

ASBESTOS MANAGEMENT PLAN REPORT

DB PROJECT NUMBER - 910-010-009

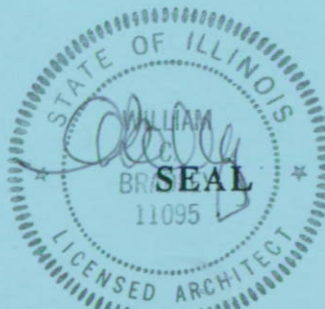
ELGIN MENTAL HEALTH CENTER
ILLINOIS DEPARTMENT OF MENTAL HEALTH
POWER HOUSE - BR050
750 SOUTH STATE STREET
ELGIN, KANE COUNTY, ILLINOIS, 60123

STATE OF ILLINOIS

CAPITAL DEVELOPMENT BOARD SPRINGFIELD, ILLINOIS

BY:
C & W BRADLEY, P.C.
924 NORTH MAIN STREET
ROCKFORD, ILLIOIS 61103
815-968-9631

DATE: JANUARY 31, 1996



SIGNATURE



DATE SIGNED: JANUARY 31, 1996

EXP. DATE: NOVEMBER 30, 1996

IDPH LICENSE 100-0112

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CAPITAL DEVELOPMENT BOARD
BUILDING INVENTORY FORM 3

C.D.B. BUILDING NUMBER: BR 050 BUILDING NAME: POWER HOUSE

USING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH LOCATION: ELGIN MENTAL HEALTH CENTER

BLDG. ADDRESS: 750 SOUTH STATE STREET CITY: ELGIN

ZIP: 60123 COUNTY: KANE HOUSE/SENATE DISTRICT: 066/033

YEAR CONSTRUCTED: 1900 GROSS SQ. FT.: 36,009 TOTAL FLOORS: 2 FLOORS BELOW GRADE: 1

USE OF BUILDING WHEN CONSTRUCTED(C): POWER HOUSE CURRENT PRIMARY USE(P): INDUSTRIAL CURRENT SECONDARY USE(S):

PREDOMINATE CONSTRUCTION TYPE: CONCRETE, CONC. BLOCK, BRICK AND A TAR & GRAVEL ROOF

FOR USING AGENCY USE ONLY:

BUILDING NOTES: ADDITION CONSTRUCTED IN 1952.

(FOR C.D.B. USE ONLY)
ASBESTOS STATUS: _____

FORM 4

INTRODUCTION TO THE MANAGEMENT PLAN

A. Policy Statement

This Management Plan is intended to be a working document which will serve as a guide to staff, employees, occupants and visitors in minimizing the risk of exposure to asbestos fibers. The State of Illinois recognizes the serious health hazards associated with asbestos fibers. The State has conducted an inspection of this facility in order to determine whether asbestos is present, and if so, where the asbestos is located.

This Management Plan sets forth the recommended response actions for the ACM (asbestos containing material) within this facility. Further, where required, an Operations & Maintenance (O & M) Program has been established which will be implemented by facility staff.

This Plan has been reviewed by CDB, the Contracting Agency and the Using Agency and represents the policies and procedures to be implemented with respect to any ACM within this facility.

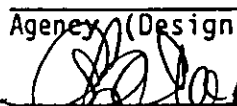
Dated: _____

Capital Development Board Representative

Dated: _____

Agency (Designated Person)

Dated: 1/31/96



Management Planner

Dated: 1/31/96



Management Planner

BR 050 -- POWER HOUSE

THIS 36,009 SQUARE FOOT BUILDING WAS CONSTRUCTED IN 1900, WITH AN ADDITION ON THE WEST SIDE IN 1952. THE BUILDING HAS A FULL BASEMENT, A SINGLE STORY ABOVE IT AND AN 1,196 SQUARE FOOT LOFT (THE LOFT IS INCLUDED IN THE SQUARE FOOTAGE), WHICH IS CENTRALLY LOCATED OVER THE MAIN FLOOR. THIS BUILDING SUPPLIES STEAM TO HEAT THE ENTIRE COMPLEX THROUGH AN EXTENSIVE UNDERGROUND TUNNEL SYSTEM. THESE (STEAM) BOILERS ARE MANNED 24 HOURS A DAY EVERY DAY OF THE YEAR BY ENGINEERS AND OTHER MAINTENANCE PERSONNEL.

THE BUILDING AND ITS ADDITION ARE OF SIMILAR CONSTRUCTION. CONCRETE BLOCK WITH A BRICK EXTERIOR SUPPORTS SEVERAL FLAT ROOFS, SOME OF WHICH ARE BUILT-UP ROOFS. ALL APPEAR TO BE IN GOOD CONDITION. THE MECHANICAL SYSTEMS ARE STEAM AND OPERATE CONTINUOUSLY.

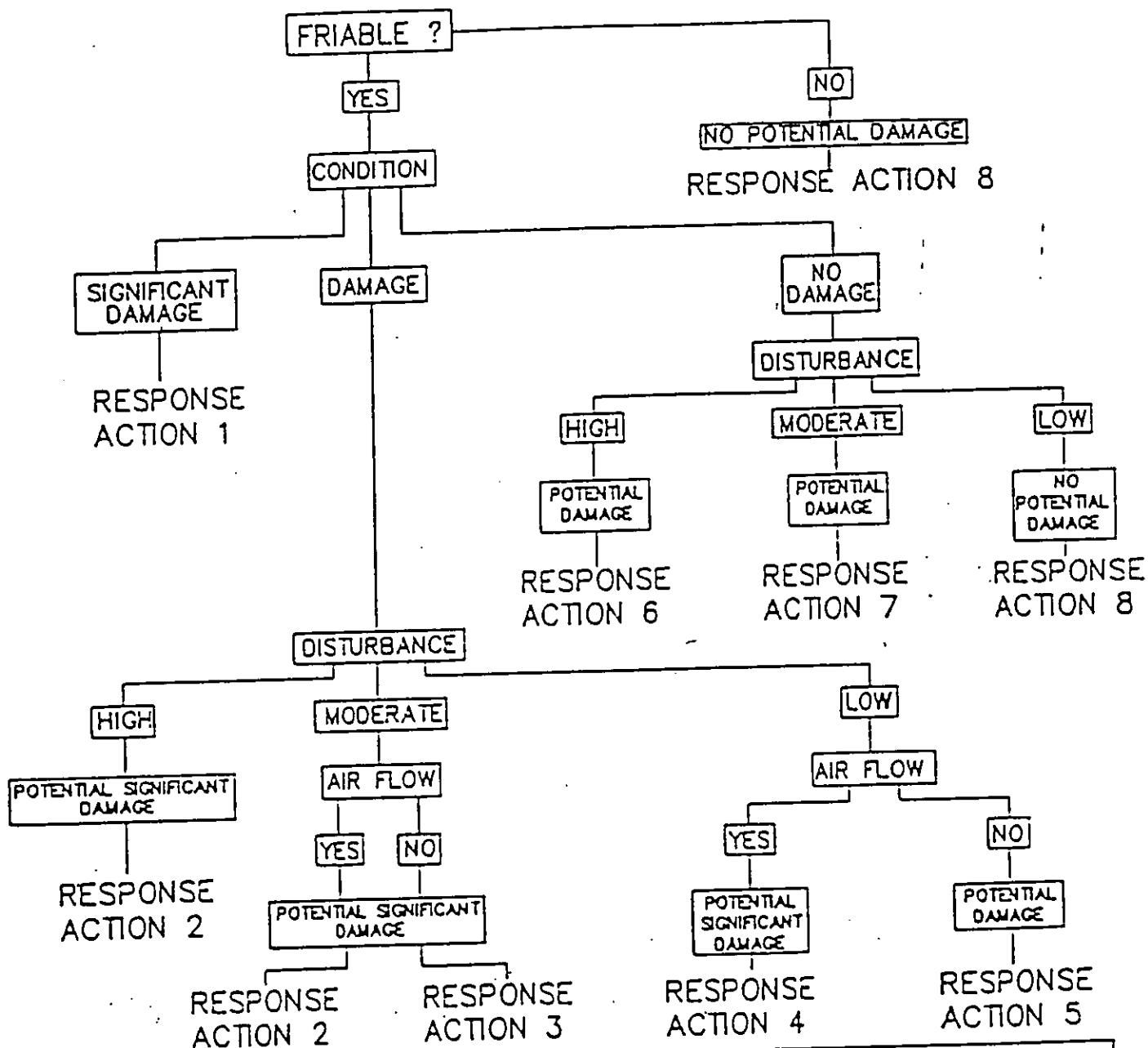
THERE ARE ASSUMED AND CONFIRMED ASBESTOS CONTAINING MATERIALS IN THIS BUILDING. THE ASSUMED MATERIALS ARE: THREE FIRE DOORS IN THE TANK ROOM IN THE BASEMENT AND THE BATTERY ROOM ON THE FIRST FLOOR, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 10,220 SQUARE FEET OF BUILT-UP ROOFING WITH NO DAMAGE; AND 3,395 SQUARE FEET OF TRANSITE PANELS ON THE COOLING TOWER, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; THE CONFIRMED ASBESTOS CONTAINING MATERIALS ARE: 5,904 LINEAR FEET OF MAGNESIUM PIPE INSULATION AND DEBRIS THROUGHOUT THE BUILDING, WITH SIGNIFICANT DAMAGE DISTRIBUTED THROUGHOUT THE AREA. 1,743 LINEAR FEET OF PAPER WRAP PIPE INSULATION THROUGHOUT THE BUILDING, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 673 LINEAR FEET OF AIRCELL PIPE INSULATION AND DEBRIS MAINLY IN THE NORTHWEST TANK ROOM ON BOTH FLOORS, WITH SIGNIFICANT DAMAGE DISTRIBUTED THROUGHOUT THE AREA; CEMENTITIOUS INSULATION ON 1087 JOINTS ON MAGNESIUM PIPES THROUGHOUT THE BUILDING, WITH SIGNIFICANT DAMAGE DISTRIBUTED THROUGHOUT THE AREA; CEMENTITIOUS INSULATION ON 223 JOINTS ON PAPER WRAP PIPES THROUGHOUT THE BUILDING, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; CEMENTITIOUS INSULATION ON 72 JOINTS ON AIRCELL PIPES MAINLY IN THE NORTHWEST TANK ROOM ON BOTH FLOORS, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; CEMENTITIOUS INSULATION ON 229 JOINTS ON FIBERGLASS PIPES MAINLY IN THE NORTHEAST ROOMS OF THE BASEMENT, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 644 SQUARE FEET OF AIRCELL BLOCK INSULATION ON TOP OF BOILERS #1 AND 2; WITH SIGNIFICANT DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 200 SQUARE FEET OF THERMAL LAGGING (CIRCA 1958) AROUND THE MANHOLES AND BREECHING OF BOILERS #1 AND 2, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 812 SQUARE FEET OF THERMAL LAGGING (CIRCA 1949) ON MANHOLES AND HANDHOLDS OF BOILERS #1 AND 2, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 384 SQUARE FEET OF THERMAL LAGGING (CIRCA 1961) ON MANHOLES AND TUBING BOILERS #3 AND 4, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; TROWELED CEMENTITIOUS INSULATION ON THE SIDES OF BOILERS #1 AND 2, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 1,620 SQUARE FEET OF BREECHING (INSULATION) ON BOILERS #5 AND 6, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 1,600 SQUARE FEET OF MAGNESIUM INSULATION ON THE HOLDING TANK IN THE TANK ROOM, WITH NO DAMAGE;

240 SQUARE FEET OF INSULATION ON THE STEAM TANK IN THE BASEMENT, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; THREE VIBRATION DAMPERS ON TOP OF THE BATTER ROOM ON THE FIRST FLOOR, WITH NO DAMAGE DISTRIBUTED THROUGHOUT THE AREA; 1,123 PIPE FLANGE GASKETS, THROUGHOUT THE BUILDING, WITH DAMAGE DISTRIBUTED THROUGHOUT THE AREA; SIX SQUARE FEET OF BOILER GASKETS ON THE MAIN BOILERS ON THE FIRST FLOOR, WITH NO DAMAGE; 56 GASKETS ON THE SOUTH SIDE OF BOILER #2, WITH NO DAMAGE; 4 SQUARE FEET OF THERMAL INSULATION CLOTH STORED IN THE BASEMENT ALONG THE FAR EAST WALL, WITH NO DAMAGE; 50 SQUARE FEET OF INSULATION BLANKET STORED IN THE NORTH AND SOUTH ENDS OF THE GENERATOR ROOM ON THE FIRST FLOOR, WITH NO DAMAGE.

AT THE TIME OF INSPECTION SEVERAL AREAS WERE NOTED FOR EMERGENCY ABATEMENT. AT THE TIME OF INSPECTION THESE AREAS HAD BEEN ABATED: TTA, MAGNESIUM INSULATION ON THE HOLDING TANK; TTC, INSULATION JACKET; TTE, TANK INSULATION HOT WATER TANK; AND TTF, TANK INSULATION PRE-HEAT TANK. BECAUSE THE BOILERS WERE SHUT AND IN USE THE FOLLOWING AREAS COULD NOT BE SAMPLED: MMB, FIREBRICK CIRCA 1958; AND MMD, FIREBRICK CIRCA 1961. STORED MATERIALS REMOVED PRIOR TO SAMPLING ARE: MSA, AIRCELL BLOCK INSULATION; AND MSF, FIBROUS PANEL INSULATION.

THERE WERE NO INDICATIONS OF ANY PREVIOUS ASBESTOS ABATEMENT ACTIVITY OTHER THAN THAT MENTIONED ABOVE.

FORM 3
DECISION TREE



RESPONSE ACTIONS KEY

1. Isolate area and restrict access. Remove as soon as possible.
2. Continue O & M. Remove as soon as possible or repair and reduce potential for disturbance.
3. Continue O & M. Schedule removal when practical and cost-effective; or reduce disturbance.
- 4-5. Continue O & M. Schedule removal when practical and cost-effective, number indicates priority for removal.
- 6-7. Continue O & M. Take preventive measures to reduce disturbance. Number indicates priority for removal.
8. Continue O & M until major renovation or demolition requires removal under NESHAP, or until hazard assessment factors change.

Note: An O & M program may include enclosure and encapsulation, where appropriate to increase the effectiveness of O & M. Removal is always an option by the owner.

Inspection Phase I

Facility Name ELGIN MENTAL HEALTH CENTER

CDB Bldg. Name & Number POWERHOUSE/BR 050

CDB Project Number 910-010-009

SUMMARY OF FINDINGS

HOMOGENEOUS AREAS	DESCRIPTION	QUANTITY	NUMBER SAMPLES RECOMMENDED	REMOVAL
SPA	HARD PLASTER (PRE-1952)	10,341 S/F	7	\$134,433.00
SPB	HARD PLASTER (POST-1952)	647 S/F	3	
TPA	MAGNESIUM PIPE INSULATION	5,904 L/F	3	\$596,304.00
TPB	PAPER WRAP PIPE INSULATION	1,743 L/F	3	\$176,043.00
TPC	AIRCELL PIPE INSULATION	673 L/F	1	\$67,973.00
TJA	CEMENTITIOUS JOINT INSULATION ON MAGNESIUM PIPES	1,087	3	\$102,505.00
TJB	CEMENTITIOUS JOINT INSULATION ON PAPER WRAP PIPE	223	3	
TJC	CEMENTITIOUS JOINT INSULATION ON AIRCELL PIPES	72	3	
TJD	CEMENTITIOUS JOINT INSULATION ON FIBERGLASS PIPES	229	3	
TBA	AIRCELL BLOCK INSULATION	648 S/F	1	\$33,295.00
TBB	THERMAL LAGGING -- CIRCA 1958	200 S/F	3	
TBC	THERMAL LAGGING -- CIRCA 1949	812 S/F	3	
TBD	THERMAL LAGGING -- CIRCA 1961	384 S/F	3	
TBE	TROWLED CEMENT. INSULATION	1,925 S/F	3	
TFA	BREECHING	1,620 S/F	3	
TTA	MAGNESIUM INS. ON HOLDING TANK	1,500 S/F	3	
TTB	MAGNESIUM INS. ON HOLDING TANK	1,600 S/F	3	

Inspection Phase I

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SUMMARY OF FINDINGS

HOMOGENEOUS AREAS	DESCRIPTION	QUANTITY	NUMBER SAMPLES RECOMMENDED	REMOVAL
TTD	STEAM TANK INSUL.	240 S/F	3	
TTE	HOT WATER TANK INSULATION	683 S/F	3	
TTF	PRE-HEAT TANK INSULATION	102 S/F	3	
MMA	FIRE DOORS	3	0	
MMB	FIREBRICK - CIRCA 1958	3,804 S/F	3	\$273,888.00
MMC	FIREBRICK - CIRCA 1949	5,148 S/F	3	\$570,656.00
MMD	FIREBRICK -- CIRCA 1961	2,840 S/F	3	\$204,480.00
MME	VIBRATION DAMPERS	3	1	
MMF	PIPE FLANGE GASKETS	1,123	3	
MMG	BUILT-UP ROOFING	10,220 S/F	0	
MMH	BOILER DOOR GASKETS		1	
MTA	TRANSITE PANELS	3,395 S/F	0	
MSA	AIRCELL BLOCK INS.	6 S/F	1	
MSB	FIREBRICK	6 S/F	1	
MSC	GASKETS	56	1	
MSD	CEMENTITIOUS POWDER	3 BAGS	1	
MSE	THERMAL INSULTATION CLOTH	4 S/F	1	
MSF	FIBROUS INSULATION PANELS	45 S/F	1	
MSG	INSULATION BLANKETS	50 S/F	1	
MTA	TRANSITE PANELS	3,395 S/F	0	

Sampling Phase II

Facility Name ELGIN MENTAL HEALTH CENTER

CDB Bldg. Name & Number POWER HOUSE/BR050

CDB Project Number 910-010-009

SUMMARY OF FINDINGS

HOMOGENEOUS AREAS	DESCRIPTION	ACM			NOTES
		ASSUMED	POS	NEG	
TPA	MAGNESIUM PIPE INSULATION	0	3	0	
TPB	PAPER WRAP PIPE INSULATION	0	3	0	
TPC	AIRCELL PIPE INSULATION	0	1	0	
TJA	CEMENTITIOUS JOINT INSULATION ON	0	3	0	
	MAGNESIUM PIPES				
TJB	CEMENTITIOUS JOINT INSULATION ON	0	2	1	
	PAPER WRAP PIPES				
TJC	CEMENTITIOUS JOINT INSULATION ON	0	1	2	
	AIRCELL PIPES				
TJD	CEMENTITIOUS JOINT INSULATION ON	0	1	2	
	FIBERGLASS PIPES				
TBA	AIRCELL BLOCK INSULATION	0	1	0	
TBB	THERMAL LAGGING-- CIRCA 1958	0	3	0	
TBC	THERMAL LAGGING-- CIRCA 1949	0	3	0	
TBD	THERMAL LAGGING-- CIRCA 1961	0	3	0	
TBE	TROWLED CEMENTITIOUS INSULATION	0	3	0	
TFA	BREECHING	0	3	0	
TTB	MAGNESIUM INS. ON HOLDING TANK	0	3	0	
TTD	STEAM TANK INSULATION	0	3	0	
MMF	PIPE FLANGE GASKET	0	3	0	
MMH	BOILER GASKETS	0	1	0	

Sampling Phase II

Facility Name ELGIN MENTAL HEALTH CENTER

CDB Bldg. Name & Number POWER HOUSE/BR050

CDB Project Number 910-010-009

SUMMARY OF FINDINGS

HOMOGENEOUS AREAS	DESCRIPTION	ACM			NOTES
		ASSUMED	POS	NEG	
MSC	GASKETS	0	1	0	
MSE	THERMAL INSULATION CLOTH	0	1	0	
MSG	INSULATION BLANKETS	0	1	0	
MMA	FIRE DOORS	X	0	0	
MMB	FIREBRICK-- CIRCA 1958	X	0	0	
MMD	FIREBRICK-- CIRCA 1961	X	0	0	
MMG	BUILT-UP ROOF	X	0	0	
MTA	TRANSITE PANELS	X	0	0	
SPA	HARD PLASTER (PRE-1952)	0	0	7	
SPB	HARD PLASTER (POST-1952)	0	0	3	
MMC	FIREBRICK-- (CIRCA 1949)	0	0	3	
MME	VIBRATION DAMPERS	0	0	1	
MSB	FIREBRICK	0	0	1	
MSD	CEMENT. POWDER	0	0	1	
TTA	MAGNESIUM INS. ON HOLDING TANK	0	0	0	AREA ABATED
TTE	HOT WATER TANK INSULATION	0	0	0	AREA ABATED
TTF	PRE-HEAT TANK INSULATION	0	0	0	AREA ABATED
MSA	AIRCELL BLOCK INS.	0	0	0	NO LONGER IN BUILDING
MSF	FIBOUS INSULATION PANELS	0	0	0	NO LONGER IN BUILDING

FORM 6 SURVEY OF FINDINGS

MANAGEMENT PLAN PHASE III

BUILDING NAME POWER HOUSE

LIST IN ORDER OF RESPONSE ACTION NUMBER

C.D.B. BUILDING NUMBER BR050

HOMOGENEOUS AREA	MATERIAL DESCRIPTION	ACM CONTENT (%)			NO DAMAGE	SALIENT DAMAGE	SIGNIFICANT DAMAGE	NO POTENTIAL DAMAGE	POTENTIAL DAMAGE	POTENTIAL SIGNIFICANT DAMAGE	DAMAGE ASSESSMENT	
		CHRYSOTILE	AMOSITE	OTHER							ASSUMED ACM	RESPONSE ACTION
TPA	Magnesium Pipe Insulation	5%	20%	0				X			1	Remove
TPC	Aircell Pipe Insulation	30%	0	0				X			1	Remove
TJA	Cementitious Joint Insul. on Magnesium Pipes.	30%	0	0				X			1	Remove
TBA	Aircell Block Insul.	15%	0	0				X		X	1	Remove
TFA	Breeching	15-30%	10%	0				X		X	1	Remove
TPB	Paper Wrap Pipe Insul.	10%	0	0					X		2	Repair
TJB	Cementitious Joint Insul. on Paper Wrap Pipes	20-30%	0	0				X			2	Repair
TJC	Cementitious Joint Insul. on Aircell Pipes	30%	0	0				X			2	Repair
TJD	Cementitious Joint Insul. on Fiberglass Pipes	2%	0	0				X			2	Repair
TBB	Lagging Around Manholes & Breeching (Circa 1958)	30-50%	0	0				X			2	Repair

912 CM 1\91

B-6.2

HOMOGENEOUS AREA	MATERIAL DESCRIPTION	ACM CONTENT (%)			OTHER	ASSUMED ACM	DAMAGE ASSESSMENT							RESPONSE ACTION	
		CHRYSOTILE	AMOSITE				NO DAMAGE	SALENT DAMAGE	DAMAGE	SIGNIFICANT DAMAGE	NO POTENTIAL DAMAGE	POTENTIAL DAMAGE	POTENTIAL SIGNIFICANT DAMAGE		NUMBER
TBC	Lagging on Manholes and Handholds (Circa 1949)	20-30%	5-10%	0			X							2	Repair
TBD	Lagging on Manholes and Tubing (Circa 1961)	30%	0	0			X							2	Repair
TBE	Trowled Thermal Insul.	15%	0	0			X							4	Repair
TTD	Tank Insulation	60%	0	0			X							4	Repair
MMF	Pipe Flange Gaskets	30-40%	0	0			X							4	O & M
MMA	Fire Doors					X								4	Repair
MMH	Boiler Gaskets	100%	0	0				X						7	O & M
TTB	Magnesium Pipe Insulation	30%	0	0				X						8	O & M
MSC	Gaskets	10%	0	0				X			X			8	O & M
MSE	Thermal Insulation Cloth	100%	0	0				X			X			8	O & M
MSG	Insulation Blanket	100%	0	0				X			X			8	O & M
MMB	Firebrick (Circa 1958)			0		X								8	O & M

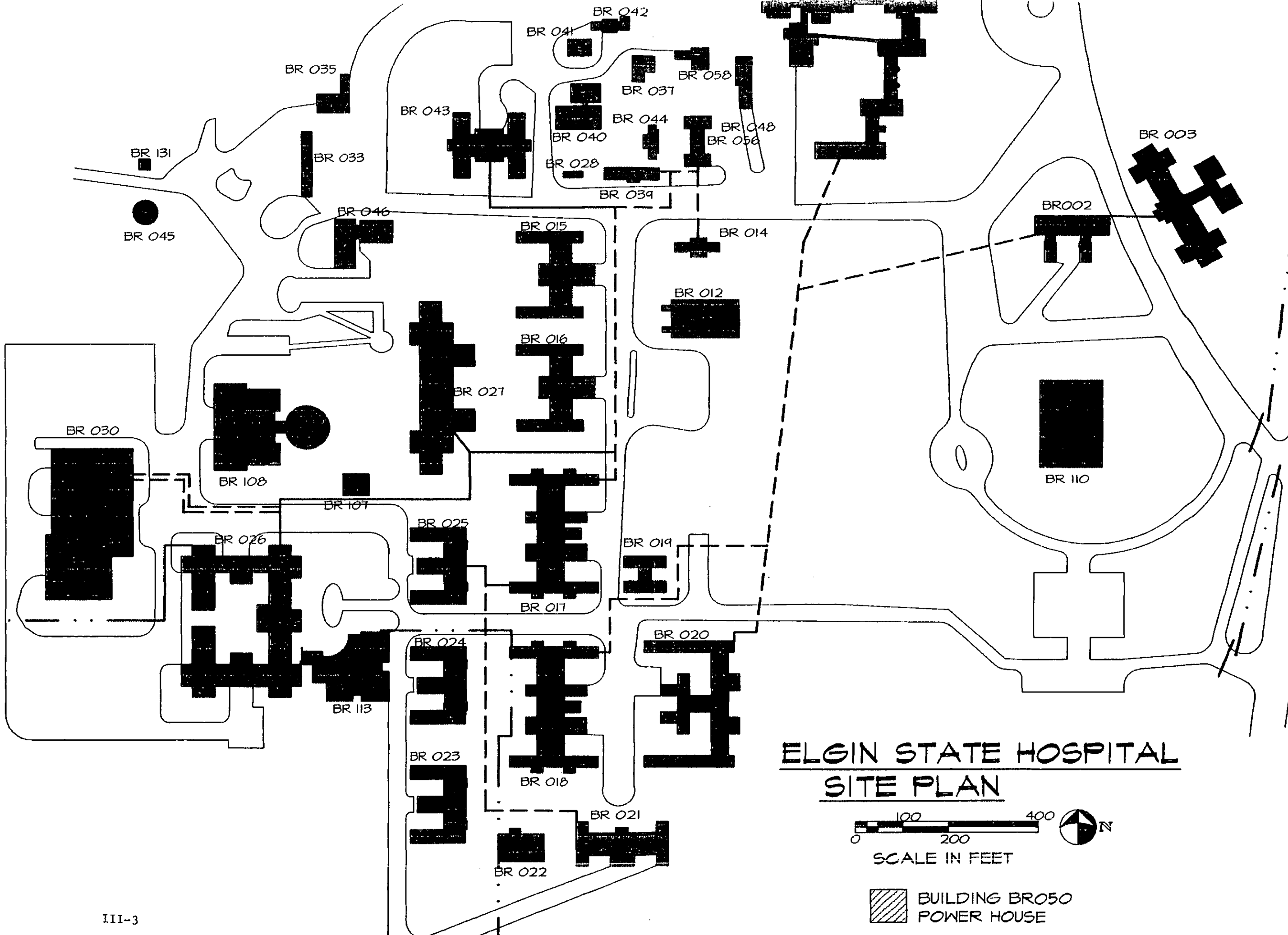
HOMOGENEOUS AREA	MATERIAL DESCRIPTION	ACM CONTENT (%)				DAMAGE ASSESSMENT								RESPONSE ACTION
		CHRYSOLE	AMOSITE	OTHER	ASSUMED ACM	NO DAMAGE	SALIENT	DAMAGE	SIGNIFICANT DAMAGE	NO POTENTIAL DAMAGE	POTENTIAL DAMAGE	POTENTIAL SIGNIFICANT DAMAGE	NUMBER	
MMD	Firebrick (Circa 1961) Built-up Roofing Transite Panels				x								8	0 & M
MMG					x				x				8	0 & M
MTA					x		x							8

SITE PLAN LEGEND

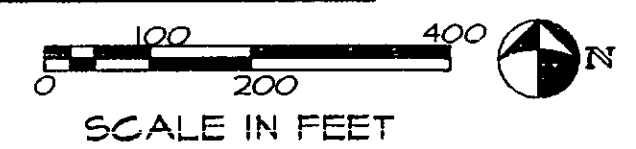
BR 001	CENTER BUILDING
BR 002	SECURITY
BR 003	READ
BR 012	ASSEMBLY HALL
BR 014	DAVIDSON
BR 015	BURR
BR 016	WINES
BR 017	KILBOURNE
BR 018	PERSHING
BR 019	WORKSHOP ANNEX
BR 020	WILSON
BR 021	HALLORAN
BR 022	VETERANS' KITCHEN
BR 023	MAC ARTHUR
BR 024	PINEL
BR 025	WHITE
BR 026	FORENSIC TREATMENT CENTER
BR 027	ACUTE TREATMENT CENTER
BR 028	HOUSEKEEPING OFFICE
BR 030	CENTRAL STORES
BR 031	PUMP & BLOWER HOUSE
BR 033	IMPLEMENT SHED
BR 035	MASON & PLASTER SHOP
BR 037	STORAGE WAREHOUSE #2
BR 039	BARBER/BEAUTY SHOP
BR 040	CARPENTER SHOP
BR 041	GARAGE UNIT #5
BR 042	DISPATCHER'S OFFICE
BR 043	WHITTMAN
BR 044	STUDIO
BR 045	WATER TOWER
BR 046	MENDEL
BR 048	STORAGE BUILDING
BR 049	OLD LAUNDRY
BR 050	POWER HOUSE
BR 051	GARAGE UNIT #1
BR 052	GARAGE UNIT #2

BR 053 GARAGE UNIT #3
 BR 054 GARAGE UNIT #4
 BR 055 SHOP BUILDING
 BR 056 WORKSHOP STORAGE
 BR 057 GROUNDS MAINTENANCE
 BR 058 FIRE STATION
 BR 061 WOODS
 BR 063 RICKETTS
 BR 064 CARRIET
 BR 065 OLD NURSES' HOME
 BR 066 STAFF HOUSE
 BR 067 ADMINISTRATION BUILDING
 BR 068 JENKS
 BR 069 HAWLEY
 BR 070 SOUSTER
 BR 071 HIRSCH
 BR 072 HOLDEN
 BR 105 PAINT SHOP
 BR 107
 BR 108 MEDICAL/SURGICAL BUILDING
 BR 109 LAUNDRY
 BR 110 REHABILITATION BUILDING
 BR 112 ADULT EDUCATION CENTER
 BR 113 FORENSICS BUILDING
 BR 127 GARAGE
 BR 131 WELL HOUSE #2

