

**CITY OF WOONSOCKET  
RHODE ISLAND**

**FINANCE DEPARTMENT**

**INVITATION TO BID # 5748**

**DEMOLITION:**

**58-60 BLACKSTONE STREET**

**68-70 BLACKSTONE STREET**

**1055 SOCIAL STREET**

**DEPARTMENT OF PLANNING**

**BUILDING INSPECTION DIVISION**

**August.....2016**

**City of Woonsocket**

**Demolition**

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Statement of Bidder's Qualifications

**CITY OF WOONSOCKET  
FINANCE DEPARTMENT**

**INVITATION TO BID # 5748**

**DEMOLITION OF BUILDINGS LOCATED AT:**

**58-60 BLACKSTONE STREET  
68-70 BLACKSTONE STREET  
1055-1057 SOCIAL STREET**

**PRE-BID CONFERENCE - Thursday, August 18<sup>th</sup>, 2016, 9:30am at 58-60 & 68-70 Blackstone Street  
and 1055-1057 Social 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, September 1, 2016**, 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.ci.woonsocket.ri.us](http://www.ci.woonsocket.ri.us) or by calling 401-767-9236.

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 RI General Law 37-13-7 contracts in excess of \$1,000 shall require compensation based on **prevailing wages** for construction, alteration and/or repair, painting and decorating. 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.

**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](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, Lawrence Desormier 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 Capitol Hill  
Providence, RI 02600-1067  
TTY: 711  
[www.health.ri.gov](http://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 ASHERA act (40 CFR 763) and licensed by This Department to provide those 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.mcdonnagh@health.ri.gov](mailto:stephan.mcdonnagh@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 STRUCTURE  
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

**CITY OF WOONSOCKET  
RHODE ISLAND  
FINANCE DEPARTMENT**

**BID PROPOSAL  
58-60 Blackstone Street, Plat 14A Lot 392**

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

<u>DESCRIPTION</u>	<u>TOTALS</u>
Disconnection of all utilities (water, sewer, gas, electric, cable) necessary to obtain demolition permit.	\$ _____
Complete demolition of a 28' x 42' four unit wood framed building, four stories high.	\$ _____
Removal and proper disposal of all building materials, building components, foundation walls and all contents within the structure and on the property.	\$ _____
<b><u>Special Provisions:</u></b> Removal of the shared egress stairway and canopy between the subject property and the abutting property shall be completed prior to full demolition. Work shall be done manually so as to minimize damages to the abutting building.	\$ _____
The foundation wall at the rear side of the first floor commercial space is to be salvaged to serve as a retaining wall for the upper rear lot.	
The pre-existing stairway for 44-52 Blackstone Street shall be replaced with a new egress ramp which leads to the rear side. It shall be constructed using pressure treated lumber.	\$ _____
Miscellaneous materials, as approved	cost plus 10%
Police detail, as approved	cost plus 10%
TOTAL PRICE:	\$ _____

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

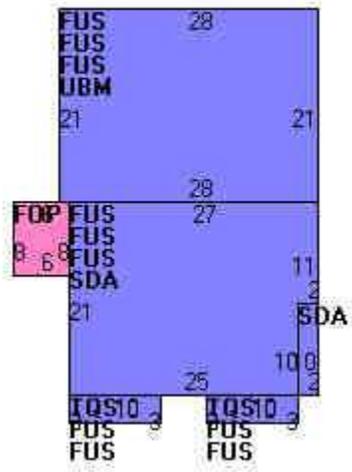
BY (person): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

# 58-60 Blackstone Street



# VORTEX

ASBESTOS ABATEMENT PLAN - DEMOLITION  
COMMERCIAL / MULTI-FAMILY RESIDENCE  
58-60 BLACKSTONE ST., WOONSOCKET, RI

_____ RIDO#; _____ Owner: _____ Spare
---------------------------------------

**Rhode Island Department of Health  
Notarized Certification of Asbestos Abatement Plan**

Facility: **COMMERCIAL / MULTI-FAMILY RESIDENCE** Amend/Plan: **NEW**  
Address: **58-60 BLACKSTONE STREET**  
City/Town: **WOONSOCKET, RI** Zip Code: **02895**

Abatement plan written by: **JOHN CARBONE** Certification No: **177 PD/IS**

Summary of specific waivers/variances being requested:

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*Type of Asbestos Abatement:*

Removal	Enclosure	Encapsulation	Other
Glovebag	Asphalt Roofing	<input checked="" type="checkbox"/> Demolition	

Is this plan being submitted in response to a Notice of Violation and/or Notice of Requirement to Submit an Asbestos Abatement Plan?

YES  NO

If Yes, indicate Notice/Building Evaluation Number(s):

Contractor: **TO BE DETERMINED** License #: LAC - **224 - 000**  
Estimated starting date: **JANUARY 2016**

-----  
*Pre-Abatement sampling information:*

Bulk samples collected by:	<b>JOHN CARBONE</b>	Certification #:	<b>AAC- 177IS</b>
Bulk samples analyzed by:	<b>EMSL</b>	Certification #:	<b>AAL- 075T3</b>
Air samples analyzed by:	<b>NONE REQUIRED</b>	Certification #:	<b>AAL-</b>

-----  
*Clearance air sampling information:*

Air samples to be collected by: **NONE REQUIRED**  
Air samples to be analyzed by: \_\_\_\_\_ Certification #: **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: *M. David Bowley* Title: *Director*  
(Signature of building owner or agent)

*N. David Bowley* Date: *10/08/15*  
(typed/printed name of Certifier)

Subscribed and sworn before me this *8<sup>th</sup>* day of *December*, 201*5*

*Susan DiCellella* My Commission expires: *6/28/17*

-----  
AFFIX NOTARY SEAL HERE  
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STATE OF RHODE ISLAND AND WOONSOCKET PLANTATIONS  
Department of Health  
Division of Occupational and Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

- 1) Building Owner's name:  
**CITY OF WOONSOCKET**
- 2) Application prepared by:  
**JOHN CARBONE  
RI Cert. #: 177PD  
(401) 738-7710**
- 3) Building Owner's Mailing Address and Telephone Number:  
**DEPT. OF PLANNING & DEVELOPMENT  
Street: 169 MAIN STREET  
P.O. BOX B  
City, State: WOONSOCKET, RI  
Zip code: 02895  
Tel. #: 401-767-9233**
- 4) Person to be contacted regarding this application:  
**Name: TOM KOBACK  
Tel. #: 401-767-9233**

- 
- 5) Location where abatement work will be performed:

Name: **COMMERCIAL / MULTI-FAMILY RESIDENCE**  
Street: **58-60 BLACKSTONE STREET**  
City, State: **WOONSOCKET RI** zip code: **02895**

- 
- 6) is this application being submitted in response to a "Notice of Requirement to Submit and Asbestos Abatement Plan?"

