

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B04502
TITLE: ASBESTOS REMOVAL-VARLEY BLDG
BID OPENING DATE AND TIME:
12/09/2004 10:30 AM

BUYER: JOHN O'HARA
 PHONE #: (401) 222 - 2142 ext. 125

B ADMINISTRATION
I DOA CENTRAL BUSINESS OFFICE
L ADMINISTRATIVE SERVICES
L ONE CAPITOL HILL, 4TH FLOOR
T SMITH ST
O PROVIDENCE RI 02908

S ADMINISTRATION
H DOA CENTRAL SERVICES
I SPECIAL INSTRUCTIONS
P SEE BELOW RI N/A
T
O

Requisition Number(s): R68A053971

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>ASBESTOS REMOVAL FROM VARLEY BLDG PER ATTACHED ABATEMENT PLAN</p> <p>BIDDERS ARE ADVISED THAT ALL PROVISIONS OF TITLE 37 CHAPTER 13 OF THE GENERAL LAWS OF RHODE ISLAND APPLY TO THE WORK COVERED BY THIS REQUEST, AND THAT PAYMENT OF THE GENERAL PREVAILING RATE OF PER DIEM WAGES AND THE GENERAL PREVAILING RATE FOR REGULAR, OVERTIME, AND OTHER WORKING CONDITIONS EXISTING IN THE LOCALITY FOR EACH CRAFT, MECHANIC, TEAMSTER, OR TYPE OF WORKMAN NEEDED TO EXECUTE THIS WORK IS A REQUIREMENT FOR BOTH CONTRACTORS AND SUBCONTRACTORS. THE PREVAILING WAGE TABLE MAY BE OBTAINED AT THE RI DIVISION OF PURCHASES HOME PAGE BY INTERNET at www.purchasing.state.ri.us. SELECT "INFORMATION" AND THEN SELECT "PREVAILING WAGE TABLE". THE STATE OF RHODE ISLAND USES THE GENERAL DECISION NUMBER RI20030001. PRINTING THE ENTIRE DOCUMENT AVERAGES APPROXIMATELY ONE MINUTE PER PAGE - YOU MAY WANT TO PRINT ONLY THE PAGES APPLICABLE TO YOUR BID. BIDDERS NOTE: IN THE EVENT THIS BID SPECIFIES PRICE OFFERS ON A TIME-AND-MATERIALS BASIS, i.e., AN HOURLY RATE, ANY OR ALL BIDS SUBMITTED IN AN AMOUNT LESS THAN THE PREVAILING RATE IN EFFECT FOR THE WORK COVERED BY THIS REQUEST AS OF THE DATE OF BID ISSUANCE SHALL BE REJECTED BY THE DIVISION OF PURCHASES.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

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RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.</p>				

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	<p>NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD:</p> <ul style="list-style-type: none"> * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION. <p>BIDDERS ARE RESPONSIBLE FOR INSPECTION OF EQUIPMENT AND/OR LOCATION, TAKING MEASUREMENTS* WHEN REQUIRED, AND MAKING THEMSELVES AWARE OF THE TOTAL REQUIREMENT BEFORE SUBMITTING A BID. *MEASUREMENTS PROVIDED WITH ANY BID ARE FOR REFERENCE PURPOSES AND ARE NOT GUARANTEED TO BE COMPLETELY ACCURATE.</p>				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	<p>VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.</p> <p>ALL WORK TO BE DONE IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS. ALL NECESSARY PERMITS REQUIRED BY THE RI HEALTH DEPARTMENT AND THE STATE BUILDING COMMISSIONER'S OFFICE ARE THE RESPONSIBILITY OF THE CONTRACTOR.</p> <p>TOTAL COST FOR THE FOLLOWING:</p> <p>910-38 ASBESTOS REMOVAL</p> <p>CONTACT PERSON: ARN LISNOFF (401) 222-8216</p>	1.00	TOTAL		

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P SEE BELOW RI N/A
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O

