

**CITY OF WOONSOCKET
RHODE ISLAND**

FINANCE DEPARTMENT

INVITATION TO BID #5711

DEMOLITION AND REMOVAL OF SIX UNSAFE STRUCTURES:

**79 ASYLUM STREET
58-60 BLACKSTONE STREET
46 FIRST AVENUE
50 FIRST AVENUE
419 NORTH MAIN STREET
240-248 RIVER STREET**

**DEPARTMENT OF PLANNING
BUILDING INSPECTION DIVISION**

DECEMBER.....2015

City of Woonsocket

Bid #5711 – Demolition and Removal of Six Unsafe Structures

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**CITY OF WOONSOCKET
FINANCE DEPARTMENT**

INVITATION TO BID #5711:

DEMOLITION AND REMOVAL OF SIX UNSAFE STRUCTURES

LOCATED AT:

**79 ASYLUM STREET
58-60 BLACKSTONE STREET
46 FIRST AVENUE
50 FIRST AVENUE
419 NORTH MAIN STREET
240-248 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 Wednesday, January 13, 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 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 Building Official, Lawrence Desormier, at (401) 767-9246 or (401) 767-9238 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.

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 Capital Hill
Providence, RI 02600-2087
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 ASBESTA 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.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
79 Asylum Street, Plat 3D Lot 3**

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 56' x 28' multi family wood framed building with a 20' x 24' rear addition, two and one half stories high and a single story addition 14' x 18' with handicap ramp. | \$ _____ |
| 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: _____

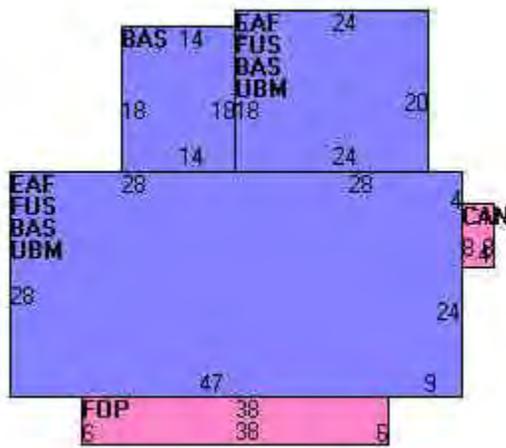
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

79 ASYLUM STREET



___ RIDOH; ___ Owner: ___ Spare

VORTEX

ASBESTOS ABATEMENT PLAN - DEMOLITION
COMMERCIAL / RESIDENCE BLDG.
79 ASYLUM ST., WOONSOCKET, RI

Rhode Island Department of Health
Notarized Certification of Asbestos Abatement Plan

Facility: **COMMERCIAL / RESIDENCE BLDG.** Amend/Plan: **NEW**
Address: **79 ASYLUM 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:

Type of Asbestos Abatement:

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

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: **JOHN CARBONE** Certification #: AAC- **177IS**
Bulk samples analyzed by: **EMSL** Certification #: AAL- **075T3**
Air samples analyzed by: **NONE REQUIRED** Certification #: AAL-

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 *N. David Bouley* Title: *Director*
(Signature of building owner or agent)

N. David Bouley Date: *12/08/15*
(typed/printed name of Certifier)

Subscribed and sworn before me this *8th* day of *December*, 201*5*
Susan DiCollella My Commission expires: *6/28/17*

AFFIX NOTARY SEAL HERE

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 / RESIDENCE BUILDING**
Street: **79 ASYLUM 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 X 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: **JANUARY 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 | <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

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.

FIRST 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: **FIRST 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 A - SMALL BATHROOM

(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) FLOOR TILE - 50 S.F.
- 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: **FIRST 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) FLOOR TILE - 1,200 S.F.
- 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 FIRST FLOOR

AREA "A" - SMALL BATHROOM - there is approximately **50 S.F. of 9" square ACM floor tile [mastic is negative]** located within this bathroom. The ACM is exposed/visible in poor condition.

AREA "B" - THROUGHOUT ENTIRE FIRST FLOOR LEVEL - there is *assumed* to be approximately **1200 S.F. of 9" square ACM floor tile [mastic is negative]** located underneath several layers of plywood flooring and non-ACM 12" square floor tile. The contractor is required to remove all plywood subflooring to expose the original floor covering. Once exposed, the 9" floor tile will be quantified then abated. If any 9" floor tile delaminates during the plywood removal operation...that plywood will also be disposed as ACM waste. The ACM is assumed to be in fair/poor 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 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: 041534340
 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: #15-364E / Asylum

