



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ADDENDUM # 6

3/30/2020

Solicitation #7602782

Title: Renovations and Additions to Horace Mann Hall

Submission Deadline: NOTE CHANGE

From: April 9, 2020 @ 1:00 PM

To: April 23, 2020 @ 1:00 PM

Per the issuance of ADDENDUM # 6 the following are noted:

Proposal submission deadline change as noted above
Clarifications and Revisions (attached)

No further questions will be entertained on site.

Interested Parties should monitor this website on a regular basis, for any additional information that may be posted.

Gary P. Mosca
Chief Buyer



Addendum

March 30, 2020

To: All Prospective Bidders
Re: Renovations and Additions to Horace Mann Hall
Owner: Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908

The attention of Bidders submitting proposals for the **Renovations and Additions to Horace Mann Hall** is called to this addendum to the Contract Documents: the Project Manual and Drawing Set for Construction, dated **27 January, 2020** prepared by LLB Architects.

The items set forth herein, whether of revision, omission, addition, substitution, or clarification are all to be included as part of the Contract Documents. The addendum modifies the project manual and/or drawings as indicated. Portions of the Contract Documents not altered by this addendum shall remain in full force.

The number of the addendum must be entered in the appropriate spaces on the required bid form(s) to acknowledge receipt of the said addendum. Failure to acknowledge the said addendum could subject the bidder to disqualification. Please note that this Addendum dated March 25, 2020 is not numbered. The State will assign the appropriate Addendum #.

It shall be the responsibility of each general bidder to notify all subcontractors and suppliers he proposes to use for various parts of the work for any changes or modifications contained in this addendum. No claim for additional compensation because of lack of knowledge of the addendum will be considered.

Part 1 – General

1. List of Clarifications and Revisions

Part 2 – Project Manual/Specifications

1. Refer to "List of Clarifications and Revisions"

Part 3 – Drawings

1. Refer to "List of Clarifications and Revisions"

Part 4 – Attachments

General	List of Clarifications and Revisions
Specifications	Appendix Abatement Plan
Drawings	None
Sketches	SKM-01

Respectfully,

LLB Architects
Enno Fritsch

End Addendum

3/30/2020

RIC Renovations and Additions to Horace Mann Hall

List of Clarifications and Revisions - Addendum March 30

Spec/Drwg	Topic	Clarification / Revision
Specifications:		
003126	Existing Hazardous Materials	The approved abatement plan is provided as a separate file. The scope corresponds to the previously attached hazardous materials reports and specifications. The contractor shall be responsible for the abatement work in accordance with the plan.
011000	Final Completion	Clarification: Days indicated are <u>calendar</u> days.
011400	Time Restrictions/ Working hours , page 4	Strike conflicting sentences in section 1.6.B. (2nd a,b,c,a,b) Clarification: Regular working hours for contractors are between 7:00 a.m. and 4:00 p.m., Monday through Friday.
012000	Price & Payment, page 6	Strike paragraph F
014000	Testing & Inspection, page 2	Clarification: The contractor shall be responsible for testing services as indicated in the individual specifications sections.
014339	Mock-ups, section 2	Add to paragraph 2.3: Provide in-place rough-in mock-ups of a typical office & a typical conference room to review locations of blocking, outlets and faceplates for all electrical and AV devices.
015000	Temporary Heating, page 2	Strike language in Section 1.4, Temporary Heating paragraph A. College is not providing heating.
024100	Concrete demolition	Existing concrete may be crushed & reused on site as listed per spec #310000. Clarification: It is the contractor's choice to crush/reuse concrete on site or haul concrete offsite and provide new fill.
329300, C-100	Memorial Tree - Tree Removal	The relocation of the Memorial Tree indicated on C-100 shall be deleted from the project scope. The removal of two large spruce trees (on southwest and northwest corners of the existing building) shall be added to the demolition scope.
086200	Warranty (Skylights)	in addition to contractor warranty, obtain project specific manufacturers product warranty letter of ≥ 10 years
87100	Door Hardware	The contractor shall coordinate and provide Medeco XT cylinders in the specialty hardware set for the frameless glazing entry system.
096813	Warranty (Flooring)	in addition to contractor warranty, obtain project specific manufacturers product warranty letter of ≥ 20 years
093000	Attic Stock (Tile)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.
095100	Attic Stock (Acoustic Ceilings)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.
096510	Attic Stock (Flooring)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.
096530	Attic Stock (Flooring)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.