Requisition Number(s): R68A053971

Item	Class-Item	Quantity	Unit	Unit Price	Total
	STARTING DATE _____ NO. OF WORKING DAYS REQUIRED FOR COMPLETION _____				
				TOTAL:	_____

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ASBESTOS ABATEMENT PLAN AND PROCEDURES

FOR

STATE OF RHODE ISLAND

(MHRH - VARLEY BUILDING)

**(TOTAL ASBESTOS REMOVAL)
NORTHWEST WING AND PENTHOUSE**

DEPARTMENT OF ADMINISTRATION
1 CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02803

OWNER/CONTACT:

ROBERT BRUNELLE
STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
1 CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02903

PREPARED BY:

SILVA ENVIRONMENTAL & ASSOCIATES INC.

M. FRANK SILVA, PRESIDENT
INDUSTRIAL HYGIENIST
45 TRANSIT STREET, WARWICK, R.I. 02889
TEL: 401-732-3976

R.I. CERTIFICATION NO.:
AAC-085PD, AAC-085IS, AAC-085MP

JOB NO.: 538882

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Section I. Introduction

1. 1 The following abatement plan for the State of Rhode Island, MHRH-Varley Building; Northwest Wing including the Penthouse. The Varley building is located at the MHRH Complex, Cranston, R.I.

This abatement plan is submitted for approval by the Rhode Island Department of Health as specified in Rules and Regulations for Asbestos Control (R23-24.5-ASB) dated January, 1986, Subpart C.1.2 and amended December, 1996.

Project Description

1. 1. 1

Northwest wing and Penthouse

- A) The removal of approximately 4,800 square feet of 9"X9" Vinyl asbestos Tiles and Mastic throughout.
- B) The removal of approximately 600 linear feet of asbestos pipe insulation throughout.
- C) The removal of approximately 200 asbestos elbows and fittings on fiberglass pipe insulation.

Note: This work will be done in two phases

GENERAL NOTE

We believe that the quantities of materials described above to be approximately correct, however the contractor is responsible for the removal of all identified material type regardless of stated quantities.

All abatement work will be performed by a State of Rhode Island licensed asbestos abatement contractor.

RHODE ISLAND DEPARTMENT OF HEALTH
NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: Varley Building
Address: MHRH Complex
City/Town: Cranston Zip: 02903 Amendment Phase No: _____
Abatement Plan Written By: M. Frank Silva Certification No: AAC-085PD
Summary of specific waivers/variances being requested: See section 2.2

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

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

If yes, Indicate Notice/Building Evaluation No(s): _____
Contractor: To be selected License No: _____
Estimated Starting Date: ASAP

Pre-Abatement Sampling Information

Bulk Samples Collected By: M. Frank Silva Certification No: AAC-085IS
Bulk Samples Analyzed By: EMSL Analytical Certification No: AAL-075T3
Air Samples Analyzed By: Silva Environmental Certification No: AAL-084A1

Clearance Air Sampling Information

Air Samples to be Collected By: Silva Environmental
Air Samples to be Analyzed By: Silva Environmental Certification No: 084A1

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: _____ Title: _____
(Signature of Building Owner or Agent)

(Typed/Printed Name of Certifier) Date: _____

Subscribed and sworn before me this _____ day of _____, 20_____

My Commission Expires: _____

(Notary Public)
AFFIX NOTARY SEAL HERE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

Robert Brunelle

2. Application Prepared By:

M. Frank Silva

RI certification No: AAC-085PD

Telephone No: (401) 732-3976
(Area code, No., Ext.)

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

Street: 1 Capitol Hill

City/Town: Providence

Zip: 02903

Telephone No.: (401) 222-8216
(Area Code, No., Ext.)

4. Person to be contacted regarding this application:

Name: M. Frank Silva

Telephone No: (401) 732-3976
(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): Varley Building

Street: MHRH Complex

City/Town: Cranston Zip: 02903

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

If Yes, what is the due date for submittal of Abatement plan? _____
(Mo.) (Day) (Yr.)