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 041534340-0001 | Sheet Floor under LVAN 12"x12"- 1st Floor Hall @ Bathroom | Brown Fibrous Homogeneous | 20% Cellulose | 80% Non-fibrous (Other) | None Detected |
| 2 041534340-0002 | 2x2 C.T. | White Fibrous Homogeneous | 60% Cellulose 30% Min. Wool | 10% Non-fibrous (Other) | None Detected |
| 3 041534340-0003 | 2x4 C.T. | Brown/White Fibrous Homogeneous | 45% Cellulose 30% Min. Wool | 25% Non-fibrous (Other) | None Detected |
| 4 041534340-0004 | 1'x1' Spline above 2x2 C.T. | Brown/White Fibrous Homogeneous | 90% Cellulose | 10% Non-fibrous (Other) | None Detected |
| 5 041534340-0005 | Chimney Flue Packing | Gray Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 6 041534340-0006 | 12"x12" F.T. (White)- 1st Floor Hallway | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 7 041534340-0007 | Mastic for #6 (Y) | Yellow Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 8 041534340-0008 | Small Bathroom- 9" F.T. | Brown Non-Fibrous Homogeneous | | 98% Non-fibrous (Other) | 2% Chrysotile |
| 9 041534340-0009 | Mastic for #8 (BL) | Black Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 10 041534340-0010 | J.C. - New Construction | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 11 041534340-0011 | Kitchen- Sheet Floor | Tan Fibrous Homogeneous | 26% Cellulose | 75% Non-fibrous (Other) | None Detected |
| 12 041534340-0012 | Mastic for #11 | Black Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 13 041534340-0013 | Plaster on Stone Foundation | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 14 041534340-0014 <i>Recommend TEM</i> | 12"x12" FT next to Kitchen- Grey | Gray Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 15 041534340-0015 | Mastic for #14 (Y) | Yellow Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |

Initial Report From: 11/19/2015 07:27:34



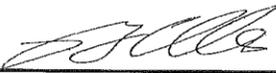
EMSL Analytical, Inc.
 200 Route 130 North Cinnaminson, NJ 08077
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EMSL Order: 041534340
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Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

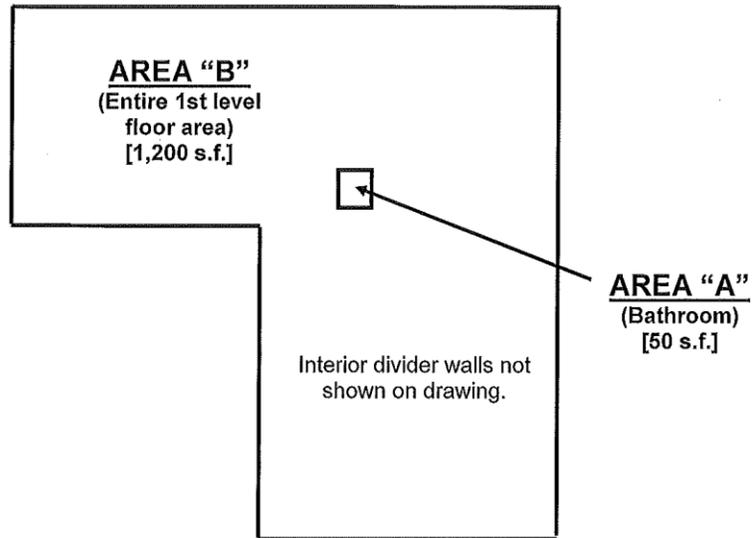
| Sample | Description | Appearance | Non-Asbestos | | Asbestos |
|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|---------------|
| | | | % Fibrous | % Non-Fibrous | % Type |
| 16 041534340-0016 Recommend TEM | Left Front- 12" FT Green/ Blue | Green Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 17 041534340-0017 | Mastic for #16 (Y) | Tan Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 18 041534340-0018 | Plaster on Wood Lath | Gray Fibrous Homogeneous | 10% Cellulose 5% Hair | 85% Non-fibrous (Other) | None Detected |
| 19 041534340-0019 | Plaster (orig) | Gray Fibrous Homogeneous | 10% Cellulose 5% Hair | 85% Non-fibrous (Other) | None Detected |
| 20 041534340-0020 | Plaster (orig) | Gray Fibrous Homogeneous | 10% Cellulose 5% Hair | 85% Non-fibrous (Other) | None Detected |
| 21 041534340-0021 | Asphalt Roof | Black Fibrous Homogeneous | 25% Glass | 75% Non-fibrous (Other) | None Detected |
| 22 041534340-0022 | Asphalt Roof | Black Fibrous Homogeneous | 25% Glass | 75% Non-fibrous (Other) | None Detected |

Analyst(s)
 Andrew Coward (21)
 Samantha Rundstorm-Cruz (1)