	096813	Attic Stock (Flooring)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.
	099000	Attic Stock (Paint)	Attic Stock: Include 5% in area or greater. Package and deliver useable material to a location as directed by RIC at the conclusion of the job.
Drawings:			
	C-101	Layout & Materials Plan	Note 16: The contractor shall be responsible for the cleaning of all man-holes after construction
	AD-1.00, AD-1.01, AD-1.02, AD-1.03,	Demolition Floor Plans (Basement, 1st, 2nd, 3rd)	Clarification: Note provisions in specifications 01 35 16 Alteration Project Procedures for protecting existing work to remain, specifically regarding the stair finishes and railings. The contractor shall coordinate with all trade drawings and provide all demolition scope to install new work as indicated. This scope includes, but is not limited to: installation of AV and power floor boxes, roof equipment and new floor drains in the mechanical basement.
	A1.00	Elevator Machine Room	The existing vent opening to the demolished areaway shall be closed with a 2-hour fire rated CMU infill after removing the vent.
	A-6.00	A2 Enlarged Floor Plan	Clarification: The AV/ power floor boxes are annotated but not visually represented. Floor boxes shall be provided.
	A-6.04, A6.05, A6.06, A6.07, A6.09, A6.10	Visual Display Surfaces per Specification Section 10 11 00	In lieu of dry erase paint provide 4'x8' Visual Display Surfaces in all locations called out to receive dry erase paint: A6.04/D3, A6.05/A4, A6.07/A7/B4. Add 4'x8' Visual Display Surfaces at the following locations: A6.06/A4/B4/B6/C4/D3/D5 and A6.07/C5 and A6.09/A5/B4/B8/C3 and A6.10/C5/D4
	A6.09	Tackboards	Add 6'-6"x4'-0" tackboards at A6.09/C4/C7/B5/A3
	M4.03	Chilled Beam Detail	Refer to attached SKM-01. Pressure independent flow control valves (PICV) were removed at the CWR and HWR piping, downstream from the 6-way control valve. Pressure independent control valves were added at each chilled beam CHWR/HWR. This detail applies to all chilled beams regardless of the number of chilled beams controlled by the six-way control valves.
	M4.07	Chilled Water & Condenser Water Control Diagram	Installation Notes: Remove note #2 "MOUNT SENSOR & HORN STROBES PER MANUFACTURER RECOMMENDATION. COORDINATE WITH MECHANICAL AND ARCHITECT. " Remove "INSTALLATION OF BM-1 & BM-2 HORN/STROBES DEVICES OUTSIDE CHILLER ROOM"
	E2.01	1st Floor plan - Power & Systems plan	In Classroom 101 and 102, provide two additional floor boxes with a duplex receptacle in each classroom. Provide one 120 volt, 20 amp circuit from Panel "HP1S" to serve all four receptacles.
	E2.02	2nd Floor plan - Power & Systems plan	In Classroom 201 and 202, provide two additional floor boxes with a duplex receptacle in each classroom. Provide one 120 volt, 20 amp circuit from Panel "HP2S" to serve all four receptacles.
	E2.03	3rd Floor plan - Power & Systems plan	In Classroom 301 and 302, provide two additional floor boxes with a duplex receptacle in each classroom. Provide one 120 volt, 20 amp circuit from Panel "HP3S" to serve all four receptacles.

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:

RHODE ISLAND COLLEGE

2. Application Prepared By:

GLENN NELSON

RI certification No: AAC-APD0046 R

Telephone No: 978-580-6882

(Area code, No., Ext.)

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

Street: 600 MOUNT PLEASANT AVE.

City/Town: PROVIDENCE

Zip: 02908

Telephone No.: 401-456-8000

(Area Code, No., Ext.)