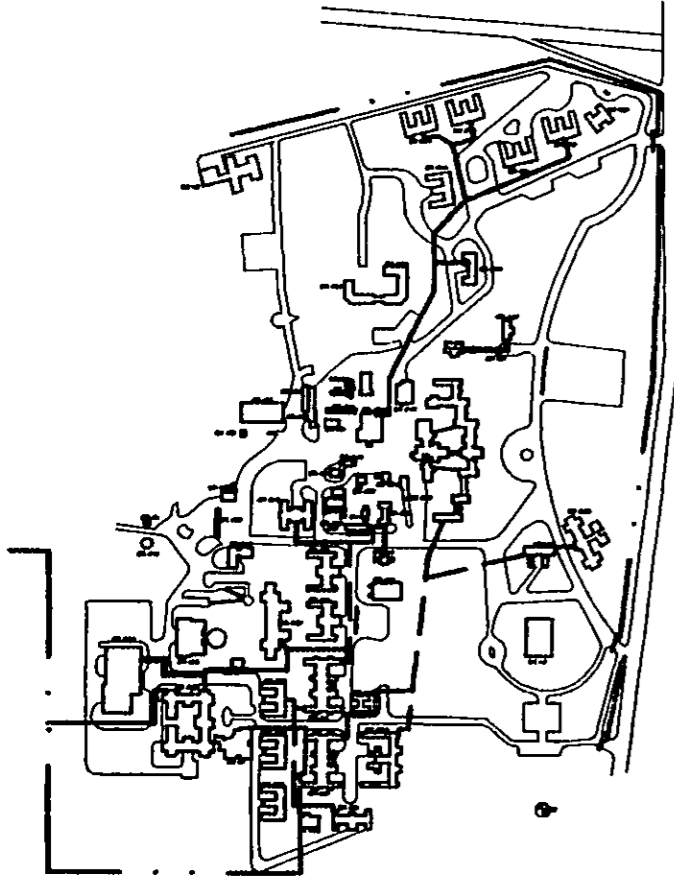
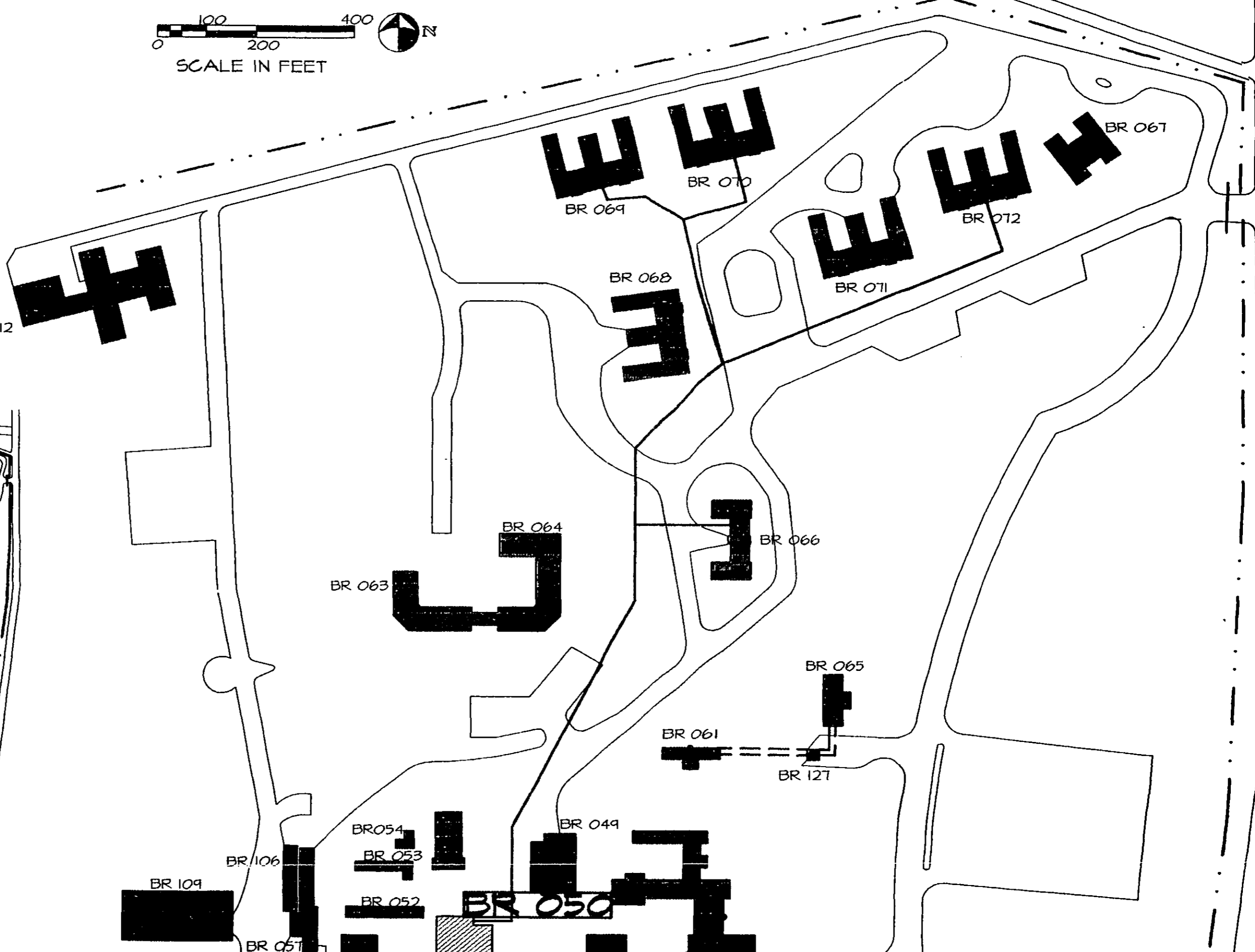
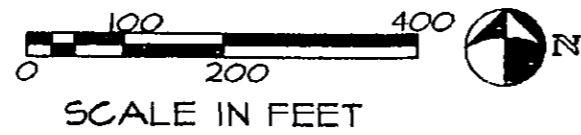
_____ CONCRETE PIPE TUNNEL
 - - - - - DIRT PIPE TUNNEL
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 TUNNEL
 - . . . - FENCING



**ELGIN STATE HOSPITAL
SITE PLAN**

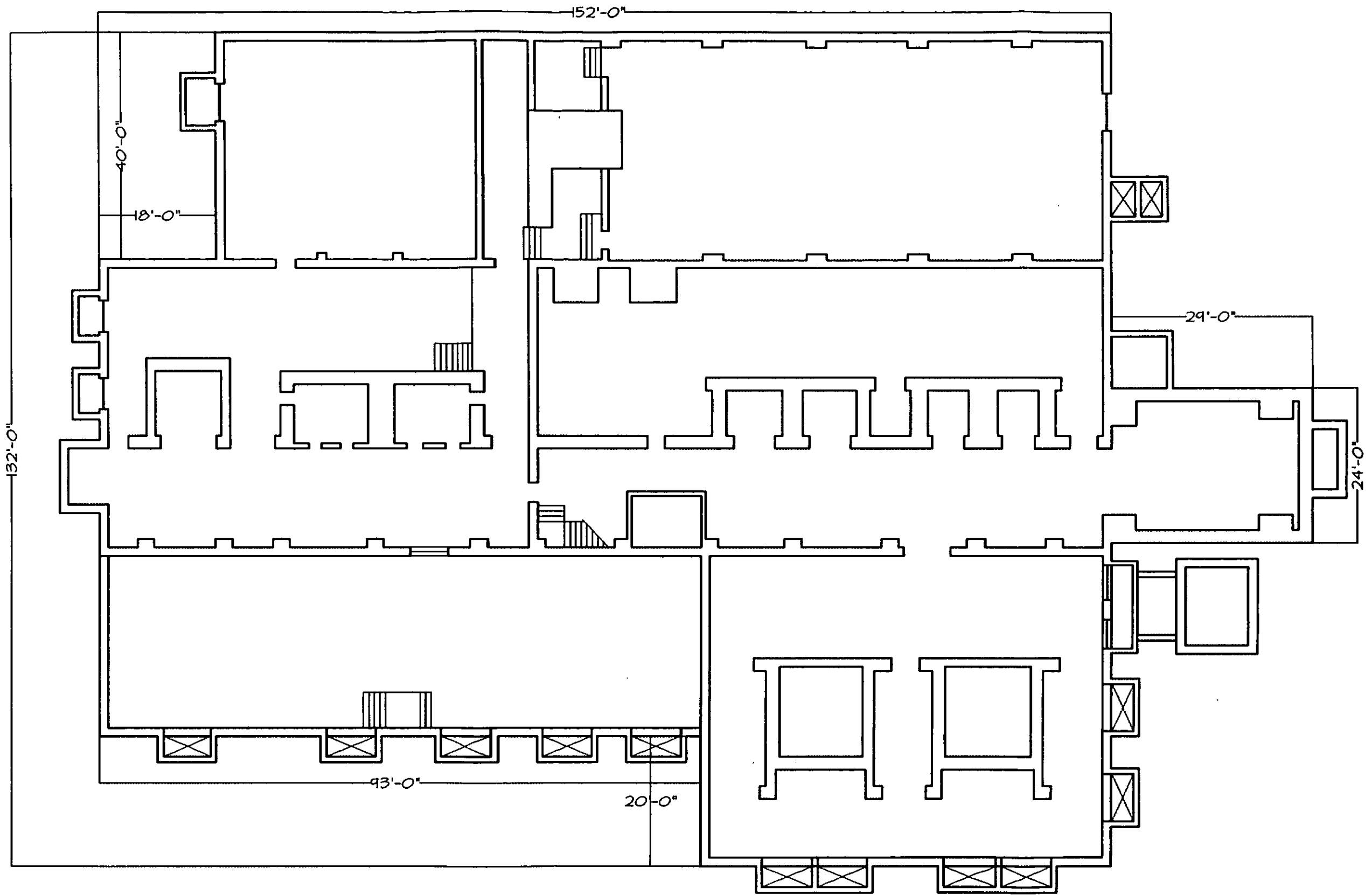


 BUILDING BR050
POWER HOUSE



KEY PLAN

 BUILDING BR 050



BASEMENT PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

FILE
BR050-1

CHECKED BY

K.B.Y.

DRAWN BY

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

SHEET TITLE

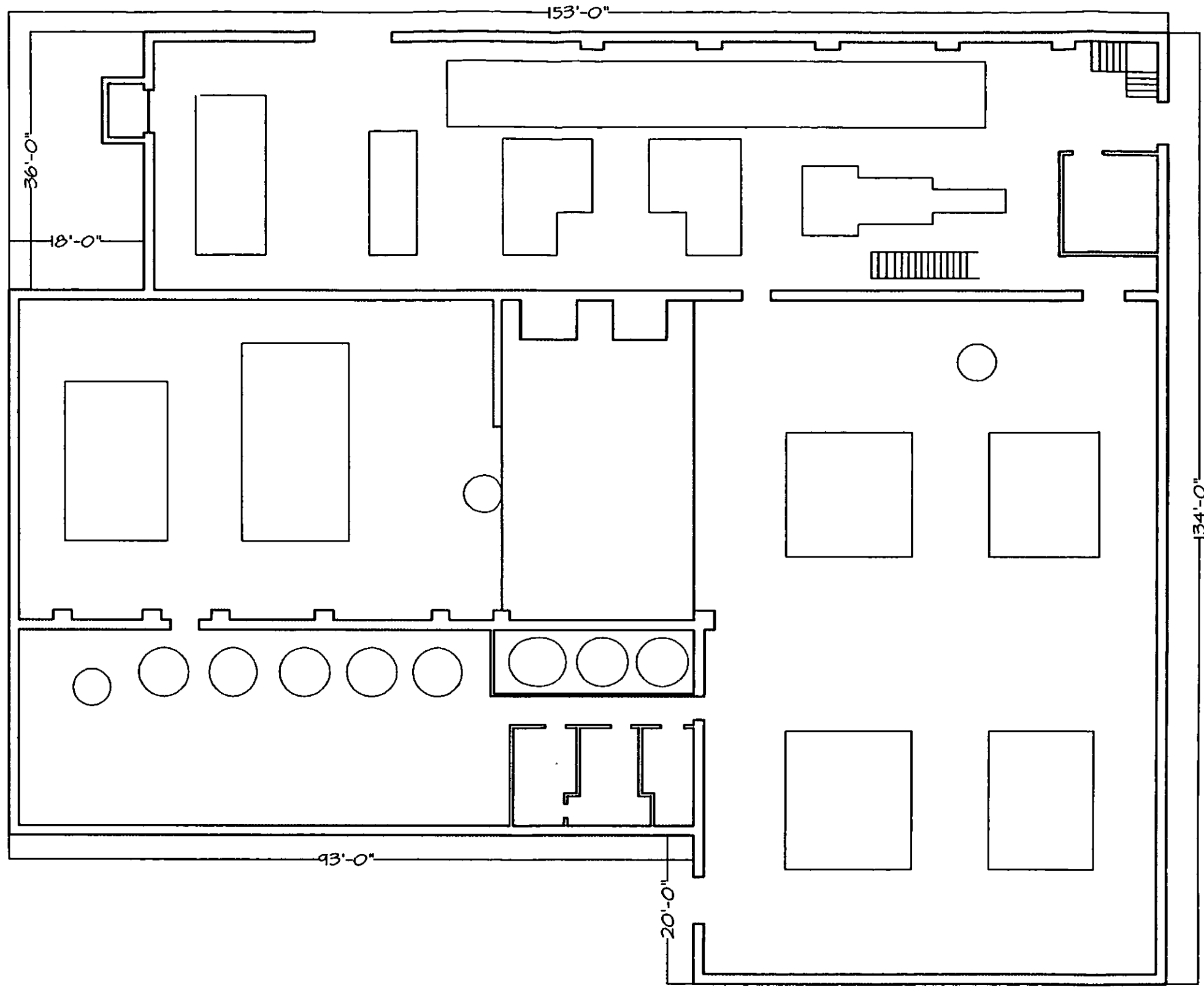
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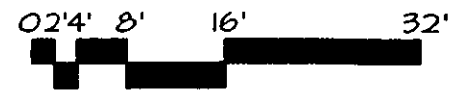
REVISOR

1	
2	
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C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.



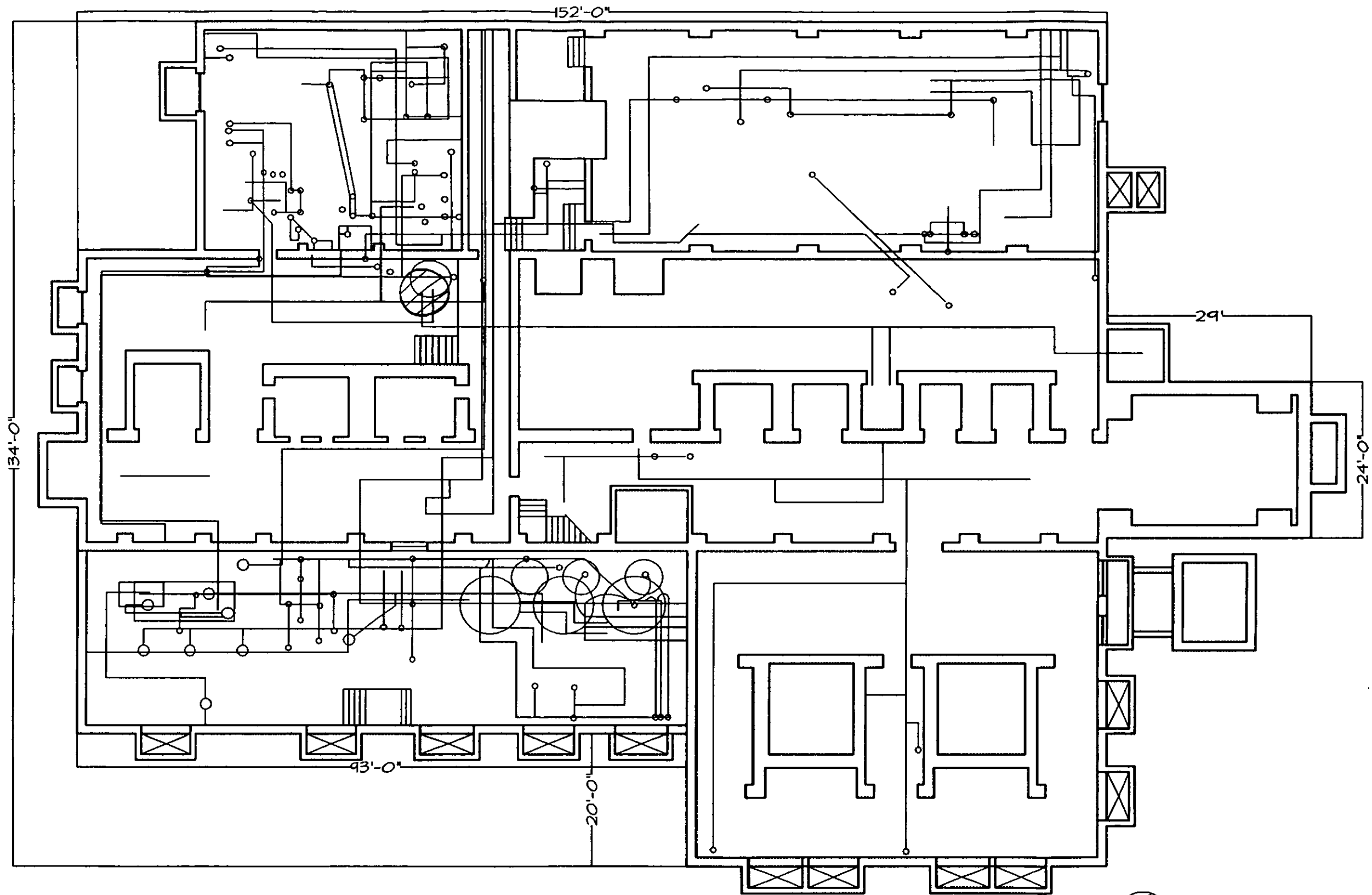
UPPER FLOOR PLAN



ELGIN STATE HOSPITAL
POWER HOUSE - BRO50

SHEET TITLE ELGIN STATE HOSPITAL POWER HOUSE - BRO50
DRAWN BY K.B.Y.
CHECKED BY
FILE BRO50-2

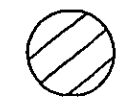
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924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631



BASEMENT PLAN

0' 2' 4' 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



THERMAL MATERIAL

- TPA IV-6A
- TPB IV-12A
- TPC IV-17A
- TJA IV-23A
- TJB IV-28A
- TJC IV-34A
- TJD IV-41A
- TTD IV-81A

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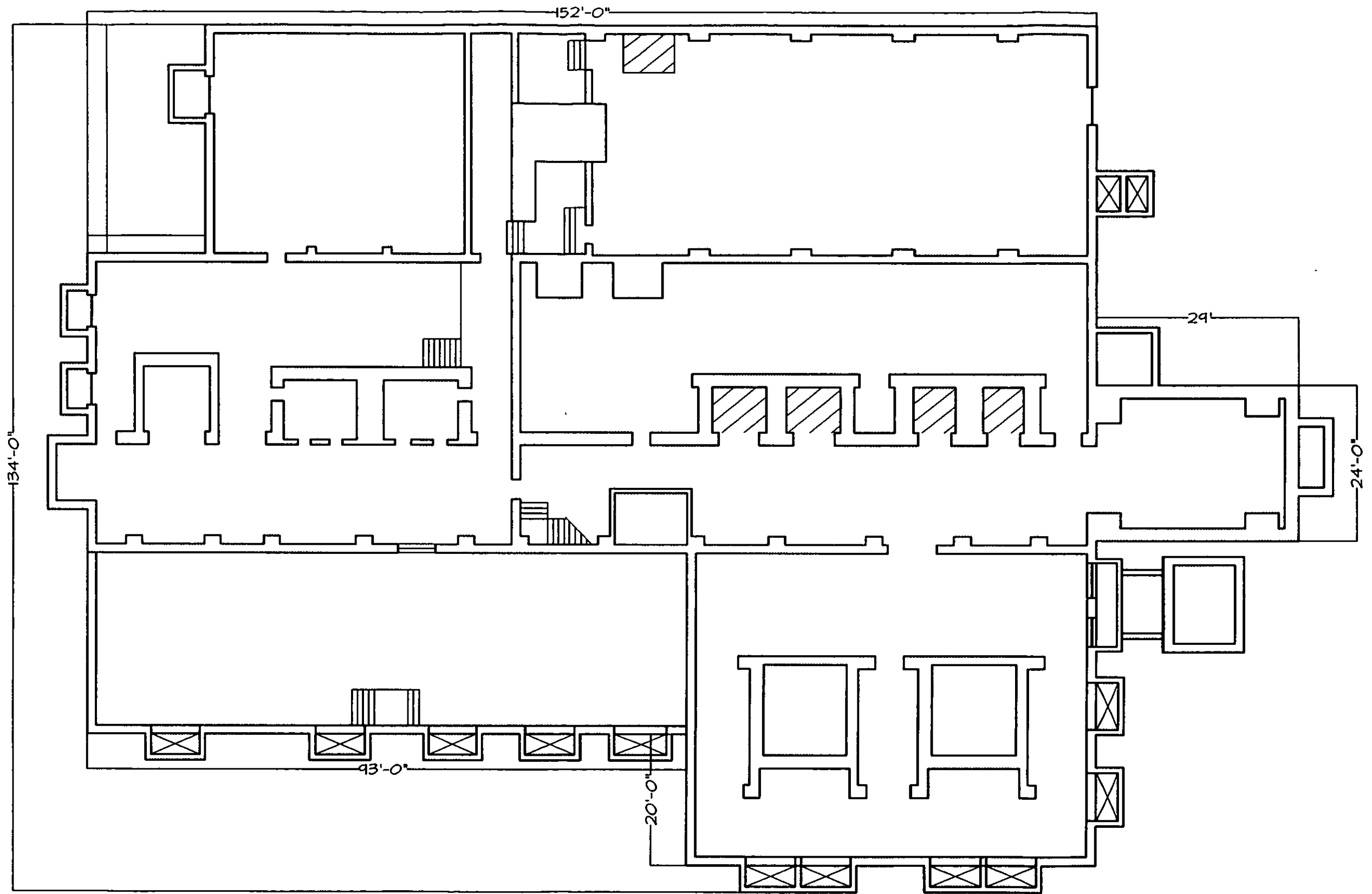
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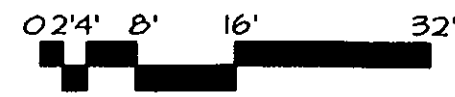
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PAGE NUMBER

III-7



BASEMENT PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



MISCELLANEOUS MATERIAL
MMD IV-118A
MSE IV-101A

FILE
050-1M

CHECKED BY

DRAWN BY
K.B.Y.
REVISED

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

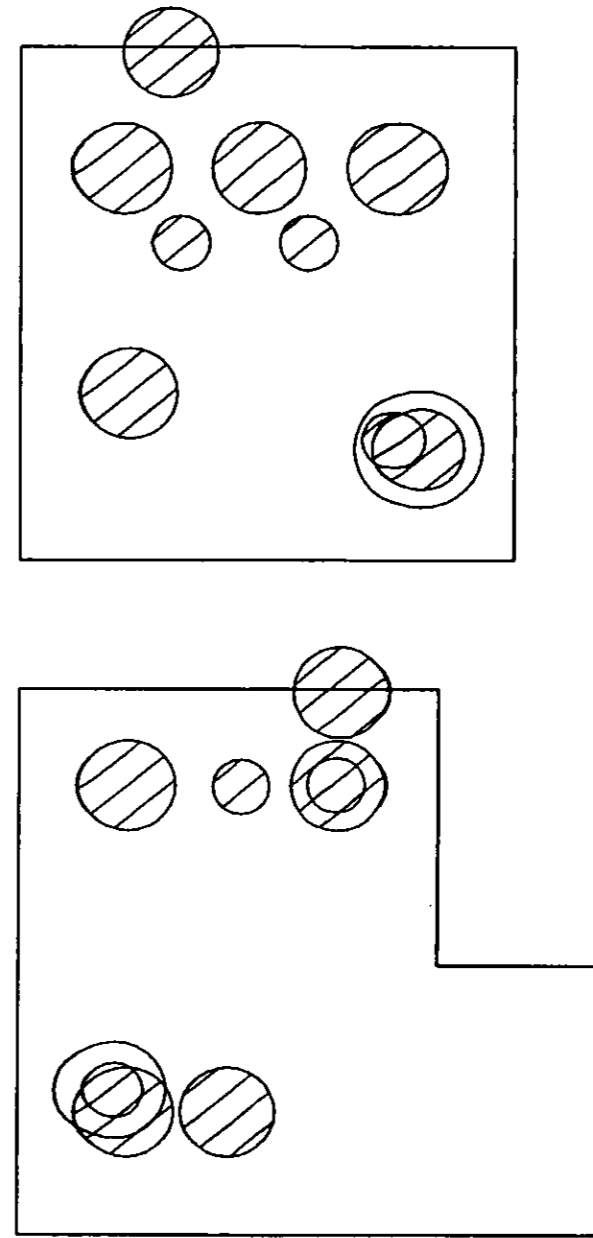
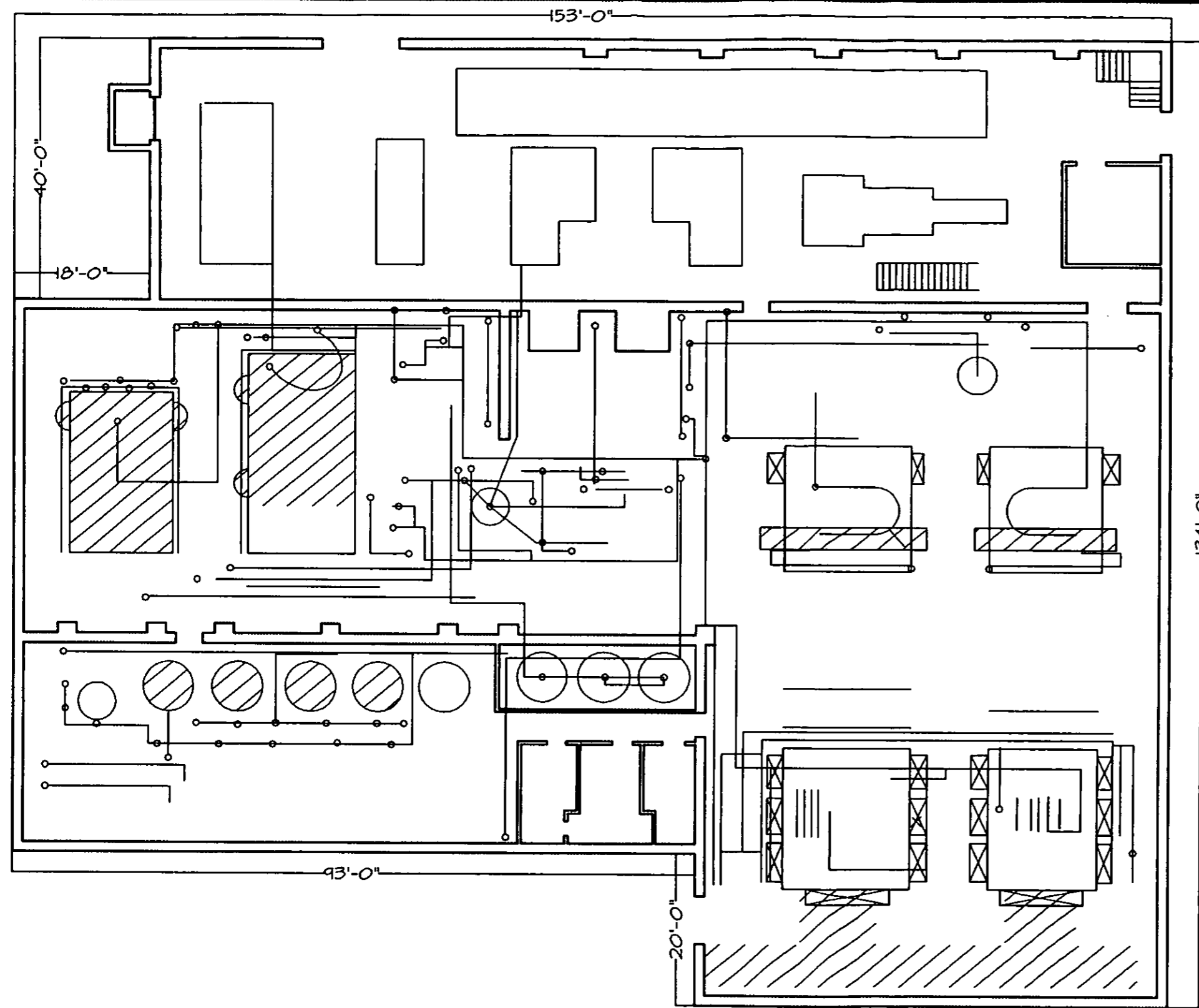
SHEET TITLE


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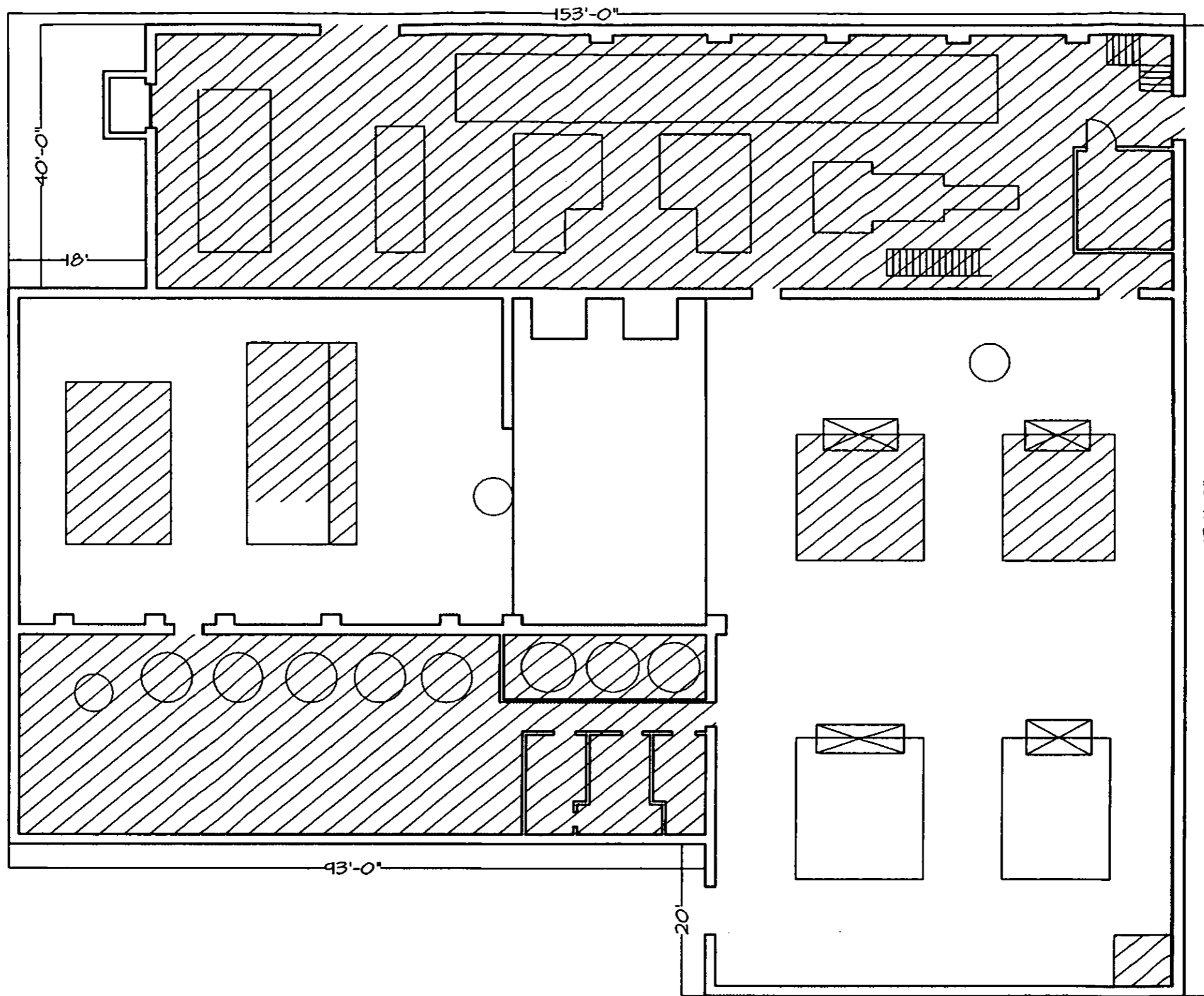
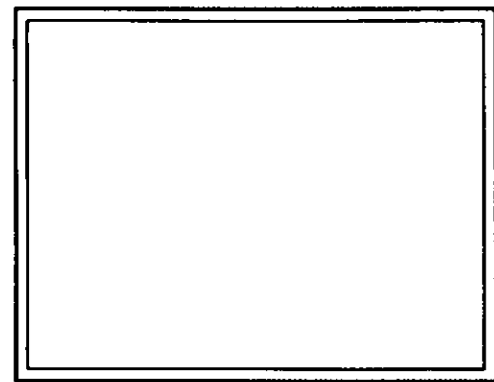


-  THERMAL MATERIAL
- TPA IV-6A
 - TPB IV-12A
 - TPC IV-17A
 - TJA IV-23A
 - TJB IV-28A
 - TJC IV-34A
 - TJD IV-41A
 - TBA IV-46A
 - TBB IV-51A
 - TBC IV-56A
 - TBD IV-61A
 - TBE IV-66A
 - TFA IV-71A
 - TTB IV-76A

UPPER FLOOR PLAN 

0' 24' 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



- ☐ THERMA MATERIAL
- MMF IV-87A
 - MMH IV-91A
 - MSC IV-96A
 - MSE IV-101A
 - MSG IV-105A
 - MMA IV-109A
 - MMB IV-114A
 - MMG IV-121A
 - MTA IV-124A

UPPER FLOOR PLAN

0' 2' 4' 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**

FILE 050-2M
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DRAWN BY

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ELGIN STATE HOSPITAL POWER HOUSE - BRO50



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SHEET TITLE

PAGE NUMBER

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TPA
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Roy Spielmann IDPH LICENSE NO. 100-1010
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: REFER TO PLANS, THROUGHOUT BUILDING

MATERIAL DESCRIPTION: MAGNESIUM PIPE INSULATION, AND DEBRIS
 (COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)
 COLOR-TEXTURE, ETC.: WHITE, FLUFFY

FRIABLE: YES NO PIPE DIAMETERS 2-16 INCHES
 TOTAL QUANTITY: 5,904 SQ. FT. 5,904 LIN. FT. EA.
 QUANTITY IN: OCCUPIED 5,904 RESTRICTED L/FUNOCCUPIED

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% <u> </u>	1-25% <u> </u>	>25% <u> </u>
DISTRIBUTED:	<1% <u> </u>	1-10% <u> </u>	>10% <u> </u> <input checked="" type="checkbox"/>
IF <1% DAMAGE, IS SALIENT PRESENT? YES <u> </u> NO <u> </u>			
IF YES, DESCRIBE <u> </u>			

WATER DAMAGE:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>STAINS</u>
PHYSICAL DAMAGE:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>LOOSE, OPEN ENDS</u>
AGE/DETERIORATION:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>LOOSE, BREAKS IN OUTER COVER.</u>

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TPA

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES _____ NO X
 MAINTENANCE PERSONNEL: YES X NO _____
 HEIGHT FROM FLOOR (FT.): 0-30 FT.
 AREA ABOVE: OUTSIDE
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 _____ 1-2 _____ 3-10 X 10+ _____
 FREQUENCY OF USE (HRS): 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA: MAIN HEATING PLANT

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO _____
 ELECTRICAL: <1 X 1-5 _____ >5 _____ MECHANICAL (MOTOR) YES X NO _____
 MECHANICAL: <1 X 1-5 _____ >5 _____ PLUMBING (KNOCKING) YES X NO _____
 PIPING: <1 X 1-5 _____ >5 _____ OTHER _____ YES _____ NO _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

BARRIER: YES _____ NO X
 SUSPENDED CEILING: YES _____ NO X
 ENCAPSULATION: YES _____ NO X
 ENCLOSURE: YES _____ NO X
 OTHER _____ YES _____ NO _____

AIR MOVEMENT: YES X NO _____
 IF YES: LOW _____ MODERATE X HEAVY _____
 DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR: YES X NO _____ 5'
 EXHAUST FAN: YES X NO _____ 10'
 GRAVITY VENT: YES _____ NO X _____
 SUPPLY AIR: YES _____ NO X _____
 RETURN AIR: YES _____ NO X _____
 OTHER _____ YES _____ NO _____

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE _____ POTENTIAL FOR DAMAGE X
 POTENTIAL FOR SIGNIFICANT DAMAGE _____

EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. BECAUSE OF THE HEAT, STEAM, AND PRESSURE, DAMAGE COULD OCCUR.