 Benjamin Ellis, Laboratory Manager
 or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-fibrous organically bound materials present a problem matrix and therefore EMSL recommends grain-size reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. insulation, wallboard, etc.) are reported as a single sample. Reporting limit is 1%
 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: 11/19/2015 07:27:34



**TOP VIEW - FIRST FLOOR
RESIDENTIAL BLDG.
79 ASYLUM STREET, WOONSOCKET, RI**

Not to scale

DRAWING A1

**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. | \$ _____ |

Special Provisions:

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: _____

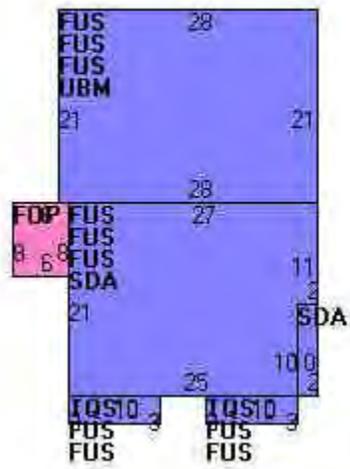
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

58-60 BLACKSTONE STREET



VORTEX

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

____ RIDOH; ____ Owner: ____ Spare

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

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**

2) Application prepared by:

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

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

8) Estimated starting date of abatement work: **JANUARY 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 | <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

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)

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.

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**

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) **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 "gutted". 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.



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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

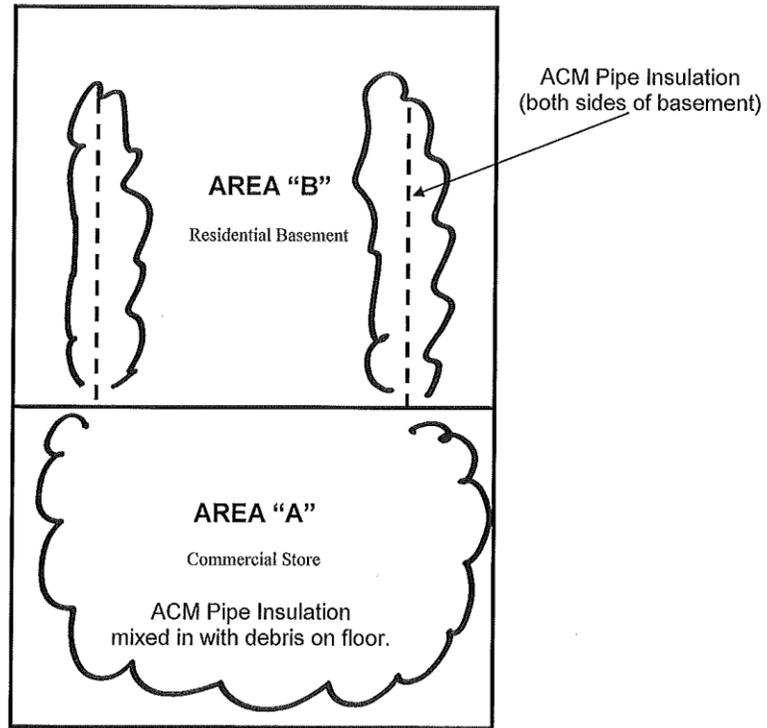
| Sample | Description | Appearance | Non-Asbestos | | Asbestos |
|---------------------------------|--|-------------------------------|--------------------------------|--------------------------|----------------|
| | | | % Fibrous | % Non-Fibrous | % Type |
| 1 041534379-0001 | 1st Floor Front- Pipe Insulation Pile-Rubble | Tan Non-Fibrous Homogeneous | | 40% Non-fibrous (Other) | 60% Chrysotile |
| 2-Shingle 041534379-0002 | Ext. Asphalt Siding under Siding | Black Fibrous Homogeneous | 20% Cellulose | 80% Non-fibrous (Other) | None Detected |
| 2-Insulation 041534379-0002A | 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

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Reporting limit is 1%
 Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AHA-LAP, LLC-IHLAP Lab 100194, NYS ELAP 10872, NJ DEP 03036, PA ID# 08-00367

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



**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
46 First Avenue, Plat 6C Lot 260**

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 26' x 31' one and one half stories single family wood framed building. | \$ _____ |
| 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: _____

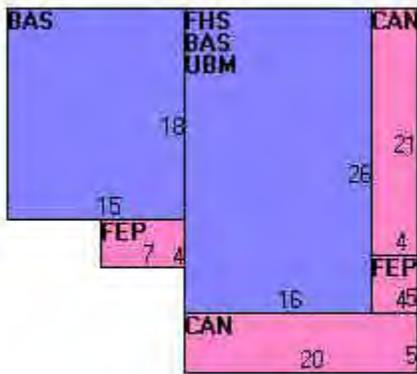
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

46 FIRST AVENUE



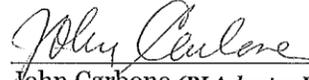
Vortex Inc.

