asbestos abatement/management activities described in this plan must be performed by a RI licensed asbestos abatement contractor.

Certified by: N. David Bailey Title: Director, DPH
(Signature of Building Owner or Agent)

N. David Bailey Date: March 24, 2017
(Typed/Printed Name of Certifier)

Subscribed and sworn before me this 24th day of March, 2017

Russell T. Greenberg My Commission Expires: 12/1/19
(Notary Public)

AFFIX NOTARY SEAL HERE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

City of Woonsocket

3. Building Owner's Mailing Address and
Telephone Number:

Street: City Hall - 169 Main Street

P.O. Box B

City/Town: Woonsocket

Zip: 02895

Telephone No.: (401) 767-9233

(Area Code, No., Ext.)

2. Application Prepared By:

Raymond A. Spinella

RI certification No: AAC-227PD

Telephone No: (401) 454-3400

(Area code, No., Ext.)

4. Person to be contacted regarding this
application:

Name: Mr. Tom Koback

Telephone No: (401) 767-9233

(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): Residential Structure (Three-Story House)

Street: 109 East School Street

City/Town: Woonsocket

Zip: 02895

6. Is this application being submitted in response to a "Notice of Requirement to Submit an
Asbestos Abatement plan"? () Yes (X) No

If Yes, what is the due date for submittal of Abatement plan? _____

(Mo.) (Day) (Yr.)

Evaluation Number on the Notice: _____

7. Contractor who will be performing abatement work (if selected):

Name: To Be Selected

R.I. License No.: _____

8. Estimated Starting Date of Abatement Work: A.S.A.P.
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: 1-2 Days
(Month) (Day) (Year)

10. Type of Asbestos Abatement: (Check all that apply)
☐ Removal ☐ Enclosure
☐ Encapsulation ☒ Demolition
☐ Operations and Maintenance Only
☐ Other (Specify) _____

11. Type of Building: ☐ School
☒ Privately Owned Building
☐ Publicly Owned Building
☐ Residence
☐ Other (Specify) _____

12. Building Access: ☐ Public Access ($\geq 25\%$ of Building Area)
☐ Limited Public Access ($< 25\%$ of Building Area)
☒ No Public Access VACANT

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: Raymond A. Spinella RI Certification No.: AAC-227IS

B). Sampling Methodology:

☐ EPA AHERA Sampling requirements [40 CFR 763.86].

☒ EPA's Asbestos Containing Material in School Buildings: A Guidance Document (EPA-405/2-78-014) or Guidance for Controlling Asbestos Containing Materials -- 1985 Edition (EPA-560-5-85-024)

☐ Other (Specify) _____

C). Laboratory performing the analysis of the bulk samples

Name: AmeriSci Richmond RI Certification No.: AAL-122

D). Analytical Methodology:

☒ EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples [PLM method only].

☐ Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis: Waiver Requested

See Attachment, Page 10, Item 4C

A). Person collecting pre-abatement air samples:

Name: N/A Affiliation: _____

B). Laboratory performing analysis of pre-abatement air samples.

Name: N/A RI Certification No: AAL-

C). Methodology used in the collection and analysis of pre-abatement samples:

() NIOSH Method 7400 [Most Current Revision]

() OSHA 29 CFR 1926.1101 – Appendix A & B

() Other (Specify) _____

-
15. A. Indicate how the regulated asbestos containing material (RACM) will be removed from the abatement site. If a hauler or broker will be used to transport the RACM to a disposal site, they must also be identified.

To be determined by contractor.

- B. Provide the name and location of the authorized asbestos waste facility to which the removed material will be transferred for disposal (if known).

To be determined by contractor.

-
16. Person designated as compliance monitor for abatement work. [NOT REQUIRED]

Name: N/A

Affiliation: _____

17. In-Process & Clearance Air Sampling: **Waiver Requested**
See Attachment, Page 10, Item 4C

- A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.
- B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.
- C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.
- D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceeded during final clearance testing.

18. A separate and fully completed Form ASB-16A must be submitted for each area to be abated. List below the entry in Item 1 from each attached ASB-16A.

A. Second Floor – Hallway/Stairwell, Kitchen Closet Areas, See Attachment

19. I certify that this plan was prepared by me and I am responsible for its content.

Signature: Raymond A. Spinelli Date 3-23-17
(Month) (Day) (Year)

Affiliation: Northeast Environmental Testing Laboratory, Inc.

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- | | |
|--|--------------|
| () Operation & Maintenance Only | \$ 75 |
| (X) Up to One (1) NESHAP Unit | <u>\$ 75</u> |
| () Between One (1) & Ten (10) NESHAP Units | \$ 300 |
| () Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| () Over Fifty (50) NASHAP Units | \$ 900 |
-

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 109 East School Street, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

A.) Second Floor – Hallway/Stairwell, Kitchen Closet Areas, See Attachment, Page 1, Item 1

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 1, Item 2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 8, Item 3

(4) PROPOSED REMEDIES:

A). Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 9, Item 4A

(4) PROPOSED REMEDIES (cont.):

B). Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C). Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 10, Item 4C

D). Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E). Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY

ATTACHMENT

ITEM 1.

The City of Woonsocket intends to demolish the existing Residential Structure on the property.

Personnel of Northeast Environmental Testing Laboratory, Inc. conducted an inspection on Monday, March 13, 2017 for visible suspect/apparent Asbestos Containing Building Materials (ACBM). Bulk samples were collected for analysis to confirm the presence/absence of ACBM.

This abatement plan addresses the abatement of all presently known ACBM prior to demolition.

If during the abatement/demolition project additional suspect or apparent ACM is found, proper methods in accordance with all Federal and Rhode Island regulations shall be utilized to remove and dispose of the material. In addition, the Department of Health shall be notified of the type, location, and quantities of material to be removed and an amendment of the original plan prepared and submitted with fee to the Department of Health.

ITEM 2. A. Second Floor – Hallway/Stairwell, Kitchen Closet Areas:

There is approximately 30 square feet of floor cover material (sheet goods) in the second floor hallway/stairwell that contains 17% Chrysotile Asbestos. There is also 6 square feet of floor cover material (sheet goods) (bottom layer) in the kitchen closet that contains 17% Chrysotile Asbestos. The condition of both materials is good to fair.

See copy of Laboratory Analysis Report on Page 2, Sample #17-3084-9 and -12.



Northeast Environmental
Testing Laboratory, Inc.