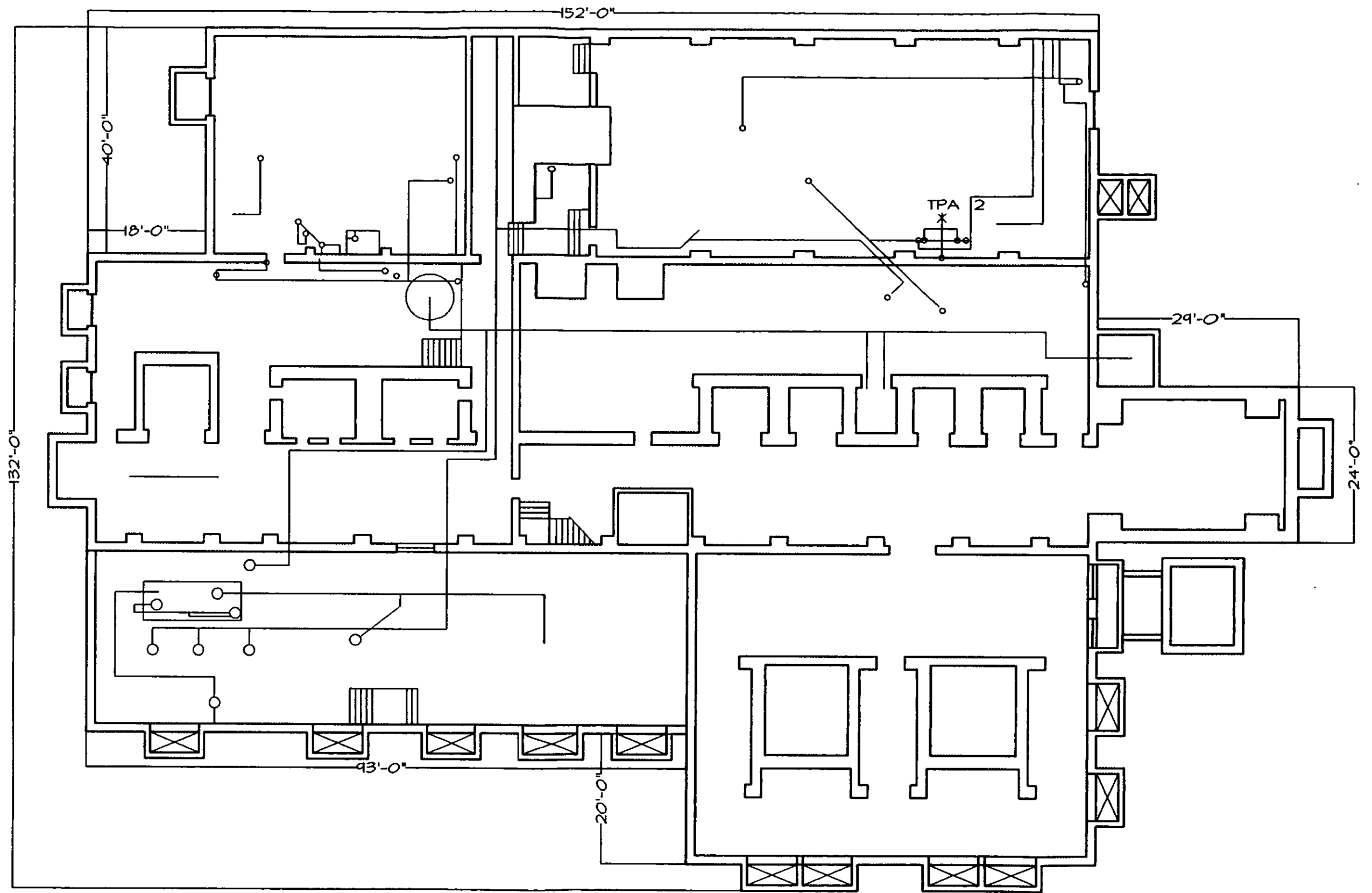
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIAL'S LOCATIONS. SCHEDULE REMOVAL OF DEBRIS ON FLOOR.

COMMENTS A LARGE AMOUNT OF FRIABLE DEBRIS FROM PIPING IS SCATTERED ON FLOORS.

INSPECTOR'S SIGNATURE *Ray Spulman* DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TPA-1, TPA-2, TPA-3

ACM YES X NO _____ ASSUMED _____



BASEMENT PLAN

0 2'4" 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

— HOMOGENEIOUS AREA - TPA
○ MAGNESIUM PIPE INSULATION

FILE 050-ITPA

CHECKED BY

K.B.Y.

DRAWN BY

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

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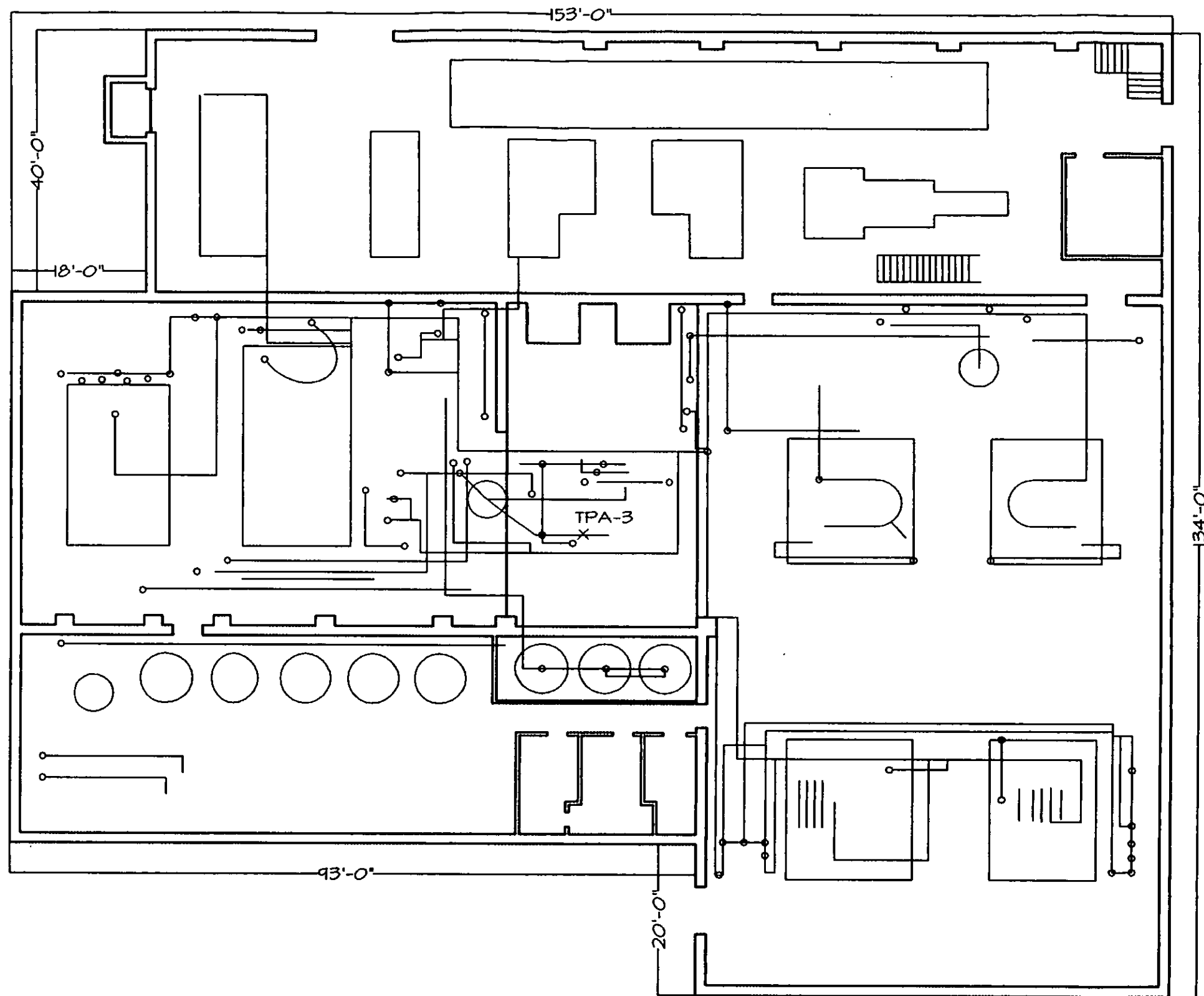
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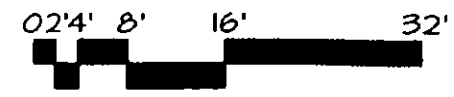
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UPPER FLOOR PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

— HOMOGENEOUS AREA - TPA
 ○ MAGNESIUM PIPE INSULATION

FILE 050-2TPA
 CHECKED BY K.B.Y.
 DRAWN BY

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SHEET TITLE ELGIN STATE HOSPITAL POWER HOUSE - BR050

**C & W BRADLEY
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 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TPA 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	BASEMENT	LOFT
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TPA -1	TPA -2	TPA -3
12. Lab Sample No.			
13. Color?	White	White	White
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	No	No	No
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS			
Chrysotile	5%	5%	5%
Amosite	20%	20%	20%
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose			
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	75%	75%	75%
19. Date Analyzed	10-1-94		
20. Analyzed By	fred love		

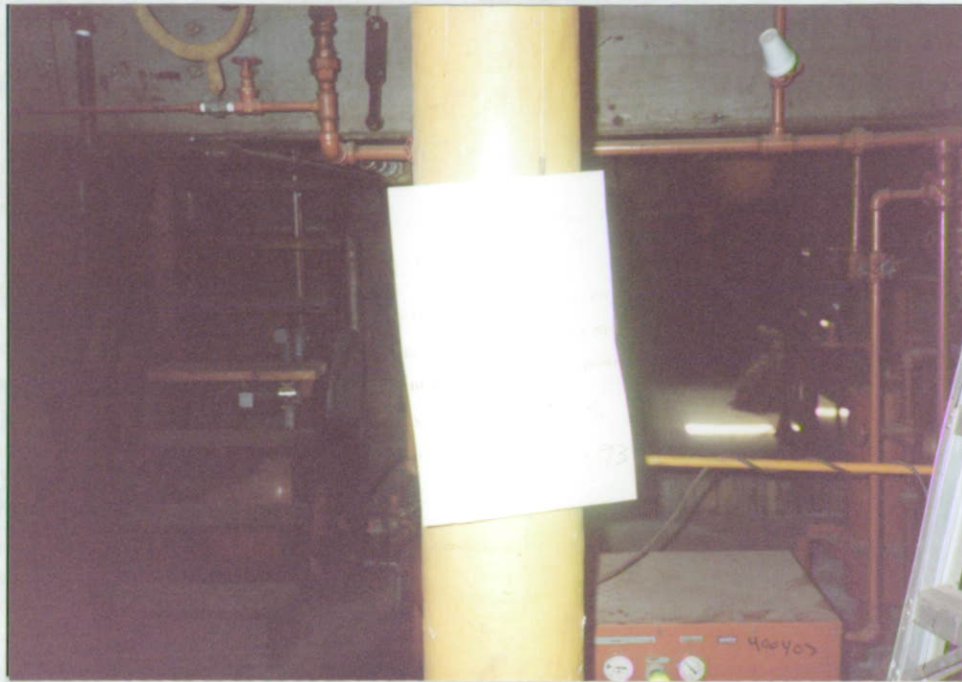
All samples analyzed by polarized light microscopy with dispersion staining.
 21. Report Approved By: Lisa M. Denson Date: 10-4-94



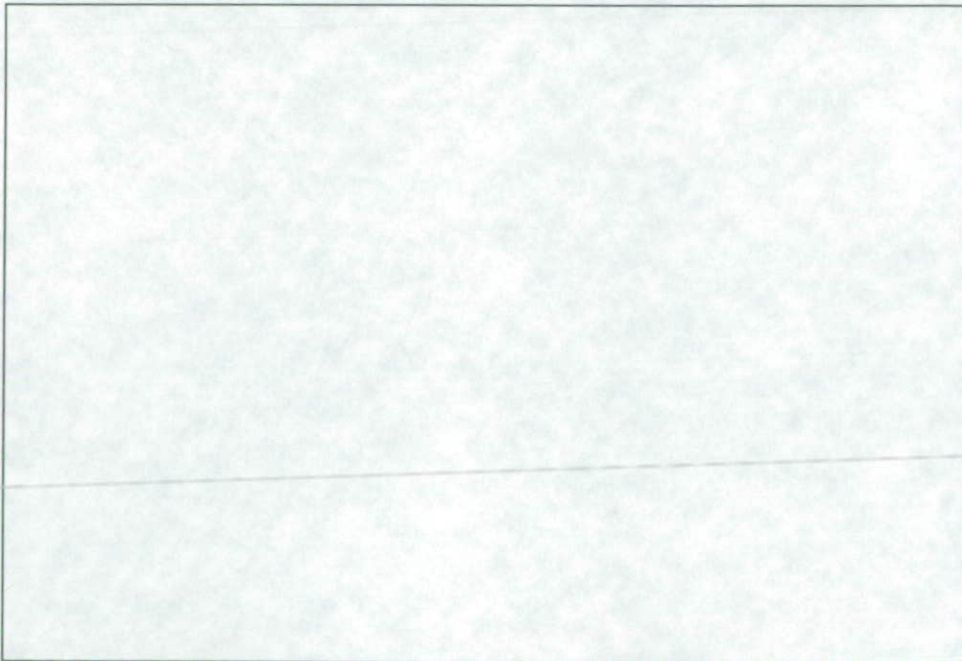
**BR050-TPA-1
MAGNESIUM PIPE
INSULATION**



**BR050-TPA-2
MAGNESIUM PIPE
INSULATION**



**BR050-TPA-3
MAGNESIUM PIPE
INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TPA - 5,904 LF DESCRIPT MAGNESIUM PIPE INS. & DEB
RESPONSE ACTION #1 - ISOLATE AREA AND RESTRICT ACCESS.
REMOVE AS SOON AS POSSIBLE.

A.2.a. EXIST. COND. MATERIAL IS SIGNIFICANTLY DAMAGED AND SHOWING
DAMAGE FROM WATER, PHYSICAL DAMAGE AND AGE/DETERIORATION.
SOME DEBRIS ON FLOOR FROM PIPES.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
DISTURBANCE FACTORS AND AIRMOVEMENT FROM PEDESTAL FANS
AND MAKE-UP AIR USED BY THE BOILERS.

A.2.b. FRIABLE YES CONDITION SIGNIFICANTLY DAMAGED
DISTURBANCE HIGH AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SIGNIFICANTLY DAMAGED WITH DEBRIS ON THE
FLOOR AND HAS A POTENTIAL FOR FUTURE DAMAGE FROM DISTURBANCE
AND AIR MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO AREA. REPAIR
DAMAGE AND CLEAN DEBRIS ON FLOOR.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING SIGNS AND LABELS ON MATERIAL
ALLOW ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TPA - MAGNESIUM PIPE INSUL.
AND DEBRIS

REMOVAL OF:

5.904 L/F	@	\$35.00	=	\$206,640.00
APM 400 HOURS	@	\$59.00	=	\$23,600.00
ASP 400 HOURS	@	\$49.00	=	\$19,600.00
APM/ASP 400 HOURS	@	\$85.00	=	\$34,000.00

AIR TESTING:

PCM'S 478	@	\$25.00	=	\$11,950.00
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REPLACEMENT MATERIAL:

5.904 L/F OF FIBERGLASS	@	\$12.00	=	\$70,848.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$27,748.80
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$36,038.68
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$396,425.48
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$19,821.27
TOTAL ESTIMATED REMOVAL COST	=			\$416,246.75

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

12 HOURS	@	\$25.00	=	\$300.00
O&M MATERIALS	=			\$225.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$525.00

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TPB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spidman IDPH LICENSE NO. 100-1010
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: REFER TO PLANS, THROUGHOUT BASEMENT

MATERIAL DESCRIPTION: PAPER WRAP PIPE INSULATION, AND DEBRIS
 (COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)

COLOR-TEXTURE, ETC.: BROWN, LAYERED PAPER

FRIABLE: YES NO PIPE DIAMETERS 2-16 INCHES

TOTAL QUANTITY: _____ SQ. FT. 1,743 LIN. FT. _____ EA.

QUANTITY IN: OCCUPIED _____ RESTRICTED 1,743 L/FUNOCCUPIED _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE, BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% _____	1-10% <input checked="" type="checkbox"/>	>10% _____

IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO _____
 IF YES, DESCRIBE _____

WATER DAMAGE:	YES <input checked="" type="checkbox"/>	NO _____	DESCRIPTION <u>STAINS</u>
PHYSICAL DAMAGE:	YES <input checked="" type="checkbox"/>	NO _____	DESCRIPTION <u>LOOSE WITH OPEN ENDS</u>
AGE/DETERIORATION:	YES <input checked="" type="checkbox"/>	NO _____	DESCRIPTION <u>MATERIAL LOOSENED AND DETERIORATED</u>

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TPB

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
MAINTENANCE PERSONNEL: YES X NO
HEIGHT FROM FLOOR (FT.): 0-30 FT.
AREA ABOVE: OUTSIDE
AREA ADJACENT: OUTSIDE
OCCUPANCY (#): 0 1-2 3-10 X 10+
FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
ELECTRICAL: <1 1-5 X >5 MECHANICAL (MOTOR) YES X NO
MECHANICAL: <1 1-5 X >5 PLUMBING(KNOCKING) YES X NO
PIPING: <1 X 1-5 >5 OTHER YES NO

OTHER

BARRIER: YES NO X
SUSPENDED CEILING: YES NO X
ENCAPSULATION: YES NO X
ENCLOSURE: YES NO X

OTHER

AIR MOVEMENT: YES X NO
IF YES: LOW MODERATE X HEAVY
DISTANCE TO FRIABLE MATERIAL

EXTERIOR DOOR: YES X NO
EXHAUST FAN: YES NO X
GRAVITY VENT: YES NO X
SUPPLY AIR: YES NO X
RETURN AIR: YES NO X

OTHER

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF THE HEAT, STEAM, AND PRESSURE DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

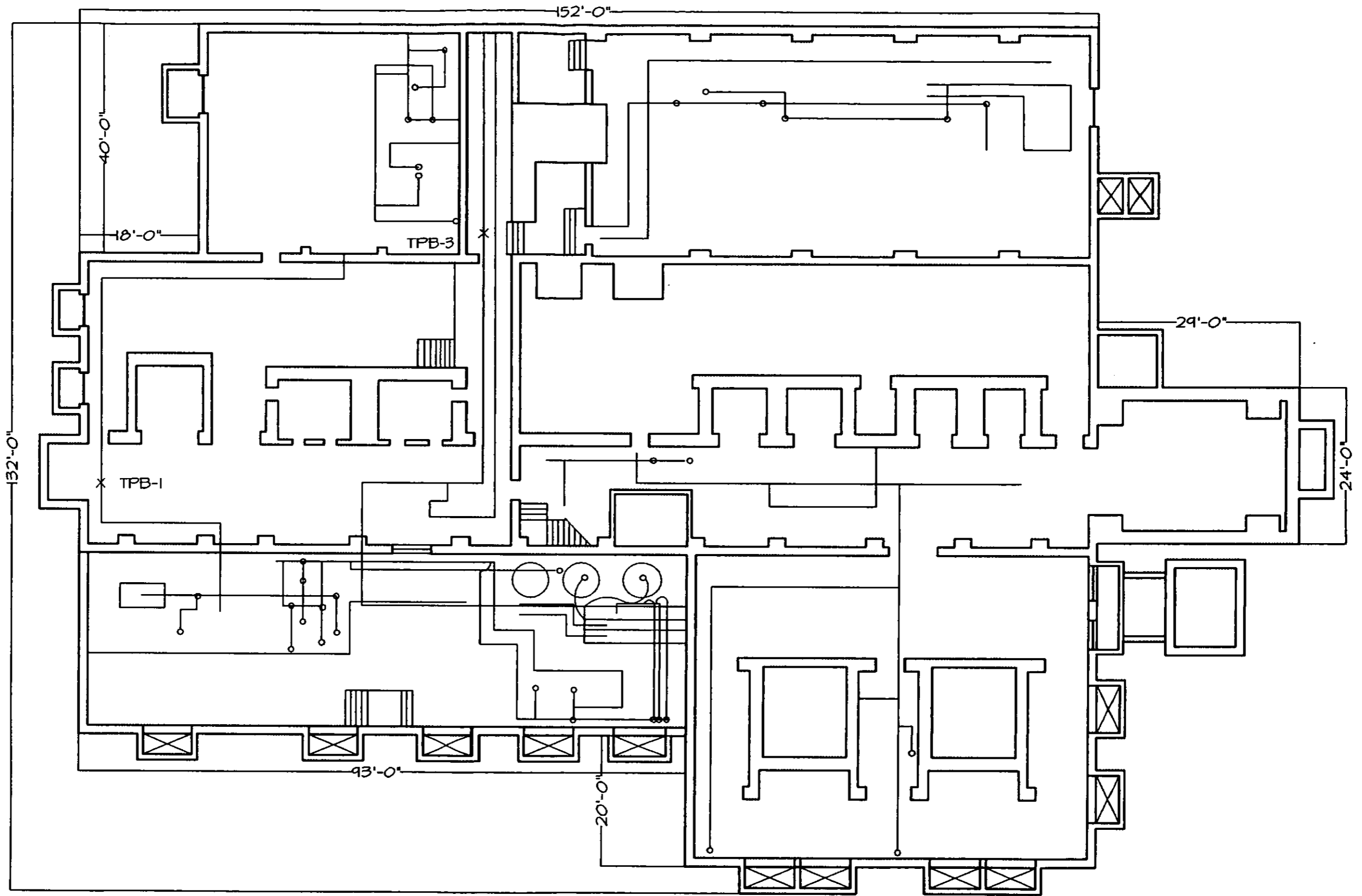
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR PROTECTION.

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TPB-1, TPB-2, TPB-3

ACM YES X NO ASSUMED



BASEMENT PLAN

0 2'4" 8' 16' 32'



○ HOMOGENEOUS AREA - TPB
 ○ PAPER WRAP PIPE INSULATION

**ELGIN STATE HOSPITAL
 POWER HOUSE - BR050**

SHEET TITLE ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY K.B.Y.
 CHECKED BY
 FILE 050-ITPE

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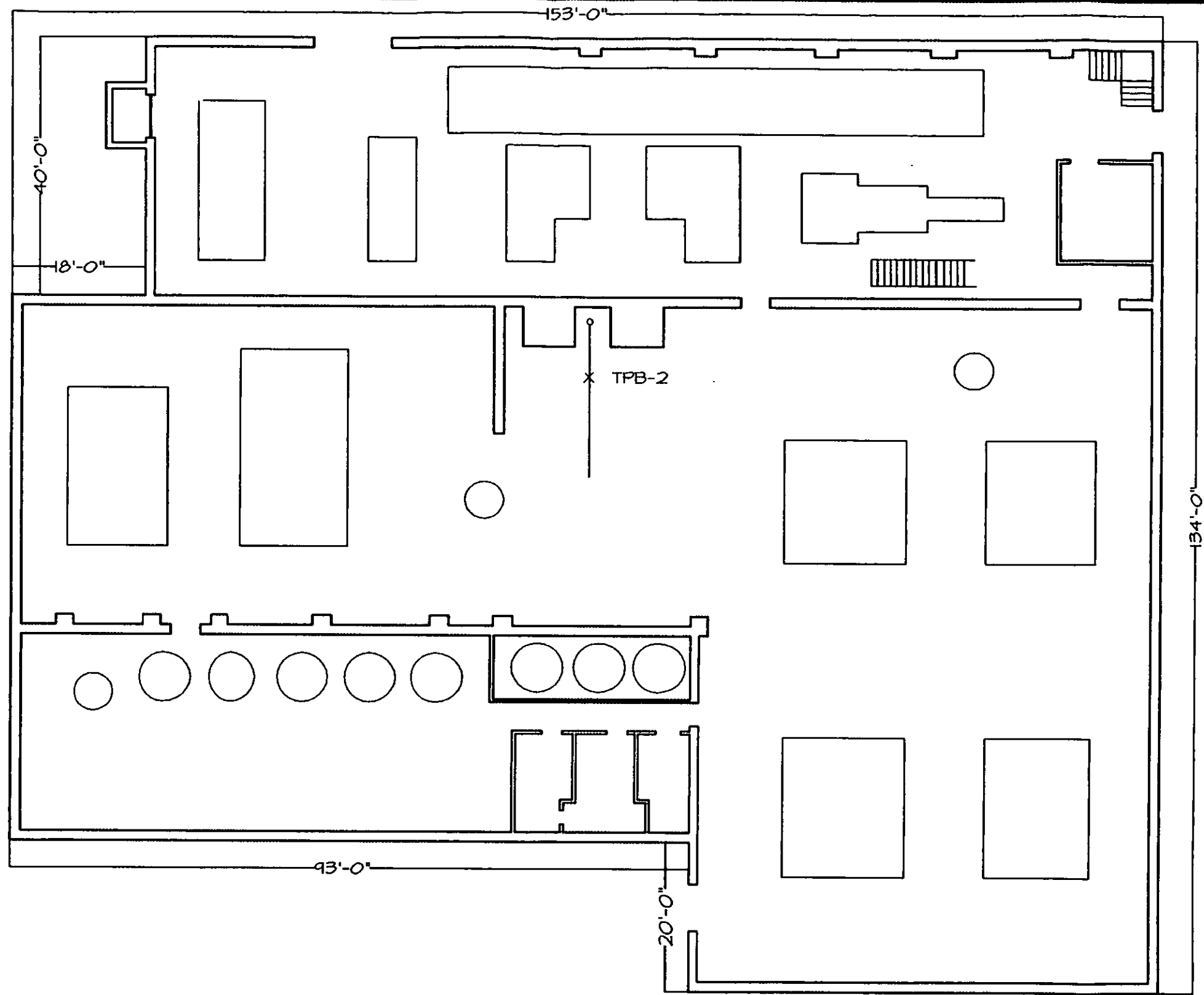
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UPPER FLOOR PLAN

0' 2' 4' 8' 16' 32'



— X — HOMOGENEOUS AREA - TPB PAPERWRAP PIPE INSULATION

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: J.B.Y.
 CHECKED BY: J.B.Y.
 FILE: 050-2TPB

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**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TPB 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

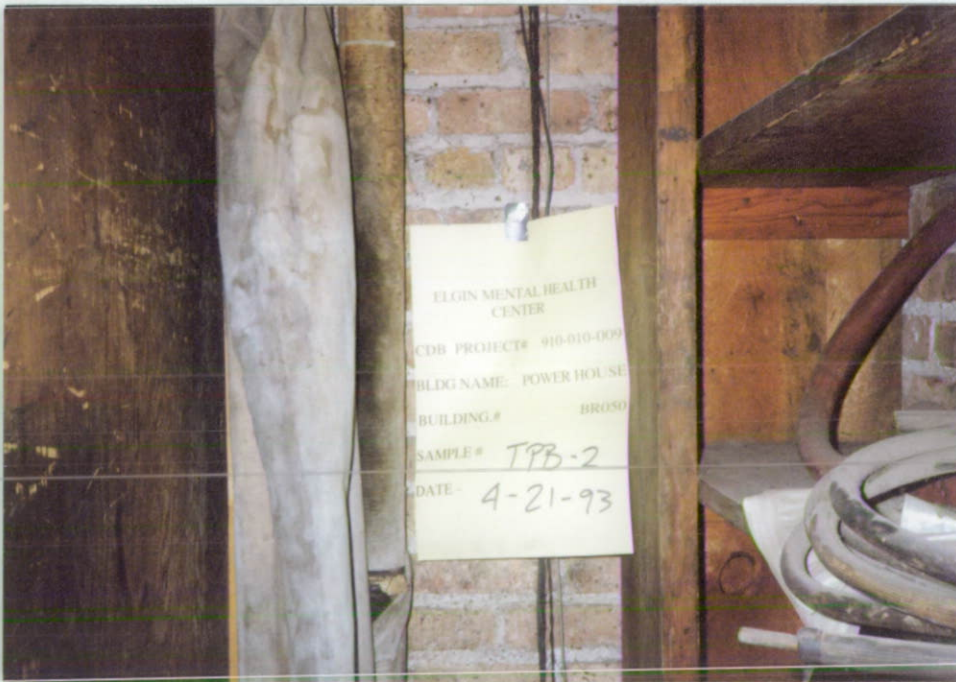
8. Location	BASEMENT	FIRST FLOOR	BASEMENT
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TPB -1	TPB -2	TPB -3
12. Lab Sample No.			
13. Color?	Brown	Brown	Brown
14. Fibrous?	Yes	Yes	Yes
15. Layers?	Yes	Yes	Yes
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS	10%	10%	10%
Chrysotile			
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose			
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	90%	90%	90%
19. Date Analyzed	10-1-94		
20. Analyzed By	Fred Loid		

All samples analyzed by polarized light microscopy with dispersion staining.

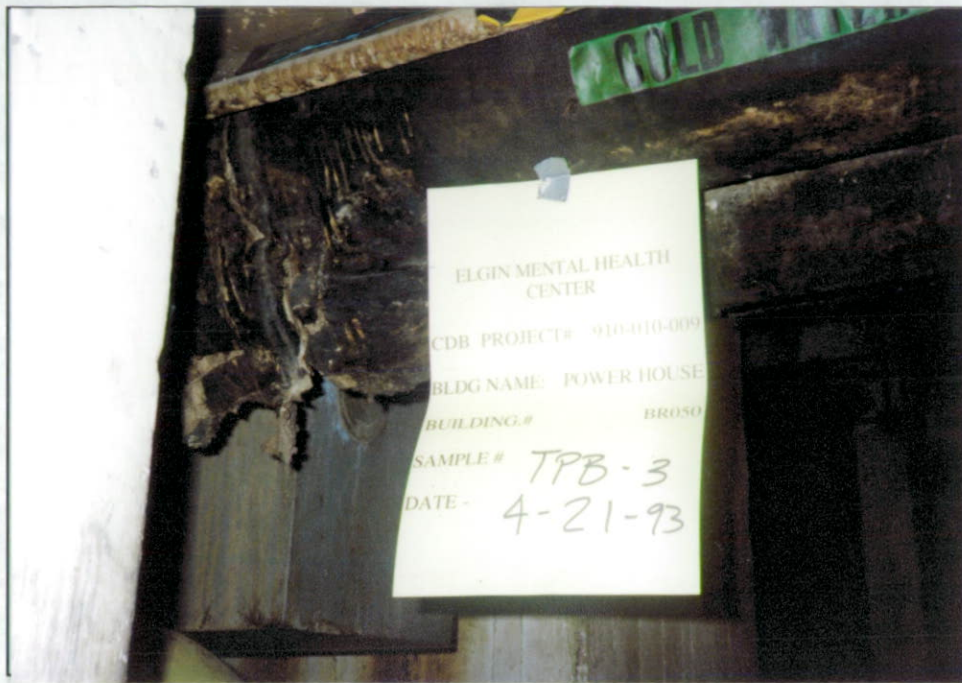
21. Report Approved By: Gerald Pennington Date: 10-4-94



**BR050-TPB-1
PAPER WRAP
PIPE INSULATION**



**BR050-TPB-2
PAPER WRAP
PIPE INSULATION**



**BR050-TPB-3
PAPER WRAP
PIPE INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TPB - 1,743 LF DESCRIPT PAPER WRAP PIPE
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE OR
REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING WATER DAMAGE, PHYSICAL DAMAGE
AND DAMAGE FROM AGE/DETERIORIATION. THERE IS DEBRIS ON
THE FLOOR.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
DISTURBANCE FACTORS AND AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED WITH DEBRIS ON THE FLOOR AND
HAS A POTENTIAL FOR FUTURE DAMAGE FROM AIR DISTURBANCE
AND OTHER FACTORS IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIAL,
CLEAN UP DEBRIS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY AND REPAIR AS NEEDED

A.3.c. HEALTH & SAFETY POST LABELS ON MATERIAL. ALLOW ACCESS
TO MATERIAL ONLY BY TRAINED PERSONNEL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TPB - PAPER WRAP PIPE INSUL.
AND DEBRIS

REMOVAL OF:

1.743 L/F	@	\$35.00	=	\$61,005.00
APM 224 HOURS	@	\$59.00	=	\$13,216.00
ASP 224 HOURS	@	\$49.00	=	\$10,976.00
APM/ASP 224 HOURS	@	\$85.00	=	\$19,040.00

AIR TESTING:

PCM'S 270	@	\$25.00	=	\$6,750.00
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REPLACEMENT MATERIAL:

1.743 L/F OF FIBERGLASS	@	\$12.00	=	\$20,916.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$8,192.10		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$12,105.51		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$133,160.61		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$6,658.03		
TOTAL ESTIMATED REMOVAL COST	=	\$139,818.64		

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

10 HOURS	@	\$25.00	=	\$250.00
O&M MATERIALS	=	\$150.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$400.00		

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TPC

INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM: C & W BRADLEY, P. C.