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

ASBESTOS INSPECTION REPORT

REPORT DATE: November 23, 2015
INSPECTION DATE: November 10, 2015
REPORT TO: Tom Koback
City of Woonsocket - Bldg. Dept.
INSPECTION LOCATION: **Single Family Residence**
46 First 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 - "popcorn" ceiling, sheet flooring, wood window glass glazing, gypsum board/joint compound, **chimney flue packing material.**
- Exterior - asphalt roof shingles [2 layers]

Only the chimney flue packing material [total of 5 s.f.] located in the basement and attached to the boiler flue pipe and the chimney side wall contains asbestos.

Otherwise, lab analysis of the other above mentioned building materials confirms they do NOT contain asbestos. Refer to the attached EMSL Lab Report for sample confirmation.

RECOMMENDATIONS: Prior to building razing, the asbestos containing chimney flue packing material must be properly abated and disposed. This abatement can be performed per "Spot Removal" Procedures per RIDOH Asbestos Control Regulation -Section B.10 and applicable EPA, NESHAP, OSHA Regulations. Once completed.....

This residence may be razed at that 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 / cinnaslab@EMSL.com

EMSL Order: 041534378
 Customer ID: VORT50
 Customer PO:
 Project ID:

Attention: John Carbone
 Vortex, Inc.
 PO Box 6060
 Warwick, RI 02887-6060
 Project: #15-364C / 46 1st Street

Phone: (401) 640-9331
 Fax: (401) 738-7869
 Received Date: 11/18/2015 8:00 AM
 Analysis Date: 11/18/2015
 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 % Type |
|----------------------|----------------------------|--------------------------------|----------------------------|--------------------------|-----------------|
| | | | % Fibrous | % Non-Fibrous | |
| 1 041534378-0001 | Roof Shingle- Top Layer | Black Fibrous Homogeneous | 15% Cellulose | 85% Non-fibrous (Other) | None Detected |
| 2 041534378-0002 | Roof Shingle- Bottom Layer | Black Fibrous Homogeneous | 20% Cellulose | 80% Non-fibrous (Other) | None Detected |
| 3 041534378-0003 | Kitchen- Sheet Floor | Tan Fibrous Homogeneous | 10% Cellulose 10% Glass | 80% Non-fibrous (Other) | None Detected |
| 4 041534378-0004 | Kitchen- Popcorn Ceiling | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 5 041534378-0005 | Wood Window- Glaze | Gray Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 6 041534378-0006 | Chimney Flue Packing | Gray Fibrous Homogeneous | | 80% Non-fibrous (Other) | 20% Chrysotile |
| 7 041534378-0007 | Gypsum | Brown/Gray Fibrous Homogeneous | 10% Cellulose 5% Glass | 85% Non-fibrous (Other) | None Detected |
| 8 041534378-0008 | J.C. | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 9 041534378-0009 | J.C. | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 10 041534378-0010 | J.C. | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |

Analyst(s)
 Chelsea Bilhear (10)

Benjamin Ellis, Laboratory Manager
 or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-fibrous organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request. Unless requested by the client, building materials manufactured with multiple layers (i.e. Insulcem, wallboard, etc.) are reported as a single sample. Reporting limit is 1%
 Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AHA-LAP, LLC-IHLAP Lab 100184, NYS ELAP 10872, NJ DEP 03035, PA ID# 68-00397

Initial Report From: 11/19/2015 07:57:31

46 1st St.