YES       NO

If yes, what is the due date for submittal of Asbestos Plan?

Evaluation Number on the notice:

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

Name: **TO BE DETERMINED**      RI License #: LAC - - 000

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8) Estimated starting date of abatement work: **JANUARY 2016**

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9) Estimated completion date of abatement work: **WITHIN 1 WEEK**

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

Removal	Enclosure	Asphalt Roofing
Encapsulation	<input checked="" type="checkbox"/> Demolition	Operations & Maintenance only
Other	Glovebag Removal	

---

11) Type of Building:

Basement  
Privately owned building  
 Publicly owned building  
Residence  
Other (specify)

---

12) Building Access:

Public Access (>25% of building area)  
Limited Public Access (<25% of building area)  
 No Public Access

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13) Bulk Sample collection and analysis

A) Person collecting bulk samples

Name: **JOHN CARBONE** AAC Certification #: **1771S**

B) Sampling Methodology:

EPA AHERA Sampling Requirements [40 CFR 763.86]

EPA's Asbestos containing Material in Buildings: A Guidance Document (EPA-450/2-78-014) or Guidance for Controlling Asbestos Containing Materials – 1985 Edition (EPA-560-5-85-024).

Other (specify below)

C) Laboratory performing the analysis of the bulk samples.

Name: **EMSL**  
RI Cert. #: **075T3**

D) Analytical Methodology

EPA Interim Method for the determination of Asbestos in Bulk Insulation samples [PLM Method only]

Other (specify below)

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14) Pre-abatement Air Sampling Collection and Analysis: **NONE REQUIRED  
REFER TO ATTACHMENT #1**

- A) Person collecting pre-abatement air samples:  
Name: Affiliation:
- B) Laboratory performing analysis of pre-abatement air samples:  
Name: RI Cert No: AAL-
- C) Methodology used in the collection and analysis of pre-abatement samples:

NIOSH Method 7400 A  
OSHA 29 CFR 1926.58 – Appendix A & B  
Other (specify below)

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

**REMOVED IN A CLOSED DUMPSTER, NO HAULER SELECTED YET.**

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

**UNKNOWN**

16) Person designated as compliance monitor for abatement work. (Not required)

Name: **N/A**

Affiliation:

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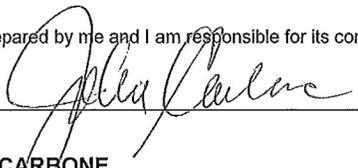
17) In-process & clearance air sampling **NONE REQUIRED  
REFER TO ATTACHMENT #1**

- 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 f/cc) 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 f/cc) 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.

**GROUND FLOOR [AREAS "A" & "B"]**

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

Signature:  Date: 12, 2, 15

Name: **JOHN CARBONE**

Affiliation: **VORTEX INC.**

20) Asbestos Abatement Plan Application Fee:

Operations and Maintenance only	\$75
Up to one (1) NESHAP Units	\$75
<input checked="" type="checkbox"/> Between one (1) and ten (10) NESHAP Units	\$300
Between ten (10) and fifty (50) NESHAP Units	\$600
Over fifty (50) NESHAP Units	\$900
Amendment Fee	\$150

Agency Use only

STATE OF RHODE ISLAND AND WOONSOCKET PLANTATIONS  
Department of Health  
Division of Occupational and Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN  
Supplemental Information: Area Description and Proposed remedy

BUILDING LOCATION: **GROUND FLOOR**

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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.

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(1) Area Location/Identification (Room Name, Evaluation number, etc.)

**AREA A**

---

(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).

**REFER TO ATTACHMENT #2**

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(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).

**REFER TO ATTACHED DRAWING A1**

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(4) Proposed remedies:

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

**REFER TO ATTACHMENT #3**

4) Proposed remedies [continued]

B) Will any portion of this area be abated by use of B.8 Work Procedures?

YES                      NO

If yes, indicate below which ACM 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) **DEBRIS PILES - 5 C.Y.**
- B.8.7 (GLOVEBAG)
- B.8.8 (ASPHALT ROOFING)

---

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

YES                       NO

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

---

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 WOONSOCKET PLANTATIONS  
Department of Health  
Division of Occupational and Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN  
Supplemental Information: Area Description and Proposed remedy

BUILDING LOCATION: **GROUND FLOOR**

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, Evaluation number, etc.)

**AREA B**

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).

**REFER TO ATTACHMENT #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).

**REFER TO ATTACHED DRAWING A1**

4) Proposed remedies:

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

**REFER TO ATTACHMENT #3**

4) Proposed remedies [continued]

B) Will any portion of this area be abated by use of B.8 Work Procedures?

YES                      NO

If yes, indicate below which ACM 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) **PIPE INSULATION - 60 L.F.**  
**DEBRIS PILES - 3 C.Y.**
- B.8.7 (GLOVEBAG)
- B.8.8 (ASPHALT ROOFING)

---

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

YES                       NO

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

---

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 #1**

### **WAIVER OF PRE-ABATEMENT, IN-PROCESS AND CLEARANCE AIR SAMPLING**

Due to no entry into the building after abatement, we are requesting waiver of pre-abatement, in-process and final air clearance testing. In lieu of area testing, the asbestos contractor is required to submit applicable OSHA compliance personnel air testing within 3 days of project completion. THE ASBESTOS DANGER SIGNS SHALL REMAIN ON THE BUILDING ENTRANCES UNTIL DEMOLITION COMMENCES.

## **ATTACHMENT #2**

### **DESCRIPTION OF ASBESTOS CONTAINING MATERIALS GROUND FLOOR**

**AREA "A" - COMMERCIAL RETAIL AREA** - there is approximately **5 C.Y. of an ACM pile of debris** scattered throughout this entire area. The ACM pipe lagging insulation [air cell] is combined with general building debris throughout this area. The ACM is in poor condition.

**AREA "B" - BASEMENT AREA** - this area is directly located behind the commercial space. There is approximately **60 l.f. of pipe insulation and another 3 C.Y. of an ACM pile of debris** scattered underneath these pipe area. The ACM pipe lagging insulation [air cell] is combined with general building debris throughout this area. The ACM is in poor condition.