INSPECTOR: Ray Spielmann IDPH LICENSE NO. 100-1010

LOCATION: BASEMENT AND FIRST FLOOR

ROOMS: REFER TO PLANS, MAINLY IN N.W. TANK ROOM (BOTH FLOORS)

MATERIAL DESCRIPTION: AIRCELL PIPE INSULATION, AND DEBRIS
(COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
(I.E. HOT WATER)

COLOR-TEXTURE, ETC.: GRAY, CORRUGATED

FRIABLE: YES NO PIPE DIAMETERS 2-16 INCHES

TOTAL QUANTITY: SQ. FT. 673 LIN. FT. EA.

QUANTITY IN: OCCUPIED RESTRICTED 673 L/F UNOCCUPIED

ROOM FINISHES:

CEILING: CONCRETE

WALLS: CONCRETE BLOCK, BRICK

FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% <u> </u>	1-25% <u> </u>	>25% <u> </u>
DISTRIBUTED:	<1% <u> </u>	1-10% <u> </u>	>10% <u>X</u>

IF <1% DAMAGE, IS SALIENT PRESENT? YES NO

IF YES, DESCRIBE

WATER DAMAGE:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>STAINS - LOOSE</u>
PHYSICAL DAMAGE:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>TEARS & GOUGES</u>
AGE/DETERIORATION:	YES <input checked="" type="checkbox"/>	NO <u> </u>	DESCRIPTION <u>DELAMINATED</u>

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TPC

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
 MAINTENANCE PERSONNEL: YES X NO
 HEIGHT FROM FLOOR (FT.): 0-30 FT.
 AREA ABOVE: OUTSIDE
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 1-2 3-10 X 10+
 FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
 UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
 ELECTRICAL: <1 1-5 X >5 MECHANICAL (MOTOR) YES X NO
 MECHANICAL: <1 1-5 X >5 PLUMBING(KNOCKING) YES X NO
 PIPING: <1 X 1-5 >5 OTHER YES NO

OTHER

BARRIER: YES NO X
 SUSPENDED CEILING: YES NO X
 ENCAPSULATION: YES NO X
 ENCLOSURE: YES NO X

OTHER

AIR MOVEMENT: YES X NO
 IF YES: LOW MODERATE X HEAVY
 DISTANCE TO FRIABLE MATERIAL 30'

EXTERIOR DOOR: YES X NO
 EXHAUST FAN: YES NO X
 GRAVITY VENT: YES NO X
 SUPPLY AIR: YES NO X
 RETURN AIR: YES NO X

OTHER

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
 POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF THE HEAT, STEAM AND PRESSURE, DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

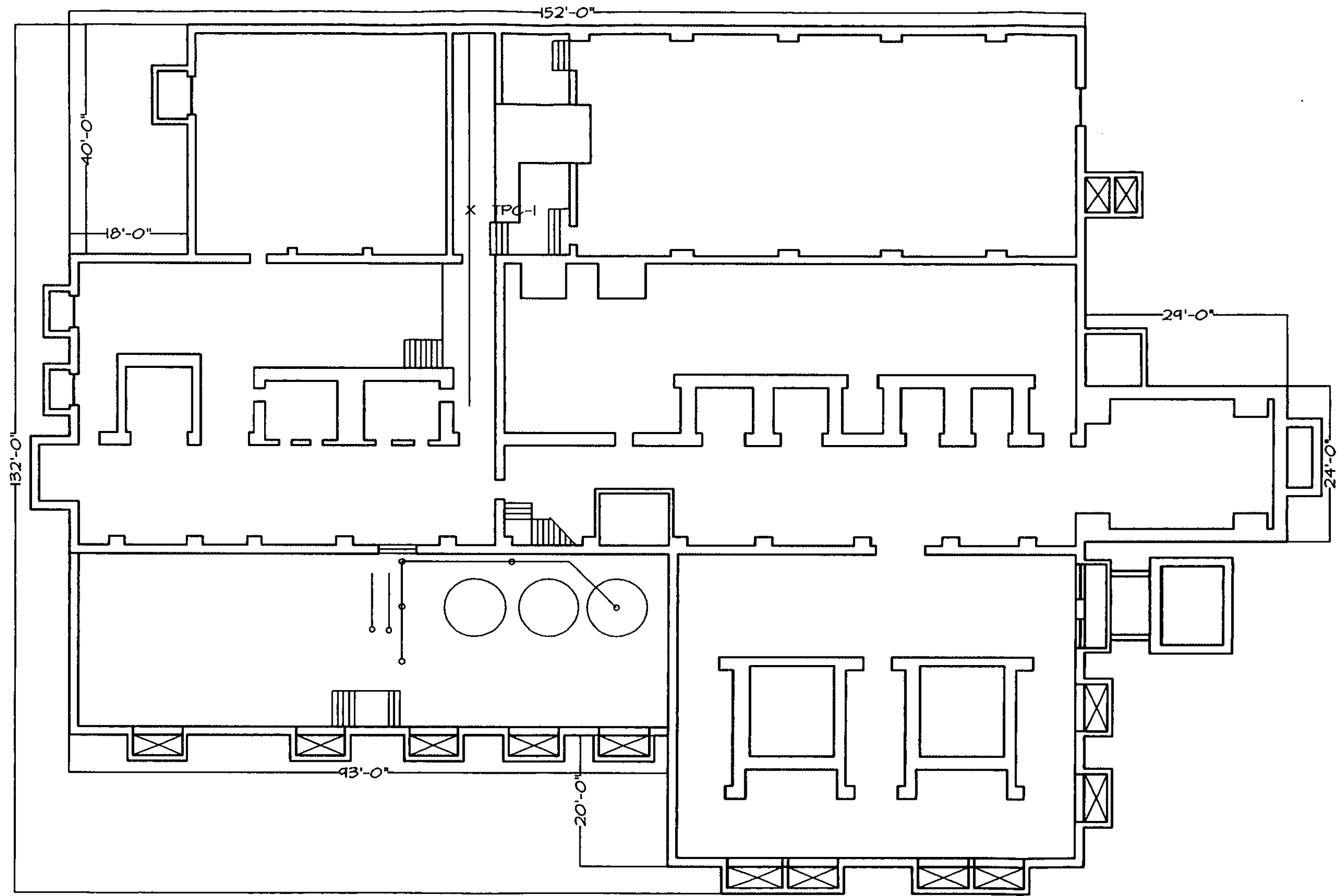
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR PROTECTION.

INSPECTOR'S SIGNATURE *Paul J. Subman* DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TPC-1

ACM YES X NO ASSUMED



BASEMENT PLAN



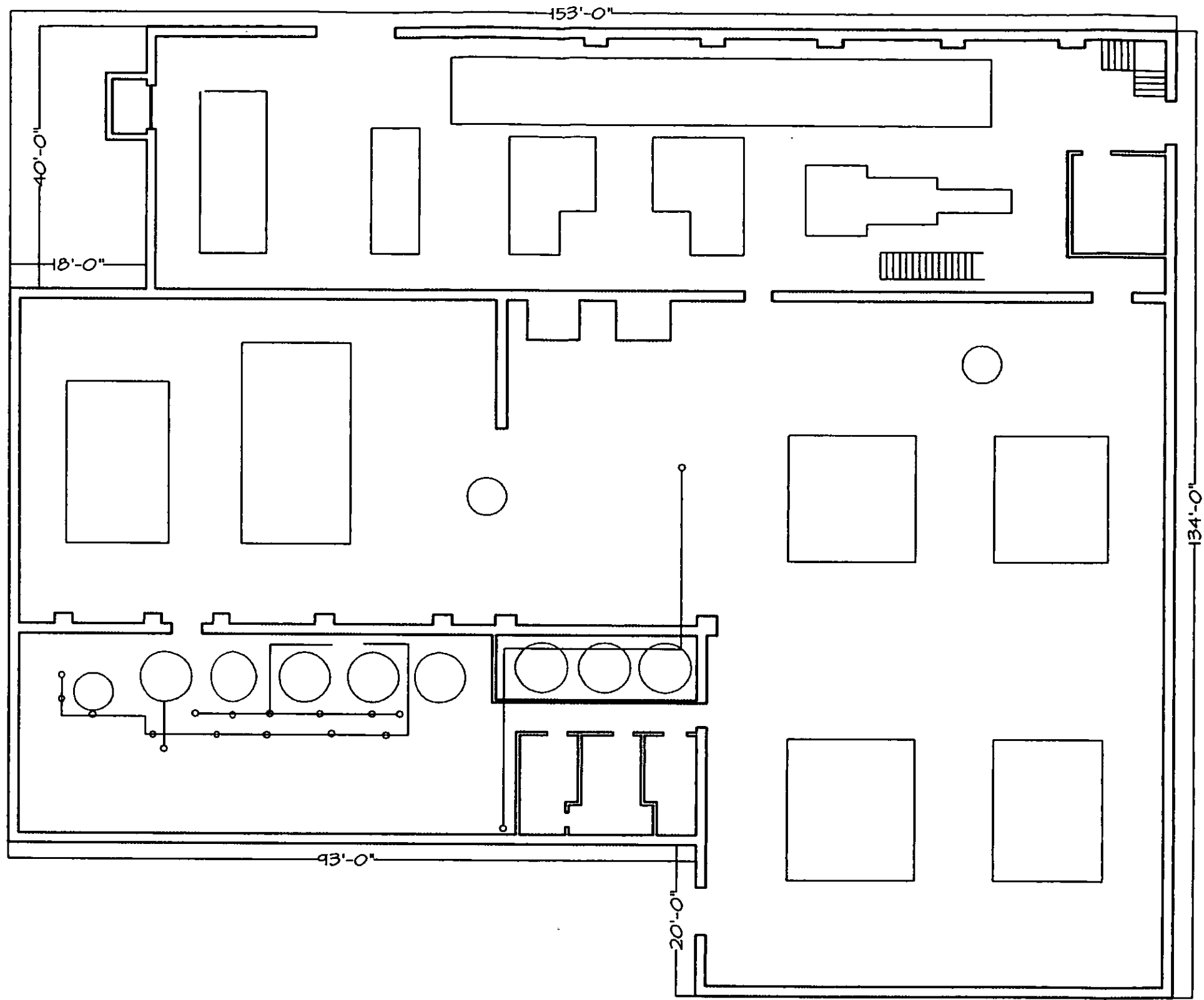
— HOMOGENEOUS AREA - TPC
 ○ AIRCELL PIPE INSULATION

**ELGIN STATE HOSPITAL
 POWER HOUSE - BR050**

FILE	O50-ITPC
CHECKED BY	K.B.Y.
DRAWN BY	K.B.Y.
REVISIONS	1 2 3 4 5
SHEET TITLE	ELGIN STATE HOSPITAL POWER HOUSE - BR050
PAGE NUMBER	IV-14



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UPPER FLOOR PLAN



○ HOMOGENEOUS AREA - TPC
 AIR CELL PIPE INSULATION

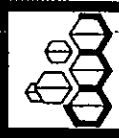
**ELGIN STATE HOSPITAL
 POWER HOUSE - BRO50**

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BRO50
 DRAWN BY: A.B.Y.
 CHECKED BY: A.B.Y.
 FILE: 050-2TPC

REVISED
 1
 2
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PAGE NUMBER

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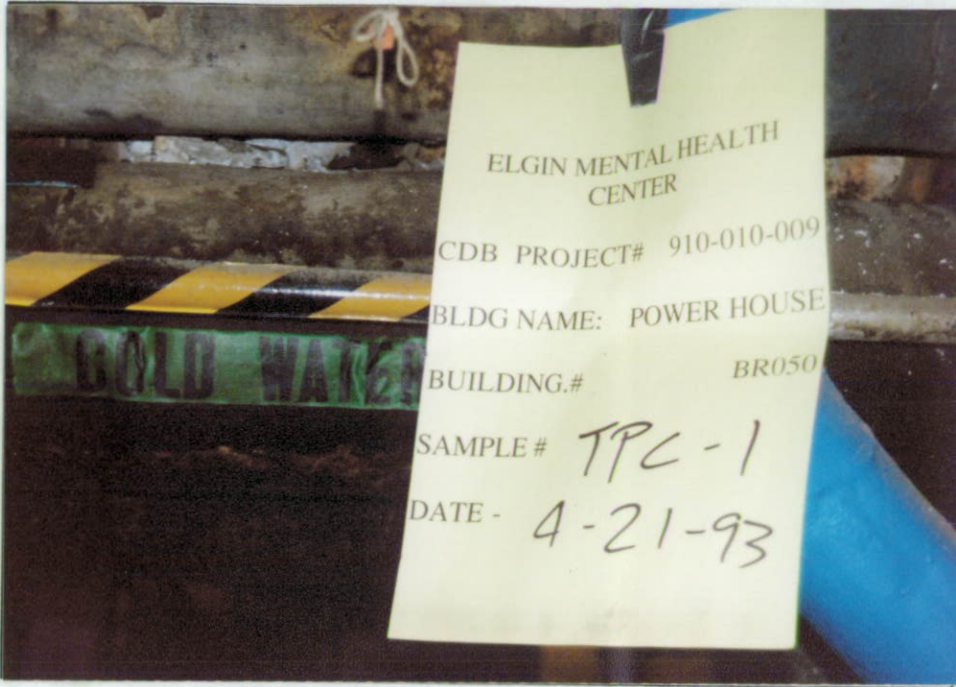
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TPC -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

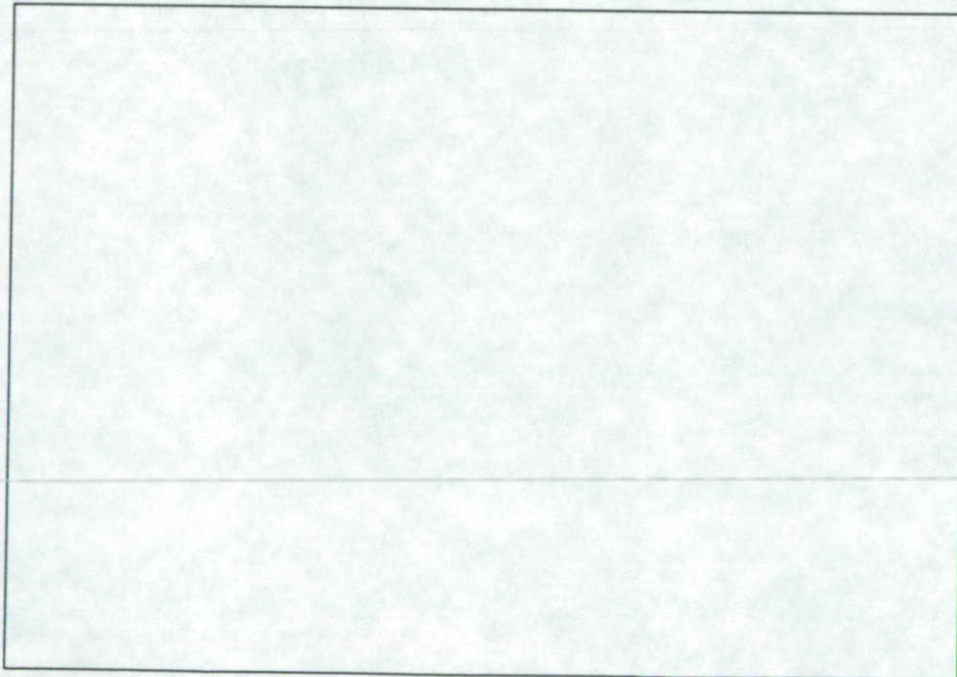
8.	Location	BASEMENT		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	TPC -1		
12.	Lab Sample No.	--		
13.	Color?	Brown/Grey		
14.	Fibrous?	Yes		
15.	Lavers?	Yes		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	30%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	70%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Sera M. Derksen Date: 10-4-94



**BR050-TPC-1
AIRCELL PIPE
INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TPC-673 LF DESCRIPT AIRCELL PIPE INSUL. & DEB
RESPONSE ACTION #1 - ISOLATE AREA AND RESTRICT ACCESS. REMOVE AS SOO
AS POSSIBLE.

A.2.a. EXIST. COND. MATERIAL IS SIGNIFICANTLY DAMAGED SHOWING SIGNS
OF WATER DAMAGE, PHYSICAL DAMAGE AND DAMAGE FROM AGE/
DETERIORATION. THERE IS DEBRIS ON THE FLOOR FROM MATERIAL.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE FROM HEAT,
STEAM, PRESSURE AND AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION SIGNIFICANTLY DAMAGED
DISTURBANCE HIGH AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SIGNIFICANTLY DAMAGED WITH DEBRIS ON THE FLOOR.
IT HAS A POTENTIAL FOR DAMAGE FROM DISTURBANCE AND AIR FLOW AND
IS AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. CLEAN
UP DEBRIS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.
REMOVAL RECOMMENDED.

A.3.c. HEALTH & SAFETY RESTRICT ACCESS TO MATERIALS AND ALLOW ONLY
TRAINED PERSONNEL TO REPAIR OR REMOVE IT.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TPC - AIRCELL PIPE INSUL.
AND DEBRIS

REMOVAL OF:

673 L/F	@	\$35.00	=	\$23,555.00
APM 64 HOURS	@	\$59.00	=	\$3,776.00
ASP 64 HOURS	@	\$49.00	=	\$3,136.00
APM/ASP 64 HOURS	@	\$85.00	=	\$5,440.00

AIR TESTING:

PCM'S 84	@	\$25.00	=	\$2,100.00
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REPLACEMENT MATERIAL:

673 L/F OF FIBERGLASS	@	\$12.00	=	\$8,076.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$3,163.10
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$4,380.61
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$48,186.71
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$2,409.33
TOTAL ESTIMATED REMOVAL COST	=			\$50,596.04

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8 HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=			\$150.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$350.00

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TJA

INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM: C & W BRADLEY, P. C.

INSPECTOR: Ray Spielmann IDPH LICENSE NO. 100-1010

LOCATION: BASEMENT AND FIRST FLOOR

ROOMS: REFER TO PLANS, THROUGHOUT BUILDING

MATERIAL DESCRIPTION: CEMENTITIOUS JOINT INSULATION ON MAG PIPES.
(COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
(I.E. HOT WATER)

COLOR-TEXTURE, ETC.: GRAYISH-WHITE, HARD

FRIABLE: YES NO PIPE DIAMETERS 2-16 INCHES

TOTAL QUANTITY: SQ. FT. LIN. FT. 1,087 EA.

QUANTITY IN: OCCUPIED RESTRICTED 1,087 EA. UNOCCUPIED

ROOM FINISHES:

CEILING: CONCRETE

WALLS: CONCRETE BLOCK, BRICK

FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% <u> </u>	1-25% <u> </u>	>25% <u> </u>
DISTRIBUTED:	<1% <u> </u>	1-10% <u> </u>	>10% <u> X</u>

IF <1% DAMAGE, IS SALIENT PRESENT? YES NO

IF YES, DESCRIBE

WATER DAMAGE:	YES <u> X</u>	NO <u> </u>	DESCRIPTION <u> STAINS</u>
PHYSICAL DAMAGE:	YES <u> X</u>	NO <u> </u>	DESCRIPTION <u> LOOSE, PARTS MISSING</u>
AGE/DETERIORATION:	YES <u> X</u>	NO <u> </u>	DESCRIPTION <u> PARTS/DEBRIS ON FLOOR</u>

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TJA

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
 MAINTENANCE PERSONNEL: YES X NO
 HEIGHT FROM FLOOR (FT.): 0-30 FT.
 AREA ABOVE: OUTSIDE
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 1-2 3-10 X 10+
 FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
 UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
 ELECTRICAL: <1 X 1-5 >5 MECHANICAL (MOTOR) YES X NO
 MECHANICAL: <1 X 1-5 >5 PLUMBING(KNOCKING) YES X NO
 PIPING: <1 X 1-5 >5 OTHER YES NO
 OTHER <1 1-5 >5

BARRIER: YES NO X
 SUSPENDED CEILING: YES NO X
 ENCAPSULATION: YES NO X
 ENCLOSURE: YES NO X
 OTHER YES NO

AIR MOVEMENT: YES X NO
 IF YES: LOW MODERATE X HEAVY
 DISTANCE TO FRIABLE MATERIAL 5'

EXTERIOR DOOR: YES X NO
 EXHAUST FAN: YES NO
 GRAVITY VENT: YES NO X
 SUPPLY AIR: YES NO X
 RETURN AIR: YES NO X
 OTHER YES NO

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
 POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF THE HEAT, STEAM, AND PRESSURE, DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

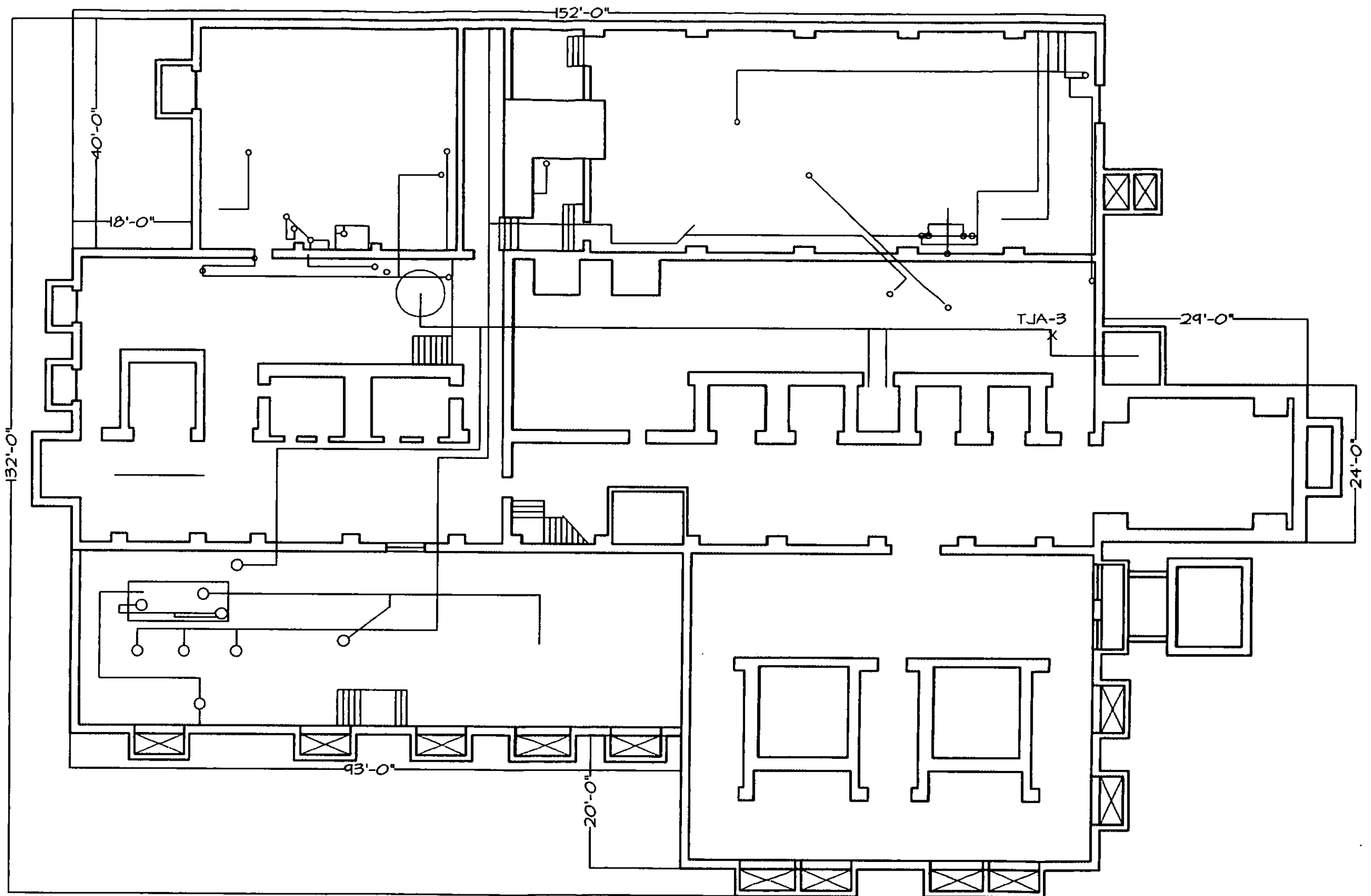
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR PROTECTION.

INSPECTOR'S SIGNATURE Ray Spedman DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TJA-1, TJA-2, TJA-3

ACM YES X NO ASSUMED



BASEMENT PLAN

0 2' 4' 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**

—○— HOMOGEOUS AREA - TJA
CENMENTITIOUS JOINT INSULATION
ON MAGNESIUM PIPES

FILE 050-ITJA

CHECKED BY

I.B.Y.

DRAWN BY

POWER HOUSE - BRO50

ELGIN STATE HOSPITAL

SHEET TITLE

C & W BRADLEY

CONSTRUCTION MANAGEMENT INC.

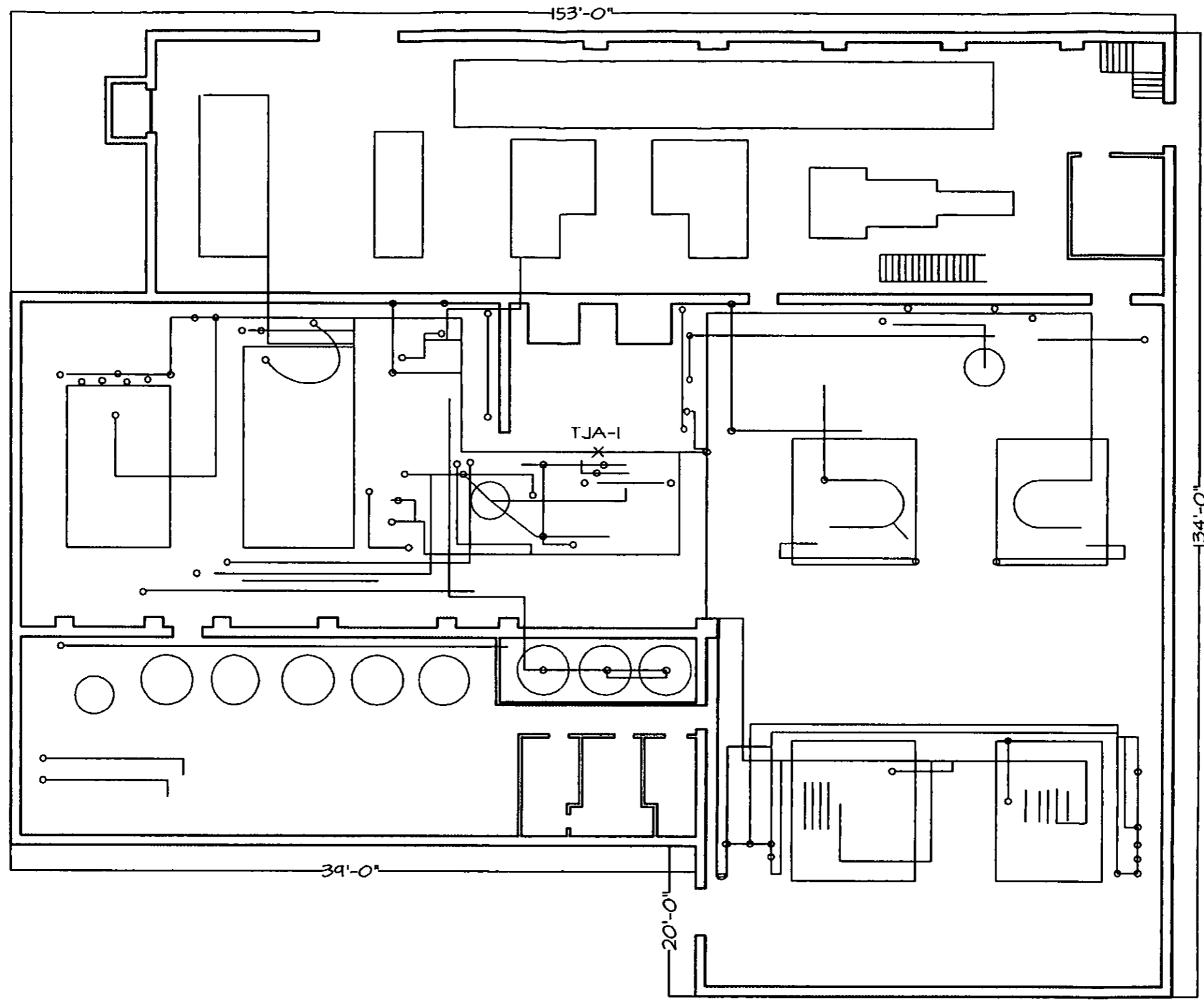
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REVISIONS

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UPPER FLOOR PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

— ○ — HOMOGENEUS AREA - TJA
 CEMENTITIOUS JOINT INSULATION
 ON MAGNESIUM PIPES

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: R.B.Y.
 CHECKED BY: R.B.Y.
 FILE: 050-2TJA

REVISIONS:
 1
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PAGE NUMBER: IV-20



**C & W BRADLEY
 CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TJA 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	FIRST FLOOR	BASEMENT
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TJA -1	TJA -2	TJA -3
12. Lab Sample No.			
13. Color?	White	White	White
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	No	No	No
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS			
Chrysotile	30%	30%	30%
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose			
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	70%	70%	70%
19. Date Analyzed	10-1-94		
20. Analyzed By	Jud Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lisa M. Dennison 22. Date: 10-4-94



**BR050-TJA-1
CEMENTITIOUS JOINT
INSULATION ON
MAGNESIUM PIPES**



**BR050-TJA-2
CEMENTITIOUS JOINT
INSULATION ON
MAGNESIUM PIPES**



BR050-TJA-3
CEMENTITIOUS JOINT
INSULATION ON
MAGNESIUM PIPES



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TJA-1,087 EA DESCRIPT CEMENTITIOUS JOINT INSUL
RESPONSE ACTION #1-ISOLATE AREA AND RESTRICT ACCESS.
REMOVE AS SOON AS POSSIBLE.

A.2.a. EXIST. COND. MATERIAL IS SIGNIFICANTLY DAMAGED SHOWING WATER
DAMAGE, PHYSICAL DAMAGE AND DAMAGE FROM AGE/DETERIORATION.
THERE IS SOME DEBRIS ON FLOOR.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
HEAT, STEAM, PRESSURE AND AIR MOVEMENT

A.2.b. FRIABLE YES CONDITION SIGNIFICANTLY DAMAGED
DISTURBANCE HIGH AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SIGNIFICANTLY DAMAGED AND HAS A POTENTIAL
FOR FURTHER DAMAGE FROM HEAT, STEAM, PRESSURE AND AIR MOVEMENT
IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERAIL. CLEAN UP
DEBRIS ON FLOOR.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REMOVAL RECOMMENDED.