EMSL ANALYTICAL, INC.
LABORATORY PRODUCTS DIVISION

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

| Company: VORTEX INC. | | EMSL-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments** | |
|--|---------------------------|--|----------------------|
| Street: P.O. BOX 6060 | | Third Party Billing requires written authorization from third party | |
| City: WARWICK | State/Province: RJ | Zip/Postal Code: 02807 | Country: USA |
| Report To (Name): JOHN CARBONE | | Telephone #: 401-640-9331 | |
| Email Address: jc.vortex@gmail.com | | Fax #: 401-738-7869 | Purchase Order: |
| Project Name/Number: # 15-3640 | | Please Provide Results: <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Email | |
| U.S. State Samples Taken: RJ | | 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 <small>*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.</small> | | | |
| <input checked="" type="checkbox"/> PLM - Bulk (reporting limit) <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 | | TEM - Bulk <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: JOHN CARBONE | | Samplers Signature: <i>[Signature]</i> | |
| Sample # | HA # | Sample Location | Material Description |
| 1 | E | Roof Sample - <i>bottom layer</i> | |
| 2 | E | " <i>bottom layer</i> | |
| 3 | 1 | Kitchen - <i>Sheet rock</i> | |
| 4 | 1 | Kitchen - <i>Popcorn Ceil</i> | |
| 5 | E | Wood Window <i>Grack</i> | |
| 6 | B | Chimney <i>Flue Packing - 3rd fl</i> | |
| 7 | 2 | GYPSUM | |
| 8 | 0 | J.C. | |
| 9 | 1 | J.C. | |
| 10 | 1 | J.C. | |
| Client Sample # (s): 10 | | Total # of Samples: 10 | |
| Relinquished (Client): <i>[Signature]</i> | | Date: | Time: |
| Received (Lab): | | Date: | Time: |
| Comments/Special Instructions: | | | |

**CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT**

**BID PROPOSAL
50 First Avenue, Plat 6C Lot 264**

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 26' x 29' two story single family wood framed building. | \$ _____ |
| 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: _____

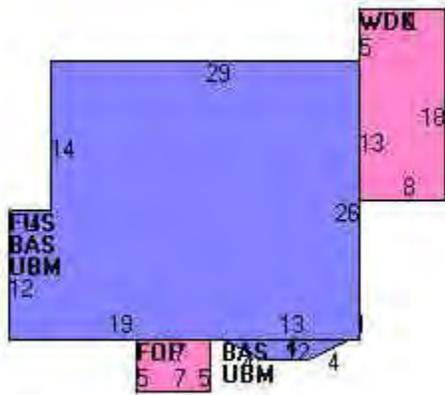
BY (person): _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

50 FIRST AVENUE



Vortex Inc.

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

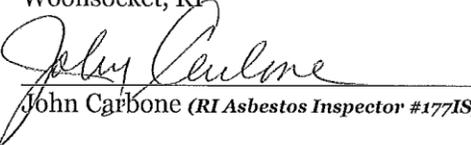
ASBESTOS INSPECTION REPORT

REPORT DATE: November 23, 2015

INSPECTION DATE: November 10, 2015

REPORT TO: Tom Koback
City of Woonsocket - Bldg. Dept.

INSPECTION LOCATION: **Single Family Residence**
50 First Street
Woonsocket, RI

INSPECTION PERFORMED BY: 
John Carbone (RI Asbestos Inspector #177IS)

INSPECTION RESULTS: The interior of this building has been condemned [windows & doors have been plywood covered] by the City of Woonsocket due to a recent fire that has made the building interior unsafe to enter. Therefore, only an exterior inspection of the building materials was performed. Visual inspection of the exterior of this building revealed the only "suspect" asbestos containing building materials identified was *asphalt roof shingles*. Lab analysis confirms these shingles do NOT contain asbestos. Refer to the attached EMSL Lab Report for sample confirmation.

This residence can be razed at this time.

However, during the building demolition process, a RIDOH licensed Asbestos Inspector must be on-site to witness the demolition process. If any suspect ACBM is identified, the demolition must stop, the suspect material is to be sampled/PLM analyzed for asbestos content or shall be assumed to contain asbestos. At that time, all asbestos related work is to comply with applicable Asbestos Regulations per RIDOH Asbestos Control, EPA, NESHAP and OSHA Regulations.



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: 041534380
 Customer ID: VORT50
 Customer PO:
 Project ID:

Attention: John Carbone
 Vortex, Inc.
 PO Box 6060
 Warwick, RI 02887-6060
 Project: #15-364A / 50 1st Street

Phone: (401) 640-9331
 Fax: (401) 738-7869
 Received Date: 11/18/2015 8:00 AM
 Analysis Date: 11/18/2015
 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 |
| 1 041534380-0001 | Roof Shingle | Black Fibrous Homogeneous | 15% Glass | 85% Non-fibrous (Other) | None Detected |
| 2 041534380-0002 | Roof Shingle | Black Fibrous Homogeneous | 15% Glass | 85% Non-fibrous (Other) | None Detected |

Analyst(s)
 Chelsey Bilhear (1)
 Samantha Rundstorm-Cruz (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# 08-00387

Initial Report From: 11/19/2015 07:40:23

50th ST.