**NOTE:** the upper 3 floors have been completely "guttled". Therefore, there were no suspect ACM present on these floor levels.

## **ATTACHMENT #3**

### **Interim Operations and Maintenance Program**

The building owner is aware of the asbestos containing materials within these areas. These people have been or will be educated and advised not to disturb the asbestos-containing materials due to the potential health effects if asbestos fibers become airborne. All building owner employees have been or will be notified as to the presence of asbestos-containing building materials within the specific areas. Any outside contractor will sign a document stating that he has been made aware of the presence and location of the asbestos-containing materials within these areas. Also, the building owner representative(s) are responsible for presenting information to the building occupants of any asbestos abatement activities being conducted. This will be accomplished by posting memo's and/or posting of caution/warning signs at the all entrances to the building during such activities.

### **Accidental Disturbance of Asbestos-Containing Materials**

All personnel were, at the time of the inspection, aware of the potential presence of ACBM within the areas of concern. The information below outlines the procedures that will be followed in an event of an accidental asbestos fiber release within the building prior to razing. If an asbestos-containing material becomes disturbed within the criteria of a minor fiber release (less than 10 linear feet or 25 square feet of ACBM), a trained "R.I. Competent Person" may perform the clean-up, removal, encapsulation, or enclosure abatement activities utilizing spot repair/removal techniques. During these spot abatement techniques, access to the area shall be restricted to only those trained individuals, signs shall be posted, and HVAC (if applicable) shall be shut down and locked out. If a major fiber release occurs (greater than 10 linear feet or 25 square feet of ACBM), the clean-up, removal, encapsulation, or enclosure abatement activities must be completed by a R.I. Department of Health (R.I. DOH) certified asbestos abatement contractor. Regardless of the amount of asbestos to be abated, the effected area must be isolated and entry to the area restricted to only those trained/certified personnel.



**EMSL Analytical, Inc.**  
 200 Route 130 North Cinnaminson, NJ 08077  
 Tel/Fax: (800) 220-3675 / (856) 786-5974  
 http://www.EMSL.com / cinnaslab@EMSL.com

EMSL Order: 041534379  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

Attention: John Carbone  
 Vortex, Inc.  
 PO Box 6060  
 Warwick, RI 02887-6060  
 Phone: (401) 640-9331  
 Fax: (401) 738-7869  
 Received Date: 11/18/2015 8:00 AM  
 Analysis Date: 11/18/2015  
 Collected Date:  
 Project: #15-364B *BLACKSTONE ST.*

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

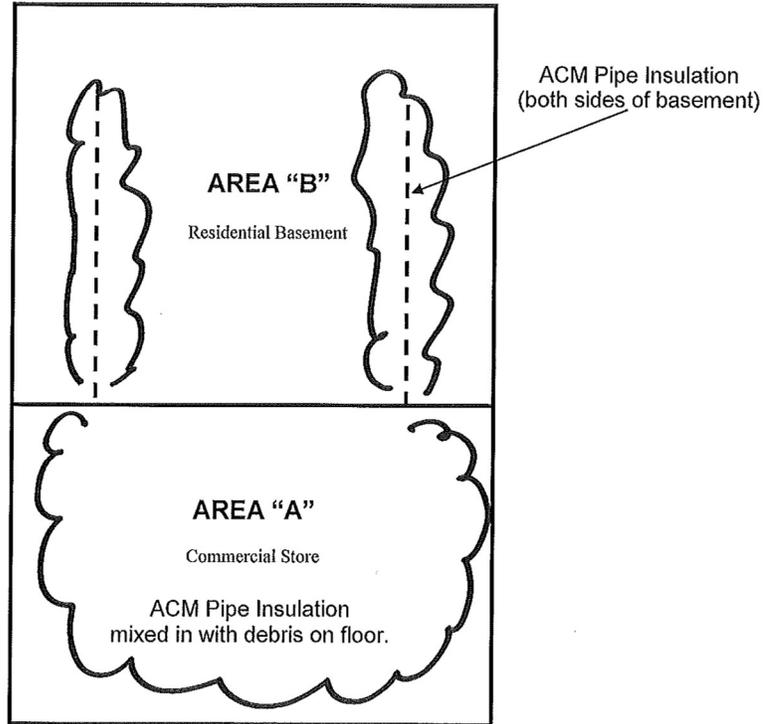
Sample	Description	Appearance	Non-Asbestos		Asbestos % Type
			% Fibrous	% Non-Fibrous	
1 041534379-0001	1st Floor Front- Pipe Insulation Pile-Rubble	Tan Non-Fibrous Homogeneous		40% Non-fibrous (Other)	60% Chrysotile
2- 041534379-0002	Shingle Ext. Asphalt Siding under Siding	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
2- 041534379-0002A	Insulation Ext. Asphalt Siding under Siding	Brown Fibrous Homogeneous	95% Cellulose	5% Non-fibrous (Other)	None Detected
3 041534379-0003	Red Paper under Asphalt Siding	Red Fibrous Homogeneous	90% Cellulose	10% Non-fibrous (Other)	None Detected
4 041534379-0004	1st Floor Front- C.T. on Floor	Tan Fibrous Homogeneous	30% Cellulose 50% Min. Wool	20% Non-fibrous (Other)	None Detected
5 041534379-0005	Front 1st Floor- J.C.	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
6 041534379-0006	Front 1st Floor- J.C.	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
7 041534379-0007	Front 1st Floor- J.C.	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
8 041534379-0008	Asphalt Roof Shingle	Black Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected
9 041534379-0009	Asphalt Roof Shingle	Black Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected

Analyst(s)  
 Joseph Quiles (2)  
 William Bradford (8)

*[Signature]*  
 Benjamin Ellis, Laboratory Manager  
 or Other Approved Signatory

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 Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AHA-LAP, LLC-IHLAP Lab 100184, NYS ELAP 10872, NJ DEP 03036, PA ID# 06-00397

Initial Report From: 11/18/2015 21:36:48



Blackstone Street

**TOP VIEW - GROUND FLOOR  
COMMERCIAL / MULTI-FAMILY RESIDENCE BLDG.  
58 - 60 BLACKSTONE ST., WOONSOCKET, RI**

Not to scale

**DRAWING A1**

**CITY OF WOONSOCKET  
RHODE ISLAND  
FINANCE DEPARTMENT**

**BID PROPOSAL  
68 -70 Blackstone Street, Plat 14A Lot 275**

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. \$ \_\_\_\_\_

Complete demolition of a 42' x 49' three family wood framed building, three and one half stories high with a 8' x 15' two story addition. \$ \_\_\_\_\_