472 Smith Street Providence, Rhode Island 02908

(401) 454-3400

Certificate of Analysis

Dept. of Planning & Development
City of Woonsocket
City Hall 169 Main Street
P.O. Box B
Woonsocket, Rhode Island 02895-4379
ATTN: Tom Koback, Const. Supervisor

Invoice #: 17-3084
P.O.#:
Date Received: 3-13-17
Date Reported: 3-22-17

Sample Description: 20 bulk samples collected.

Sample Location: 109 East School Street, Woonsocket, RI (3-13-17)

As requested, the above samples have been analyzed with the following results:

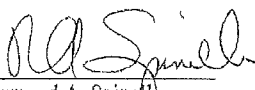
SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3084-1	1 st Floor - Kitchen (Bottom Layer)	Floor Cover-Sheet Goods Brown	Asbestos	No Asbestos Detected
17-3084-2	1 st Floor - Kitchen (Closet)	Floor Cover-Sheet Goods Tan w/Multi Color	Asbestos	No Asbestos Detected
17-3084-3	1 st Floor - Bedroom	Floor Cover-Sheet Goods Brown	Asbestos	No Asbestos Detected
17-3084-4	1 st Floor - Bedroom	Floor Cover-Sheet Goods Black Paper	Asbestos	No Asbestos Detected
17-3084-5	1 st Floor - Bedroom	Mastic on Floor Cover	Asbestos	No Asbestos Detected
17-3084-6	1 st Floor - Bedroom	Spline Ceiling Tile (12 in.)	Asbestos	No Asbestos Detected
17-3084-7	1 st Floor - Rear Hall	Floor Cover-Sheet Goods Brown	Asbestos	No Asbestos Detected
17-3084-8	1 st Floor - Rear Hall	Mastic on Floor Cover	Asbestos	No Asbestos Detected
17-3084-9	2 nd Floor Hallway/Stairwell	Floor Cover - Sheet Goods Tan/Beige	Asbestos	17% Chrysotile Asbestos
17-3084-10	2 nd Floor Hallway/Stairwell	Mastic of Floor Cover	Asbestos	No Asbestos Detected
17-3084-11	2 nd Floor - Kitchen (Closet)	Floor Cover - Sheet Goods Tan/Gold (Top Layer)	Asbestos	No Asbestos Detected
17-3084-12	2 nd Floor - Kitchen (Closet)	Floor Cover - Sheet Goods Tan/Brown ((Bottom Layer)	Asbestos	17% Chrysotile Asbestos

Page 2
 Invoice #17-3084
 Dept. of Planning & Development
 City of Woonsocket
 RE: 109 East School Street
 Woonsocket, RI

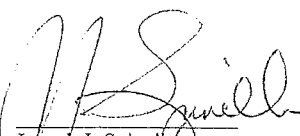
SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3084-13	2 nd Floor – Kitchen (Sink Closet)	Floor Cover – Sheet Goods Blue	Asbestos	No Asbestos Detected
17-3084-14	2 nd Floor – Bedroom (Closet)	Floor Cover – Sheet Goods Green/Yellow	Asbestos	No Asbestos Detected
17-3084-15	3 rd Floor – Kitchen (Closet)	Floor Cover – Sheet Goods Multi Green/White	Asbestos	No Asbestos Detected
17-3084-16	3 rd Floor – Bedroom (Closet)	Floor Cover – Sheet Goods Gray/Black	Asbestos	No Asbestos Detected
17-3084-17	3 rd Floor – Bedroom (Closet)	Floor Cover – Sheet Goods Gray/Pink, White	Asbestos	No Asbestos Detected
17-3084-18	3 rd Floor – Bedroom	Spline Ceiling Tile (12 in.)	Asbestos	No Asbestos Detected
17-3084-19	Exterior Siding	Asphalt Siding/Shingle	Asbestos	No Asbestos Detected
17-3084-20	Exterior Roof	Asphalt Shingle	Asbestos	No Asbestos Detected

Analyses for asbestos (bulk samples) were performed by
 AmeriSci Richmond, 13635 Genito Road, Midlothian, VA 23112

Please see attached AmeriSci Asbestos report.


 Raymond A. Spinella
 President/Co-Director

clf


 Joseph J. Spinella
 Co-Director



AmeriSci Richmond
13635 GENITO ROAD
MIDLOTHIAN, VIRGINIA 23112
TEL: (804) 763-1200 • FAX: (804) 763-1800

PLM Bulk Asbestos Report

Northeast Environmental Testing Labor
Attn: Raymond Spinella
472 Smith Street
Providence, RI 02908

Date Received 03/16/17
Date Examined 03/17/17

AmeriSci Job # 117031652
P.O. #
Page 1 of 4

RE: 17-3084; City Of Woonsocket; 109 East School St,
Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3084-1 Location: 1st Floor - Kitchen (Bottom Layer); Floor Cover - Sheet Goods - Brown Analyst Description: Black/Brown, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 65 %, Non-fibrous 35 %	117031652-01	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
17-3084-2 Location: 1st Floor - Kitchen (Closet); Floor Cover - Sheet Goods - Tan/Multi Color Analyst Description: Tan, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 35 %, Non-fibrous 65 %	117031652-02	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
17-3084-3 Location: 1st Floor - Bedroom; Floor Cover - Sheet Goods - Brown Analyst Description: Brown, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 65 %, Non-fibrous 35 %	117031652-03	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
17-3084-4 Location: 1st Floor - Bedroom; Floor Cover - Sheet Goods - Black Paper Analyst Description: Black, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 95 %, Non-fibrous 5 %	117031652-04	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
17-3084-5 Location: 1st Floor - Bedroom; Mattie On Floor Cover Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 4 %, Non-fibrous 96 %	117031652-05	No	NAD (by CVES) by David W. Raibovsky on 03/17/17