A.3.c. HEALTH & SAFETY POST WARNING SIGNS, ALLOW ONLY TRAINED
PERSONNEL TO ACCESS MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TJA - CEMEN. JOINT INSUL. ON MAGNESIUM PIPES

REMOVAL OF:

1.087 EA	@	\$35.00	=	\$38,045.00
APM 312 HOURS	@	\$59.00	=	\$18,408.00
ASP 312 HOURS	@	\$49.00	=	\$15,288.00
APM/ASP 312 HOURS	@	\$85.00	=	\$26,520.00

AIR TESTING:

PCM'S 368	@	\$25.00	=	\$9,200.00
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REPLACEMENT MATERIAL:

1.087 EA OF FIBERGLASS	@	\$12.00	=	\$13,044.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$5,108.90		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$9,909.39		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$109,003.29		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$5,450.16		
TOTAL ESTIMATED REMOVAL COST	=	\$114,453.45		

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

12 HOURS	@	\$25.00	=	\$300.00
O&M MATERIALS	=	\$225.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$525.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TJB
 INSPECTION DATE: 8/7/91 COB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spielmann IDPH LICENSE NO. 100-1010
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: REFER TO PLANS THROUGHOUT BASEMENT
 MATERIAL DESCRIPTION: CEMENTITIOUS JOINT INSULATION ON PAPER WRAP PIPES
 (COMMON DESIGNATION-I.E.AIR CELL)
 TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)
 COLOR-TEXTURE, ETC.: WHITE, HARD
 FRIABLE: YES NO PIPE DIAMETERS 2-16 INCHES
 TOTAL QUANTITY: SQ. FT. LIN. FT. 223 EA.
 QUANTITY IN: OCCUPIED RESTRICTED 223 EA. UNOCCUPIED
 ROOM FINISHES:
 CEILING: CONCRETE
 WALLS: CONCRETE BLOCK AND BRICK
 FLOOR: CONCRETE
 DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% <u> </u>	1-25% <u> </u>	>25% <u> </u>
DISTRIBUTED:	<1% <u> </u>	1-10% <u> </u>	>10% <u> </u>

IF <1% DAMAGE, IS SALIENT PRESENT? YES NO
 IF YES, DESCRIBE

WATER DAMAGE: YES NO DESCRIPTION STAINS
 PHYSICAL DAMAGE: YES NO DESCRIPTION LOOSE, MISSING PARTS
 AGE/DETERIORATION: YES NO DESCRIPTION PARTS/DEBRIS ON FLOOR

FORM 9 - PAGE 2

COB BUILDING #: _____ BR 050 _____ HOMOGENEOUS AREA: _____ TJB _____

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES _____ NO X
 MAINTENANCE PERSONNEL: YES X NO _____
 HEIGHT FROM FLOOR (FT.): _____ 0-30 _____ FT.
 AREA ABOVE: OUTSIDE
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 _____ 1-2 _____ 3-10 X 10+ _____
 FREQUENCY OF USE (HRS): 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO _____
 ELECTRICAL: <1 _____ 1-5 X >5 _____ MECHANICAL (MOTOR) YES X NO _____
 MECHANICAL: <1 _____ 1-5 X >5 _____ PLUMBING(KNOCKING) YES X NO _____
 PIPING: <1 X 1-5 _____ >5 _____ OTHER _____ YES _____ NO _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

BARRIER: YES _____ NO X
 SUSPENDED CEILING: YES _____ NO X
 ENCAPSULATION: YES _____ NO X
 ENCLOSURE: YES _____ NO X
 OTHER _____ YES _____ NO _____

AIR MOVEMENT: YES X NO _____
 IF YES: LOW _____ MODERATE X HEAVY _____
 DISTANCE TO FRIABLE MATERIAL _____
 EXTERIOR DOOR: YES X NO _____ 20'
 EXHAUST FAN: YES _____ NO X
 GRAVITY VENT: YES _____ NO X
 SUPPLY AIR: YES _____ NO X
 RETURN AIR: YES _____ NO _____
 OTHER _____ YES _____ NO _____

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE _____ POTENTIAL FOR DAMAGE X
 POTENTIAL FOR SIGNIFICANT DAMAGE _____

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF HEAT, STEAM AND PRESSURE, DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY THE BOILERS.

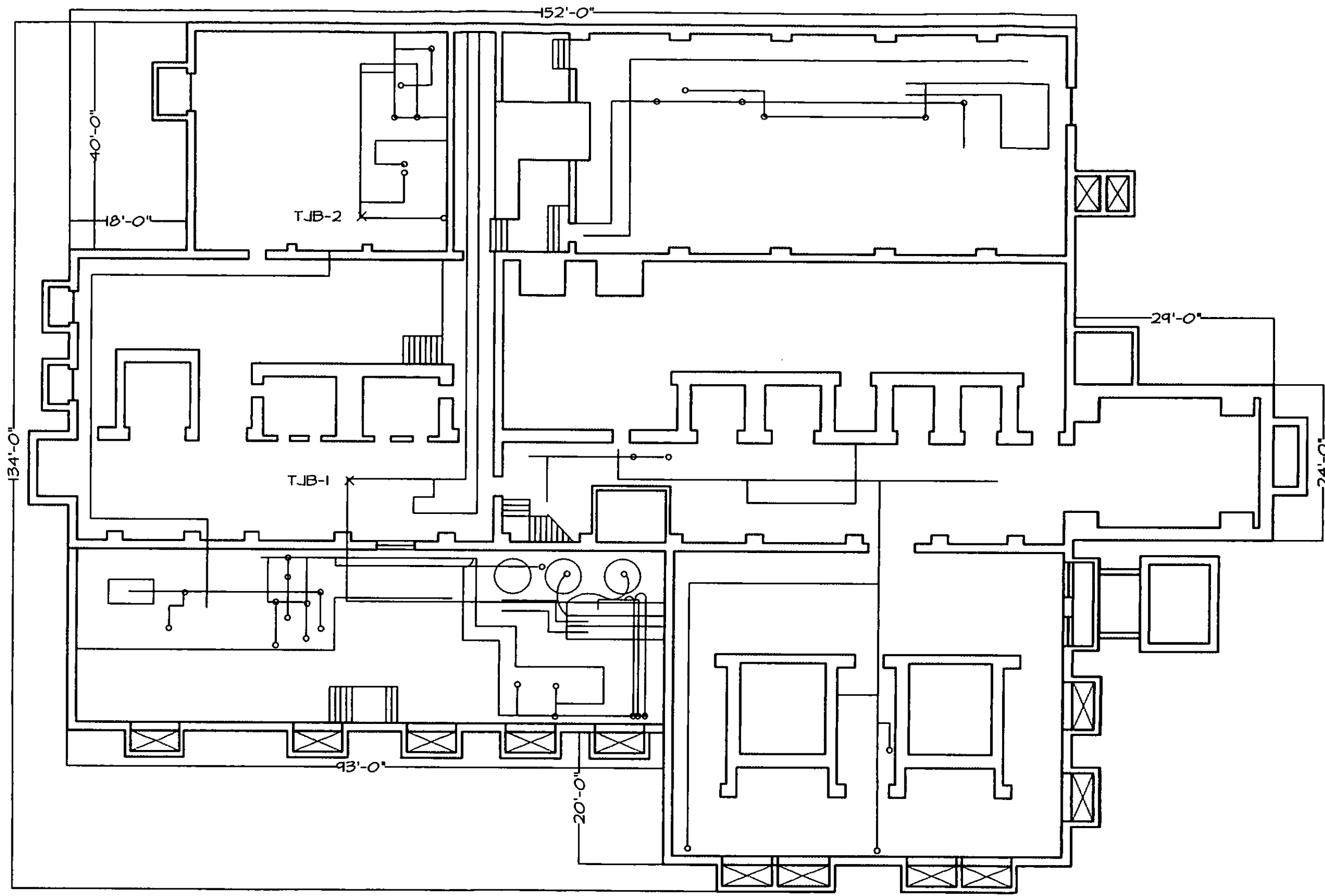
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR PROTECTION.

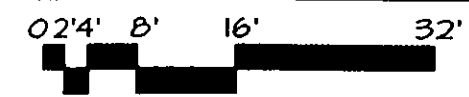
INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TJB-1, TJB-2, TJB-3

ACM YES X NO _____ ASSUMED _____



BASEMENT PLAN

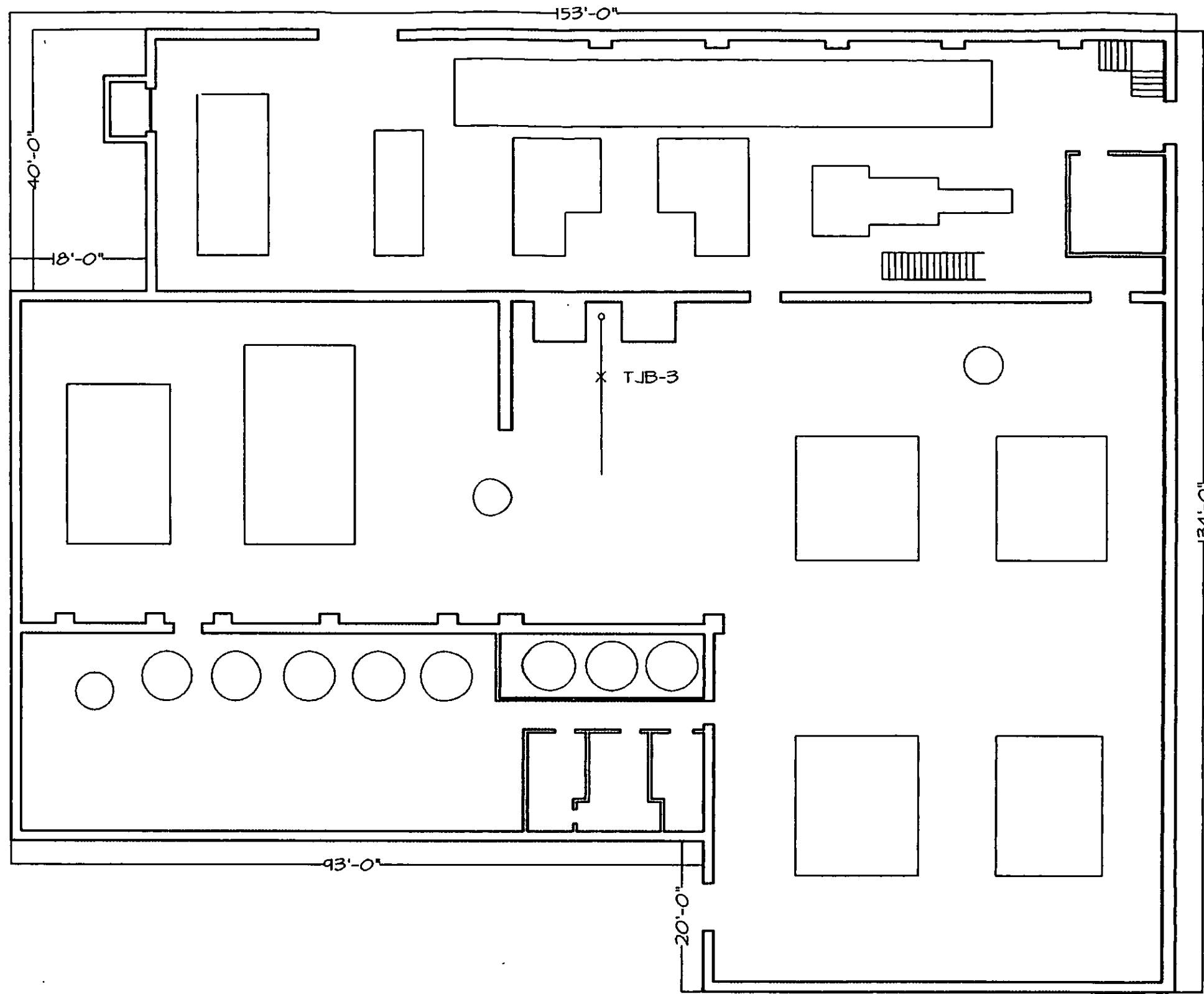


**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

- HOMOGENEUS AREA - TJB
- CEMENTITIOUS JOINT INSULATION ON PAPER WRAP PIPES

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: K.B.Y.
 CHECKED BY: K.B.Y.
 FILE: 050-ITJB
 REVISED: 1, 2, 3, 4, 5
 PAGE NUMBER: IV-25

C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631



UPPER FLOOR PLAN

02'4" 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

—○— HOMOGENEOUS AREA - TJB
CEMENTITIOUS JOINT INSULATION
ON PAPER WRAP PIPES

SHEET TITLE ELGIN STATE HOSPITAL POWER HOUSE - BR050

PAGE NUMBER

IV-26

DRAWN BY **A.B.Y.**

CHECKED BY

FILE **050-2TJB**

REVISED



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

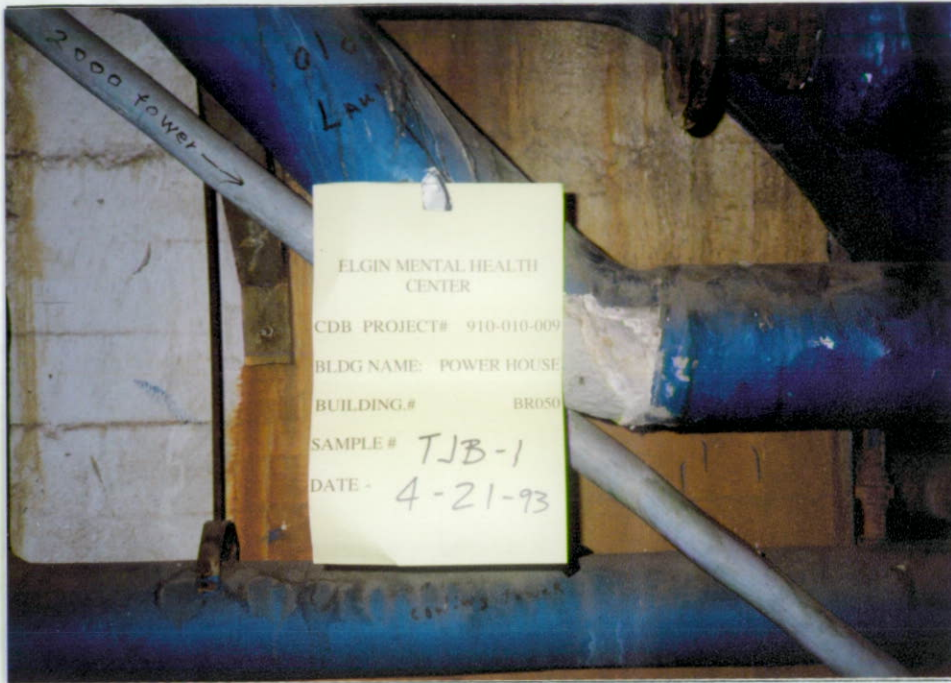
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TJB 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	BASEMENT	BASEMENT	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TJB -1	TJB -2	TJB -3
12. Lab Sample No.			
13. Color?	Grey	Grey	Grey
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	No	Yes	No
16. Contain Asbestos?	No	Yes	Yes
17. TYPE AND % ASBESTOS			
Chrysotile		20%	30%
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass	30%		
Cellulose	10%	60%	
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	60%	20%	70%
19. Date Analyzed	10-1-94		
20. Analyzed By	Liam Love MD		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Liam M. Dennison 22. Date: 10-4-94



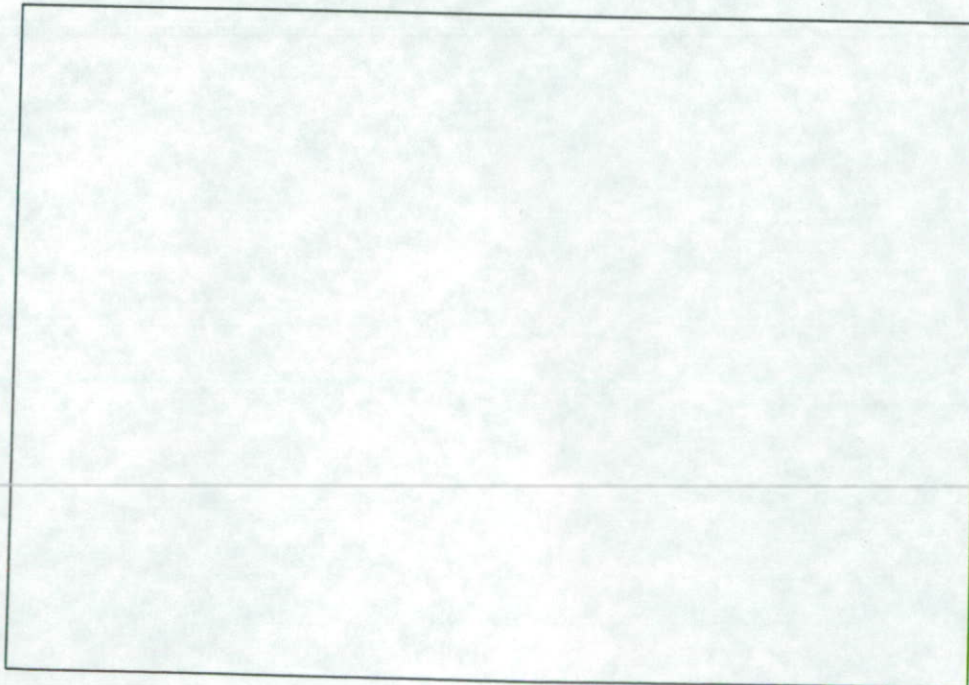
**BR050-TJB-1
CEMENTITIOUS JOINT
INSULATION ON
PAPER WRAP PIPES**



**BR050-TJB-2
CEMENTITIOUS JOINT
INSULATION ON
PAPER WRAP PIPES**



**BR050-TJB-3
CEMENTITIOUS JOINT
INSULATION ON
PAPER WRAP PIPES**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BRO50
HOMO AREA TJB - 223 EA DESCRIPT CEMENTITIOUS JOINT INSU
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE OR
REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND SHOWING WATER DAMAGE
PHYSICAL DAMAGE AND DAMAGE FROM AGE/DETERIORATION. THERE IS
SOME DEBRIS ON FLOOR.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO HEAT,
STEAM, PRESSURE AND AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND HAS A POTENTIAL FOR DAMAGE FROM
HEAT, STEAM PRESSURE AND AIR MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. CLEAN UP
DEBRIS ON THE FLOOR. REPAIR DAMAGED AREAS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TJB - CEMEN. JOINT INSUL. ON PAPER WRAP PIPES

REMOVAL OF:

223 EA	@	\$35.00	=	\$7,805.00
APM 200 HOURS	@	\$59.00	=	\$11,800.00
ASP 200 HOURS	@	\$49.00	=	\$9,800.00
APM/ASP 200 HOURS	@	\$85.00	=	\$17,000.00

AIR TESTING:

PCM'S 60	@	\$25.00	=	\$1,500.00
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REPLACEMENT MATERIAL:

223 EA OF FIBERGLASS	@	\$12.00	=	\$2,676.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$1,048.10		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$3,462.91		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$38,092.01		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$1,904.60		
TOTAL ESTIMATED REMOVAL COST	=	\$39,996.61		

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

10 HOURS	@	\$25.00	=	\$250.00
O&M MATERIALS	=	\$225.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$475.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

COB BUILDING #: BR050 HOMOGENEOUS AREA: TJC
 INSPECTION DATE: 8-7-91 COB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spielmann IDPH LICENSE NO 100-1010
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: REFER TO PLANS, MAINLY IN N.W. TANK ROOM

MATERIAL DESCRIPTION: CEMENTITIOUS JOINT INSULATION ON AIR CELL PIPES
 (COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)

COLOR-TEXTURE, ETC.: WHITE, HARD

FRIABLE: YES X NO _____ PIPE DIAMETERS 2-16 INCHES

TOTAL QUANTITY: _____ SQ. FT. _____ LIN. FT. 72 EA.

QUANTITY IN: OCCUPIED _____ RESTRICTED 72 EA. UNOCCUPIED _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% _____	1-10% <u>X</u>	>10% _____

IF <1% DAMAGE. IS SALIENT PRESENT? YES _____ NO _____
 IF YES, DESCRIBE _____

WATER DAMAGE:	YES <u>X</u>	NO _____	DESCRIPTION <u>STAINS</u>
PHYSICAL DAMAGE:	YES <u>X</u>	NO _____	DESCRIPTION <u>TEARS IN COVERING & GOUGES</u>
AGE/DETERIORATION:	YES <u>X</u>	NO _____	DESCRIPTION <u>PARTS/DEBRIS ON FLOOR</u>

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TJC

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
MAINTENANCE PERSONNEL: YES X NO
HEIGHT FROM FLOOR (FT.): 0-30 FT.
AREA ABOVE: OUTSIDE
AREA ADJACENT: OUTSIDE
OCCUPANCY (#): 0 1-2 3-10 X 10+
FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
ELECTRICAL: <1 1-5 X >5 MECHANICAL (MOTOR) YES X NO
MECHANICAL: <1 1-5 X >5 PLUMBING(KNOCKING) YES X NO
PIPING: <1 X 1-5 >5 OTHER YES NO

OTHER
BARRIER: YES NO X
SUSPENDED CEILING: YES NO X
ENCAPSULATION: YES NO X
ENCLOSURE: YES NO X

AIR MOVEMENT: YES X NO
IF YES: LOW MODERATE X HEAVY
DISTANCE TO FRIABLE MATERIAL 30'
EXTERIOR DOOR: YES X NO
EXHAUST FAN: YES NO X
GRAVITY VENT: YES NO X
SUPPLY AIR: YES NO X
RETURN AIR: YES NO X

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF THE HEAT, STEAM AND PRESSURE, DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY THE BOILERS.

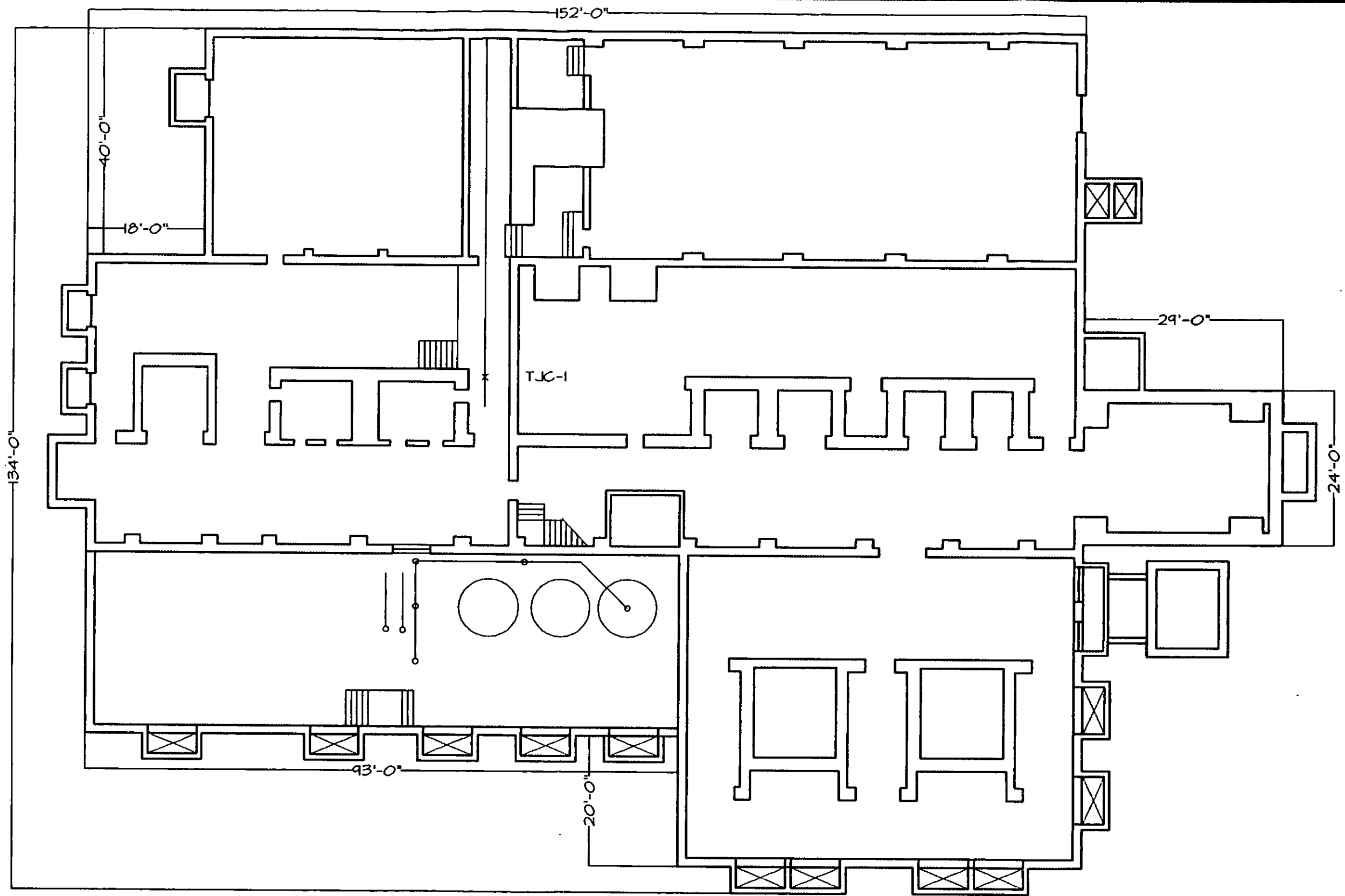
DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR PROTECTION.

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) TJC-1, TJC-2, TJC-3

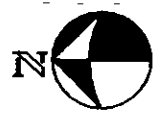
ACM YES X NO ASSUMED



BASEMENT PLAN

0 2'4" 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



○ ——— HOMOGENEOUS AREA - TJC
CEMENTITIOUS JOINT INSULATION
ON AIRCELL PIPES

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: R.B.Y.
 CHECKED BY: R.B.Y.
 FILE: 050-ITJK

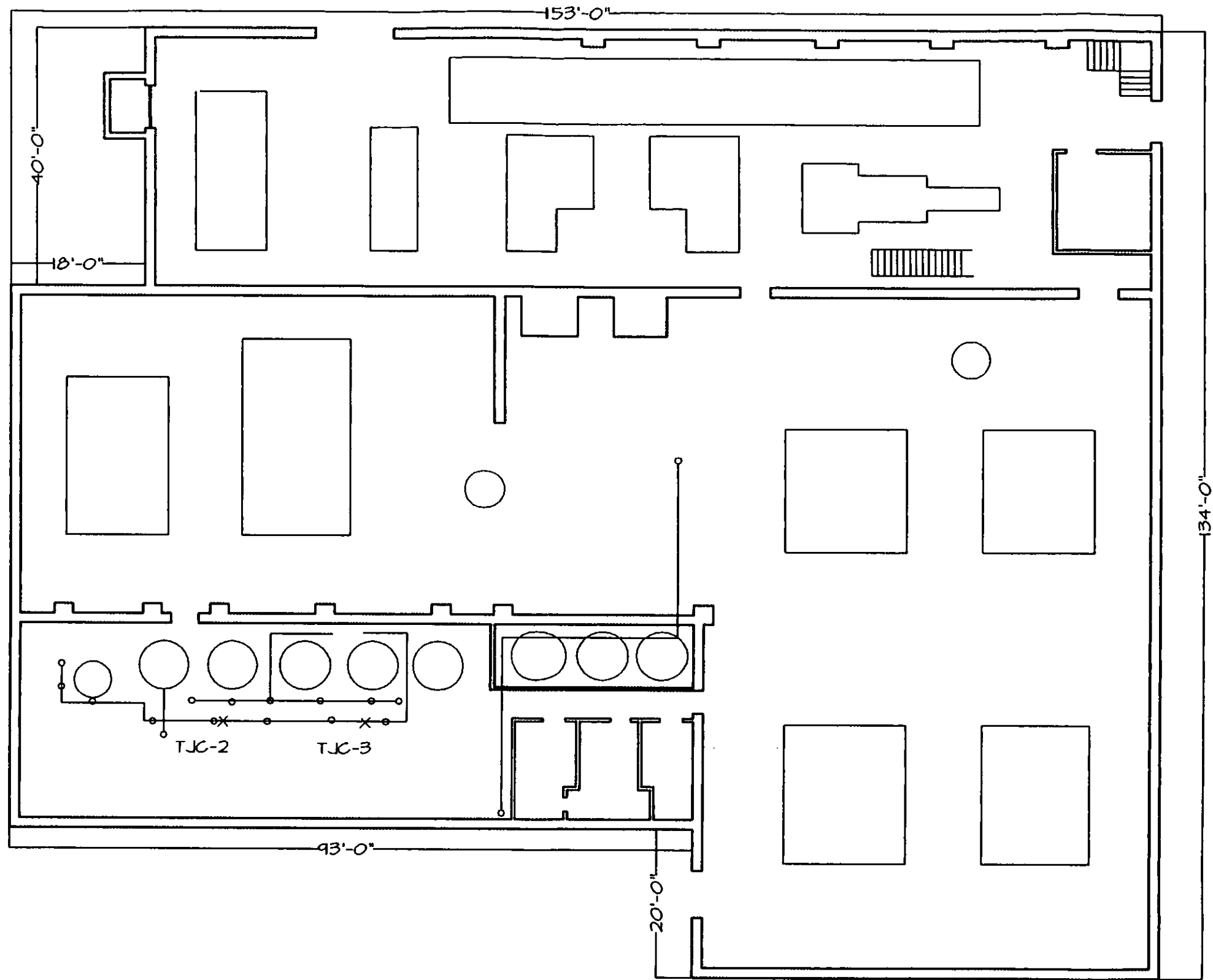
REVISIONS:
 1
 2
 3
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 5

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CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



UPPER FLOOR PLAN

02'4" 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**



○ ——— HOMOGENEUS AREA - TJC
CEMENTITIOUS JOINT INSULATION
ON AIRCELL PIPES

FILE
O50-2TJC

CHECKED BY
R.B.Y.

DRAWN BY
R.B.Y.

SHEET TITLE
ELGIN STATE HOSPITAL
POWER HOUSE - BRO50

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1
2
3
4
5



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631



BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TJC 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	BASEMENT	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	TJC -1	TJC -2	TJC -3
12.	Lab Sample No.	--		
13.	Color?	Grey	Grey	Grey
14.	Fibrous?	Yes	Yes	Yes
15.	Lavers?	No	Yes	Yes
16.	Contain Asbestos?	Yes	No	NO
17.	TYPE AND % ASBESTOS	30%		
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass		5%	15%
	Cellulose		15%	10%
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	70%	80%	75%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lisa M Demusore Date: 10-4-94



**BR050-TJC-1
CEMENTITIOUS JOINT
INSULATION ON
AIRCCELL PIPES**



**BR050-TJC-2
CEMENTITIOUS JOINT
INSULATION ON
AIRCCELL PIPES**



**BR050-TJC-3
CEMENTITIOUS JOINT
INSULATION ON
AIRCELL PIPES**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TJC - 72 EA DESCRIPT CEMENTITIOUS JOINT INSUL
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE
OR REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND IS SHOWING WATER DAMAGE,
DAMAGE FROM AGE/DETERIORATION AND PHYSICAL DAMAGE. THERE IS
SOME DEBRIS ON FLOOR.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO STEAM,
HEAT, AND PRESSURE AND AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND HAS POTENTIAL FOR FURTHER DAMAGE
FROM HEAT, STEAM, PRESSURE AND AIR MOVEMENT IN AN OCCUPIED
BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIAL. CLEAN UP
DEBRIS ON FLOOR.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.
REPAIR DAMAGED AREAS.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TJC - CEMEN. JOINT INSUL. ON AIRCELL PIPES

REMOVAL OF:

72 EA	@	\$35.00	=	\$2,520.00
APM 56 HOURS	@	\$59.00	=	\$3,304.00
ASP 56 HOURS	@	\$49.00	=	\$2,744.00
APM/ASP 56 HOURS	@	\$85.00	=	\$4,760.00

AIR TESTING:

PCM'S 74	@	\$25.00	=	\$1,850.00
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REPLACEMENT MATERIAL:

72 EA OF FIBERGLASS	@	\$12.00	=	\$864.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$338.40
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$1,162.04
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$12,782.44
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$639.12
TOTAL ESTIMATED REMOVAL COST	=			\$13,421.56

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8 HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=			\$150.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$350.00

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR 050 Homogeneous Area: TJD
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 50123
 A/E FIRM: C & W BRADLEY, P C
 INSPECTOR: RAY SPIELMANN IDPH LICENSE NO. 100-1010
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: REFER TO PLAN, MAINLY N.E. ROOMS OF BASEMENT

MATERIAL DESCRIPTION: CEMENTITIOUS JOINT INSULATION ON FIBERGLASS PIPES
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: STEAM
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: WHITE, HARD

FRIABLE: Yes No Pipe Diameters 2-6 Inches
 TOTAL QUANTITY: _____ Sq. ft. _____ Lin. ft. 229 Ea.