Removal and proper disposal of all building materials, building components, foundation walls and all contents within the structure and on the property. \$ \_\_\_\_\_

Miscellaneous materials, as approved cost plus 10%

Police detail, as approved cost plus 10%

TOTAL PRICE: \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

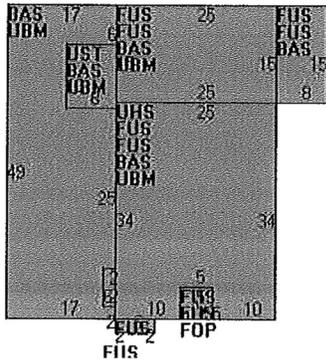
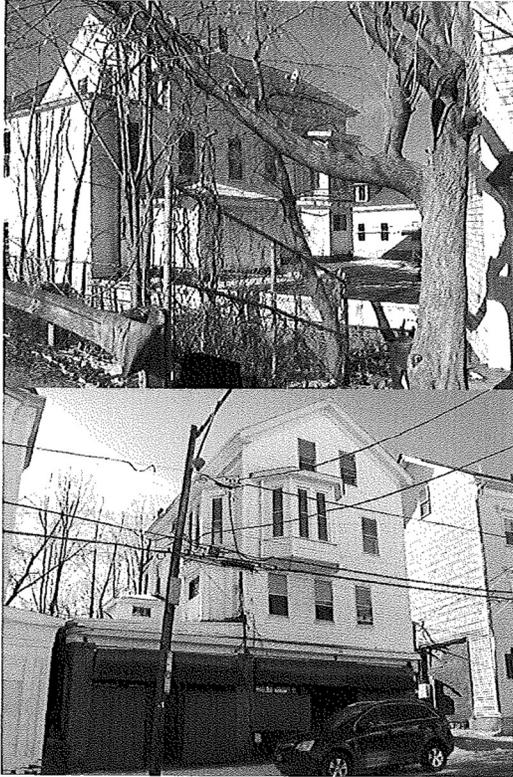
BY (person): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

68-70 Blackstone Street



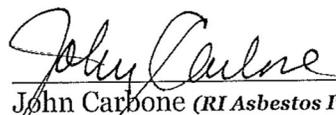
## Vortex Inc.

Environmental Management, Consulting & Training Services  
P.O. Box 6060  
Warwick, RI 02887-6060

### ASBESTOS INSPECTION REPORT

**REPORT DATE:** July 1, 2016  
**INSPECTION DATE:** June 22, 2016  
**REPORT TO:** Tom Koback  
City of Woonsocket - Bldg. Dept.  
**INSPECTION LOCATION:** **Multi-Family Residence**  
68 - 70 Blackstone Street  
Woonsocket, RI

**INSPECTION  
PERFORMED BY:**

  
John Carbone (RI Asbestos Inspector #177IS)

**INSPECTION RESULTS:** Visual inspection within this dwelling (interior/exterior) reveals the following "suspect" asbestos containing building materials were collected and PLM analyzed to include:

- Interior - Plaster, 1'x1' & 2'x4' ceiling tiles, several types of sheet flooring & mastic/glue material, 1'x1 floor tile/mastic [various colors].
- Exterior - asphalt roof shingles

Lab analysis of the above mentioned materials sampled confirms these **building materials do NOT contain asbestos.** Refer to the attached EMSL Lab Report for sample confirmation.

***Therefore, this residence may be razed at this time.***

During the building demolition process, if any "suspect" ACM becomes visible from behind wall cavities or underneath previously hidden areas, immediately stop and have materials sampled and analyzed for asbestos content and proceed accordingly.



**EMSL Analytical, Inc.**

200 Route 130 North Cinnaminson, NJ 08077  
 Tel/Fax: (800) 220-3675 / (856) 786-5974  
 http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order: 041616918  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

Attention: John Carbone  
 Vortex, Inc.  
 PO Box 6060  
 Warwick, RI 02887-6060

Phone: (401) 640-9331  
 Fax: (401) 738-7869  
 Received Date: 06/23/2016 9:20 AM  
 Analysis Date: 06/24/2016  
 Collected Date: 06/22/2016

Project: 16-244 / 68-70 Blackstone

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	% Fibrous	Non-Asbestos % Non-Fibrous	Asbestos % Type
1-Skim Coat 041616918-0001	3rd fl - Plaster	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
1-Base Coat 041616918-0001A	3rd fl - Plaster	Gray Non-Fibrous Homogeneous	3% Hair	97% Non-fibrous (Other)	None Detected
2-Skim Coat 041616918-0002	3rd fl - Plaster	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
2-Base Coat 041616918-0002A	3rd fl - Plaster	Gray Non-Fibrous Homogeneous	3% Hair	97% Non-fibrous (Other)	None Detected
3 041616918-0003	3rd fl - 1x1 CT	Brown/White Fibrous Homogeneous	80% Cellulose	20% Non-fibrous (Other)	None Detected
4 041616918-0004	Attic - Plaster	Gray Non-Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
5-Sheet Flooring 041616918-0005	2nd fl-Closet - Sheet floor	Tan Fibrous Homogeneous	25% Cellulose	75% Non-fibrous (Other)	None Detected
5-Mastic 041616918-0005A	2nd fl-Closet - Mastic	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
6 041616918-0006	E - Roof shingles	Red/Black Fibrous Homogeneous	20% Glass	80% Non-fibrous (Other)	None Detected
7 041616918-0007	E - Roof shingles	Red/Black Fibrous Homogeneous	20% Glass	80% Non-fibrous (Other)	None Detected
8 041616918-0008	3rd fl - Brown 1x1 sticky FT	Brown Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
9 041616918-0009	1st fl - 2x4 CT	Tan Fibrous Homogeneous	50% Cellulose 30% Min. Wool	20% Non-fibrous (Other)	None Detected
10 041616918-0010	1st fl - 12" FT at bar area (white)	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
11 041616918-0011	1st fl - 12" FT mastic sample #10 (yellow)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12 041616918-0012	1st fl - 12" FT-blue-green	Blue/Green Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
13 041616918-0013	1st fl - Mastic for #12 (yellow)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected

Initial Report From: 06/24/2016 10:46:21



**EMSL Analytical, Inc.**  
 200 Route 130 North Cinnaminson, NJ 08077  
 Tel/Fax: (800) 220-3675 / (856) 786-5974  
 http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order: 041616918  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
14 041616918-0014	1st fl other side of bar area - 12" FT (black)	Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
15 041616918-0015	1st fl - Mastic for #14 (yellow)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
16 041616918-0016	1st fl-Rear bathroom area - Sheet floor	Gray Non-Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected
17 041616918-0017	1st fl-Rear bathroom area - Mastic for #16	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected

Analyst(s)  
 Benjamin Verghese (3)  
 Keishla Vazquez Caraballo (17)

  
 Benjamin Ellis, Laboratory Manager  
 or Other Approved Signatory

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 Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AHA-LAP, LLC-IHLAP Lab 100194, NYS ELAP 10672, NJ DEP 03036, PAID# 68-00367

Initial Report From: 06/24/2016 10:46:21

68-70 Blackstone



EMSL ANALYTICAL, INC.  
CALCULATED FROM PRODUCT INVENTORY

Asbestos Bulk Building Material  
Chain of Custody

EMSL Order Number (Lab Use Only):

EMSL ANALYTICAL, INC.  
200 ROUTE 130 NORTH  
CINNAMINSON, NJ 08077  
PHONE: (800) 220-3675  
FAX: (856) 786-5974

24  
HR  
TAT

Company: <b>VORTEX INC.</b>		EMSL-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street: <b>P.O. Box 6060</b>		Third Party Billing requires written authorization from third party	
City: <b>WARWICK</b>	State/Province: <b>RJ</b>	Zip/Postal Code: <b>02807</b>	Country: <b>USA</b>
Report To (Name): <b>JOHN CARBONE</b>		Telephone #: <b>401-640-9331</b>	
Email Address: <b>jc.vortex@gmail.com</b>		Fax #: <b>401-738-7869</b>	Purchase Order:
Project Name/Number: <b># 16-244</b>		Please Provide Results: <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Email	
U.S. State Samples Taken: <b>RJ</b>		CT Samples: <input type="checkbox"/> Commercial/Taxable <input type="checkbox"/> Residential/Tax Exempt	
Turnaround Time (TAT) Options* - Please Check			
<input type="checkbox"/> 3 Hour <input type="checkbox"/> 6 Hour <input checked="" type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input type="checkbox"/> 96 Hour <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Week			
*For TEM Air 3 hr through 6 hr, please call ahead to schedule. There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with EMSL's Terms and Conditions located in the Analytical Price Guide.			
PLM - Bulk (reporting limit)		TEM - Bulk	
<input checked="" type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) Point Count <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) Point Count w/Gravimetric <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%) <input type="checkbox"/> NIOSH 9002 (<1%) <input type="checkbox"/> NY ELAP Method 198.1 (friable in NY) <input type="checkbox"/> NY ELAP Method 198.6 NOB (non-friable-NY) <input type="checkbox"/> OSHA ID-191 Modified <input type="checkbox"/> Standard Addition Method		<input type="checkbox"/> TEM EPA NOB - EPA 600/R-93/116 Section 2.5.5.1 <input type="checkbox"/> NY ELAP Method 198.4 (TEM) <input type="checkbox"/> Chalfield Protocol (semi-quantitative) <input type="checkbox"/> TEM % by Mass - EPA 600/R-93/116 Section 2.5.5.2 <input type="checkbox"/> TEM Qualitative via Filtration Prep Technique <input type="checkbox"/> TEM Qualitative via Drop Mount Prep Technique Other:	
<input type="checkbox"/> Check For Positive Stop - Clearly Identify Homogenous Group		Date Sampled:	
Samplers Name: <b>JOHN CARBONE</b>		Samplers Signature: <i>[Signature]</i>	
Sample #	HA #	Sample Location	Material Description
1		3RD FL - PASTER	
2		"	
3		3RD FL - 1X1 C.T.	
4		ATTIC - PASTER	
5		2nd Fl. - SHEET FLOOR - CLOSET	
6	E	ROOF SHINGLES	
7	E	"	
8		3RD FL. - BROWN 1'X1' STICKY KIT.	
9		1ST FL - 2X4 CT	
10		1ST FLOOR 12" FT. @ BATH AREA (WHITE)	
Client Sample # (s): <b>17</b>		Total # of Samples: <b>17</b>	
Relinquished (Client): <i>[Signature]</i>		Date: <b>6/22/16</b>	Time:
Received (Lab):		Date:	Time:
Comments/Special Instructions:			





**VORTEX INC.**

ENVIRONMENTAL MANAGEMENT • CONSULTING • TRAINING  
MAILING ADDRESS: P.O. BOX 6060 • WARWICK, RI 02887-6060

**Rhode Island Department of Health**

**Asbestos Program**

**Asbestos Inspector**

**JOHN CARBONE**

Exp. Date: 03/31/2017

License #: AAC-0177

Member of C.O.N.E.S.



**Rhode Island Department of Health**

**Asbestos Program**

**Asbestos Project Designer**

**JOHN CARBONE**

Exp. Date: 03/31/2017

License #: AAC-0177

Member of C.O.N.E.S.



**Rhode Island Department of Health**

**Asbestos Program**

**Asbestos Management Planner**

**JOHN CARBONE**

Exp. Date: 03/31/2017

License #: AAC-0177

Member of C.O.N.E.S.



TRAINING CENTER: 3670 West Shore Road - Suite #1 • Warwick, RI 02886 • FAX (401) 738-7869  
(401) 738-7710 • 1-800-VORTEXX • WWW.1800VORTEXX.COM

*"Celebrating 25 years of Services"*

**CITY OF WOONSOCKET  
RHODE ISLAND  
FINANCE DEPARTMENT**

**BID PROPOSAL**

**58-60 Blackstone Street, Plat 14A Lot 392  
68-70 Blackstone Street, Plat 14A Lot 275**

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 two above referenced properties if awarded as one contract.