Evaluation Number on the Notice: _____

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

Name: To be selected R.I. License No.: _____

8. Estimated Starting Date of Abatement Work: ASAP
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: Three weeks from start date
(Month) (Day) (Year)

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

Removal Enclosure

Encapsulation Demolition

Operations and Maintenance Only

Other (Specify) _____

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

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

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: M. Frank Silva R.I Certification No.: AAC-0851S

B). Sampling Methodology:

EPA AHERA Sampling requirements [40 CFR 763.86].

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

Other (Specify) _____

C). Laboratory performing the analysis of the bulk samples

Name: EMSL Analytical RI Certification No.: AAL- 075T3

D). Analytical Methodology:

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

Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis:

A). Person collecting pre-abatement air samples:

Name: M. Frank Silva

Affiliation: Silva Environmental

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

Name: Silva Environmental Certification No.: AAL- 084A1

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

(X) NIOSH Method 7400 [Most Current Revision]

() OSHA 29 CFR 1926.1101 – Appendix A & B

() Other (Specify) _____

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

The materials will be containerized and transported to authorized facility

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

Not Known at the present time

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

Name: Silva Environmental

Affiliation: Silva Environmental

17. In-Process & Clearance Air Sampling:

A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.

B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.

C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.

D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceed 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.

Northwest Wing

Penthouse above Northwest wing

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

Signature: 

Date

9-14-04

(Month) (Day) (Year)

Affiliation: Silva Environmental & Associates, Inc.

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- | | |
|--|--------|
| <input type="checkbox"/> Operation & Maintenance Only | \$ 75 |
| <input type="checkbox"/> Up to One (1) NESHAP Unit | \$ 75 |
| <input type="checkbox"/> Between One (1) & Ten (10) NESHAP Units | \$ 300 |
| <input checked="" type="checkbox"/> Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| <input type="checkbox"/> Over Fifty (50) NASHAP Units | \$ 900 |

Please waive the filing fee

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: Varley Building MHRH Complex

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

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

Northwest Wing and Penthouse (Pipe insulation and Elbows and Ftings)

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

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

(4) PROPOSED REMEDIES:

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

(4) PROPOSED REMEDIES (cont.):

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

Yes No

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

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

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

Yes No

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

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

Yes No

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

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

Yes No Beyond scope of inspection

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

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: Varley Building MHRH Complex

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

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

Northwest Wing (Floor tiles removal)

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

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

(4) PROPOSED REMEDIES:

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

(4) PROPOSED REMEDIES (cont.):

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

Yes No

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

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

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

Yes No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested. (See section 2.2 Phase II)

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

Section II Plan of Action

2. 1 Barrier and Maintenance

All polyethylene barriers inside the work place, in the worker decontamination enclosure system and at partitions constructed to isolate the work area from occupied areas shall be inspected continuously while asbestos removal work is in progress.

Any damage and/or defects in the barrier system shall be repaired immediately upon discovery.

At any time during the abatement activities, after barriers have been erected; if visible material is observed outside of the work area or if damage occurs to barriers, work shall immediately stop. Repairs will be made to the barriers and debris and/or residue shall be cleaned up using appropriate HEPA vacuuming and wet mopping procedures.

If at any time air samples collected outside of the work area during abatement activities indicate fiber concentrations greater than 0.01 f/cc; work shall immediately stop for inspection and repair of barriers. Clean up of surfaces outside of the work area using HEPA vacuum or wet cleaning techniques may be necessary and shall be determined by the I.H.

Emergency and fire exits from the work area shall be clearly marked using spray paint or equivalent.

2. 2 Description of Asbestos Containing Building Materials

PHASE I

(NORTHWEST WING AND PENTHOUSE)

1. The removal of approximately 600 linear feet of asbestos pipe insulation and approximately 200 asbestos elbows and fittings on fiberglass pipe insulation throughout.