4. Person to be contacted regarding this application:

Name: _____

Telephone No: _____

(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): HORACE MANN HALL

Street: 600 MOUNT PLEASANT AVENUE

City/Town: PROVIDENCE Zip: 02908

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 DETERMINED

R.I. License No.: LAC- _____

8. Estimated Starting Date of Abatement Work: TO BE DETERMINED
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: _____
(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
BUILDING CLOSED

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: SASAN CANALAN RI Certification No.: AAC 1023

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: ASBESTOS IDENTIFICATION LAB RI Certification No.: AAL- 121

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: NICHOLAS FRIETEM Affiliation: SMITH & WESSEL ASSOCIATES

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

Name: SMITH & WESSEL ASSOC RI Certification No.: AAL-PC10013B

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

NIOSH Method 7400 [Most Current Revision]

OSHA 29 CFR 1926.1101 – Appendix A & B

Other (Specify) _____

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

RACM WILL BE TRANSPORTED BY A LICENSED HAULER
TO BE DETERMINED

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

TO BE DETERMINED

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

Name: NICHOLAS FRIETEM

Affiliation: SMITH & WESSEL ASSOCIATES

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.

SEE ATTACHMENT 17

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.

SEE ATTACHMENTS 18

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

Signature: Abraham Nessel Date 1 31 20
(Month) (Day) (Year)

Affiliation: SMITH & NESSEL ASSOCIATES

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 type="checkbox"/> Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| <input checked="" type="checkbox"/> Over Fifty (50) NESHAP Units | \$ 900 |
-

RHODE ISLAND DEPARTMENT OF HEALTH

NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: HORACE MANN HALL, R.I. COLLEGE

Address: 600 MOUNT PLEASANT AVENUE

City/Town: PROVIDENCE Zip: 02908 Amendment Phase No: _____

Abatement Plan Written By: GLENN NELSON Certification No: AAC-APD00468

Summary of specific waivers/variances being requested: _____

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

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

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

Contractor: _____ License No: LAC- _____

Estimated Starting Date: _____

Pre-Abatement Sampling Information

Bulk Samples Collected By: SUSAN CAHALAN Certification No: AAC-1023

Bulk Samples Analyzed By: ASBESTOS IDENTIFICATION LAB Certification No: AAL-121

Air Samples Analyzed By: NICHOLAS FRIETCH SMITH & ASSOCIATES Certification No: AAL-PCMO138

Clearance Air Sampling Information

Air Samples to be Collected By: _____

Air Samples to be Analyzed By: _____ Certification No: AAL-

CERTIFICATION

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

Certified by: [Signature]
(Signature of Building Owner or Agent)

Title: Director of Capital Projects

(Typed/Printed Name of Certifier)
Kevin F. MA

Date: 2/11/2020

Subscribed and sworn before me this 11th day of February, 2020
Susanne V. Senra

My Commission Expires: 1-9-2023 **SUSANNE V. SENRA**

(Notary Public)
AFFIX NOTARY SEAL HERE

NOTARY PUBLIC
STATE OF RHODE ISLAND

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: *HORACE MANN HALL R.I. COLLEGE, PROVIDENCE, RI*

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

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

*TOWER WING MECHANICAL ROOM and ASSOCIATED CORSES
GROUND FLOOR*

(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 ATTACHMENTS ASB-16A TOWER WING

(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 ATTACHED DIAGRAMS

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB 16A (4)

(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>ALL ACM IN MECH Room & CHASES</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: HORACE MANN HALL RI COLLEGE PROVIDENCE

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.):

TOWER WING FIRST FLOOR

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

SEE ATTACHMENT TOWER WING

(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 ATTACHED DIAGRAM

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB-16A(4)

(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>ALL RCM NOTED</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: ADRIAN MANN HALL RI COLLEGE, PROVIDENCE

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.):

TOWER WING SECOND FLOOR

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

SEE ATTACHMENT ASB-16A TOWER WING

- (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 ATTACHED DIAGRAMS

- (4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB 16A (4)

(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>ALL RCM IDENTIFIED</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: HERALD MANN HALL R.I. COLLEGE PROVIDENCE

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.):

TOWER WING THIRD FLOOR

(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 TOWER WING ATTACHMENT

(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 ATTACHED DIAGRAM

(4) PROPOSED REMEDIES:

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

SEE ATTACHED ASB 16A (4)

(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>ALL IDENTIFIED ACM</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: *HORACE MANN HALL RI COLLEGE PROVIDENCE RI*

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

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

GROUND LEVEL MIDDLE COMPUTER WING

(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 ATTACHMENTS

(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).