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3084; City Of Woonsocket; 109 East School St,
Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3084-6 Location: 1st Floor - Bedroom; Spine Ceiling Tile (12in)	117031652-06	No	NAD (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: White/Brown, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3084-7 Location: 1st Floor - Rearhall; Floor Cover - Sheet Goods - Brown	117031652-07	No	NAD (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Brown, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 35 %, Non-fibrous 65 %			
17-3084-8 Location: 1st Floor - Rearhall; Mastic On Floor Cover	117031652-08	No	NAD (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose Trace, Non-fibrous 100 %			
17-3084-9 Location: 2nd Floor - Hallway/Stairwell; Floor Cover - Sheet Goods - Tan/Belge	117031652-09	Yes	17 % (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Tan, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Chrysotile 17.0 % Other Material: Cellulose 5 %, Non-fibrous 78 %			
17-3084-10 Location: 2nd Floor - Hallway/Stairwell; Mastic On Floor Cover	117031652-10	No	NAD (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Brown, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose Trace, Non-fibrous 100 %			
17-3084-11 Location: 2nd Floor - Kitchen (Closet); Floor Cover - Sheet Goods - Tan/Gold (Top Layer)	117031652-11	No	NAD (by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Tan/Gold, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 35 %, Non-fibrous 65 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3084; City Of Woonsocket; 109 East School St,
Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3084-12	117031652-12	Yes	17 %
Location: 2nd Floor - Kitchen (Closet); Floor Cover - Sheet Goods - Tan/Brown (Bottom Layer)			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Tan/Brown, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types: Chrysotile 17.0 %			
Other Material: Cellulose 5 %, Non-fibrous 78 %			
17-3084-13	117031652-13	No	NAD
Location: 2nd Floor - Kitchen (Sink Closet); Floor Cover - Sheet Goods - Blue			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Blue, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Non-fibrous 65 %			
17-3084-14	117031652-14	No	NAD
Location: 2nd Floor - Bedroom (Closet); Floor Cover - Sheet Goods - Green/Yellow			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Green/Yellow, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Non-fibrous 65 %			
17-3084-15	117031652-15	No	NAD
Location: 3rd Floor - Kitchen (Closet); Floor Cover - Sheet Goods - Multi Green/White			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Green/White, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Non-fibrous 65 %			
17-3084-16	117031652-16	No	NAD
Location: 3rd Floor - Bedroom (Closet); Floor Cover - Sheet Goods - Gray/Black			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Gray/Black, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Non-fibrous 65 %			
17-3084-17	117031652-17	No	NAD
Location: 3rd Floor - Bedroom (Closet); Floor Cover - Sheet Goods - Gray/Pink, White			(by CVES) by David W. Ralbovsky on 03/17/17
Analyst Description: Gray/Pink, Heterogeneous, Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 35 %, Non-fibrous 65 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report17-3084; City Of Woonsocket; 109 East School St,
Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3084-18 Location: 3rd Floor - Bedroom; Splice Ceiling Tile (12In)	117031652-18	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
Analyst Description: White/Brown, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 95 %, Non-fibrous 5 %			
17-3084-19 Location: Exterior Siding; Asphalt Siding/Shingle	117031652-19	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
Analyst Description: Red/Black, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 15 %, Non-fibrous 85 %			
17-3084-20 Location: Exterior Roof; Asphalt Shingle	117031652-20	No	NAD (by CVES) by David W. Raibovsky on 03/17/17
Analyst Description: Brown/Black, Heterogeneous, Fibrous, Bulk Material Asbestos Types: Other Material: Fibrous glass 5 %, Non-fibrous 95 %			

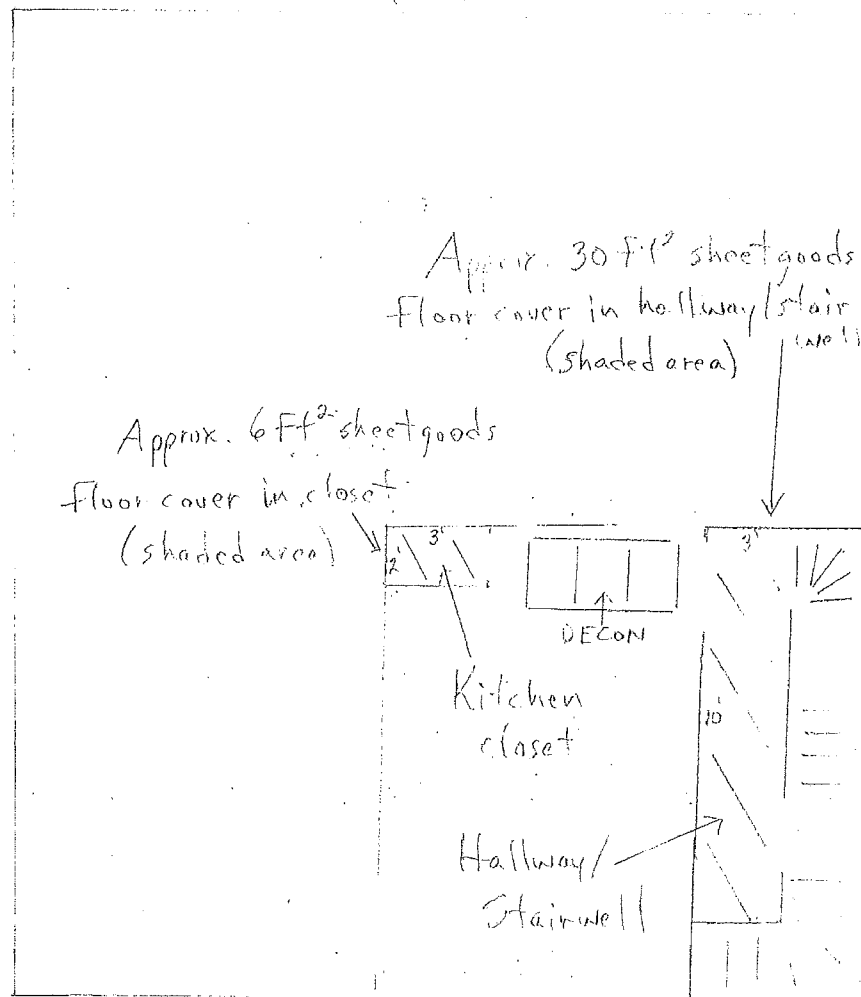
Reporting Notes:

Analyzed by: David W. Raibovsky *David W. Raibovsky* Date: 3/17/17
 *NAD = no asbestos detected, Detection Limit < 1%; Reporting Limits: CVES = 1%, 400 P/Ct = 0.25%, 1000 P/Ct = 0.1%; "Present" or NVA = "No Visible Asbestos" are observations made during a qualitative analysis; NA = not analyzed; N/A/P/S = not analyzed / positive stop; PLM Bulk Asbestos Analysis by EPA 600/R-93/118 per 40 CFR 763 (NVLAP Lab Code 101904-0) and ELAP PLM Analysis Protocol 198.1 for New York fitable samples which includes quantitation of any vermiculite observed (198.6 for NOB samples) or EPA 400 pl ct by EPA 600/M4-82-020 (NYSDOH ELAP Lab # 10984); CA ELAP Lab # 2608; Note: PLM is not consistently reliable in detecting asbestos in floor coverings and similar NOB materials. NAD or Trace results by PLM are inconclusive, TEM is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos-containing in New York State (also see EPA Advisory for floor tile, FR 69, 146, 38970, 8/1/94). NIST Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. This PLM report relates ONLY to the items tested.
 Reviewed By: *David W. Raibovsky*