A. The contractor will remove the asbestos pipe insulation and elbows by following the Rhode Island Department of Health Rules and Regulations for (B.8.2 and B.8.3)

PHASE II

(NORTHWEST WING)

1. The removal of approximately 4,800 square feet of 9"X9" Vinyl asbestos Tiles and Mastic throughout.

The contractor will utilize the following procedures:

Note: The asbestos contractor shall remove the pipe insulation and elbows first using the methods described above. Once this is accomplished the contractor will remove the floor barriers and will proceed to remove the floor tiles and mastic. The contractor will use the same containment for both operations.

Section III Operations and Maintenance Program

3. 1. Monitoring:

All asbestos containing materials present throughout the referable areas are accessible; therefore any changes in the physical condition of the materials should be monitored prior to abatement.

3. 2 Education:

These areas are not occupied. Warning labels shall be prominently displayed in routine maintenance areas where friable asbestos containing materials are present, and where outside service personnel may confront asbestos containing materials. The warning label provisions of 40 CFR 763.95 shall remain in place until the ACBM is removed.

3. 3 Fiber Release:

All asbestos containing materials in these areas surveyed are in poor condition. The materials are friable. Upon completion of asbestos abatement activities, these areas will be visually inspected and air samples will be taken by an Industrial Hygienist certified to perform these activities.

3. 4 Human Exposure:

In order to minimize the potential for exposure to asbestos fibers, all asbestos containing materials present throughout the area will be closely monitored prior to removal.

Section IV In Process and Final Air Sampling

4. 1 A minimum of one (1) compliance air sample will be collected outside of each containment area(s), each day for the duration of the asbestos removal project. These samples will be taken at random locations adjacent to the abatement work area.

Final Air Clearance: Room off Gymnasium

4. 2 Final air clearance will be conducted by the I.H. for the project which he/she will perform a visual inspection to insure that the asbestos control and work area is free of any accumulations of dirt, dust or debris. The I.H. will collect 5 samples throughout the wing and 2 samples in the penthouse area. The air sampling using aggressive methods will follow N.I.O.S.H. 7400 methods. When the air sampling results are at or below 0.01 f/cc the area will be ready for re-occupancy.

Note: Should any of the final samples indicate a higher value, the Contractor shall take appropriate actions to re-clean the area and shall repeat the sampling at the contractor's expense.