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT 16 # (4)

(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>ALL IDENTIFIED RACM</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: HORACE MANN HALL R.I. COLLEGE PROVIDENCE

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.):

UPPER LEVEL MIDDLE COMPUTER WING

(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 ATTACHMENTS

(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 ATTACHED

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB-16A (4)

(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>ALL IDENTIFIED ACM</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: HORACE MANN HALL RI COLLEGE PROVIDENCE

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.):

NORTH AUDITORIUM WING

(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 ATTACHMENTS

(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 ATTACHMENTS

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB 16A (4)

(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>ALL IDENTIFIED ACM</u>
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	_____
B.8.7	[GLOVEBAG]	<u>FITTINGS (2) PER CLASSROOM</u>
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: HORACE MANN HALL RT COLLEGE, PROVIDENCE

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.):

EXTERIOR WINDOW CAULK

TOWER JUNG/MIDDLE COMPUTER (EXTERIOR)

(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 ATTACHMENTS

(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 ATTACHED

(4) PROPOSED REMEDIES:

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

SEE ATTACHMENT ASB16A(4)

(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>Remove Window Caulk etc</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

Attachment ASB-16A

ACM to Be Removed Tower Wing Horace Mann Hall		
Material Description	Location	Approximate Quantity
Ground Floor (Mechanical Room)		
Mudded pipe fitting insulation, saddle block and valves associated with fiberglass insulated pipes	Mechanical room and associated vertical chases Good Condition 5% Chrysotile	1,200 ea.
Expansion tank insulation	Mechanical room Good Condition 25% Chrysotile	120 sf
Gaskets on steam and hot water valves	Mechanical room Good Condition Assumed	150 ea.
Spray-On Fireproofing	Mechanical room deck Good Condition 40% Chrysotile	4,800 sf
Duct pin mastic adhering fiberglass insulation to HVAC units and duct	Mechanical room HVAC Units (8' x 12'), center pipe chase in office tower (3'x4') Good Condition 10% Chrysotile	400 lf total duct length
Switchgear Transite Panels	Mechanical Room (approx. 6" x 1' each in switchboxes) Good Condition Assumed	160 ea.
Floors 1 through 3		
Mudded pipe fitting insulation, saddle block and valves associated with fiberglass insulated pipes	Floors 1 through 3 above fixed ceilings, within wet walls, within enclosed chases Good Condition 5% Chrysotile	800 ea.

Attachment ASB-16A

ACM to Be Removed Tower Wing Horace Mann Hall		
Material Description	Location	Approximate Quantity
Duct pin mastic adhering fiberglass insulation to HVAC units and duct	Floors 1 through 3 (2' x 2') Good Condition 10% Chrysotile	450 lf Total duct length
Joint Compound and associated gypsum board	Floors 1 through 3, Walls and ceilings throughout Good Condition 2% Chrysotile	5,800 sf
Tan wall paneling adhesive and affected wood studding	Third floor Good Condition 10% Chrysotile	2,800 sf
Glue daubs on ceiling panels	Floors 1 through 3 bathrooms Good Condition 10% Chrysotile	24 sf
Exterior		
Exterior window glaze	Perimeter windows throughout Good Condition 3% Chrysotile	64 windows

Attachment ASB-16A (1)

North Auditorium Wing Horace Mann Hall		
Material Description	Location/Condition/Asbestos Content	Approximate Quantity
12" x 12" Green/Gray floor tile	Under carpet in hallways Good Condition 2% Chrysotile	3,550 sf
12" x 12" Green/Gray floor tile	In room behind auditorium Good Condition 2% Chrysotile	350 sf
Mudded pipe fitting insulation associated with fiberglass insulated pipes (also on various valves, pipe hangars, saddle blocks)	Above drop ceiling in main hallway and in classrooms and bathrooms Good Condition 10% Chrysotile	250 ea.
Pipe Insulation and associated mudded fittings	Above ceiling in hallway from stairs leading to Computer Wing to vending machines at west entrance Good condition 2% Chrysotile	120 lf