QUANTITY IN: Occupied _____ Restricted 229 EA. Unoccupied _____
 ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <input checked="" type="checkbox"/>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	Description _____
PHYSICAL DAMAGE	Yes <input checked="" type="checkbox"/>	No _____	Description <u>GOUGES</u>
AGE/DETERIORATION	Yes _____	No <input checked="" type="checkbox"/>	Description _____

CDB Building #: BR 050

Homogeneous Area: TJD

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 0-30 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 X 10+
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 X 1-5 >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL 30'

EXTERIOR DOOR Yes X No
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

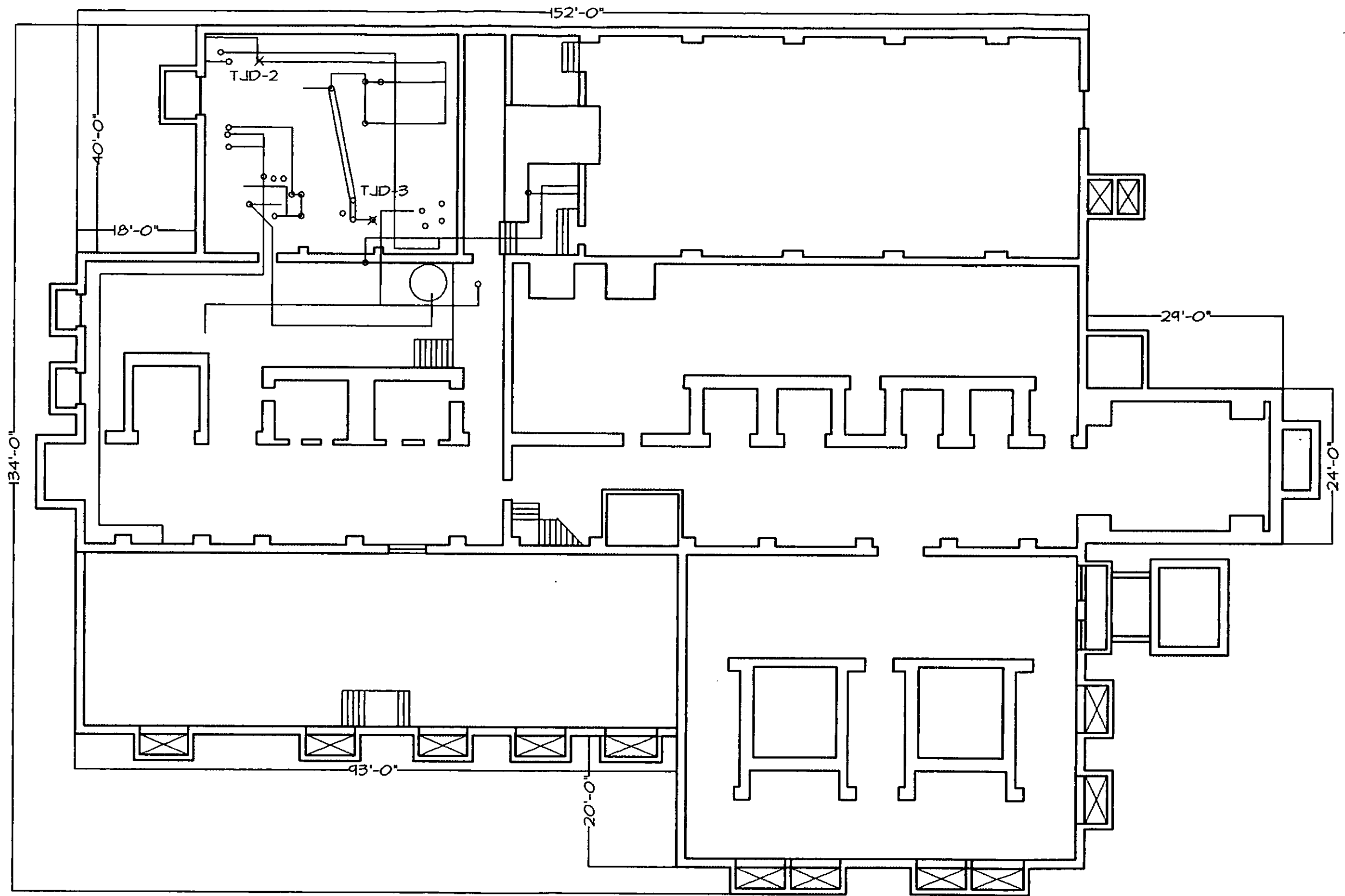
EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF HEAT, STEAM, AND PRESSURE, DAMAGE COULD OCCUR.
AIR MOVEMENT IS DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE
UP AIR USED BY THE BOILERS.

DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIALS' LOCATION.

COMMENTS BASEMENT HAS FRIABLE DEBRIS ON FLOOR. SUGGEST RESPIRATOR
PROTECTION.

INSPECTOR'S SIGNATURE Ray Spielmann DATE 8/7/91

SAMPLE NUMBERS (Sampling phase) TJD-1, TJD-2, TJD-3
 ACM Yes X No Assumed



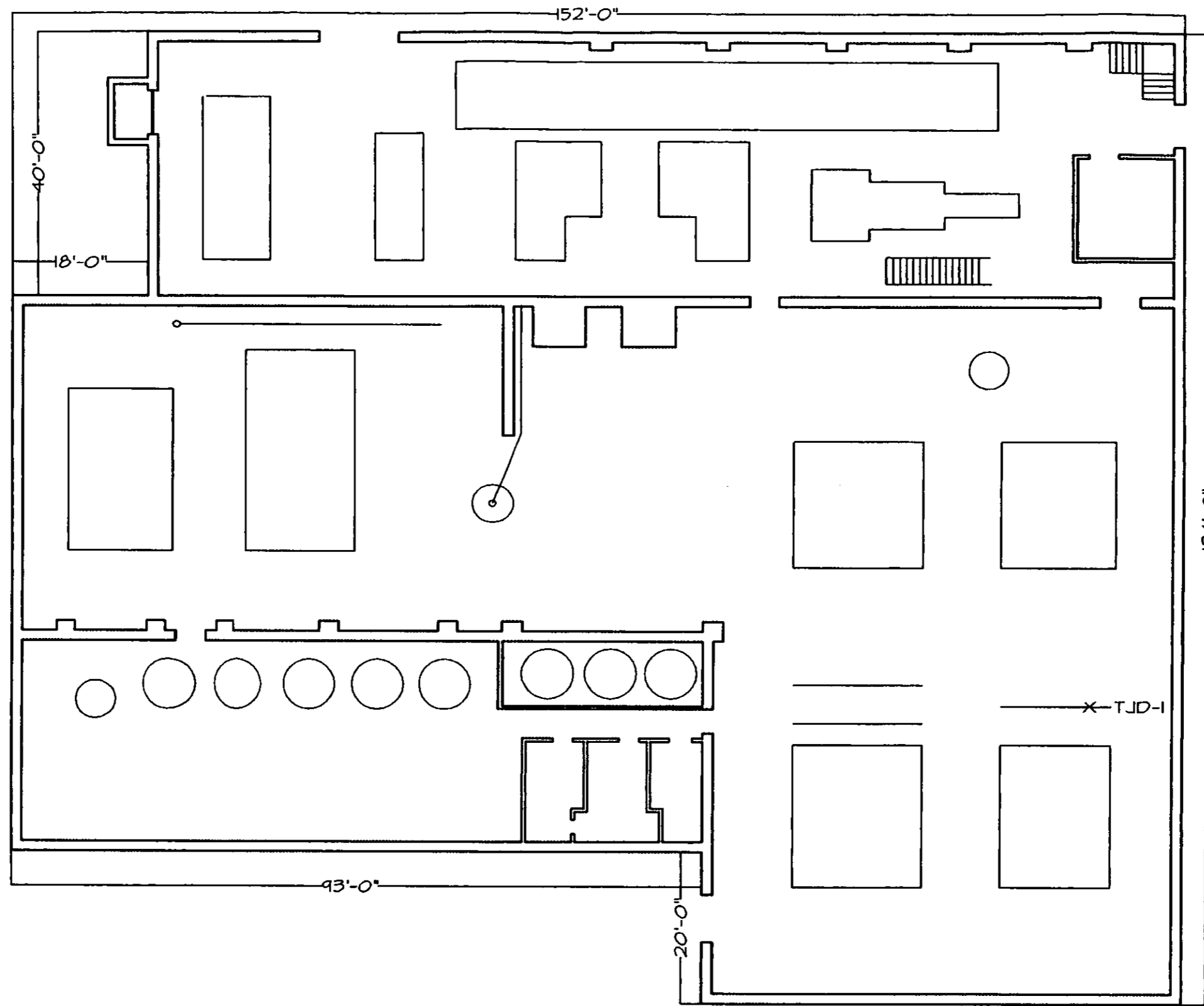
BASEMENT PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

—○— HOMOGENEOUS AREA - TJD
CEMENTITIOUS JOINT INSULATION
ON FIBERGLASS PIPE

SHEET TITLE	ELGIN STATE HOSPITAL	POWER HOUSE - BR050	FILE	O50-ITJD
			CHECKED BY	K.B.Y.
PAGE NUMBER			DRAWN BY	K.B.Y.
			REVISED	1 2 3 4 5
C & W BRADLEY CONSTRUCTION MANAGEMENT INC. <small>924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631</small>				
IV-36				



UPPER FLOOR PLAN

0 24' 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



—○— HOMOGENEOUS AREA - TJD
CEMENTITIOUS JOINT INSULATION
ON FIBERGLASS PIPES

FILE
050-2TJD

CHECKED BY
R.B.Y.

DRAWN BY
R.B.Y.

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

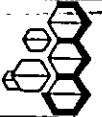
SHEET TITLE

PAGE NUMBER

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PAGE NUMBER

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BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TJD 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	BASEMENT	BASEMENT
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TJD -1	TJD -2	TJD -3
12. Lab Sample No.			
13. Color?	Grey	Grey	Grey
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	No	No	Yes
16. Contain Asbestos?	No	Yes	No
17. TYPE AND % ASBESTOS			
Chrysotile		5%	
Amosite		5%	
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass	40%	40%	40%
Cellulose	20%	10%	20%
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	40%	40%	40%
19. Date Analyzed	10-1-94		
20. Analyzed By	Fred Loue		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Gina M. Dennis Date: 10-4-94

POINT COUNTING LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C & W BRADLEY P. C.
 5. ADDRESS: 750 SOUTH STATE ST. ELGIN, ILLINOIS 60123 6. PROJECT # 910-010-009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) ... TJD
 (A/E COMPLETE ITEMS 1-10 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	BASEMENT	BASEMENT			
9. Date Collected	4-21-93	4-21-93	4-21-93			
10. Sample No.	TJD-1	TJD-2	TJD-3			
11. Date Received	2-16-95	2-16-95	2-16-95			
12. Lab Sample No.						
13. Color?	Grey/Orange	Grey/Yellow/Green	Grey/Beige			
14. Fibrous?	Yes	Yes	Yes			
15. Layers?	Two	Three	Four			
16. Contains Asbestos?	No	Yes	No			
17. TYPE AND % ASBESTOS						
Chrysotile		1%				
Amosite		2%				
Crocidolite						
Other	100%	97%	100%			
Total Asbestos %		3%				
18. NO. OF SLIDES COUNTED						
	Asbestos Counts	Nonempty Pts Ctd	Asbestos Counts	Nonempty Pts Ctd	Asbestos Counts	Nonempty Pts Ctd
Slide 1	0	50	2	48	0	50
Slide 2	0	50	1	49	0	50
Slide 3	0	50	0	50	0	50
Slide 4	0	50	1	49	0	50
Slide 5	0	50	0	50	0	50
Slide 6	0	50	0	50	0	50
Slide 7	0	50	2	48	0	50
Slide 8	0	50	2	48	0	50
19. Comments Total	0 / 400 = 0		8 / 392 = 2		0 / 400 = 0	
20. Date Analyzed	2-23-95		2-23-95		2-23-95	
21. Analyzed By	P. Sulon		P. Sulon		P. Sulon	

22. Report Approved By: Lina M. Demason 23. Date: 3-10-95
 (Signature)

24. Laboratory Name: Stat Analysis Corporation



**BR050-TJD-1
CEMENTITIOUS JOINT
INSULATION ON
FIBERGLASS PIPES**



**BR050-TJD-2
CEMENTITIOUS JOINT
INSULATION ON
FIBERGLASS PIPES**



**BR050-TJD-3
CEMENTITIOUS JOINT
INSULATION ON
FIBERGLASS PIPES**



FORM 13

A.1 BLDG NAME POWER HOUSE COB BLDG NO. BRO50
HOMO AREA TJD - 229 EA. DESCRIPT CEMENTITIOUS JOINT INSUL. ON FIBERGLASS PIPES
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE OR REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING PHYSICAL DAMAGE WITH SOME GOUGES.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE FROM HEAT, STEAM, PRESSURE AND AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SHOWING SOME DAMAGE AND HAS POTENTIAL FOR FUTURE DAMAGE FROM HEAT, STEAM, PRESSURE AND AIR MOVEMENT IN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIAL. REPAIR DAMAGED AREAS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TJD - CEMEN. JOINT INSUL. ON FIBERGLASS PIPES

REMOVAL OF:

229 EA	@	\$35.00	=	\$8,015.00
APM 40 HOURS	@	\$59.00	=	\$2,360.00
ASP 40 HOURS	@	\$49.00	=	\$1,960.00
APM/ASP 40 HOURS	@	\$85.00	=	\$3,400.00

AIR TESTING:

PCM'S 54	@	\$25.00	=	\$1,350.00
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REPLACEMENT MATERIAL:

229 EA OF FIBERGLASS	@	\$10.00	=	\$2,290.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$1,030.50
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$1,608.55
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$17,694.05
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$884.70
TOTAL ESTIMATED REMOVAL COST	=			\$18,578.75

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

6 HOURS	@	\$25.00	=	\$150.00
O&M MATERIALS	=			\$75.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$225.00

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TBA
INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY ELGIN STATE MENTAL HEALTH CENTER
BUILDING NAME: POWER HOUSE
BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM C & W BRADLEY, P C
INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
LOCATION: MAIN FLOOR
ROOMS: ON TOP OF BOILER #1 AND #2

MATERIAL DESCRIPTION AIRCELL BLOCK INSULATION
(common designation - i.e. air cell)
TYPE OF SYSTEM: BOILER
(i.e. hot water)
COLOR-TEXTURE, ETC.: GRAY, CORRUGATED

FRIABLE: Yes X No _____ Pipe Diameters _____ Inches
TOTAL QUANTITY: 648 Sq. ft. _____ Lin. ft. _____ Ea.
QUANTITY IN: Occupied _____ Restricted 648 S/F Unoccupied _____

ROOM FINISHES:
CEILING CONCRETE
WALLS BRICK
FLOOR CONCRETE

DAMAGE ASSESSMENT:
No Damage Damaged Significant Damage
LOCALIZED <1% _____ 1-25% _____ >25% _____
DISTRIBUTED <1% _____ 1-10% _____ >10% X

If <1% damage, is salient present? Yes _____ No _____
If yes, describe _____

WATER DAMAGE Yes X No _____ Description LEAKING PIPES OVERHEAD
PHYSICAL DAMAGE Yes X No _____ Description FROM BEING WALKED ON
AGE/DETERIORATION Yes X No _____ Description DISINTEGRATION

CDB Building #: BR 050

Homogeneous Area: TBA

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes _____ No _____
 MAINTENANCE PERSONNEL Yes X No _____
 HEIGHT FROM FLOOR (FT.) 20 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT MAIN FLOOR
 OCCUPANCY (#) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 FREQUENCY OF USE (Hrs) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS	(distance in ft. to)		VIBRATION	Yes <u>X</u>	No _____
ELECTRICAL	<1 _____ 1-5 <u>X</u>	>5 _____	MECHANICAL (MOTOR)	Yes <u>X</u>	No _____
MECHANICAL	<1 <u>X</u> 1-5 _____	>5 _____	PLUMBING (KNOCKING)	Yes <u>X</u>	No _____
PIPING	<1 <u>X</u> 1-5 _____	>5 _____	OTHER _____	Yes _____	No _____
OTHER _____	<1 _____ 1-5 _____	>5 _____			

BARRIER Yes X No _____
 SUSPENDED CEILING Yes X No _____
 ENCAPSULATION Yes X No _____
 ENCLOSURE Yes X No _____
 OTHER Yes _____ No _____

AIR MOVEMENT Yes X No _____
 IF YES Low _____ Moderate X Heavy _____
 DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR Yes X No _____ 40'
 EXHAUST FAN Yes _____ No X _____
 GRAVITY VENT Yes _____ No X _____
 SUPPLY AIR Yes _____ No X _____
 RETURN AIR Yes _____ No X _____
 OTHER Yes _____ No _____

INSPECTOR'S ASSESSMENT No Potential for Damage _____ Potential for Damage _____
 Potential for Significant Damage X

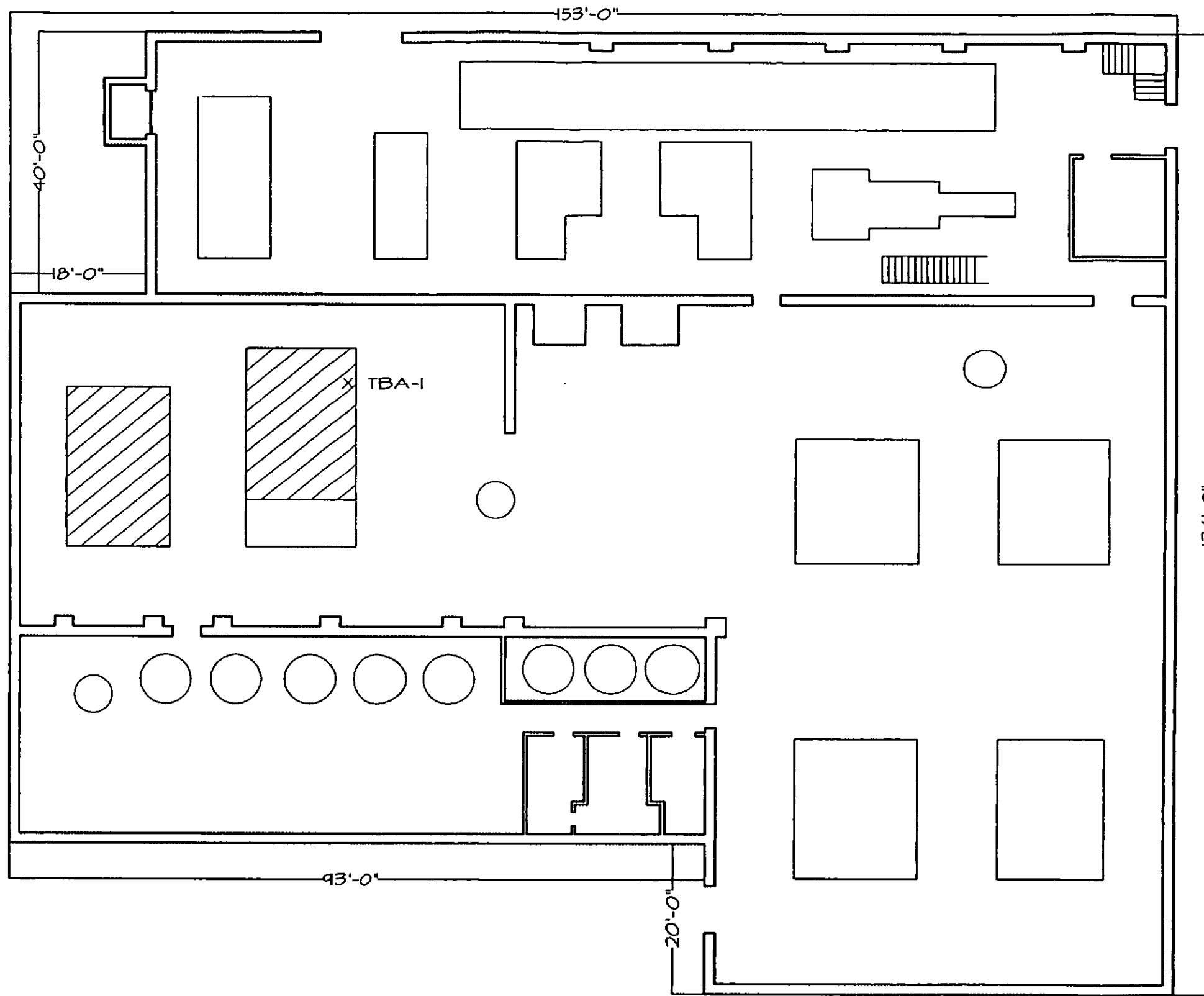
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. VERY OLD AND FRIABLE MATERIAL.

DAMAGE PREVENTION MEASURES ENCLOSE TOPS OF BOTH BOILERS AS SOON AS POSSIBLE TO PREVENT FIBER RELEASE. IF A.C.M. SCHEDULE ABATEMENT.

COMMENTS _____

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS TBA-1
 (Sampling phase) ACM Yes X No _____ Assumed _____



UPPER FLOOR PLAN

0 2'4" 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



 HOMOGENEOUS AREA - TBA
AIRCELL BLOCK INSULATION

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: K.B.Y.
 CHECKED BY: K.B.Y.
 FILE: 050-2TBA

REVISOR:
 1
 2
 3
 4
 C

**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

IV-44

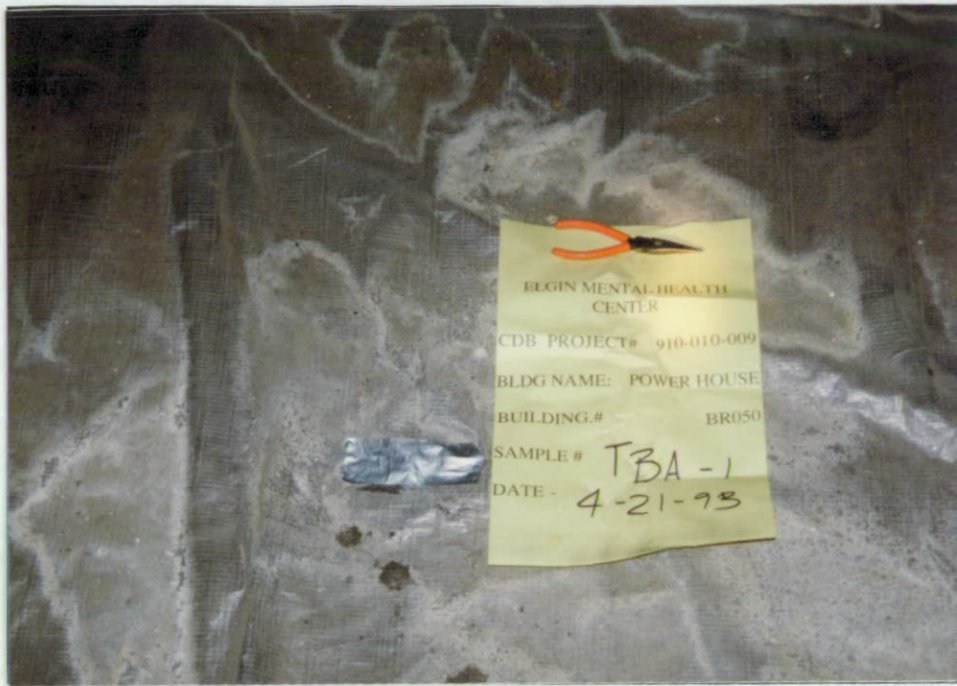
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TBA -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	TBA -1		
12.	Lab Sample No.			
13.	Color?	Brown		
14.	Fibrous?	Yes		
15.	Lavers?	Yes		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	15%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	85%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M. Derinovic Date: 10-4-94



**BR050-TBA-1
AIRCELL BLOCK
INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE COB BLDG NO. BR050
HOMO AREA TBA - 648 SF DESCRIPT AIRCELL BLOCK INSULATION
RESPONSE ACTION #1 - ISOLATE AREA AND RESTRICT ACCESS. REMOVE
AS SOON AS POSSIBLE.

A.2.a. EXIST. COND. MATERIAL IS SIGNIFICANTLY DAMAGED AND SHOWING
WATER DAMAGE, PHYSICAL DAMAGE AND DAMAGE FROM AGE/DETERIORATION.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR SIGNIFICANT DAMAGE
DUE TO NUMEROUS PEDESTAL FANS AND BOILER MAKE UP AIR.

A.2.b. FRIABLE YES CONDITION SIGNIFICANTLY DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SIGNIFICANTLY DAMAGED, ESPECIALLY FROM
PHYSICAL CONTACT AND HAS A POTENTIAL FOR SIGNIFICANT DAMAGE
FROM AIR FLOW IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. REDUCE
POTENTIAL FOR DISTURBANCE.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REMOVAL RECOMMENDED.

A.3.c. HEALTH & SAFETY RESTRICT ACCESS TO MATERIALS. POST WARNING
SIGNS. ALLOW ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TBA - AIRCELL BLOCK INSUL.

REMOVAL OF:

648 S/F	@	\$25.00	=	\$16,200.00
APM 24 HOURS	@	\$59.00	=	\$1,416.00
ASP 24 HOURS	@	\$49.00	=	\$1,176.00
APM/ASP 24 HOURS	@	\$85.00	=	\$2,040.00

AIR TESTING:

PCM'S 50	@	\$25.00	=	\$1,250.00
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REPLACEMENT MATERIAL:

648 S/F OF FIBERGLASS	@	\$12.00	=	\$7,776.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$2,397.60		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$2,966.36		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$32,629.96		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$1,631.50		
TOTAL ESTIMATED REMOVAL COST	=	\$34,261.46		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

5 HOURS	@	\$25.00	=	\$125.00
O&M-MATERIALS	=	\$250.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$375.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TBB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P C
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: FIRST FLOOR
 ROOMS: BOILER #1 AND #2
 MATERIAL DESCRIPTION: LAGGING AROUND MANHOLES & BREECHING (CIRCA 1958)
 (common designation - i.e. air call)
 TYPE OF SYSTEM: BOILER
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: BLACK OR SILVER, HARD
 FRIABLE: Yes No Pipe Diameters _____ Inches
 TOTAL QUANTITY: 200 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 200 S/F Unoccupied _____
 ROOM FINISHES:
 CEILING: CONCRETE
 WALLS: BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <input checked="" type="checkbox"/>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	Description	<u>DAMAGE FROM OPERATION</u>
PHYSICAL DAMAGE	Yes <input checked="" type="checkbox"/>	No _____	Description	<u>DISINTEGRATION & DELAMINATION</u>
AGE/DETERIORATION	Yes <input checked="" type="checkbox"/>	No _____	Description	

CDB Building #: BR 050

Homogeneous Area: TBB

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes No
 HEIGHT FROM FLOOR (FT.) 8-24 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

REMOVABLE COMPONENTS (distance in ft. to) VIBRATION Yes No
 ELECTRICAL <1 1-5 >5 MECHANICAL (MOTOR) Yes No
 MECHANICAL <1 1-5 >5 PLUMBING (KNOCKING) Yes No
 PIPING <1 1-5 >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No
 SUSPENDED CEILING Yes No
 ENCAPSULATION Yes No
 ENCLOSURE Yes No
 OTHER Yes No

AIR MOVEMENT Yes No
 IF YES Low Moderate Heavy

EXTERIOR DOOR Yes No DISTANCE TO FRIABLE MATERIAL 20'
 EXHAUST FAN Yes No
 GRAVITY VENT Yes No
 SUPPLY AIR Yes No
 RETURN AIR Yes No
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

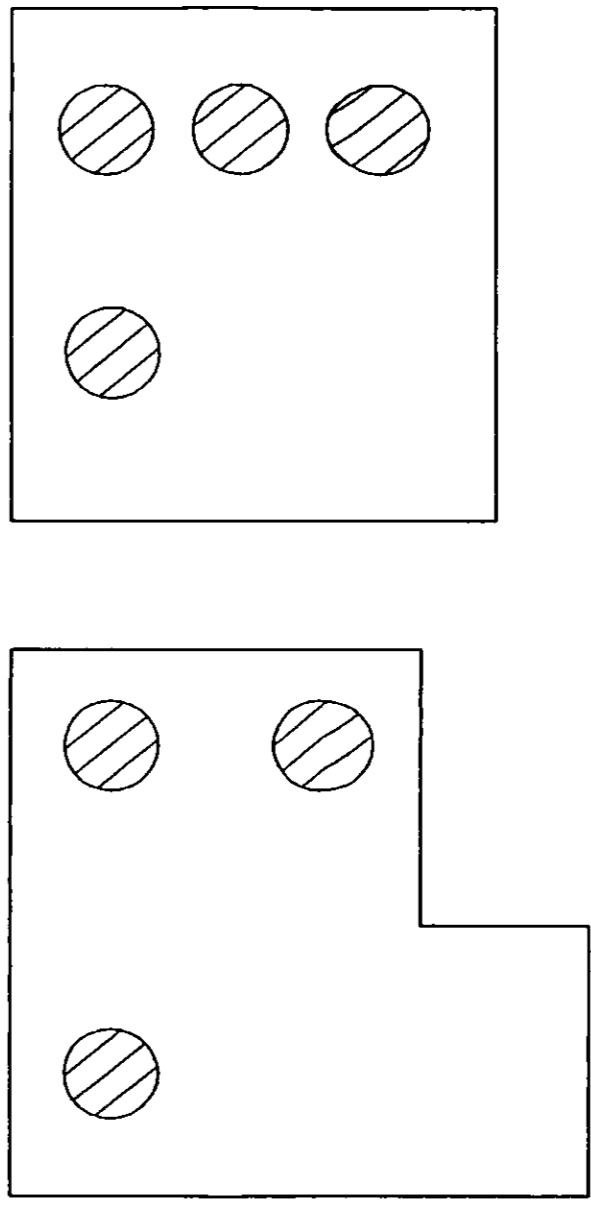
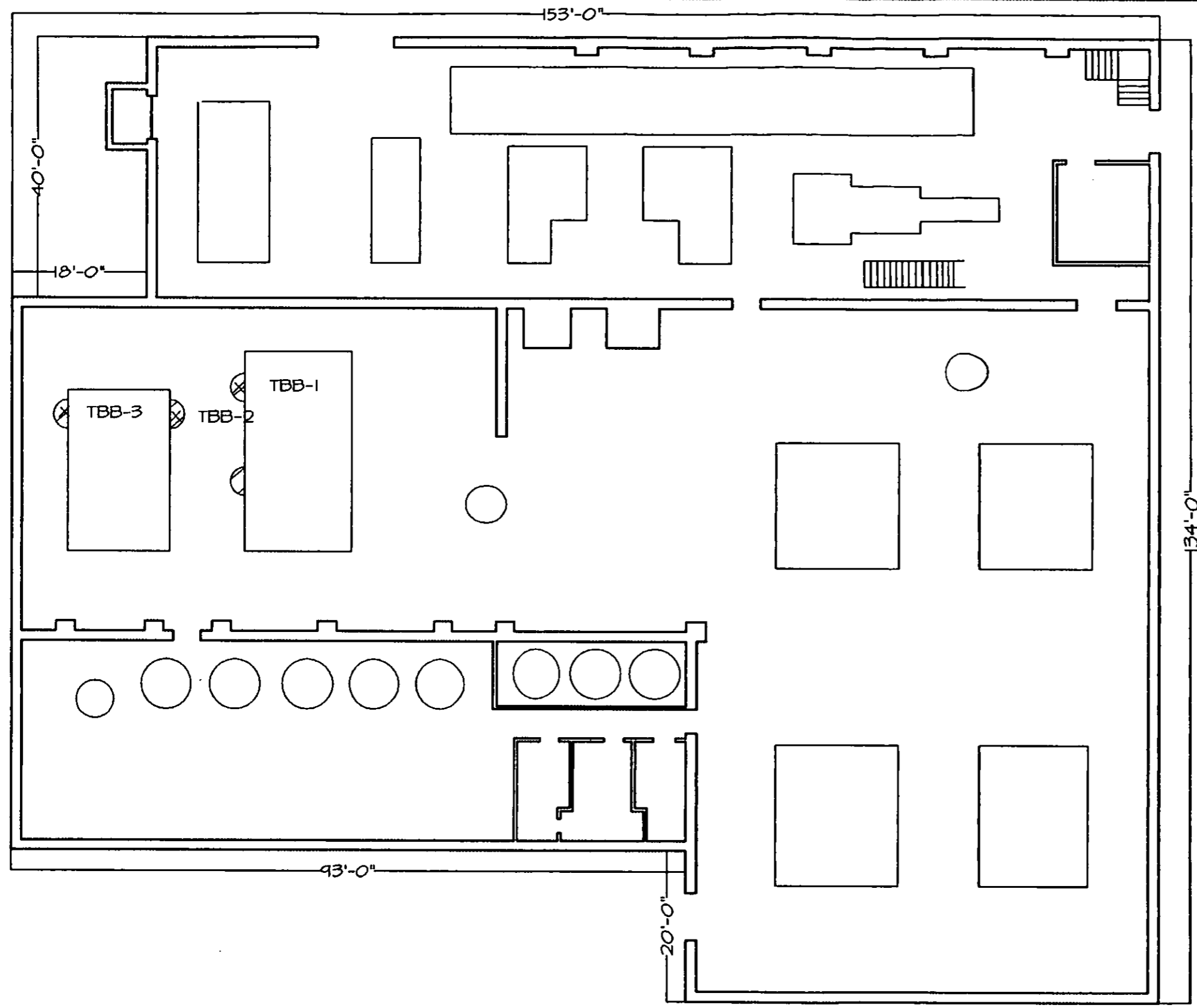
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. COULD BE DAMAGED WHILE WORKING ON OR CLIMBING IN AND OUT OF BOILERS.

DAMAGE PREVENTION MEASURES RESTRICT ACCESS INTO THESE BOILERS TO LESSEN CHANCE OF FURTHER DAMAGE. GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS PART OF AREA WILL BE SEALED OFF DURING ABATEMENT PROJECT. THESE BOILERS WERE INSTALLED IN 1958, WHICH IS DIFFERENT THAN THE OTHER BOILERS.