EXHIBIT I
ANNOTATED FLOOR PLANS

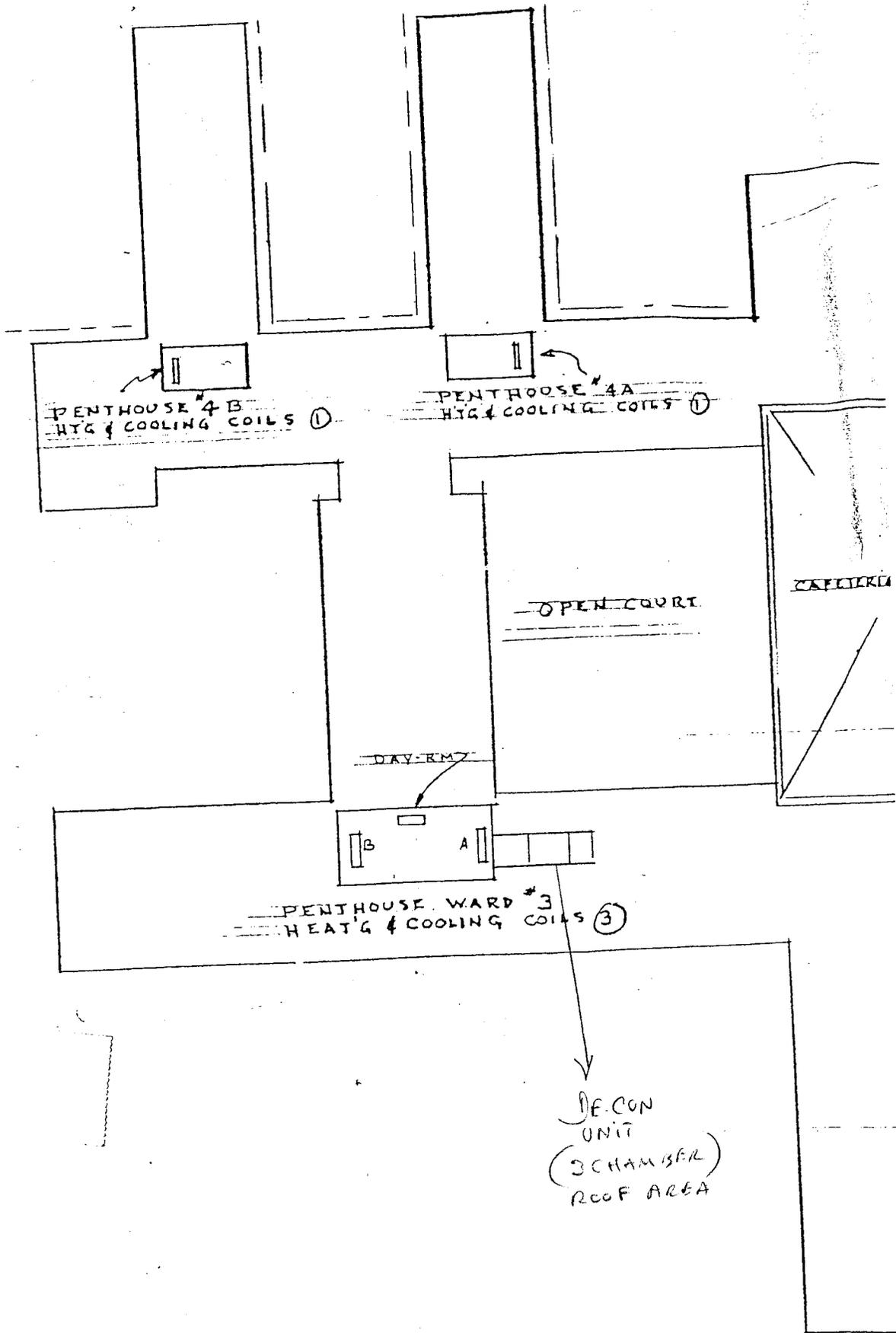


EXHIBIT II
BULK SAMPLES
CERTIFICATE OF ANALYSIS

EMSL Analytical, Inc.

107 Haddon Ave., Westmont, NJ 08108

Phone: (856) 858-4800 Fax: (856) 858-4960 Email: ssieqel@EMSL.com



Attn: Silva Environmental Associates
45 Transit Street
Warwick, RI 02889

Fax: (401) 732-1491 Phone: (401) 732-3976
Project: State of R.I.

Customer ID: SILV51
Customer PO:
Received: 07/15/04 12:19 PM
EMSL Order: 040413407
EMSL Proj:
Analysis Date: 7/18/2004

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

Sample	Location	Appearance	Treatment	Non-Asbestos		Asbestos
				% Fibrous	% Non-Fibrous	% Type
VB-010 040413407-0010		Black Non-Fibrous Homogeneous	Dissolved	8% Cellulose	92% Non-fibrous (other)	None Detected
VB-011 040413407-0011		Gray/White Fibrous Heterogeneous	Teased	20% Cellulose 50% Min. Wool	30% Non-fibrous (other)	None Detected
VB-012 040413407-0012		Tan/White Fibrous Heterogeneous	Teased Dissolved	30% Cellulose	70% Non-fibrous (other)	None Detected
VB-013 040413407-0013		Brown Non-Fibrous Homogeneous	Dissolved		100% Non-fibrous (other)	None Detected
VB-014 040413407-0014		Tan Non-Fibrous Heterogeneous	Crushed Dissolved		95% Non-fibrous (other)	5% Chrysotile
VB-015 040413407-0015		Black Non-Fibrous Homogeneous	Dissolved		95% Non-fibrous (other)	5% Chrysotile
VB-016 040413407-0016		White Fibrous Heterogeneous	Teased		70% Non-fibrous (other)	10% Amosite 20% Chrysotile
VB-017 040413407-0017		White Fibrous Heterogeneous	Crushed Dissolved		85% Non-fibrous (other)	15% Chrysotile
VB-018 040413407-0018		Brown/Black Non-Fibrous Heterogeneous	Dissolved		100% Non-fibrous (other)	None Detected