EMSL ANALYTICAL, INC.
4500 ROUTE 130 NORTH
CINNAMINSON, NJ 08077

Asbestos Bulk Building Material Chain of Custody

EMSL Order Number (Lab Use Only):

[Empty box for EMSL Order Number]

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

| | | | |
|---|---------------------------|--|---------------------|
| Company: VORTEX INC. | | EMSL-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note Instructions in Comments** | |
| Street: P.O. BOX 6060 | | Third Party Billing requires written authorization from third party | |
| City: WARWICK | State/Province: RJ | Zip/Postal Code: 02807 | Country: USA |
| Report To (Name): JOHN CARBONE | | Telephone #: 401-640-9331 | |
| Email Address: jc.vortex@gmail.com | | Fax #: 401-738-7869 | Purchase Order: |
| Project Name/Number: # 15-364-A | | Please Provide Results: <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Email | |
| U.S. State Samples Taken: | | CT Samples: <input type="checkbox"/> Commercial/Taxable <input type="checkbox"/> Residential/Tax Exempt | |

Turnaround Time (TAT) Options* - Please Check
 3 Hour 6 Hour 24 Hour 48 Hour 72 Hour 96 Hour 1 Week 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%) | <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) |
| 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"/> Chatfield Protocol (semi-quantitative) | <input type="checkbox"/> TEM % by Mass - EPA 600/R-93/116 Section 2.5.5.2 |
| <input type="checkbox"/> NIOSH 9002 (<1%) | <input type="checkbox"/> NY ELAP Method 198.1 (friable in NY) | <input type="checkbox"/> TEM Qualitative via Filtration Prep Technique | <input type="checkbox"/> TEM Qualitative via Drop Mount Prep Technique |
| <input type="checkbox"/> NY ELAP Method 198.6 NOB (non-friable-NY) | <input type="checkbox"/> OSHA ID-191 Modified | Other | |
| <input type="checkbox"/> Standard Addillon Method | <input type="checkbox"/> | | |

Check For Positive Stop - Clearly Identify Homogenous Group Date Sampled: _____
 Samplers Name: **JOHN CARBONE** Samplers Signature: *[Signature]*

| Sample # | HA # | Sample Location | Material Description |
|----------|------|-----------------|----------------------|
| 1 | | Roof Sumpce | |
| 2 | | Roof Sumpce | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Client Sample # (s): **1, 2** Total # of Samples: **2**
 Relinquished (Client): *[Signature]* Date: **11/10/15** Time: _____
 Received (Lab): _____ Date: _____ Time: _____
 Comments/Special Instructions: _____

**CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT**

**BID PROPOSAL
419 North Main Street, Plat 20D Lot 129**

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 26' x 37' three family wood framed building, two and one half stories high with a 12' x 13' 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. | \$ _____ |

Special Provisions:

Install large 2' x 2' x 4' pre-cast concrete block retaining wall (approx. 4' X 26') at rear side between existing concrete stairs and retaining wall.
Backfill excavation to existing grade with clean suitable bank run gravel.

| | |
|--------------------------------------|-----------------|
| 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: _____

419 NORTH MAIN STREET



VORTEX

ASBESTOS ABATEMENT PLAN - DEMOLITION
MULTI-FAMILY RESIDENCE
419 N. MAIN ST., WOONSOCKET, RI

____ RIDOH; ____ Owner: ____ Spare

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

Facility: **MULTI-FAMILY RESIDENCE** Amend/Plan: **NEW**
Address: **419 MAIN 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:

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: | JOHN CARBONE | Certification #: | AAC- 177IS |
| Bulk samples analyzed by: | EMSL | Certification #: | AAL- 075T3 |
| Air samples analyzed by: | NONE REQUIRED | Certification #: | AAL- |

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: *[Signature]* Title: Director
(Signature of building owner or agent)

[Signature] Date: 12/08/16
(typed/printed name of Certifier)

Subscribed and sworn before me this 8th day of December, 2015

[Signature] My Commission expires: 6/28/17

AFFIX NOTARY SEAL HERE

8) Estimated starting date of abatement work: **JANUARY 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 | <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

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)

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: **MULTI-FAMILY RESIDENCE**

Street: **419 N. MAIN ST.**

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

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.

BASEMENT [AREAS "A" & "B"

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

Signature: _____

John Carbone

Date: _____

12, 2, 15

Name: _____

JOHN CARBONE

Affiliation: _____

VORTEX INC.

20) Asbestos Abatement Plan Application Fee:

| | |
|--|-------|
| Operations and Maintenance only | \$75 |
| <input checked="" type="checkbox"/> Up to one (1) NESHAP Units | \$75 |
| 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: **BASEMENT**

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.)

AREAS A & 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.**
FITTING INSULATION - 20 FITTINGS
- 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 BASEMENT

AREA "A" - GARAGE AREA - there is approximately **60 l.f. of ACM pipe insulation/fittings** within this area. The ACM is in poor condition.