ITEM 3

ATTACHMENT

109 East School Street, Woonsocket
Second Floor



ATTACHMENT

ITEM 4A

Interim Operations & Maintenance Plan

The scope of the project is to abate (remove) floor-covering material (sheet goods) in the second floor hallway/stairwell and kitchen closet areas. Prior to demolition the material has been tested and confirmed as ACM (Asbestos-Containing Materials). The contractor's, maintenance personnel and staff associated with the demolition project are aware of the presence and location of ACBM within the above stated areas. They have been instructed not to disturb the materials due to the potential health hazards if fibers become airborne.

1. Notification

All building occupants, also any contractors entering the building and/or premises to perform work, shall be notified of the presence and location of asbestos-containing material(s) and cautioned regarding disturbance of the material(s). Also, the building occupants must be notified regarding the occurrence of asbestos abatement activities. If an emergency fiber release occurs, the following procedures shall be initiated.

2. Fiber Release Episodes

A. Minor Release Episode

If a minor fiber release episode occurs (release of less than 3 linear feet or 3 square feet of material), trained maintenance staff may perform the cleaning. Access to the area shall be restricted during clean up. All debris shall be thoroughly wetted using amended water and placed in labeled, double six-mil polyethylene bags. The area shall then be cleaned using HEPA filtered vacuums and/or wet cleaning methods. Damaged material must be cleaned and repaired with non-asbestos-containing material. The area shall then be evaluated to decide if further action is necessary.

B. Major Release Episode

If a major fiber release episode occurs (falling or dislodging of more than 3 linear feet or 3 square feet of ACBM), the cleaning must be carried out and directed by persons accredited to conduct and design response actions. After such an episode, the area shall be immediately restricted and entry to the area prevented. Warning signs shall be posted to caution people other than those qualified to deal with the problem. Air handling units in the area shall be shut down to prevent the spread of fibers beyond the problem area. A response action shall be designed and carried out by qualified personnel.

3. Training

Any employee who, because of their work, may disturb asbestos-containing material shall be trained and certified as a Competent Person as described by the R.I. Rules and Regulations for Asbestos Control. The program coordinator shall ensure that the procedures described above to protect the building occupants shall be followed for any operations and maintenance activities disturbing or involving ACBM.

ATTACHMENT

ITEM 4C

A waiver of all sampling (Pre-Abatement Air Sampling – Form ASB-16, Item 14; In-Process Air Sampling – Form ASB-16, Item 17; and Clearance Air Sampling – Section B.8.2. – Form ASB-116, Item 17) is hereby requested as the structure will not be reoccupied but shall be demolished as soon as abatement activities are completed.

In lieu of the above, personnel air sampling shall be conducted during all Phases of the project. These samples shall be done on a continuous basis during all removal operations.

Copies of the laboratory reports shall be submitted by the abatement contractor to the Department of Health at the conclusion of the project for permanent records.

Floor Poly: It is hereby requested that floor poly be waived where floor covering is to be removed.

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
278 River Street, Plat 14N, Lot 3

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.

DESCRIPTION

TOTALS

Disconnection of all utilities (water, sewer, gas, electric, cable)
necessary to obtain demolition permit.

\$ _____

Asbestos abatement (include \$75.00 for post abatement inspection)

\$ _____

Complete demolition of a 24' x 32' two and one half story
multi-family wood framed building.
Removal and proper disposal of all building materials, building
components, rear stairway and all contents within the structure
and on the property.

\$ _____

Special Provisions:

Front & left side foundation walls are to remain to retain the concrete walks.

Installation of a new 4' chain link fence outside the front foundation wall.
Line posts shall be 1 7/8" O.D., Schedule 40, set plumb with tops properly
aligned and 3500 PSI concrete footings shall be 12" in diameter x 40"
deep. Top rails are to be 1 5/8" O.D. Chain link mesh shall be 2"
diamond galvanized steel wire (9 gauge core).

\$ _____

Miscellaneous materials, as approved

cost plus 10%

Police detail, as approved

cost plus 10%

TOTAL PRICE:

\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT

BID PROPOSAL
278 River Street, Plat 14N, Lot 3

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.

DESCRIPTION

TOTALS

Disconnection of all utilities (water, sewer, gas, electric, cable)
necessary to obtain demolition permit.

\$ _____

Asbestos abatement (include \$75.00 for post abatement inspection)

\$ _____

Complete demolition of a 24' x 32' two and one half story
multi-family wood framed building

\$ _____

Removal and proper disposal of all building materials, building
components, rear stairway and all contents within the structure
and on the property.

See Estimate Provisions

Special Provisions:

Front & left side foundation walls are to remain to retain the concrete walks.

Installation of a new 4' chain link fence outside the front foundation wall.
Line posts shall be 1 7/8" O.D., Schedule 40, set plumb with tops properly
aligned and 3500 PSI concrete footings shall be 12" in diameter x 40"
deep. Top rails are to be 1 5/8" O.D. Chain link mesh shall be 2"
diamond galvanized steel wire (9 gauge core).