TOTAL PRICE: \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BY (person): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**CITY OF WOONSOCKET  
RHODE ISLAND  
FINANCE DEPARTMENT**

**BID PROPOSAL  
1055-1057 Social Street, Plat 35E, Lot 162**

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

<u>DESCRIPTION</u>	<u>TOTALS</u>
Disconnection of all utilities (water, sewer, gas, electric, cable) required to obtain demolition permit.	\$ _____
Complete demolition of a 71' x 34' three and one half story multi-family wood framed building.	\$ _____
Removal and proper disposal of all building materials, building components and all contents within the structure and on the property.	\$ _____
<b><u>Special Provisions:</u></b> Foundation walls are to remain intact to retain the surrounding soil and walks. Basement window openings at the front side are to be filled with cement block and pointed.	\$ _____
Install gravel to fill the base at the front foundation wall to create the required slope and then cap with medium sized (6-9 inch) riprap stone a minimum of 1.5 feet deep.	\$ _____
Installation of a new 4' chain link fence outside the front and left side foundation walls. There shall be a lockable gate at the left front side. 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%
<b>TOTAL PRICE:</b>	<b>\$ _____</b>

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

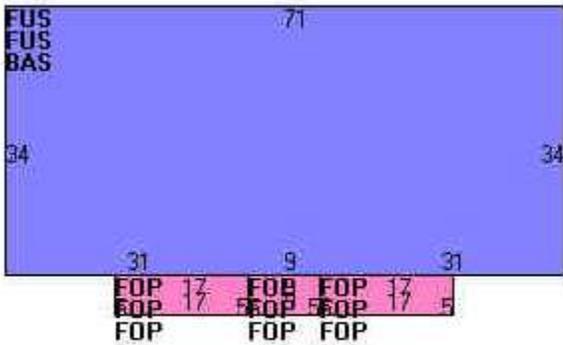
BY (person): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

# 1055 Social Street



RIDOH;  Owner:  Spare

# VORTEX

## Asbestos Abatement Plan

**Demolition - Rear Sidewall Transite Shingles**  
Multi-Family Dwelling, 1055 - 1059 Social St., Woonsocket, RI





STATE OF RHODE ISLAND AND WOONSOCKET PLANTATIONS  
Department of Health  
Division of Occupational and Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1) Building Owner's name:

**CITY OF WOONSOCKET**

2) Application prepared by:

**JOHN CARBONE  
RI Cert. #: 177PD  
(401) 738-7710**

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

**DEPT. OF PLANNING & DEVELOPMENT**

Street: **169 MAIN STREET  
P.O. BOX B**  
City, State: **WOONSOCKET, RI**  
Zip code: **02895**  
Tel. #: **401-767-9233**

4) Person to be contacted regarding this application:

Name: **TOM KOBACK**  
Tel. #: **401-767-9233**

---

5) Location where abatement work will be performed:

Name: **COMMERCIAL / MULTI-FAMILY RESIDENCE**  
Street: **1055-1059 SOCIAL STREET**  
City, State: **WOONSOCKET RI** zip code: **02895**

---

6) Is this application being submitted in response to a "Notice of Requirement to Submit and Asbestos Abatement Plan?"

YES                       NO

If yes, what is the due date for submittal of Asbestos Plan?

Evaluation Number on the notice:

---

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

Name: **TO BE DETERMINED**                      RI License #: LAC - - 000

---

8) Estimated starting date of abatement work: **JUNE 2016**

---

9) Estimated completion date of abatement work: **WITHIN 1 WEEK**

---

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

Removal Enclosure Asphalt Roofing  
Encapsulation  Demolition Operations & Maintenance only

Other  
**EXTERIOR TRANSITE SIDING SHINGLES**

---

11) Type of Building: Basement  
Privately owned building  
 Publicly owned building  
Residence  
Other (specify)

---

12) Building Access: Public Access (>25% of building area)  
Limited Public Access (<25% of building area)  
 No Public Access

---

13) Bulk Sample collection and analysis

A) Person collecting bulk samples

Name: **JOHN CARBONE** AAC Certification #: **177IS**

B) Sampling Methodology:

EPA AHERA Sampling Requirements [40 CFR 763.86]

EPA's Asbestos containing Material in Buildings: A Guidance Document (EPA-450/2-78-014) or Guidance for Controlling Asbestos Containing Materials – 1985 Edition (EPA-560-5-85-024).

Other (specify below)

C) Laboratory performing the analysis of the bulk samples.

Name: **EMSL**  
RI Cert. #: **075T3**

D) Analytical Methodology

EPA Interim Method for the determination of Asbestos in Bulk Insulation samples [PLM Method only]

Other (specify below)

---

14) Pre-abatement Air Sampling Collection and Analysis:

**NONE REQUIRED  
REFER TO ATTACHMENT #1**

A) Person collecting pre-abatement air samples:  
Name:

Affiliation:

B) Laboratory performing analysis of pre-abatement air samples:  
Name:

RI Cert No: AAL-

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

NIOSH Method 7400 A  
OSHA 29 CFR 1926.58 – Appendix A & B  
Other (specify below)

---

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

**REMOVED IN A CLOSED DUMPSTER, NO HAULER SELECTED YET.**

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

**UNKNOWN**

16) Person designated as compliance monitor for abatement work. (Not required)

Name: **N/A**

Affiliation:

---

17) In-process & clearance air sampling

**NONE REQUIRED  
REFER TO ATTACHMENT #1**

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 f/cc) 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.

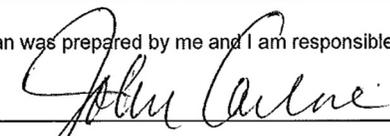
d) Describe on an attachment, the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (<0.01 f/cc) is exceeded during final clearance testing.

---

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.

**AREA "A" - REAR - EXTERIOR WALL**

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

Signature:  Date: 5, 2, 16

Name: **JOHN CARBONE**

Affiliation: **VORTEX INC.**

20) Asbestos Abatement Plan Application Fee:

Operations and Maintenance only	\$75
Up to one (1) NESHAP Units	\$75
Between one (1) and ten (10) NESHAP Units	\$300
<b>X</b> Between ten (10) and fifty (50) NESHAP Units	\$600
Over fifty (50) NESHAP Units	\$900
Amendment Fee	\$150

Agency Use only

STATE OF RHODE ISLAND AND WOONSOCKET PLANTATIONS  
Department of Health  
Division of Occupational and Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN  
Supplemental Information: Area Description and Proposed remedy

BUILDING LOCATION: **EXTERIOR REAR**

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, Evaluation number, etc.)

**AREA 'A'**

(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).

**REFER TO ATTACHMENT #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).

**REFER TO ATTACHED DRAWING A1**

(4) Proposed remedies:

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

**REFER TO ATTACHMENT #3**

4) Proposed remedies [continued]

B) Will any portion of this area be abated by use of B.8 Work Procedures?

YES                      NO

If yes, indicate below which ACM 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)

**3,500 S.F. EXTERIOR SIDEWALL SHINGLES**

B.8.7 (GLOVEBAG)

B.8.8 (ASPHALT ROOFING)

---

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

YES                       NO

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

---

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.