AREA "B" - BOILER AREA - there are approximately **20 ACM fittings** attached to bare pipe within this area. Many of these fittings are missing but there is still ACM residue which must be abated. The ACM is in poor 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 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 / cinnasblab@EMSL.com

EMSL Order: 041534336
 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: 11/19/2015
 Collected Date:

Project: #15-364D / 419 N Main Street

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 |
| 1 041534336-0001 | 1st Floor Bath - Sheet Floor | Brown/White Non-Fibrous Homogeneous | 15% Cellulose | 85% Non-fibrous (Other) | None Detected |
| 2 041534336-0002 | Kitchen- Popcorn Ceiling | Tan/White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 3-Sheet Flooring 041534336-0003 | Kitchen- Sheet Floor | Brown/Beige Fibrous Homogeneous | 25% Cellulose | 75% Non-fibrous (Other) | None Detected |
| 3-Mastic 041534336-0003A | Mastic | Tan Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 4 4336-0004 | Pipe Fitting on Elbow- Air-Cell in Base | Brown/Gray Fibrous Homogeneous | | 30% Non-fibrous (Other) | 70% Chrysotile |
| 5 041534336-0005 | Popcorn Ceiling Throughout | Gray/White Fibrous Homogeneous | 5% Hair | 95% Non-fibrous (Other) | None Detected |
| 6 041534336-0006 | Plaster | Gray Fibrous Homogeneous | 15% Hair | 85% Non-fibrous (Other) | None Detected |
| 7 041534336-0007 | Plaster | Gray Fibrous Homogeneous | 10% Hair | 90% Non-fibrous (Other) | None Detected |
| 8 041534336-0008 | Plaster | Gray Fibrous Homogeneous | 8% Hair | 92% Non-fibrous (Other) | None Detected |
| 9 041534336-0009 | Wall Plaster- Brown | Brown Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 10 041534336-0010 | Wall Plaster- White Skin | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 11-Sheet Flooring 041534336-0011 | Sheet Floor- Top Layer | White Fibrous Homogeneous | 20% Cellulose 5% Glass | 75% Non-fibrous (Other) | None Detected |
| 11-Mastic 041534336-0011A | Mastic | White Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 12-Sheet Flooring 041534336-0012 | Sheet Floor- Bottom Layer | Yellow Fibrous Homogeneous | 20% Cellulose 10% Glass | 70% Non-fibrous (Other) | None Detected |
| 12-Mastic 041534336-0012A | Mastic | Yellow Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 12-Mastic 041534336-0013 | Plaster | Tan Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |

Initial Report From: 11/19/2015 07:16:49



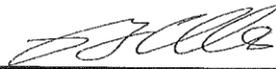
EMSL Analytical, Inc.
 200 Route 130 North Cinnaminson, NJ 08077
 Tel/Fax: (800) 220-3675 / (856) 786-5974
 http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order: 041534336
 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

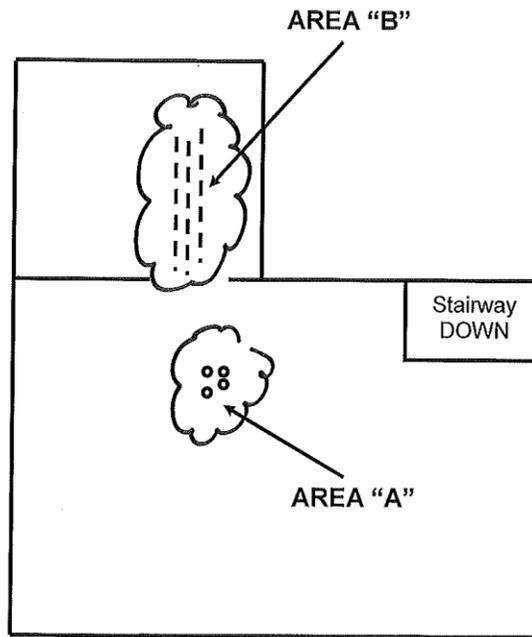
| Sample | Description | Appearance | Non-Asbestos | | Asbestos % Type |
|-------------------------------------|----------------------|--------------------------------------|---------------|--------------------------|-----------------|
| | | | % Fibrous | % Non-Fibrous | |
| 13-Base Coat 041534336-0013A | Plaster | Gray Fibrous Homogeneous | 10% Hair | 90% Non-fibrous (Other) | None Detected |
| 14-Sheet Flooring 041534336-0014 | Sheet Floor- Red | Brown/Red Fibrous Homogeneous | 20% Synthetic | 80% Non-fibrous (Other) | None Detected |
| 14-Mastic 041534336-0014A | Mastic | Yellow Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 15 041534336-0015 | 1x1 C.T. | Tan Fibrous Homogeneous | 90% Cellulose | 10% Non-fibrous (Other) | None Detected |
| 16-Shingle 041534336-0016 | Asphalt Roof Shingle | Gray/Black/Green Fibrous Homogeneous | 15% Glass | 85% Non-fibrous (Other) | None Detected |
| 16-Tar 041534336-0016A | Asphalt Roof Shingle | Black Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |
| 17-Shingle 041534336-0017 | Asphalt Roof Shingle | Gray/Black/Green Fibrous Homogeneous | 15% Glass | 85% Non-fibrous (Other) | None Detected |
| 17-Tar 1336-0017A | Asphalt Roof Shingle | Black Non-Fibrous Homogeneous | | 100% Non-fibrous (Other) | None Detected |