\$ _____

Miscellaneous materials, as approved

cost plus 10%

Police detail, as approved

cost plus 10%

TOTAL PRICE:

\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

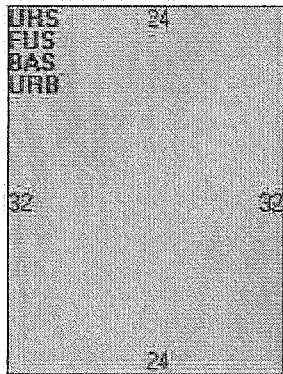
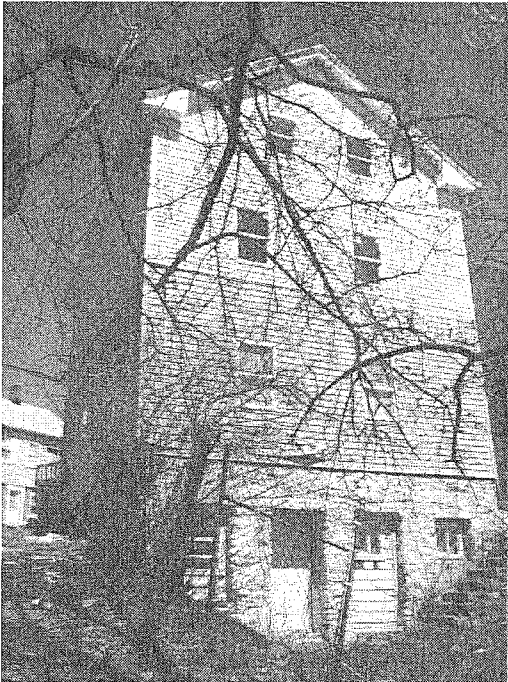
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

278 River Street



Asbestos Abatement Plan

for

*Department of Planning & Development
City of Woonsocket, Rhode Island
City Hall, 169 Main Street
P.O. Box B
Woonsocket, Rhode Island 02895*

at

*Residential Structure
(Two and One Half Story House)
located at
278 River Street
Woonsocket, Rhode Island 02895*

Prepared by:

*NORTHEAST ENVIRONMENTAL TESTING
LABORATORY, INC.
472 Smith Street
Providence, Rhode Island 02908
(401) 454-3400*

March, 2017

RHODE ISLAND DEPARTMENT OF HEALTH
NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: Residential Structure (Two and One Half Story House)

Address: 278 River Street

City/Town: Woonsocket Zip: 02895 Amendment Phase No: _____

Abatement Plan Written By: Raymond A. Spinella Certification No: AAC-227PD

Summary of specific waivers/variances being requested: All air sampling, Section B.8.2.p., and Form ASB-16, Items 14 and 17; See Attachment, Page 7, Item 4C.

Type of Asbestos Abatement () Removal () Enclosure () Encapsulation
(X) Demolition () Glovebag () Asphalt Roofing
() Other (specify) _____

Is this plan being submitted in response to a Notice of Violation and/or a Notice of Requirement to Submit an Asbestos Abatement Plan? () Yes (X) No

If yes, Indicate Notice/Building Evaluation No(s): _____

Contractor: To Be Selected License No: LAC-

Estimated Starting Date: ASAP

Pre-Abatement Sampling Information

Bulk Samples Collected By: Raymond A. Spinella Certification No: AAC-227IS

Bulk Samples Analyzed By: AmeriSci Richmond Certification No: AAL-122

Air Samples Analyzed By: NA Certification No: AAL-

Clearance Air Sampling Information

Air Samples to be Collected By: NA

Air Samples Analyzed By: NA Certification No: AAL-

CERTIFICATION

I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Section 23-24.5-6 of the RI Asbestos Control Act and Parts A and C of the RI Rules and Regulations for Asbestos Control; all abatement/management activities performed in conjunction with this plan must be in compliance with the specifications prescribed in this plan (when approved) and the most current revision of all applicable federal and state regulations; and the asbestos abatement/management activities described in this plan must be performed by a RI licensed asbestos abatement contractor.

Certified by: [Signature] Title: Director D&E
(Signature of Building Owner/Agent)

N. David Bowley Date: March 24, 2017
(Typed/Printed Name of Certifier)

Subscribed and sworn before me this 24th day of March, 2017

[Signature] My Commission Expires: 12/1/19
(Notary Public)

AFFIX NOTARY SEAL HERE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

City of Woonsocket

3. Building Owner's Mailing Address and Telephone Number:

Street: City Hall - 169 Main Street

P.O. Box B

City/Town: Woonsocket

Zip: 02895

Telephone No.: (401) 767-9233

(Area Code, No., Ext.)

2. Application Prepared By:

Raymond A. Spinella

RI certification No: AAC-227PD

Telephone No: (401) 454-3400

(Area code, No., Ext.)

4. Person to be contacted regarding this application:

Name: Mr. Tom Koback

Telephone No: (401) 767-9233

(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): Residential Structure (Two and One Half Story House)

Street: 278 River Street

City/Town: Woonsocket

Zip: 02895

6. Is this application being submitted in response to a "Notice of Requirement to Submit an Asbestos Abatement plan"? () Yes (X) No

If Yes, what is the due date for submittal of Abatement plan?

(Mo.) (Day) (Yr.)

Evaluation Number on the Notice:

7. Contractor who will be performing abatement work (if selected):

Name: To Be Selected

R.I. License No.: _____

8. Estimated Starting Date of Abatement Work: A.S.A.P.
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: 1-2 Days
(Month) (Day) (Year)

10. Type of Asbestos Abatement: (Check all that apply)

- () Removal () Enclosure
() Encapsulation (X) Demolition
() Operations and Maintenance Only
() Other (Specify) _____

11. Type of Building:

- () School
(X) Privately Owned Building
() Publicly Owned Building
() Residence
() Other (Specify) _____

12. Building Access:

- () Public Access ($\geq 25\%$ of Building Area)
() Limited Public Access ($< 25\%$ of Building Area)
(X) No Public Access VACANT

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: Raymond A. Spinella RI Certification No.: AAC-227IS

B). Sampling Methodology:

() EPA AHERA Sampling requirements [40 CFR 763.86].

(X) EPA's Asbestos Containing Material in School Buildings: A Guidance Document (EPA-405/2-78-014) or Guidance for Controlling Asbestos Containing Materials - 1985 Edition (EPA-560-5-85-024)

() Other (Specify) _____

C). Laboratory performing the analysis of the bulk samples

Name: AmeriSci Richmond RI Certification No.: AAL-122

D). Analytical Methodology:

(X) EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples [PLM method only].

() Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis: **Waiver Requested**

See Attachment, Page 7, Item 4C

A). Person collecting pre-abatement air samples:

Name: N/A Affiliation: _____

B). Laboratory performing analysis of pre-abatement air samples.

Name: N/A RI Certification No: AAL-

C). Methodology used in the collection and analysis of pre-abatement samples:

- ☐ NIOSH Method 7400 [Most Current Revision]
☐ OSHA 29 CFR 1926.1101 – Appendix A & B
☐ Other (Specify) _____

-
15. A. Indicate how the regulated asbestos containing material (RACM) will be removed from the abatement site. If a hauler or broker will be used to transport the RACM to a disposal site, they must also be identified.