**REFER TO ATTACHMENT #4**

---

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 #1**

### **WAIVER OF PRE-ABATEMENT, IN-PROCESS AND CLEARANCE AIR SAMPLING**

Due to abatement being performed from the exterior, we are requesting waiver of pre-abatement, in-process and final air clearance testing. In lieu of area testing, the asbestos contractor is required to submit applicable OSHA compliance personnel air testing within 3 days of project completion. THE ASBESTOS DANGER SIGNS SHALL REMAIN ON THE BUILDING ENTRANCES UNTIL DEMOLITION COMMENCES.

## **ATTACHMENT #2**

### **DESCRIPTION OF ASBESTOS CONTAINING MATERIALS**

**AREA "A" - EXTERIOR - REAR SIDEWALL SHINGLES** - there is approximately **3,500 S.F.** of ACM transite sidewall shingles attached to the rear [river side] of this dwelling [all floor levels]. The ACM is in fair condition.

## **ATTACHMENT #3**

### **Interim Operations and Maintenance Program**

The building owner is aware of the asbestos containing materials within these areas. These people have been or will be educated and advised not to disturb the asbestos-containing materials due to the potential health effects if asbestos fibers become airborne. All building owner employees have been or will be notified as to the presence of asbestos-containing building materials within the specific areas. Any outside contractor will sign a document stating that he has been made aware of the presence and location of the asbestos-containing materials within these areas. Also, the building owner representative(s) are responsible for presenting information to the building occupants of any asbestos abatement activities being conducted. This will be accomplished by posting memo's and/or posting of caution/warning signs at the all entrances to the building during such activities.

### **Accidental Disturbance of Asbestos-Containing Materials**

All personnel were, at the time of the inspection, aware of the potential presence of ACBM within the areas of concern. The information below outlines the procedures that will be followed in an event of an accidental asbestos fiber release within the building prior to razing. If an asbestos-containing material becomes disturbed within the criteria of a minor fiber release (less than 10 linear feet or 25 square feet of ACBM), a trained "R.I. Competent Person" may perform the clean-up, removal, encapsulation, or enclosure abatement activities utilizing spot repair/removal techniques. During these

spot abatement techniques, access to the area shall be restricted to only those trained individuals, signs shall be posted, and HVAC (if applicable) shall be shut down and locked out. If a major fiber release occurs (greater than 10 linear feet or 25 square feet of ACM), the clean-up, removal, encapsulation, or enclosure abatement activities must be completed by a R.I. Department of Health (R.I. DOH) certified asbestos abatement contractor. Regardless of the amount of asbestos to be abated, the effected area must be isolated and entry to the area restricted to only those trained/certified personnel.

## **ATTACHMENT #4**

### **WAIVER & ALTERNATE PROCEDURES**

#### **ASBESTOS CONTAINING TRANSITE SIEWALL SHINGLE ABATEMENT PROCEDURES**

The asbestos contractor shall comply with the following alternate work practices involving the abatement of ACM transite shingle material from the REAR sidewall from all vertical levels. All work to be performed from the exterior side of the building.

- 1) Install applicable ASBESTOS WARNING signs around building.
- 2) Install ASBESTOS barrier tape at perimeter (within 20 feet) around wall areas requiring transite abatement.
- 3) EXTERIOR - Install two layers of ground polyethylene underneath the wall areas requiring transite abatement.
- 4) Attach to building base and extend outwards 10' from the building [if possible].
- 5) Install a remote three chamber decon unit adjacent to the work area.
- 6) Workers shall don, at a minimum, two (2) disposable suits and proper respiratory protection (per abatement companies Respiratory Protection Program).
- 7) From the exterior, spray all affected ACM transite shingle areas requiring abatement with amended water.
- 8) Remove transite shingles from the top downward, wrap in 2 – 6 mil thick polyethylene, properly label and discard as asbestos waste.
- 9) Apply an encapsulant to the abated wood wall surfaces.
- 10) Continue to next wall area and proceed until completed with shift/project.
- 11) At the end of each work day, HEPA vacuum ground polyethylene, roll inward, then place within 2-6 mil thick poly asbestos bags, seal, label and discard as asbestos waste.
- 12) Decontaminate decon unit and store for evening.
- 13) Remove and properly dispose of barrier tape and signs.
- 14) Remove PPE and discard and/or decontaminate appropriately.
- 15) Next day, begin with step #1 through #14.

All other B.8.2 and B.8.3 Work Practices not listed shall apply to include wetting of material, HEPA vacuum, encapsulate removed areas, etc.



**EMSL Analytical, Inc.**

200 Route 130 North Cinnaminson, NJ 08077  
Tel/Fax: (800) 220-3675 / (856) 786-5974  
http://www.EMSL.com / cinnaslab@EMSL.com

EMSL Order: 041609476  
Customer ID: VORT50  
Customer PO:  
Project ID:

Attention: John Carbone  
Vortex, Inc.  
PO Box 6060  
Warwick, RI 02887-6060  
Project: #16-149B  
Phone: (401) 640-9331  
Fax: (401) 738-7869  
Received Date: 04/14/2016 9:30 AM  
Analysis Date: 04/14/2016  
Collected Date:

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
44 041609476-0001	Water Side - Siding	Gray Non-Fibrous Homogeneous		85% Non-fibrous (Other)	15% Chrysotile

Analyst(s)  
Dante Fricker (1)

Benjamin Ellis, Laboratory Manager  
or Other Approved Signatory

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Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AIHA-LAP, LLC-IHLAP Lab 100194, NYS ELAP 10872, NJ DEP 03036, PA ID# 68-00367

Initial Report From: 04/14/2016 18:08:38



**EMSL Analytical, Inc.**

200 Route 130 North Cinnaminson, NJ 08077  
 Tel/Fax: (800) 220-3675 / (856) 786-5974  
 http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order: 041608969  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

**Attention:** John Carbone  
 Vortex, Inc.  
 PO Box 6060  
 Warwick, RI 02887-6060

**Phone:** (401) 640-9331  
**Fax:** (401) 738-7869  
**Received Date:** 04/08/2016 9:30 AM  
**Analysis Date:** 04/08/2016  
**Collected Date:**