Attachment ASB-16A

ACM to Be Removed Middle Computer Lab Wing Horace Mann Hall		
Material Description	Location	Approximate Quantity
Ground floor and upper Computer Lab level		
Black interior window glaze	Ground floor, Interior classroom divider walls, computer lab and administration areas (4' x 4') Good Condition 3% Chrysotile	20 windows
Interior window glaze	Computer Lab, Admin Office (4' x 10') Good 2% to 3% Chrysotile	15 windows
Interior caulk (expansion joint)	Elevator lobby outside computer lab and ground floor hall next to bathrooms (brick to concrete) Good Condition 3% Chrysotile	150 LF
Tan/dark gray mottled 12" x 12" floor tile	Ground floor Main corridor, computer lab elevator lobby, entrance Good Condition 2% Chrysotile	2,800 sf
Joint Compound and associated gypsum board	Ground floor walls and ceilings Good Condition 2% Chrysotile	6,300 sf
Interior caulk between brick and door frame	Ground floor perimeter offices, hallway doors Good Condition 2% Chrysotile	30 seams
Duct pin mastic adhering fiberglass insulation to HVAC units and duct	Ground floor above ceilings throughout, Computer lab and Offices above ceilings and within sheetrock chases Good Condition 10% Chrysotile	750 lf

Attachment ASB-16A

ACM to Be Removed Middle Computer Lab Wing Horace Mann Hall		
Material Description	Location	Approximate Quantity
Exterior		
Door Caulk	Throughout exterior Good Condition 2% Chrysotile	400 lf
Exterior vapor barrier (tar, felts, flashing)	Behind brick (presumed) Good Condition Assumed	4,000 sf

17. In-Process & Clearance Air Sampling

- A. SWA will collect area air samples immediately outside the decon and containment (See drawing)
 - B. If the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.010 fibers per cubic centimeter of air or less) is exceeded outside the work area during abatement, all work shall cease and the immediate area cordoned off to be cleaned via wet methods and HEPA vacuums. All engineering controls will be assessed and adjusted as necessary. This may include but not be limited to; the installation of more air filtration devices, checking the integrity of the polyethylene barriers, use of more amended water, etc.
 - C. SWA will collect a minimum of 5 PCM air samples in the work area following asbestos abatement activities. The post-abatement air samples will be collected in the containments.
 - D. If the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.010 fibers per cubic centimeter of air) is exceeded for any sample collected inside the work area following abatement, the Contractor shall be required to reclean all surfaces within the work area using wet wipe and HEPA vacuum methods. Once visually clean, Contractor shall be required to apply encapsulant to all surfaces to affectively seal any microscopic fibers to given substrates. Project Monitor shall then collect additional post-abatement air samples for analysis. This shall continue until the air samples meet the 0.010 or less f/cc on all samples.
-

(4) Proposed Remedies

Interim O&M

Attachment Form ASB-16A

(4.) Proposed Remedies, Horace Mann Hall, RI College

The following Interim Operations and Maintenance Plan items as described in the RI DOH Rules and Regulations for Asbestos Control R23-24.5-ASB C.1.2 Contents of an Abatement (Management) Plan shall be adhered to including the following:

- A. Periodic surveillance of the known RACM to determine if the materials have been damaged or deteriorated. To be evaluated in accordance with Part E of 40 CFR 763.92.**
 - B. Notify and educate building staff of the presence and location of ACM (Building is closed to general public) Maintenance Staff notified about presence of asbestos**
 - C. Notify outside vendors and others of the presence and location of ACM**
 - D. Building to remain closed to general public until all ACM has been abated**
-

PCM Background Air Clearance Results for Total Fiber Concentration
 Horace Mann Hall
 600 Mount Pleasant Avenue
 RI College, Providence, RI

Sample No.	Date	Sampling Period	Volume (liters)	Description/Location	Result (fibers/cc)
1.	1/17/20	10:20 a.m. to 11:40 a.m.	1200	Background Air Sample, Auditorium Wing	<0.004
2.	1/17/20	10:22 a.m. to 11:42 a.m.	1,200	Background Air Sample, Middle Computer Wing ground level	<0.004
3.	1/17/20	10:23 a.m. to 11:46 a.m.	1,245	Background Air Sample, Tower Wing Mechanical Room	<0.004
4.	1/17/20	10:30 a.m. to 11:50 a.m.	1,200	Background Air Sample, Tower Wing Second Floor	<0.004
5.	1/17/20	10:33 a.m. to 12:06 p.m.	1,296	Background Air Sample, Tower Wing Second Floor	<0.004
6.	1/17/20	10:36 a.m. to 11:56 a.m.	1,200	Background Air Sample, Middle Computer Wing upper level	<0.004
7.	1/17/20	NA	NA	Field Blank	0 fibers/ 100 fields
8.	1/17/20	NA	NA	Field Blank	0 fibers/ 100 fields