To be determined by contractor.

- B. Provide the name and location of the authorized asbestos waste facility to which the removed material will be transferred for disposal (if known).

To be determined by contractor.

-
16. Person designated as compliance monitor for abatement work. **[NOT REQUIRED]**

Name: N/A

Affiliation: _____

17. In-Process & Clearance Air Sampling: **Waiver Requested**
See Attachment, Page 7, Item 4C

- A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.
- B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.
- C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.
- D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceeded during final clearance testing.

18. A separate and fully completed Form ASB-16A must be submitted for each area to be abated. List below the entry in Item 1 from each attached ASB-16A.

A. Second Floor - Kitchen Area, See Attachment

19. I certify that this plan was prepared by me and I am responsible for its content.

Signature: Raymond A Spirella Date 3-23-17
(Month) (Day) (Year)
Affiliation: Northeast Environmental Testing Laboratory, Inc.

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- | | |
|--|---------------|
| () Operation & Maintenance Only | \$ 75 |
| () Up to One (1) NESHAP Unit | \$ 75 |
| (X) Between One (1) & Ten (10) NESHAP Units | <u>\$ 300</u> |
| () Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| () Over Fifty (50) NASHAP Units | \$ 900 |
-

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: 278 River Street, Woonsocket, RI

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

- (1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

A.) Second Floor – Kitchen Area, See Attachment, Page 1, Item 1

- (2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).
See Attachment, Page 1, Item 2

- (3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend, which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s), which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).
See Attachment, Page 5, Item 3

- (4) PROPOSED REMEDIES:

A). Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

See Attachment, Page 6, Item 4A

(4) PROPOSED REMEDIES (cont.):

B). Will any portion of this area be abated by use of B.8 work procedures?

☒ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	<u>XXXX</u>
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C). Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☒ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

See Attachment, Page 7, Item 4C

D). Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☒ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E). Will any RACM remain in this area after abatement?

☐ Yes ☒ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY

ATTACHMENT

ITEM 1.

The City of Woonsocket intends to demolish the existing Residential Structure on the property.

Personnel of Northeast Environmental Testing Laboratory, Inc. conducted an inspection on Monday, March 13, 2017 for visible suspect/apparent Asbestos Containing Building Materials (ACBM). Bulk samples were collected for analysis to confirm the presence/absence of ACBM.

This abatement plan addresses the abatement of all presently known ACBM prior to demolition.

If during the abatement/demolition project additional suspect or apparent ACM is found, proper methods in accordance with all Federal and Rhode Island regulations shall be utilized to remove and dispose of the material. In addition, the Department of Health shall be notified of the type, location, and quantities of material to be removed and an amendment of the original plan prepared and submitted with fee to the Department of Health.

ITEM 2. A. Second Floor – Kitchen Area:

There is approximately 208 square feet of floor cover material (floor tile – 12 inch) in the kitchen that contains 4% Chrysotile Asbestos. The condition of the material is good to fair.

See copy of Laboratory Analysis Report on Page 2, Sample #17-3085-3.



Northeast Environmental
Testing Laboratory, Inc.

472 Smith Street Providence, Rhode Island 02908

(401) 464-3400

Certificate of Analysis

Dept. of Planning & Development
City of Woonsocket
City Hall 169 Main Street
P.O. Box B
Woonsocket, Rhode Island 02895-4379
ATTN: Tom Koback, Const. Supervisor

Invoice #: 17-3085
P.O.#:
Date Received: 3-13-17
Date Reported: 3-17-17

Sample Description: 6 bulk samples collected.

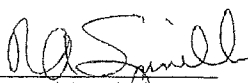
Sample Location: 278 River Street, Woonsocket, RI (3-13-17)

As requested, the above samples have been analyzed with the following results:

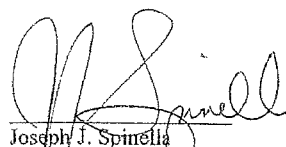
SAMPLE #	SAMPLE LOCATIONS	SAMPLE IDENTIFICATIONS	PARAMETER	RESULTS
17-3085-1	2 nd Floor - Hallway	Floor Cover-Sheet Goods Brown	Asbestos	No Asbestos Detected
17-3085-2	2 nd Floor - Hallway	Mastic on Floor Cover	Asbestos	No Asbestos Detected
17-3085-3	2 nd Floor - Kitchen	Floor Cover - Floor Tile- 12 inch	Asbestos	4% Chrysotile Asbestos
17-3085-4	2 nd Floor - Kitchen	Mastic on Floor Tile	Asbestos	No Asbestos Detected
17-3085-5	Exterior Roof	Asphalt Roof Shingle	Asbestos	No Asbestos Detected
17-3085-6	Exterior Siding	Black Felt Paper Under Siding	Asbestos	No Asbestos Detected

Analyses for asbestos (bulk samples) were performed by
AmeriSci Richmond, 13635 Genito Road, Midlothian, VA 23112

Please see attached AmeriSci Asbestos report.


Raymond A. Spinella
President/Co-Director

sfs


Joseph J. Spinella
Co-Director

**AmeriSci Richmond**

13835 GENITO ROAD
MIDLOTHIAN, VIRGINIA 23112
TEL: (804) 763-1200 • FAX: (804) 763-1800

PLM Bulk Asbestos Report

Northeast Environmental Testing Labor
Attn: Raymond Spinella
472 Smith Street
Providence, RI 02908

Date Received 03/16/17

AmeriSci Job # 117031651

Date Examined 03/16/17

P.O. #

Page 1 of 2

RE: 17-3085; City Of Woonsocket; 278 River St, Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
17-3085-1 Location: 2nd Floor - Hallway; Floor Cover - Sheet Goods - Brown	117031651-01	No	NAD (by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Multi-Colored, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 30 %, Non-fibrous 70 %			
17-3085-2 Location: 2nd Floor - Hallway; Mastic On Floor Cover	117031651-02	No	NAD (by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Brown/Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose Trace, Non-fibrous 100 %			
17-3085-3 Location: 2nd Floor - Kitchen; Floor Cover - Fl Tile 12inch	117031651-03	Yes	4 % (by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Multi-Colored, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Chrysotile 4.0 % Other Material: Non-fibrous 96 %			
17-3085-4 Location: 2nd Floor - Kitchen; Mastic On Fl Tile	117031651-04	No	NAD (by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Brown/Tan, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Cellulose 5 %, Non-fibrous 95 %			
17-3085-5 Location: Exterior Roof; Asphalt Roof Shingle	117031651-05	No	NAD (by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Black, Heterogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Fibrous glass 5 %, Non-fibrous 95 %			