Analyst(s)
 Amy Johnson (3)
 Nancy Stalter (21)


 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: 11/19/2015 07:16:49



**TOP VIEW - BASEMENT
MULTI-FAMILY RESIDENCE BLDG.
419 N. MAIN STREET, WOONSOCKET, RI**

Not to scale

DRAWING A1

**CITY OF WOONSOCKET
RHODE ISLAND
FINANCE DEPARTMENT**

**BID PROPOSAL
240-248 River Street, Plat 14N, Lot 402**

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 44' x 28' two and one half story multi-family wood framed building. | \$ _____ |
| Removal and proper disposal of all building materials, building components, rear foundation wall and all contents within the structure and on the property. | \$ _____ |
| <u>Special Provisions:</u> | |
| Front and Side foundation walls are to remain intact to retain the surrounding soil and walks. | |
| Installation of a new 4' chain link fence outside the front and side foundation walls. 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: _____

240-248 RIVER STREET



Vortex Inc.

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

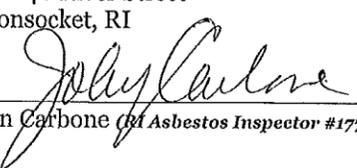
ASBESTOS INSPECTION REPORT

REPORT DATE: April 7, 2015

INSPECTION DATE: April 1, 2015

REPORT TO: Larry Desormier
City of Woonsocket - Bldg. Dept.

INSPECTION LOCATION: **Multi- Family Residence**
240-248 River Street
Woonsocket, RI

INSPECTION PERFORMED BY: 
John Carbone (RI Asbestos Inspector #1771S)

INSPECTION RESULTS: This dwelling has been condemned due to extensive fire damage and safety concerns. The doors and windows have been professionally covered with plywood. Consequently, an interior asbestos inspection cannot be performed at this time. However, EMSL lab analysis of the accessible asphalt roofing material [2 layers] **does NOT contain asbestos**. Refer to attached lab report.

Therefore, during the building demolition phase of this building, the debris shall be inspected (by a RI licensed Asbestos Inspector) prior to disposal into an onsite dumpster. If any "suspect" ACM material is found, the operation shall be immediately stop, the load of debris shall be lowered onto a polyethylene tarp, sifted through for ACM and the Asbestos Inspector shall either determine the debris material to be "assumed" positive and disposed as ACM or the suspect material shall be sampled/analyzed to prove otherwise (negative). If ACM has been identified, the abatement must be performed by a RI licensed Asbestos Contractor and an "Emergency" Abatement Plan shall be designed and submitted to the RIDOH after all ACM has been quantified then properly removed/disposed per RIDOH (B.8.6 Demolition) and NESHAP Regulations. *A copy of this report shall be submitted to the RI Dept of Health -Asbestos Division (att: John O'Brien).*



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

EMSL Order: 041509845
 CustomerID: VORT50
 CustomerPO:
 ProjectID:

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

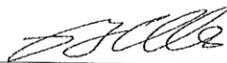
Phone: (401) 738-7710
 Fax: (401) 738-7869
 Received: 04/08/15 8:45 AM
 Analysis Date: 4/6/2015
 Collected: 4/1/2015

Project: # River

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 |
| 1 041509845-0001 | - Roof - Brown | Black Fibrous Homogeneous | 20% Cellulose | 80% Non-fibrous (other) | None Detected |
| 2 041509845-0002 | - Roof - Black | Black Fibrous Homogeneous | 20% Cellulose | 80% Non-fibrous (other) | None Detected |

Analyst(s)
 Samantha Rundstrom (2)


 Benjamin Ellis, Laboratory Manager
 or other approved signatory

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 Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NYLAP Lab Code 101049-0, A1A-LAP, LLC-III LAP Lab 100104, NYS ELAP 10872, NJ DEP 03936, PA ID# 68-00357

Initial report from 04/07/2015 07:44:01

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.