Analyst(s)
Christy Reeves (23)


Stephen Siegel, CIH
or other approved signatory

Due to magnification limitations inherent in PLM, asbestos fibers in dimensions below the resolution capability of PLM may not be detected. Samples reported as <1% or none detected may require additional testing by TEM to confirm asbestos quantities. The above test report relates only to the items tested and may not be reproduced in any form without the express written approval of EMSL Analytical, Inc. EMSL's liability is limited to the cost of analysis. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. The test results contained within this report meet the requirements of NELAC unless otherwise noted.
Analysis performed by EMSL Westmont (NVLAP #101048-0), NY ELAP 10872





Attn: Silva Environmental Associates
45 Transit Street
Warwick, RI 02889

Fax: (401) 732-1491 Phone: (401) 732-3976
Project: State of R.I.

Customer ID: SILV51
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Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Location	Appearance	Treatment	Non-Asbestos		Asbestos
				% Fibrous	% Non-Fibrous	% Type
VB-019 040413407-0019		Gray Fibrous Heterogeneous	Teased		70% Non-fibrous (other)	30% Chrysotile
VB-020 040413407-0020		Tan Fibrous Heterogeneous	Crushed Dissolved		95% Non-fibrous (other)	5% Chrysotile
VB-021 040413407-0021		Black Non-Fibrous Homogeneous	Dissolved		95% Non-fibrous (other)	5% Chrysotile
VB-022 040413407-0022		White Non-Fibrous Heterogeneous	Crushed Dissolved		100% Non-fibrous (other)	None Detected
VB-023 040413407-0023		Black Non-Fibrous Homogeneous	Dissolved	2% Cellulose	98% Non-fibrous (other)	None Detected

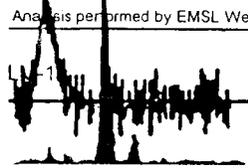
RI CERT. #AAL-075T3

Analyst(s)

Kristy Reeves (23)

Stephen Siegel, CIH
or other approved signatory

Due to magnification limitations inherent in PLM, asbestos fibers in dimensions below the resolution capability of PLM may not be detected. Samples reported as <1% or none detected may require additional testing by TEM to confirm asbestos quantities. The above test report relates only to the items tested and may not be reproduced in any form without the express written approval of EMSL Analytical, Inc. EMSL's liability is limited to the cost of analysis. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. The test results contained within this report meet the requirements of NELAC unless otherwise noted.
Analysis performed by EMSL Westmont (NVLAP #101048-0), NY ELAP 10872





CHAIN OF CUSTODY

Revised January 1, 2000

EMSL Rep: Ellen Podell
Your Company Name: Silva Environmental
Street: 45 Transit Street
Box #:
City/State: Warwick RI Zip: 02889

EMSL-Bill to: Same - SLIV51
Street:
Box #:
City/State: Zip:

Third Party Billing requires written authorization from third party

Phone Results to:
Name:
Telephone #: 401-732-3976

Fax Results to:
Name:
Fax #: 401-732-1491

Project Name/Number: STATE OF R.I. - MHRH - VARLEY BLDG. 53816
Purchase Order #:

MATRIX

TURNAROUND

Table with 7 columns: Matrix type (Air, Bulk, Wipe, Soil, Drinking Water, Wastewater, Micro-Vac) and Turnaround time (3 hrs, 6 Hours, 24 Hours, 48 Hours, 72 Hours, 96 Hours, 120 Hours, 144+ hours).

TEM AIR, 3 hours, 6 hours, Please call ahead to schedule. There is a premium charge for 3-hour tat; please call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.