See Reporting notes on last page

Client Name: Northeast Environmental Testing Laboratory

PLM Bulk Asbestos Report

17-3085; City Of Woonsocket; 278 River St, Woonsocket, RI

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
7-3085-6	117031651-06	No	NAD
Location: Exterior Siding; Black Felt Paper Under Siding			(by CVES) by John S. Shearwood on 03/16/17
Analyst Description: Black, Heterogeneous, Non-Fibrous, Bulk Material			
Asbestos Types:			
Other Material: Cellulose 70 %, Non-fibrous 30 %			

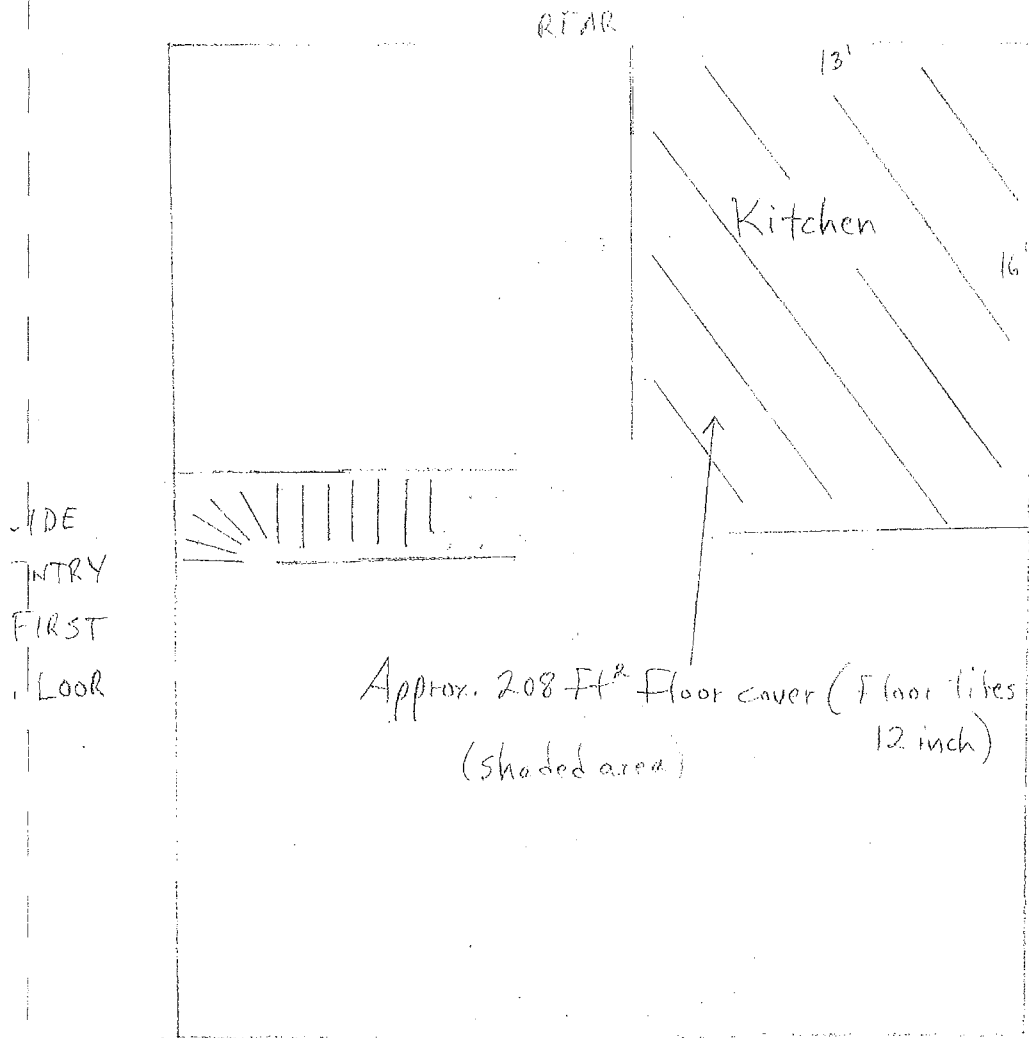
Reporting Notes:

Analyzed by: John S. Shearwood John Shearwood Date 3/16/17
 *NAD = no asbestos detected, Detection Limit <1%, Reporting Limits: CVES = 1%, 400 Pt Ct = 0.25%, 1000 Pt Ct = 0.1%; "Present" or NVA = "No Visible Asbestos" are observations made during a qualitative analysis; NA = not analyzed; NA/PS = not analyzed / positive stop; PLM Bulk Asbestos Analysis by EPA 600/R-93/116 per 40 CFR 763 (NVLAP Lab Code 101904-0) and ELAP PLM Analysis Protocol 198.1 for New York friable samples which includes quantitation of any vermiculite observed (198.6 for NOB samples) or EPA 400 pt ct by EPA 600/M4-82-020 (NYSDOH ELAP Lab # 10984); CA ELAP Lab # 2508; Note: PLM is not consistently reliable in detecting asbestos in floor coverings and similar NOB materials. NAD or Trace results by PLM are inconclusive, TEM is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos-containing in New York State (also see EPA Advisory for floor tile, FR 59, 146, 38970, 8/1/94). NIST Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. This PLM report relates ONLY to the items tested.
 Reviewed By: John Shearwood

ITEM 3

ATTACHMENT

278 River Street, Woonsocket
Second Floor



1-6-07

ATTACHMENT

ITEM 4A

Interim Operations & Maintenance Plan

The scope of the project is to abate (remove) floor covering material (sheet goods) in the second floor kitchen area. Prior to demolition the material has been tested and confirmed as ACM (Asbestos-Containing Materials). The contractor's, maintenance personnel and staff associated with the demolition project are aware of the presence and location of ACBM within the above stated areas. They have been instructed not to disturb the materials due to the potential health hazards if fibers become airborne.

1. Notification

All building occupants, also any contractors entering the building and/or premises to perform work, shall be notified of the presence and location of asbestos-containing material(s) and cautioned regarding disturbance of the material(s). Also, the building occupants must be notified regarding the occurrence of asbestos abatement activities. If an emergency fiber release occurs, the following procedures shall be initiated.