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91



SAMPLE NUMBERS (Sampling phase) TBB-1, TBB-2, TBB-3
 ACM Yes No Assumed



UPPER FLOOR PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

 HOMOGENEOUS AREA -TBB
 THERMAL LAGGING
 CIRCA 1958

SHEET TITLE	ELGIN STATE HOSPITAL	DRAWN BY	IL.B.Y.	PAGE NUMBER	IV-48
	POWER HOUSE - BR050		CHECKED BY		FILE
CONSTRUCTION MANAGEMENT INC.	924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631	REVISED			
		1	2	3	4

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TBB 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

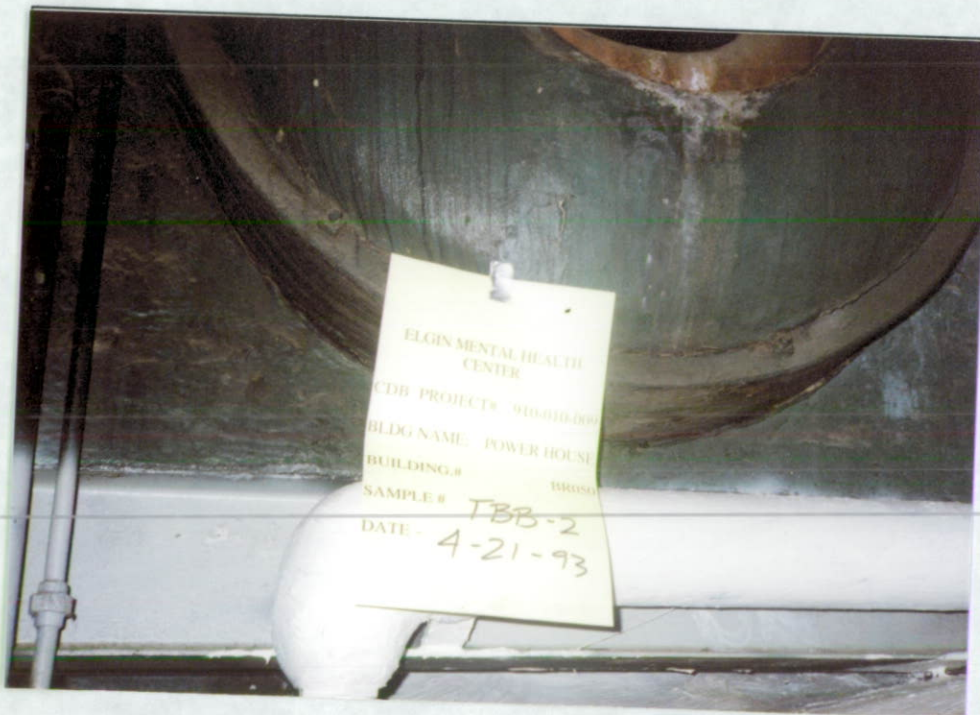
8. Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TBB -1	TBB -2	TBB -3
12. Lab Sample No.			
13. Color?	White	Grey	Grey
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	Yes	Yes	Yes
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS			
Chrysotile	30%	50%	50%
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose	10%	20%	20%
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	60%	30%	30%
19. Date Analyzed	10-1-94		
20. Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

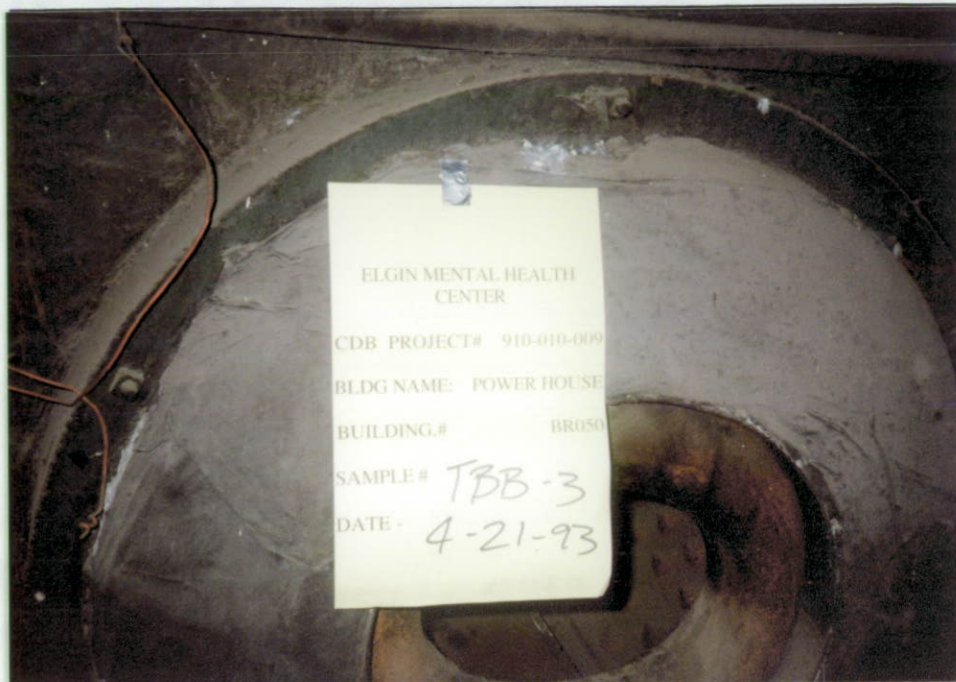
21. Report Approved By: Lina M. Danner 22. Date: 10-4-94



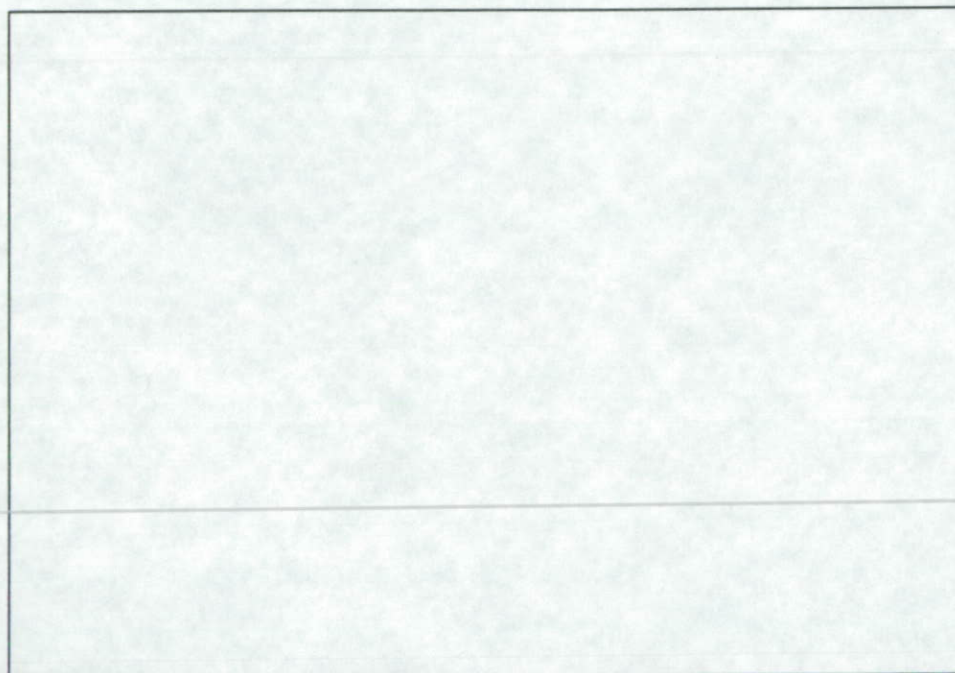
BR050-TBB-1
THERMAL LAGGING--
CIRCA 1958



BR050-TBB-2
THERMAL LAGGING--
CIRCA 1958



**BR050-TBB-3
THERMAL LAGGING--
CIRCA 1959**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TBB - 200 SF DESCRIPT LAGGING AROUND MANHOLES &
BREECHING (CIRCA 1958)
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS
POSSIBLE OR REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND SHOWING DAMAGE FROM
PHYSICAL CONTACT, ESPECIALLY OPERATIONS, AND AGE/DETERIORATION.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO THE
PHYSICAL OPERATION OF THE BOILERS AND AIR MOVEMENT FROM PEDESTAL
FANS AND MAKE UP AIR FOR THE BOILERS.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND CAN BE DISTURBED BY THE PHYSICAL
OPERATION OF THE BOILER AS WELL AS AIR MOVEMENT IN AN OCCUPIED
BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. ALERT
OPERATIONS STAFF TO AVOID DISTURBING MATERIAL AS MUCH AS POSSIBLE.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TBB - LAGGING AROUND MAN-
HOLES & BREECHING (CIRCA 1958)

REMOVAL OF:

200 S/F	@	\$25.00	=	\$5,000.00	
APM	40	HOURS @	\$59.00	=	\$2,360.00
ASP	40	HOURS @	\$49.00	=	\$1,960.00
APM/ASP	40	HOURS @	\$85.00	=	\$3,400.00

AIR TESTING:

PCM'S	48	@	\$25.00	=	\$1,200.00
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REPLACEMENT MATERIAL:

200 S/F OF FIBERGLASS	@	\$12.00	=	\$2,400.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$740.00		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$1,274.00		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$14,014.00		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$700.70		
TOTAL ESTIMATED REMOVAL COST	=	\$14,714.70		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8	HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=	\$200.00			
TOTAL ESTIMATED O&M ANNUAL COST	=	\$400.00			

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TBC
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN ILLINOIS 60123
 A/E FIRM C & W BRADLEY, P. C.
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: FIRST FLOOR
 ROOMS: BOILER #5 AND #6

MATERIAL DESCRIPTION LAGGING ON MANHOLES AND HANDHOLDS (CIRCA 1949)
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: BOILER
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: SILVER AND BLACK, HARD

FRIABLE: Yes No Pipe Diameters _____ Inches
 TOTAL QUANTITY: 812 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 812 S/F Unoccupied _____

ROOM FINISHES:
 CEILING CONCRETE
 WALLS BRICK
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <u>X</u>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description	<u>DAMAGE FROM OPERATION</u>
PHYSICAL DAMAGE	Yes <u>X</u>	No _____	Description	<u>DISINTEGRATION & DELAMINATION</u>
AGE/DETERIORATION	Yes <u>X</u>	No _____	Description	

CDB Building #: BR 050

Homogeneous Area: TBC

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 3-20 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 1-5 X >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT IF YES Yes X No
 Low Moderate X Heavy

DISTANCE TO FRIABLE MATERIAL 20'

EXTERIOR DOOR Yes X No
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

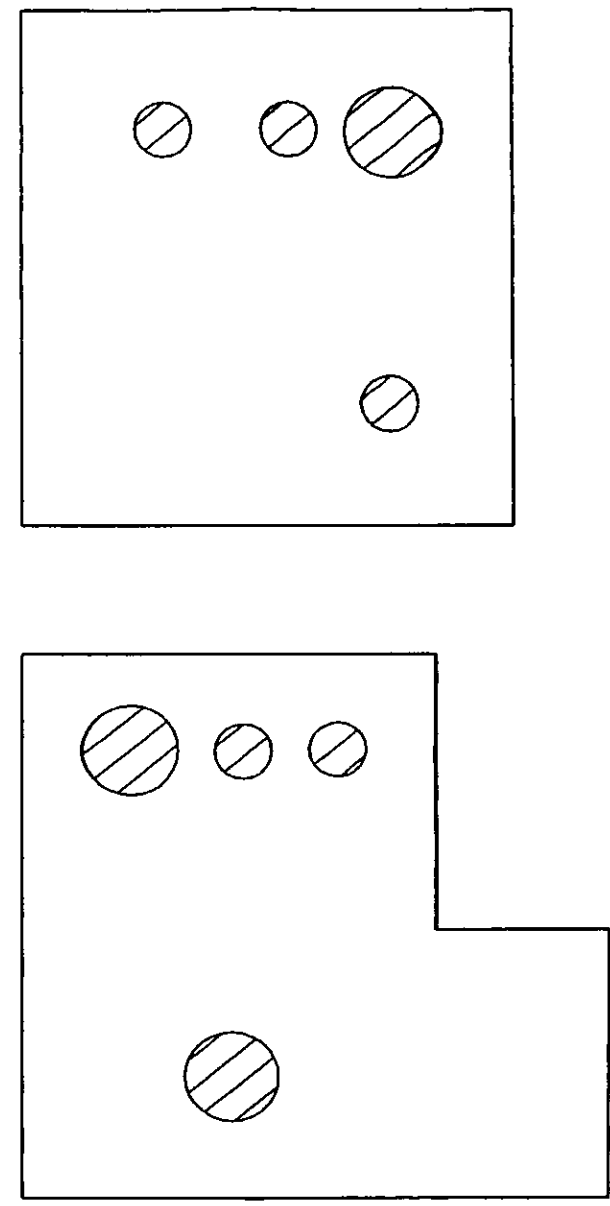
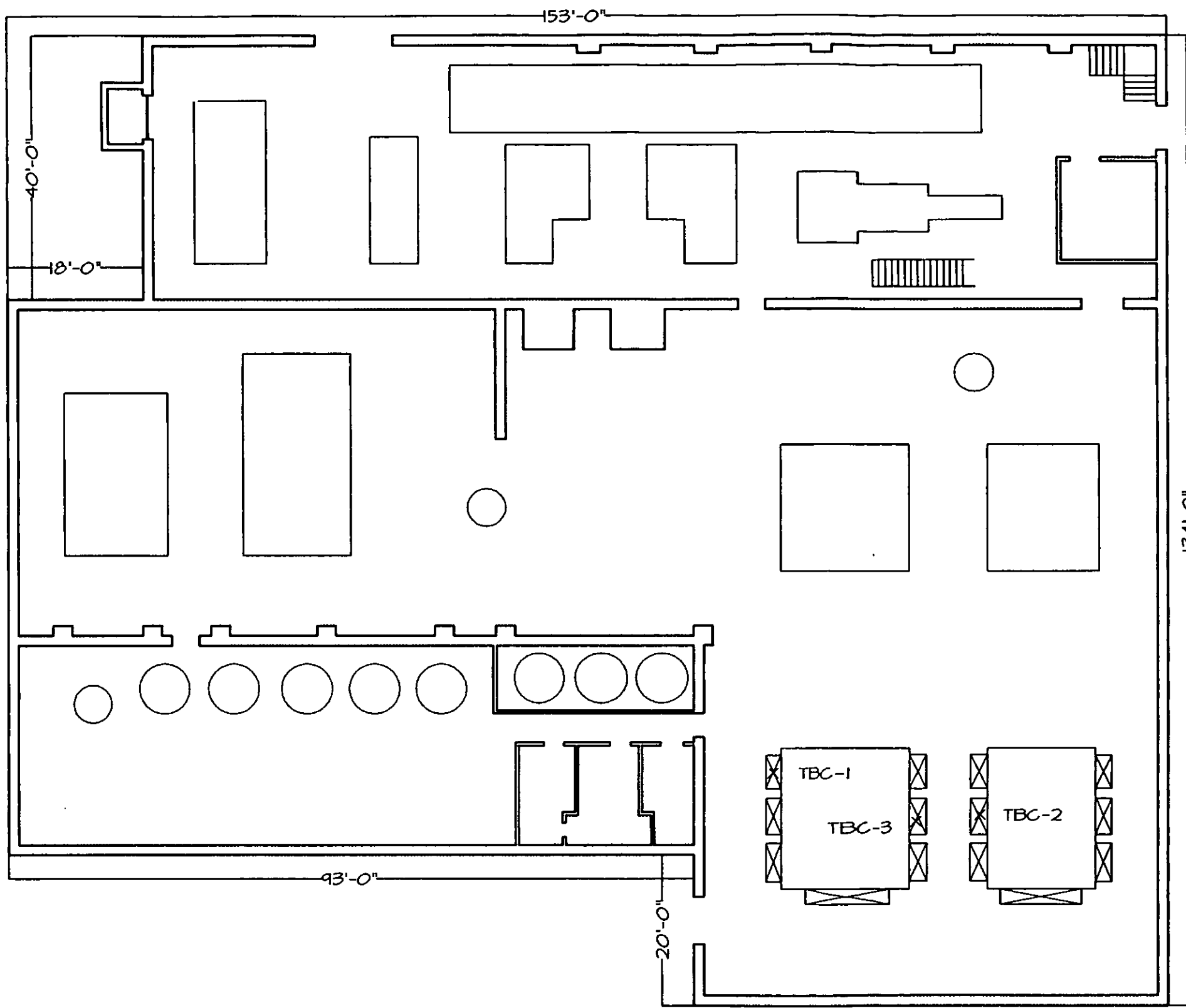
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. COULD BE DAMAGED WHILE WORKING ON OR AROUND MATERIAL OR BOILER.

DAMAGE PREVENTION MEASURES RESTRICT ACCESS INTO THESE BOILERS. TO LESSEN CHANCE OF FURTHER DAMAGE. GOOD OPERATIONS & MAINTENANCE PROGRAM.

COMMENTS THESE BOILERS WERE INSTALLED IN 1949, WHICH IS DIFFERENT THAN THE OTHER BOILERS.

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

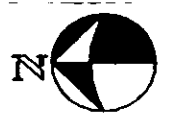
SAMPLE NUMBERS TBC-1, TBC-2, TBC-3
 (Sampling phase) Yes X No Assumed
 ACM



UPPER FLOOR PLAN

02'4" 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**



-  HOMOGENEOUS AREA - TBC
-  THERMAL LAGGING
-  CIRCA 1949

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BRO50
 DRAWN BY: R.B.Y.
 CHECKED BY: FILE
 O50-2TBC



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

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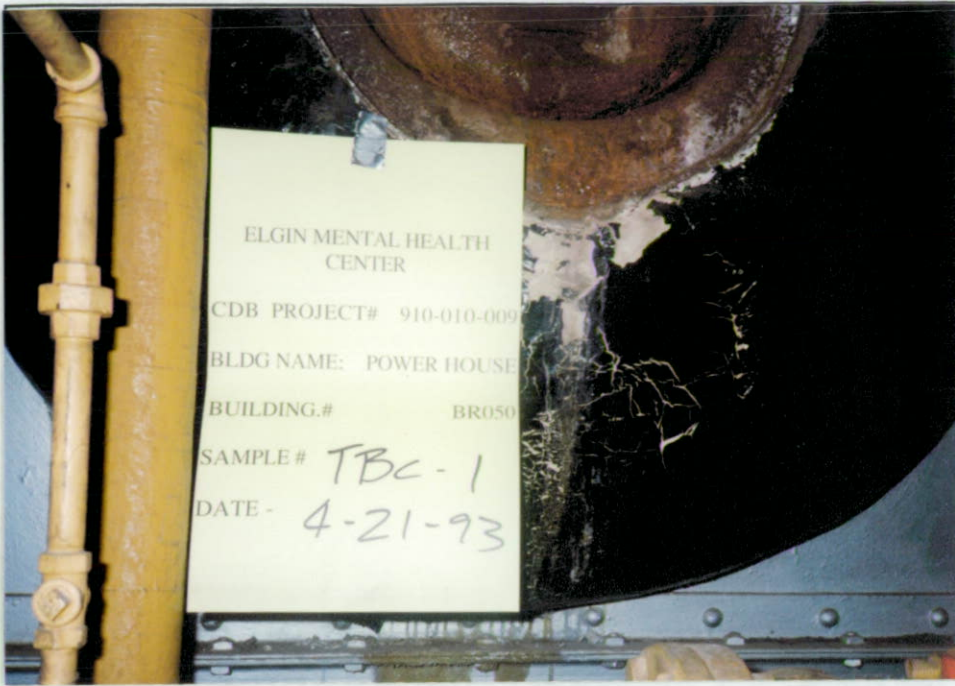
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. COB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (AVE) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TBC 1-3
 (AVE COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	TBC -1	TBC -2	TBC -3
12.	Lab Sample No.			
13.	Color?	Grey/Brown	Grey	Grey
14.	Fibrous?	Yes	Yes	Yes
15.	Layers?	Yes	Yes	Yes
16.	Contain Asbestos?	Yes	Yes	Yes
17.	TYPE AND % ASBESTOS			
	Chrysotile	20%	30%	30%
	Amosite	10%	5%	5%
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose	20%	20%	20%
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	50%	45%	45%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Laura M. Denness Date: 10-4-94



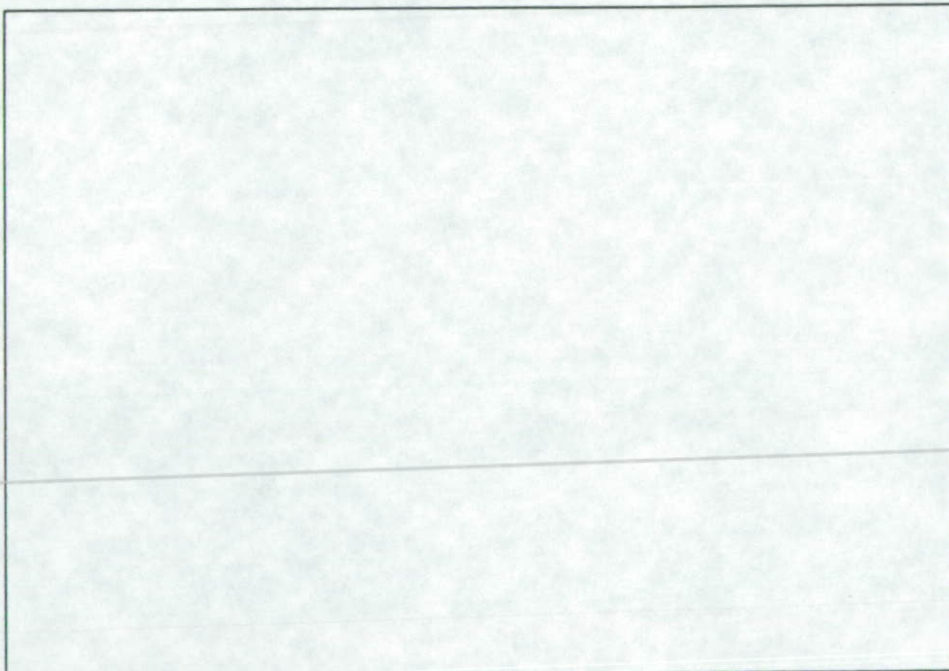
**BR050-TBC-1
THERMAL LAGGING
CIRCA 1949**



**BR050-TBC-2
THERMAL LAGGING
CIRCA 1949**



**BR050-TBC-3
THERMAL LAGGING
CIRCA 1949**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TBC - 812 SF DESCRIPT LAGGING ON MANHOLES & HANDHOLDS (CIRCA 1949)
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE OR REPAIR AND REDUCE POTENTIAL FOR DISTURBANCE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND SHOWING PHYSICAL DAMAGE, ESPECIALLY FROM BOILER OPERATIONS AND DAMAGE FROM AGE/DETERIORATION.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO OPERATIONS OF BOILER AND AIR MOVEMENT FROM PEDESTAL FANS AND MAKE-UP AIR FOR BOILER.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND HAS A POTENTIAL FOR DAMAGE DUE TO PHYSICAL OPERATION OF BOILER AND AIR MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. ALERT OPERATIONS PERSONNEL TO AVOID DISTURBING MATERIAL.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TBC - LAGGING AROUND MAN-
HOLES & BREECHING (CIRCA 1949)

REMOVAL OF:

812 S/F	@	\$25.00	=	\$20,300.00
APM 80 HOURS	@	\$59.00	=	\$4,720.00
ASP 80 HOURS	@	\$49.00	=	\$3,920.00
APM/ASP 80 HOURS	@	\$85.00	=	\$6,800.00

AIR TESTING:

PCM'S 50	@	\$25.00	=	\$1,250.00
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REPLACEMENT MATERIAL:

812 S/F OF FIBERGLASS	@	\$12.00	=	\$9,744.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$3,004.40
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$4,109.84
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$45,208.24
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$2,260.41
TOTAL ESTIMATED REMOVAL COST	=			\$47,468.65

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8 HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=			\$200.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$400.00

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TBD
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P C
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: FIRST FLOOR
 ROOMS: BOILER #3 AND #4

MATERIAL DESCRIPTION: LAGGING ON MANHOLES AND TUBING (CIRCA 1961)
 (common designation - i.e. air cell) BOILER
 TYPE OF SYSTEM: _____
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: SILVER AND BLACK, HARD

FRIABLE: Yes No _____ Pipe Diameters _____ Inches
 TOTAL QUANTITY: 384 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 384 S/F Unoccupied _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <input checked="" type="checkbox"/>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

	Yes	No	Description
WATER DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	Description
PHYSICAL DAMAGE	Yes <input checked="" type="checkbox"/>	No _____	Description
AGE/DETERIORATION	Yes <input checked="" type="checkbox"/>	No _____	Description

DAMAGE FROM OPERATION
VERY OLD, DISINTEGRATION & DELAMINATION

CDB Building #: BR 050

Homogeneous Area: TBD

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 5-20 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 X 1-5 >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 1-5 X >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy
 EXTERIOR DOOR Yes X No DISTANCE TO FRIABLE MATERIAL 35'
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

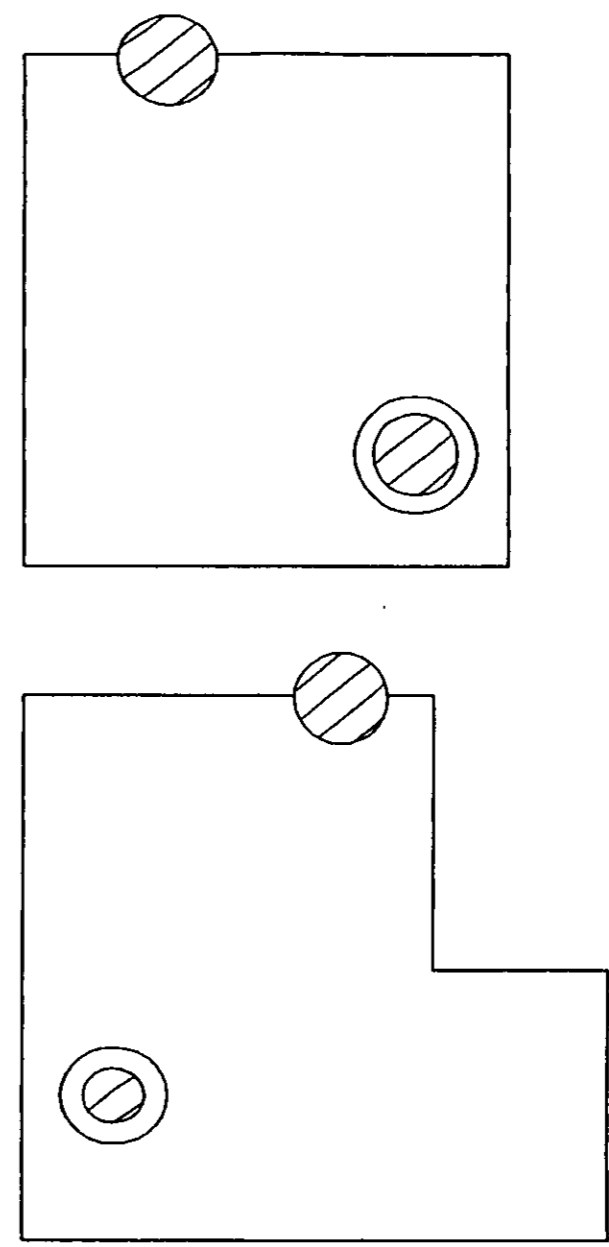
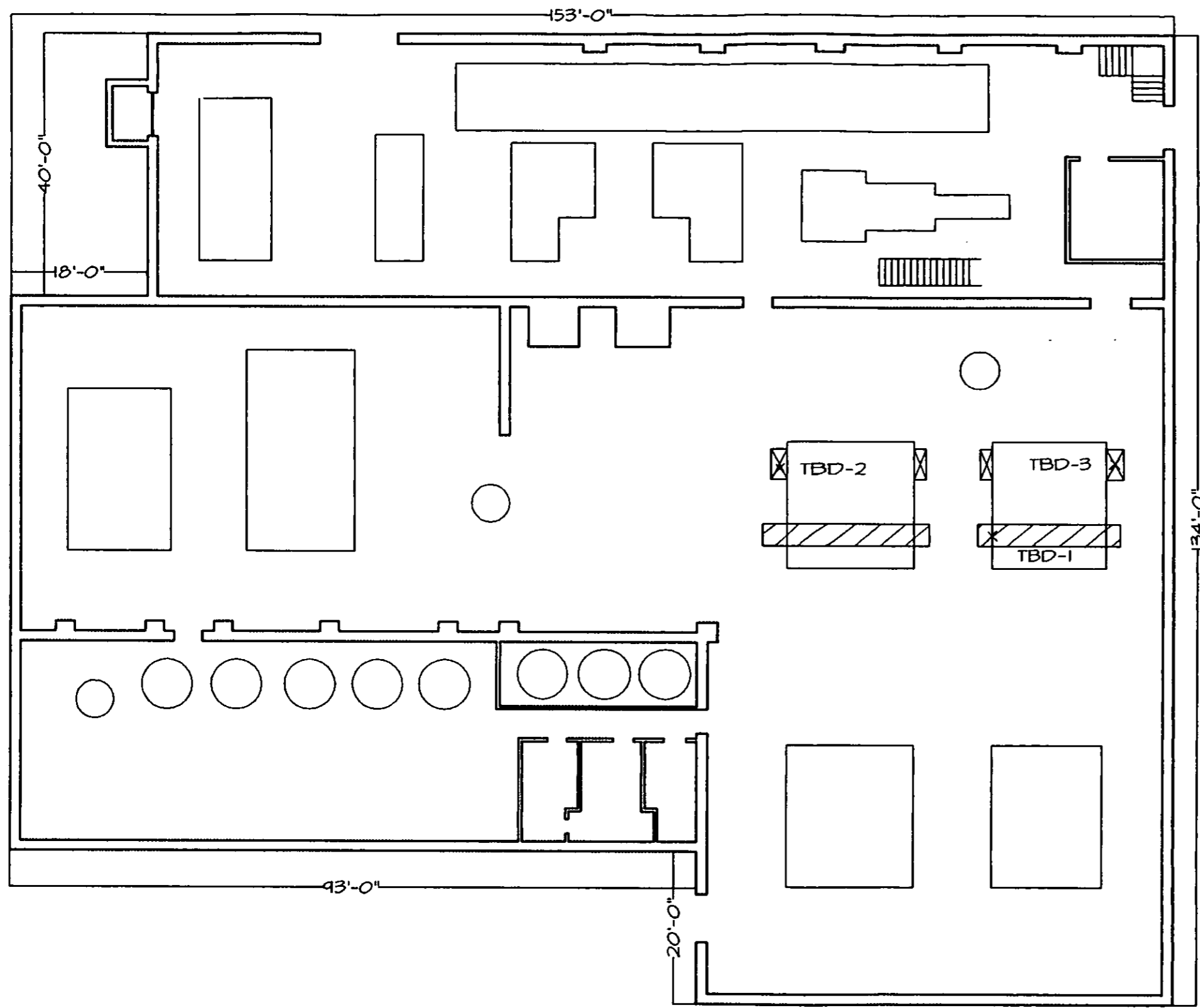
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. WHEN WORKING ON OR IN MANHOLES, DAMAGE IS POSSIBLE.

DAMAGE PREVENTION MEASURES RESTRICT ACCESS INTO THESE BOILERS TO LESSEN THE CHANCE OF FURTHER DAMAGE. GOOD OPERATIONS AND MAINTENANCE PROGRAM.

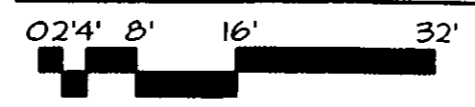
COMMENTS THESE BOILERS WERE INSTALLED IN 1961 WHICH IS DIFFERENT THAN THE OTHER BOILERS.