*12 hours (must arrive by 11:00 a.m Mon - Fri.), Please Refer to Price Quote

PCM - Air, TEM Air, TEM Water, PLM - Bulk, TEM Bulk, TEM Microvac/Wipe, SEM Air or Bulk, PLM Soil, XRD, OTHER. Includes various testing method checkboxes.

Client Sample # (s) VR-001 - VR-023 Total Samples #: 23
Relinquished: Date: 7-14-04 Time:
Received: Date: Time:
Relinquished: Date: Time:



CHAIN OF CUSTODY

Revised January 1, 2000

Received: _____

Date: _____

Time: _____

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME (If Applicable)
VB-001 ✓	12X12 FLOOR TILES	D-57
VB-002 ✓	MASTIC	
VB-003 ✓	12X12 FLOOR TILES	ROOM D-72
VB-004 ✓	MASTIC	
VB-005 ✓	12X12 - FLOOR TILES	D-26A
VB-006 ✓	MASTIC	
VB-007 ✓	INSULATION PAPER -	CLOSET-41
VB-008 ✓	INSULATION (PIPE) DRAIN	
VB-009 ✓	12X12 FLOOR TILES	DAY ROOM 36
VB-010 ✓	MASTIC	
VB-011 ✓	CEILING TILE (12X12)	
VB-012 ✓	SHEETROCK (ABOVE DROPPED CEILING)	
VB-013 ✓	GLUE DAUB	
VB-014 ✓	9X9 FLOOR TILE CORRIDOR	
VB-015 ✓	MASTIC	
VB-016 ✓	PIPE INSULATION - LARGE PIPE	
VB-017 ✓	ELBOW - FIBERGLASS PIPE INS.	



CHAIN OF CUSTODY

Revised January 1, 2000

Received: _____ Date: _____ Time: _____

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME (If Applicable)
VB-018	PIPE INSULATION (DRAIN PIPE)	
VB-019 ✓	ELBOW SMALL PIPE INSULATION	
VB-020 ✓	9x9 FLOOR TILE - CORRIDOR	V-3
VB-021 ✓	MASTIC "	
VB-022	12x12 FLOOR TILE (LAUNDRY)	
VB-023	MASTIC	

EXHIBIT III
PRE-ABATEMENT AIR SAMPLES
CERTIFICATE OF ANALYSIS



Silva Environmental & Associates, Inc.

45 Transit Street

Warwick, Rhode Island 02889

(401) 732 - 3976

Lab No. Below

Date Rec'd. 7-12-04

CERTIFICATE OF ANALYSIS

Client: State of Rhode Island
Department of Administration
1 Capitol Hill
Providence, RI 02903

Report Date: July 12, 2004
Project: MHRH - Varley Bldg.
Project No.: 53882

PCM AIR SAMPLE ANALYSIS SUMMARY

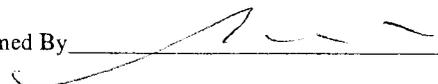
Sample Identification	Description / Location	Sample Volume	Density Fibers/mm ²	Concentration Fibers/cc
4-9-13872 B-001	Pre-Abatement air sample, Northwest wing	450	2.55	<0.004
4-9-13873 B-002	Pre-Abatement air sample, Northeast wing	450	1.27	<0.004
4-9-13874 B-003	Pre-Abatement air sample, Southeast	450	3.82	<0.004
4-9-13875 B-004	Pre-Abatement air sample, Southwest	450	3.18	<0.004
4-9-13876 B-005	Field Blank		<12.7	
4-9-13877 B-006	Field Blank		<12.7	
The Field Blanks Falls Within Acceptable Limits.				

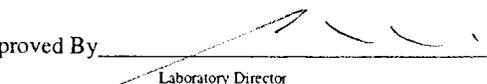
LAB NO. AAL - 084A1

NIOSH-PAT NO. 102212

Analysis Method: Phase Contrast Microscopy - NIOSH 7400 Method Revision #3 May 15, 1989

Comments: *A VOID concentration means that the sample has been overloaded with particulate matter and could not be reliably analyzed.

Analysis Performed By 

Approved By 
Laboratory Director

Date 7-12-04