2. Fiber Release Episodes

A. Minor Release Episode

If a minor fiber release episode occurs (release of less than 3 linear feet or 3 square feet of material), trained maintenance staff may perform the cleaning. Access to the area shall be restricted during clean up. All debris shall be thoroughly wetted using amended water and placed in labeled, double six-mil polyethylene bags. The area shall then be cleaned using HEPA filtered vacuums and/or wet cleaning methods. Damaged material must be cleaned and repaired with non-asbestos-containing material. The area shall then be evaluated to decide if further action is necessary.

B. Major Release Episode

If a major fiber release episode occurs (falling or dislodging of more than 3 linear feet or 3 square feet of ACBM), the cleaning must be carried out and directed by persons accredited to conduct and design response actions. After such an episode, the area shall be immediately restricted and entry to the area prevented. Warning signs shall be posted to caution people other than those qualified to deal with the problem. Air handling units in the area shall be shut down to prevent the spread of fibers beyond the problem area. A response action shall be designed and carried out by qualified personnel.

3. Training

Any employee who, because of their work, may disturb asbestos-containing material shall be trained and certified as a Competent Person as described by the R.I. Rules and Regulations for Asbestos Control. The program coordinator shall ensure that the procedures described above to protect the building occupants shall be followed for any operations and maintenance activities disturbing or involving ACBM.

ATTACHMENT

ITEM 4C

A waiver of all sampling (Pre-Abatement Air Sampling -- Form ASB-16, Item 14; In-Process Air Sampling -- Form ASB-16, Item 17; and Clearance Air Sampling -- Section B.8.2. -- Form ASB-116, Item 17) is hereby requested as the structure will not be reoccupied but shall be demolished as soon as abatement activities are completed.

In lieu of the above, personnel air sampling shall be conducted during all Phases of the project. These samples shall be done on a continuous basis during all removal operations.

Copies of the laboratory reports shall be submitted by the abatement contractor to the Department of Health at the conclusion of the project for permanent records.

Floor Poly: It is hereby requested that floor poly be waived where floor covering is to be removed.

CITY OF WOONSOCKET

RHODE ISLAND

FINANCE DEPARTMENT

BID PROPOSAL

109 East School Street, Plat 20C, Lot 110
707-709 Park Avenue, Plat 16E, Lot 181
278 River Street, Plat 14N, Lot 3

The undersigned bidder shall hold their bid prices for a period of (60) sixty days from the bid opening date.

ALTERNATE #1

DESCRIPTION

Combined Cost for the complete demolition of the three above referenced properties if awarded as one contract.

Miscellaneous materials, as approved cost plus 10%

Police detail, as approved cost plus 10%

TOTAL PRICE: \$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

INSURANCE REQUIREMENTS

General Conditions Reference	Item	Minimum Limits
	Worker's Compensation and Employer's Liability Insurance	As required by law in the State of Rhode Island Employer's Liability Limits: \$100,000 Each Accident \$500,000 Disease - Policy Limit
	General Liability, including Contractor's Protective, Products and Completed Operations and Contractual Liability	\$2,000,000 General Aggregate \$2,000,000 Products and Completed Operations - Aggregate \$1,000,000 Personal Injury \$1,000,000 Each Occurrence Limit \$50,000 Fire Damage Limit \$5,000 Medical Payments (C.U.* Collapse and Underground coverage to be included. Blasting and explosion coverage required, if there will be blasting under the contract.)
	Automobile Liability	\$1,000,000 Combined Single Limit for Bodily Injury and Property Damage
	Owner's Protective Liability	\$1,000,000 Each Occurrence \$2,000,000 Aggregate, Bodily Injury and Property Damage
	Builder's Risk and Installation Floater Coverage	Limit equal to the total insurable Value of all Materials and Equipment to be built and / or Installed.

Carrier Requirements

All carriers used must have a Financial Performance Rating from A.M. Best Company of at least "A".

Bid Bonds, supply bonds, and performance bonds will be required as necessary.

Noncollusion Affidavit of Prime Bidder

State of: Rhode Island)
County of: Providence)

I, _____ being first duly sworn, depose and say that:

1. / He is the _____ of _____ the Contractor that has submitted the attached bid proposal.

2. / He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid.

3. / Such bid is genuine and is not a collusive or sham bid.

4. / Neither said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement, or collusion or communication or conference with any other bidder, firm, or person to fix the price or prices in the attached bid or of any other bidder, or, to fix any overhead, profit, or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of Woonsocket, Rhode Island, or any person interested in the proposed contract; and;

5. / The price or prices quoted in the bidder's proposal is/are fair and proper and are not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

{Signed} _____

{Title} _____

Subscribed and sworn to before me

This _____ day of _____ 2015

Notary Public

My Commission Expires _____

STATEMENT OF BIDDER'S QUALIFICATIONS

All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheets. The Bidder may submit any additional information he desires.

1. / Name of Bidder _____

2. / Permanent main office address {including City, State & Zip Code}: _____

3. / When organized _____
4. / If a corporation, where incorporated _____
5. / How many years have you been engaged in construction under your present firm or trade name?

6. / Contracts on hand: {Schedule this showing gross amount of each contract and the appropriate anticipated dates of completion.} _____
7. / General character of work performed by your company: _____
8. / Have you ever failed to complete any work awarded to you? If so, where and why?

9. / Have you ever been accused of defaulting on a contract? If so, where and why?

10. / List the more important contracts recently completed by you, starting with approximate gross cost for each, and the month and year completed: _____

11. / List your major equipment *available for this contract*: _____

12. / Experience in construction work similar in importance to this project: _____

13. / Background and experience of the principal means and all employees of your organization including the officers. List each separately.
14. / Credit available: _____
15. / Give bank references: _____
16. / Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required by the City of Woonsocket?
17. / Has any principal(s) in your firm ever been arrested and/or convicted for violations other than traffic violations? If so, when and for what reason?
18. / Attach at least three letters of personal recommendation from recent clients.
19. / (a) Have you ever been a party to or otherwise involved in any action or legal proceeding involving matters related to race, color, nationality or religion? If so, give full details.
(b) Have you ever been accused of discrimination based upon race, color, nationality, or religion in any action or legal proceeding, including any proceeding related to any Federal agency? If so, give full details.
20. / The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City of Woonsocket in verification of the recitals comprising this Statement of Bidder's Qualifications.
21. / Failure to complete this form factually shall be basis for rejecting this bid.