**Project:** 16-149

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos % Type
			% Fibrous	% Non-Fibrous	
1 041603969-0001	Red Paper Under Wood Siding	Red/Pink Fibrous Homogeneous	98% Cellulose	2% Non-fibrous (Other)	None Detected
2 041603969-0002	3R-Kitchen Sheet Floor-2nd Layer	Brown Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
3 041603969-0003	3R-Kitchen Mastic for #2 (Y)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
4 041603969-0004	3R-Plaster Brown Coat	Brown Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
5 041603969-0005	3R-Plaster- Top Coat White	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
6 041603969-0006	1R-Kitchen Floor-Bottom Layer	Brown/Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
7 041603969-0007	1R-Mastic for #6 (Y)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
8 041603969-0008	2R-Swirl Ceiling Plaster (White)	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
9 041603969-0009	2R-Brown Coat Underneath	Brown Non-Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
10 041603969-0010	1R-Plaster (Grey)	Gray Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
11 041603969-0011	1R-Popcorn Ceiling (White)	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
12 041603969-0012 <i>Bag is empty</i>	2R-Kitchen Ceiling (1'x1' CT)				Insufficient Material
13 041603969-0013	3R-Kitchen 12" FT-Top Layer	White/Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
14 041603969-0014	3R-Mastic for #13 (Y)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
15 041603969-0015	2L-Kitchen Wall Material Over Wall Paper	Tan/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected

Initial Report From: 04/08/2016 17:22:51



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 http://www.EMSL.com / cinnaslab@EMSL.com

EMSL Order: 041608969  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
16 041603969-0016	2R-Bathroom-Floor Tile	Yellow Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
17 041603969-0017	2R-Kitchen Floor (Brown)-Bottom Layer	Brown Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
18 041603969-0018	2R-Mastic for #17	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
19 041603969-0019	2L-Kitchen F.T-2nd Layer Tan	Tan Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
20 041603969-0020	2L-Black Backing for #19	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
21 041603969-0021	2L-Kitchen 12" FT-Top Layer	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
22 041603969-0022	2R-Mastic for #21	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
23 041603969-0023	1L-Kitchen 12" FT	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
24 041603969-0024	1L-Mastic for #23	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
25 041603969-0025	1L-Ceiling Swirl (White)	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
26 041603969-0026	1L-Ceiling Plaster (Grey)	Gray Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
27 041603969-0027	1R-Kitchen Floor-Top Layer	White/Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
28-Sheet Flooring 041603969-0028	1R-Bottom Layer Attached to #27	Brown/Gray Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
28-Mastic 041603969-0028A	1R-Bottom Layer Attached to #27	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
29 041603969-0029	2L-Kitchen 12" FT-Top Layer	Brown Fibrous Homogeneous	25% Cellulose	75% Non-fibrous (Other)	None Detected
30 041603969-0030	2L-Kitchen Mastic for #29 (Y)	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
31 041603969-0031	2L-Wood Window Glazing-Rear of Bldg	Tan/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
32 041603969-0032	3L-Kitchen Floor (Brown)	Brown Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
33 041603969-0033	3L-Kitchen Mastic for #29 (Y)	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected

Initial Report From: 04/08/2016 17:22:51



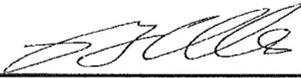
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EMSL Order: 041608969  
 Customer ID: VORT50  
 Customer PO:  
 Project ID:

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
34 041603569-0034	3L-Kitchen Plaster -Brown Coat	Brown Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected
35 041603569-0035	3L-Plaster White Skim Coat	Tan/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
36 041603569-0036	3L-Bathroom 12" FT-Bottom Layer	Tan/Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
37 041603569-0037	3L-Bathroom Mastic for #36	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
38 041603569-0038	1L-L.R-Black Paper on Floor	Black Fibrous Homogeneous	95% Cellulose	5% Non-fibrous (Other)	None Detected
39 041603569-0039	3L-Kitchen F.T-12" Bottom	Tan/Black Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
40 041603569-0040	3L-Kitchen Mastic for #39	Yellow Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
41-Roofing 041603569-0041	Roofing	Black Non-Fibrous Homogeneous	15% Cellulose	85% Non-fibrous (Other)	None Detected
41-Tar Paper 041603569-0041A	Roofing	Black Fibrous Homogeneous	80% Cellulose	20% Non-fibrous (Other)	None Detected
42-Roofing 041603569-0042	Roofing	Black Fibrous Homogeneous	20% Cellulose	80% Non-fibrous (Other)	None Detected
42-Tar Paper 041603569-0042A	Roofing	Black Fibrous Homogeneous	90% Cellulose	10% Non-fibrous (Other)	None Detected
43 041603569-0043	Wall Plaster	Gray Fibrous Homogeneous	5% Hair	95% Non-fibrous (Other)	None Detected

Analyst(s)  
 Adam Galt (45)

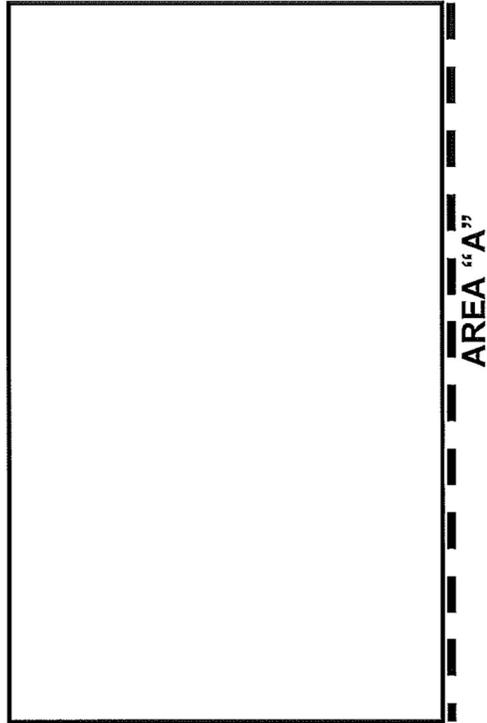
  
 Benjamin Ellis, Laboratory Manager  
 or Other Approved Signatory

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Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AIHA-LAP, LLC-IHLAP Lab 100194, NYS ELAP 10872, NJ DEP 03036, PA ID# 68-00387

Initial Report From: 04/08/2016 17:22:51

SOCIAL STREET



**TOP VIEW  
REAR SIDEWALL TRANSITE SHINGLES ["A"]  
MULTI-FAMILY DWELLING  
1055 - 1059 SOCIAL ST., WOONSOCKET, RI**

Not to scale

**DRAWING A1**

## INSURANCE REQUIREMENTS

<b>General Conditions Reference</b>	<b>Item</b>	<b>Minimum Limits</b>
	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  (C.U.* Collapse and Underground coverage to be included. Blasting and explosion coverage required, if there will be blasting under the contract.)	\$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
	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.