INSPECTOR'S SIGNATURE *[Signature]* DATE 8/7/91

SAMPLE NUMBERS TBD-1, TBD-2, TBD-3
 (Sampling phase)
 ACM Yes X No Assumed



UPPER FLOOR PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

-  HOMOGENEOUS AREA - TBD
-  THERMAL LAGGING
-  CIRCA 1961

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: M.B.Y.
 CHECKED BY: M.B.Y.
 FILE: 050-2TBD

REVISED

1
2
3
4
5



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631

PAGE NUMBER

IV-58

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TBD 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

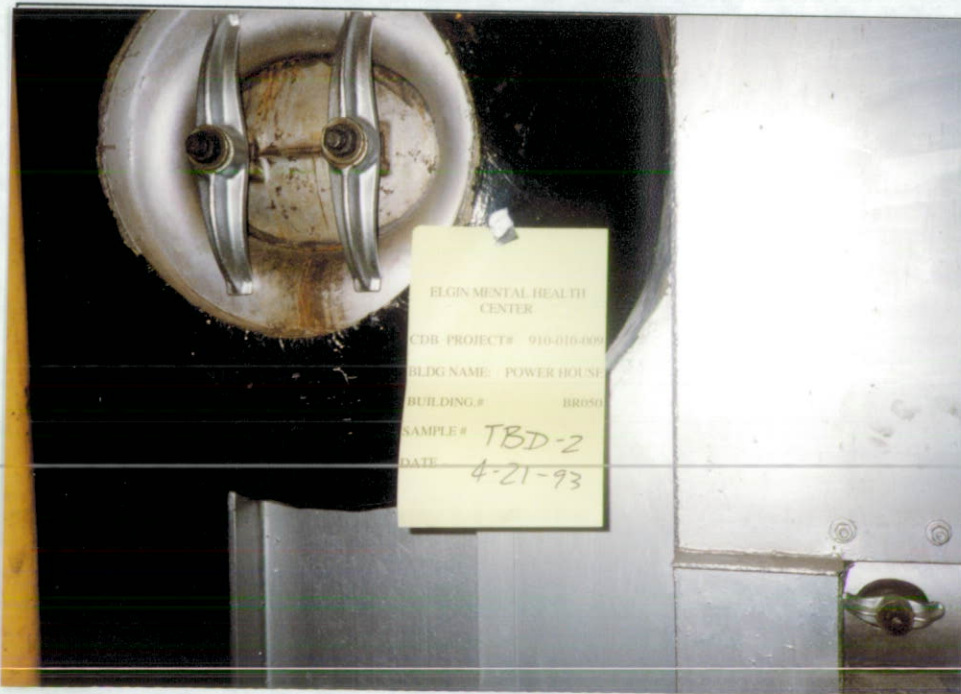
8. Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TBD -1	TBD -2	TBD -3
12. Lab Sample No.			
13. Color?	Brown	Brown	Brown
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	No	No	No
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS			
Chrysotile	30%	30%	30%
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass	10%	10%	10%
Cellulose	25%	25%	25%
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	35%	35%	35%
19. Date Analyzed	10-1-94		
20. Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Greg M. Derrison 22. Date: 10-4-94



**BR050-TBD-1
THERMAL LAGGING
CIRCA 1961**



**BR050-TBD-2
THERMAL LAGGING
CIRCA 1961**



BR050-TBD-3
THERMAL LAGGING
CIRCA 1961



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TBD - 384 SF DESCRIPT LAGGING ON MANHOLES &
TUBING (CIRCA 1961)
RESPONSE ACTION #2 - CONTINUE O&M. REMOVE AS SOON AS POSSIBLE
OR REPAIR AND REDUCE POTENTIAL FOR DAMAGE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND SHOWING PHYSICAL DAMAGE
ESPECIALLY FROM OPERATIONS OF BOILER AND AGE/DETERIORATION.
MATERIAL IS DISINTEGRATING AND DELMAMINATING.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO THE
PHYSICAL OPERATION OF THE BOILER AS WELL AS PEDESTAL FANS
AND MAKE-UP AIR FOR THE BOILER.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE MODERATE AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED, DISINTEGRATING AND DELAMINATING.
THERE IS A POTENTIAL FOR FURTHER DAMAGE FROM THE PHYSICAL
OPERATION OF THE BOILER AS WELL AS AIR MOVEMENT IN AN OCCUPIED
BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. ALERT
OPERATIONS PERSONNEL TO AVOID DISTURBING MATERIAL.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TBD - LAGGING AROUND MAN-
HOLES & BREECHING (CIRCA 1961)

REMOVAL OF:

384 S/F	@	\$25.00	=	\$9,600.00
APM 40 HOURS	@	\$59.00	=	\$2,360.00
ASP 40 HOURS	@	\$49.00	=	\$1,960.00
APM/ASP 40 HOURS	@	\$85.00	=	\$3,400.00

AIR TESTING:

PCM'S 50	@	\$25.00	=	\$1,250.00
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REPLACEMENT MATERIAL:

384 S/F OF FIBERGLASS	@	\$12.00	=	\$4,608.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$1,420.80		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$2,027.88		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$22,306.68		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$1,115.33		
TOTAL ESTIMATED REMOVAL COST	=	\$23,422.14		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8 HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=	\$200.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$400.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TBE
INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY ELGIN STATE MENTAL HEALTH CENTER
BUILDING NAME: POWER HOUSE
BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM C & W BRADLEY, P. C.
INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
LOCATION: FIRST FLOOR
ROOMS: BOILER #1 AND #2 (ON SIDES)

MATERIAL DESCRIPTION TROWELED THERMAL INSULATION
(common designation - i.e. air cell)
TYPE OF SYSTEM: BOILER
(i.e. hot water)
COLOR-TEXTURE, ETC.: DARK GREEN AND GRAY, CEMENTITIOUS

FRIABLE: Yes No Pipe Diameters _____ Inches
TOTAL QUANTITY: 1,925 Sq. ft. _____ Lin. ft. _____ Ea.
QUANTITY IN: Occupied _____ Restricted 1,925 S/F Unoccupied _____

ROOM FINISHES:
CEILING CONCRETE
WALLS BRICK
FLOOR CONCRETE

DAMAGE ASSESSMENT:
No Damage Damaged Significant Damage
LOCALIZED <1% _____ 1-25% _____ >25% _____
DISTRIBUTED <1% _____ 1-10% >10% _____
If <1% damage, is salient present? Yes _____ No _____
If yes, describe _____

WATER DAMAGE Yes _____ No Description _____
PHYSICAL DAMAGE Yes No _____ Description DAMAGE FROM OPERATION
AGE/DETERIORATION Yes No _____ Description DISINTEGRATION AND DELAMINATING

CDB Building #: BR 050

Homogeneous Area: TBE

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 0 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS	(distance in ft. to)		VIBRATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ELECTRICAL	<1 <input checked="" type="checkbox"/> <u>X</u> 1-5 <input type="checkbox"/> >5 <input type="checkbox"/>		MECHANICAL (MOTOR)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MECHANICAL	<1 <input checked="" type="checkbox"/> <u>X</u> 1-5 <input type="checkbox"/> >5 <input type="checkbox"/>		PLUMBING (KNOCKING)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PIPING	<1 <input checked="" type="checkbox"/> <u>X</u> 1-5 <input type="checkbox"/> >5 <input type="checkbox"/>		OTHER	Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER	<1 <input type="checkbox"/> 1-5 <input type="checkbox"/> >5 <input type="checkbox"/>			

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT IF YES Yes X No
 Low Moderate X Heavy

DISTANCE TO FRIABLE MATERIAL 10'
 EXTERIOR DOOR Yes X No
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. COULD BE DISTURBED WHEN MOVING SUPPLIES AND EQUIPMENT NEARBY.

DAMAGE PREVENTION MEASURES NOTIFY MAINTENANCE PERSONNEL OF MATERIAL'S LOCATION AND POTENTIAL FOR DAMAGE.

COMMENTS

INSPECTOR'S SIGNATURE

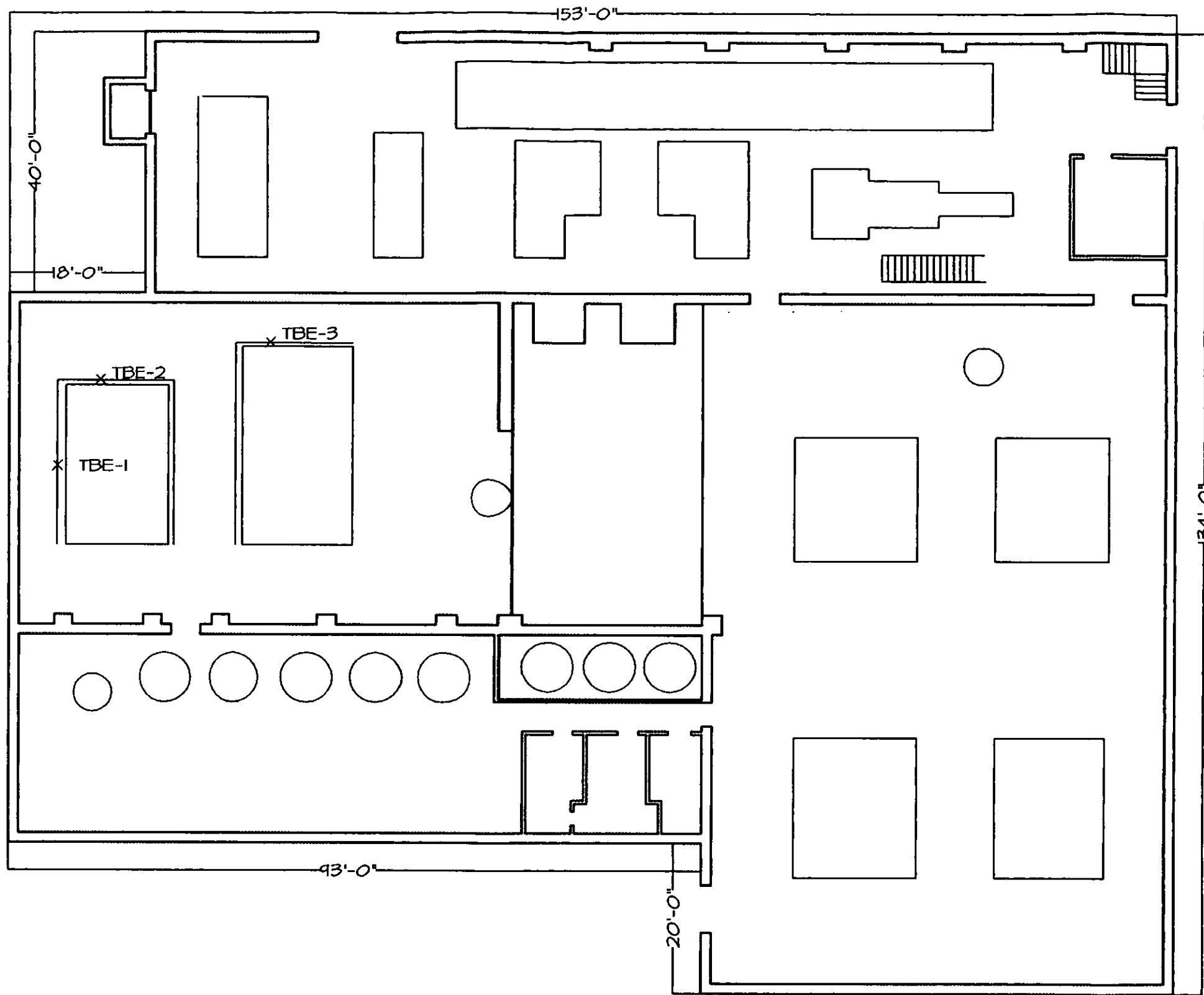
[Handwritten Signature]

DATE 8/7/91

SAMPLE NUMBERS (Sampling phase)

TBE-1, TBE-2, TBE-3

ACM Yes X No Assumed



UPPER FLOOR PLAN

0 24' 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

HOMOGENEOUS AREA - TBE
TROWELED CEMENT INSULATION

FILE 050-2TBE
CHECKED BY I.B.Y.
DRAWN BY

REVISED
1
2
3
4
5

ELGIN STATE HOSPITAL POWER HOUSE - BR050



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

SHEET TITLE

PAGE NUMBER

IV-63

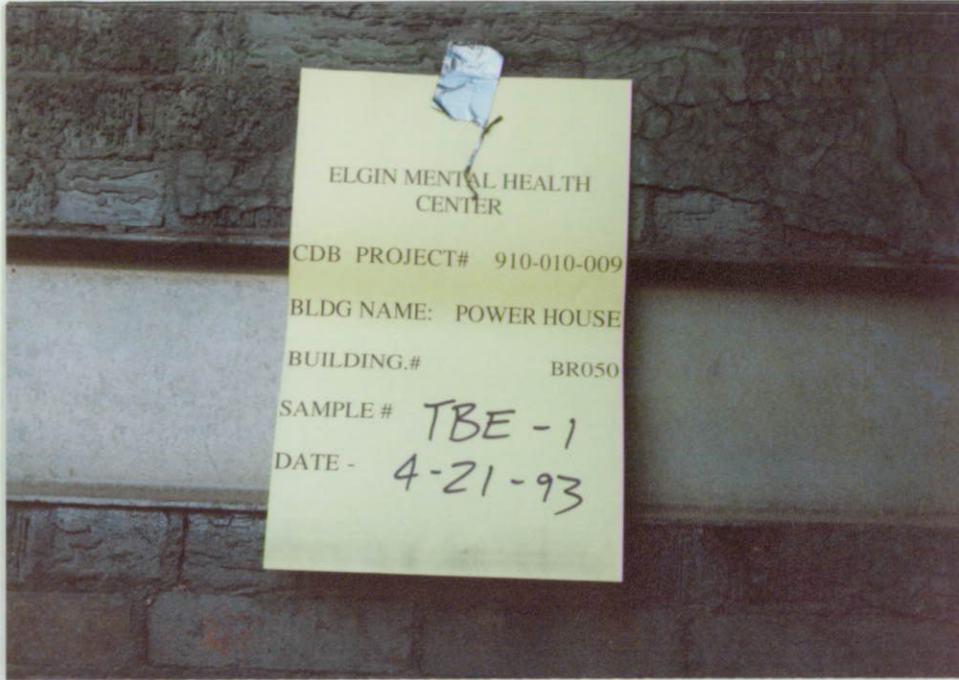
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910-010-009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TBE 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

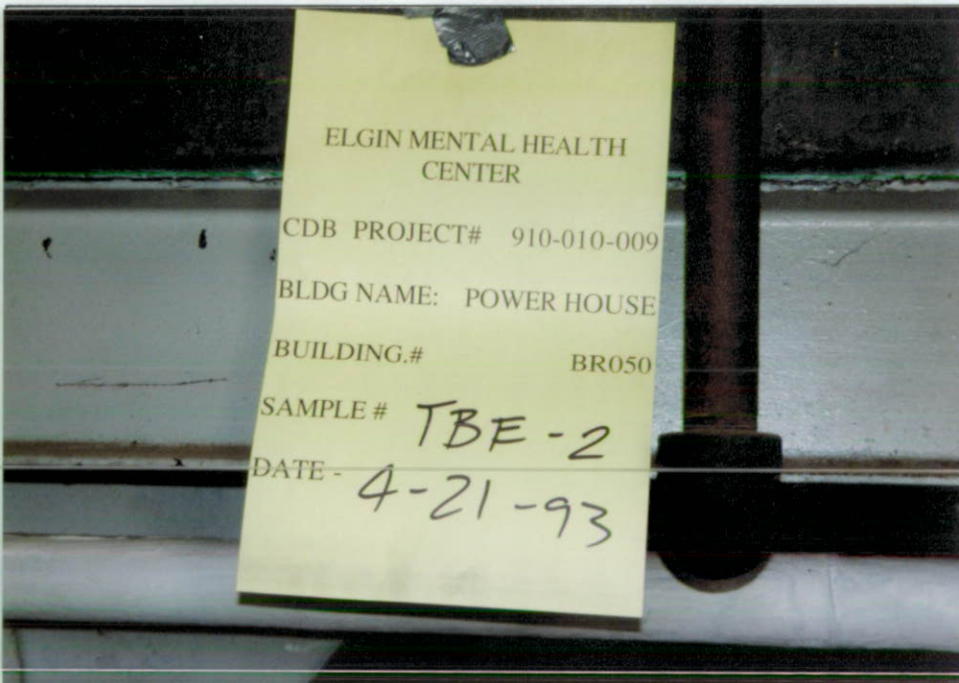
8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	TBE -1	TBE -2	TBE -3
12.	Lab Sample No.			
13.	Color?	Brown	Brown	Brown
14.	Fibrous?	Yes	Yes	Yes
15.	Lavers?	Yes	Yes	Yes
16.	Contain Asbestos?	Yes	Yes	Yes
17.	TYPE AND % ASBESTOS			
	Chrysotile	15%	15%	15%
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	85%	85%	85%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

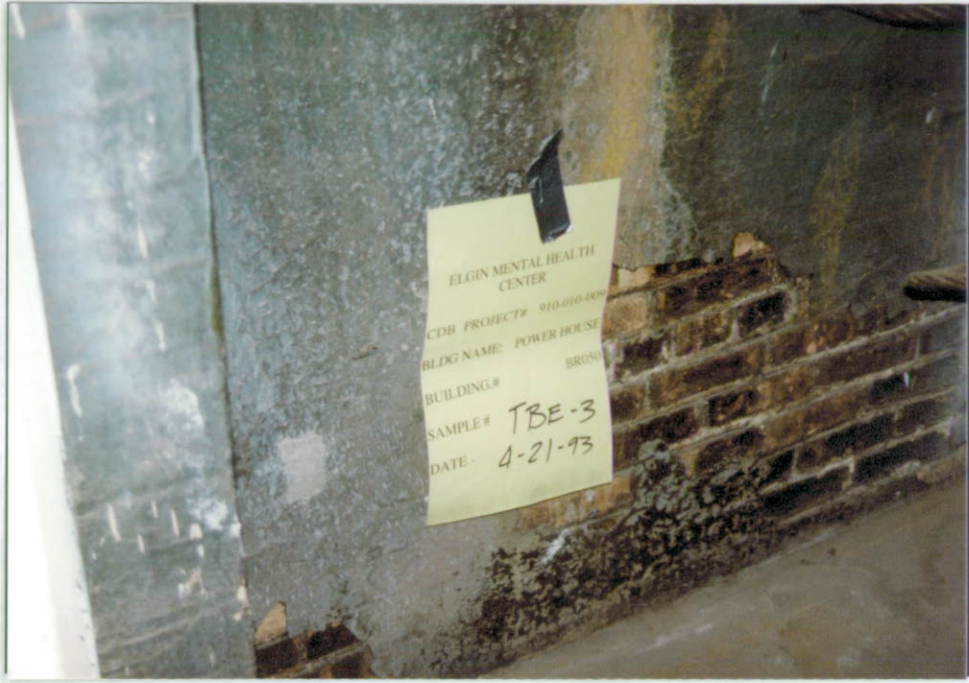
21. Report Approved By: Lina M. Derrison Date: 10-4-94



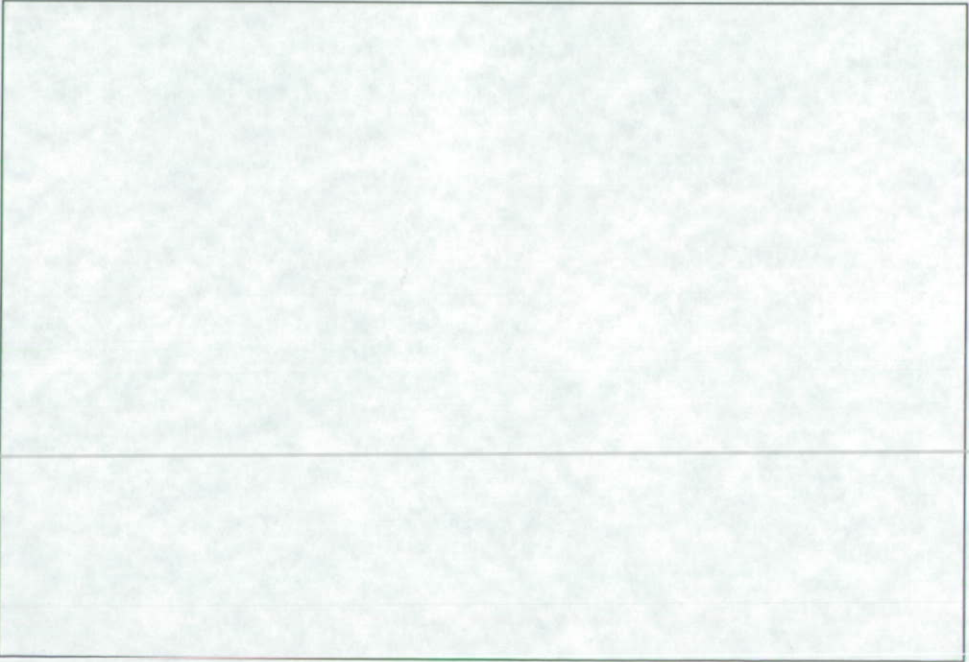
**BR050-TBE-1
TROWLED
CEMENTITIOUS
INSULATION**



**BR050-TBE-2
TROWLED
CEMENTITIOUS
INSULATION**



**BR050-TBE-3
TROWLED
CEMENTITIOUS
INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TBE - 1,925 SF DESCRIPT TROWELED THERMAL INSULATIO
RESPONSE ACTION #4 - CONTINUE O&M. SCHEDULE REMOVAL WHEN
PRACTICAL AND COST-EFFECTIVE.

A.2.a. EXIST. COND: MATERIAL IS DAMAGED, SHOWING PHYSICAL DAMAGE FROM
OPERATIONS OF BOILERS AND DAMAGE FROM AGE/DETERIORATION.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO THE
MOVEMENT OF EQUIPMENT AND SUPPLIES NEAR THE MATERIAL AND FROM
AIR MOVEMENT FROM PEDESTAL FANS AND MAKE-UP AIR USED BY BOILERS.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND HAS A POTENTIAL FOR FURTHER
DAMAGE FROM NEARBY ACTIVITIES AND AIR MOVEMENT IN AN OCCUPIED
BUILDING.

A.3.a(2) PREVENTATIVE MEASURES ALERT OPERATIONS PERSONNEL TO AVOID
ACTIVITIES THAT COULD FURTHER DISTURB MATERIAL.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #:

910-010-009

FACILITY:

ELGIN MENTAL HEALTH CENTER

BUILDING NO. & NAME:

BR050 - POWER HOUSE

HOMOGENEOUS AREA DESIGNATION:

TBE - TROWELED THERMAL
INSULATION

REMOVAL OF:

1.925 S/F	@	\$25.00	=	\$48,125.00
APM 48 HOURS	@	\$59.00	=	\$2,832.00
ASP 48 HOURS	@	\$49.00	=	\$2,352.00
APM/ASP 48 HOURS	@	\$85.00	=	\$4,080.00

AIR TESTING:

PCM'S 50	@	\$25.00	=	\$1,250.00
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REPLACEMENT MATERIAL:

1.925 S/F OF FIBERGLASS	@	\$12.00	=	\$23,100.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$7,122.50		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$8,367.75		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$92,045.25		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$4,602.26		
TOTAL ESTIMATED REMOVAL COST	=	\$96,647.51		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

5 HOURS	@	\$25.00	=	\$125.00
O&M MATERIALS	=	\$100.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$225.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: TFA
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-CC9
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: SOUTHWEST AREA OF FIRST FLOOR
 ROOMS: BOILER #5 AND #6

MATERIAL DESCRIPTION: BREECHING (INSULATION)
 (common designation - i.e. air call)
 TYPE OF SYSTEM: EXHAUST FLUE
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: BLACK, SMOOTH

FRIABLE: Yes No Pipe Diameters _____ Inches
 TOTAL QUANTITY: 1,620 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 1,620 S/F Unoccupied _____

ROOM FINISHES:
 CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% _____	>10% <u>X</u>

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE: Yes _____ No X Description: _____
 PHYSICAL DAMAGE: Yes X No _____ Description: _____
 AGE/DETERIORATION: Yes X No _____ Description: _____
ABRASIONS AND LOOSENING OF MAT'L.
MATERIAL DELAMINATING AND
FALLING TO FLOOR

CDB Building #: BR 050

Homogeneous Area: TFA

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 X 1-5 >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy

DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR Yes X No 20'
 EXHAUST FAN Yes X No 60'
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage
 Potential for Significant Damage X

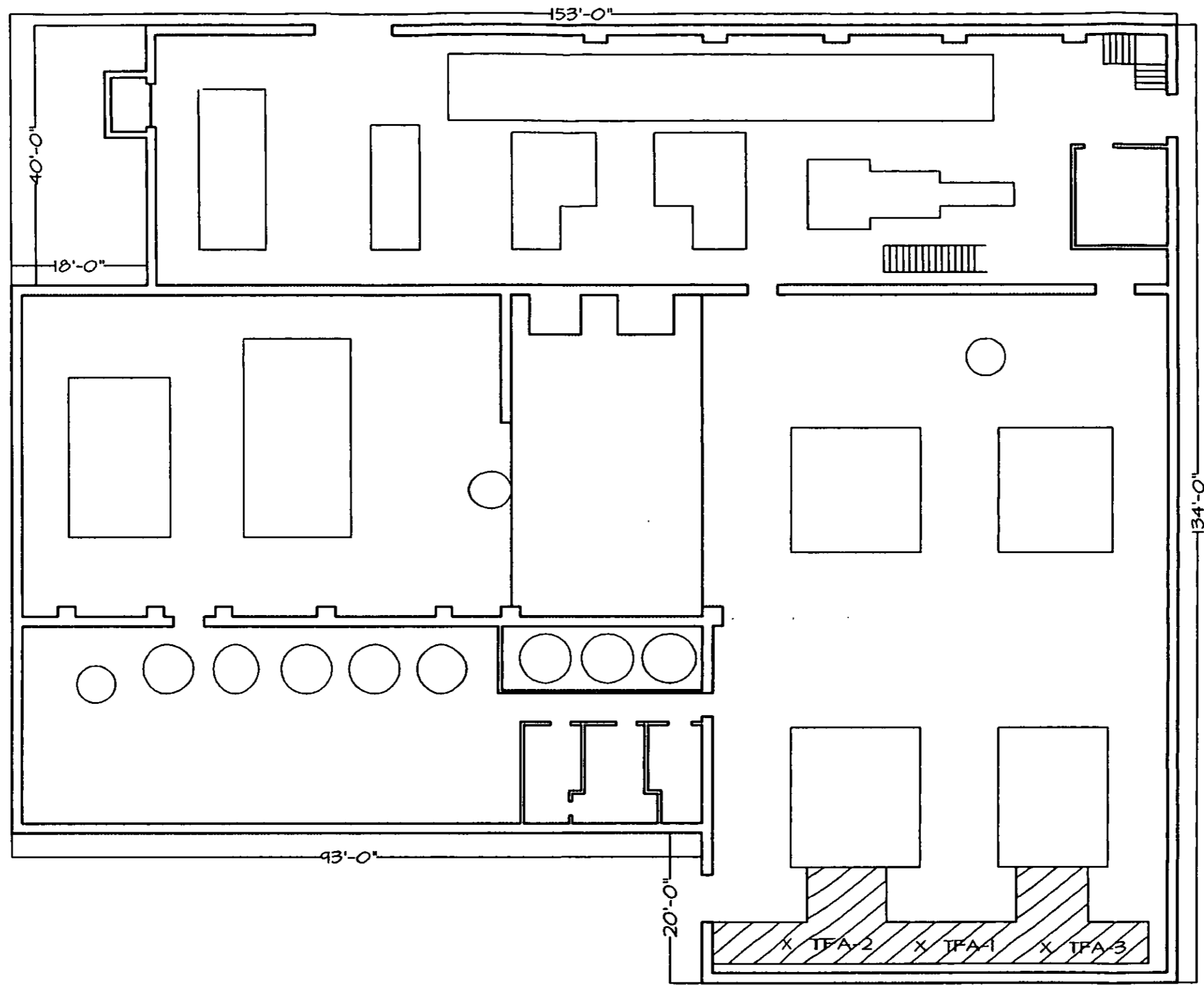
EXPLANATION OF ASSESSMENT (REQUIRED) THE COMBINATION OF OLD AGE, VIBRATION AND MAINTENANCE IN THE AREA IS CAUSE FOR SIGNIFICANT DAMAGE. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

DAMAGE PREVENTION MEASURES IF A.C.M., SCHEDULE ABATEMENT AS SOON AS POSSIBLE.

COMMENTS

INSPECTOR'S SIGNATURE *[Signature]* DATE 8/2/91

SAMPLE NUMBERS TFA-1, TFA-2, TFA-3
 (Sampling phase) Yes X No Assumed
 ACM



UPPER FLOOR PLAN

0' 24" 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



HOMOGENEOUS AREA - TFA
BOILER BREECHING

FILE 050-2TFA
CHECKED BY K.B.Y.
DRAWN BY

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

SHEET TITLE

PAGE NUMBER

IV-68



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**

924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631

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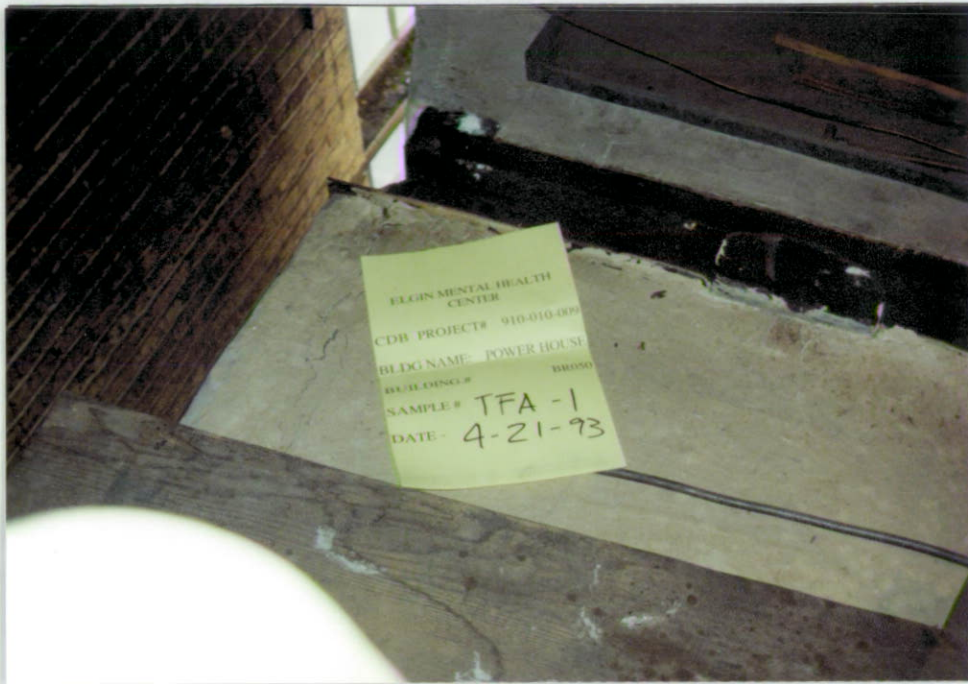
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TFA 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	TFA -1	TFA -2	TFA -3
12.	Lab Sample No.			
13.	Color?	White	Grey	Grey
14.	Fibrous?	Yes	Yes	Yes
15.	Lavers?	No	No	No
16.	Contain Asbestos?	Yes	Yes	Yes
17.	TYPE AND % ASBESTOS			
	Chrysotile	15%	30%	30%
	Amosite	10%		
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose	30%	30%	30%
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	45%	40%	40%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Laura M. Dennison 22. Date: 10-4-94



**BR050-TFA-1
BREECHING**



**BR050-TFA-2
BREECHING**



**BR050-TFA-3
BREECHING**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TFA - 1,620 SF DESCRIPT BREECHING (INSULATION)
RESPONSE ACTION #1 - ISOLATE AREA AND RESTRICT ACCESS. REMOVE
AS SOON AS POSSIBLE.

A.2.a. EXIST. COND. MATERIAL IS SIGNIFICANTLY DAMAGED AND SHOWING
SIGNS OF PHYSICAL DAMAGE WITH LOOSENING OF MATERIAL AND DAMAGE FROM
AGE/DETERIORATION. DEBRIS IS ON FLOOR.

POT. FOR DAMAGE THERE IS A SIGNIFICANT POTENTIAL FOR DAMAGE DUE
TO VIBRATION AND MAINTENANCE ACTIVITIES IN AREA AS WELL AS
AIR MOVEMENT DUE TO PEDESTAL FANS AND MAKE-UP AIR FOR BOILER.

A.2.b. FRIABLE YES CONDITION SIGNIFICANTLY DAMAGED
DISTURBANCE HIGH AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS SIGNIFICANTLY DAMAGED WITH LOOSENING OF MATERIAL
AND DEBRIS ON FLOOR AND HAS A HIGH POTENTIAL FOR DAMAGE DUE TO
DISTURBANCE FACTORS AND AIR MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIAL. REPAIR
DAMAGED MATERIAL. CLEAN UP DEBRIS ON FLOOR.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REMOVE AS SOON AS POSSIBLE.

A.3.c. HEALTH & SAFETY POST WARNING SIGNS AND RESTRICT ACCESS BY
OPERATIONS PERSONNEL. ALLOW ONLY TRAINED PERSONNEL TO REPAIR
OR REMOVE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TFA - BREECHING INSULATION

REMOVAL OF:

1,620 S/F	@	\$25.00	=	\$40,500.00
APM 48	HOURS @	\$59.00	=	\$2,832.00
ASP 48	HOURS @	\$49.00	=	\$2,352.00
APM/ASP 48	HOURS @	\$85.00	=	\$4,080.00

AIR TESTING:

PCM'S 60	@	\$25.00	=	\$1,500.00
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REPLACEMENT MATERIAL:

1,620 S/F OF FIBERGLASS	@	\$12.00	=	\$19,440.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$5,994.00		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$7,151.40		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$78,665.40		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$3,933.27		
TOTAL ESTIMATED REMOVAL COST	=	\$82,598.67		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

5	HOURS @	\$25.00	=	\$125.00
O&M MATERIALS	=	\$100.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$225.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TTB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spielmann IDPH LICENSE NO. 100-1010
 LOCATION: FIRST FLOOR
 ROOMS: TANK ROOM

MATERIAL DESCRIPTION: MAGNESIUM TANK INSULATION
 (COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)

COLOR-TEXTURE, ETC.: PAINTED BLUE, FLUFFY

FRIABLE: YES NO PIPE DIAMETERS _____ INCHES

TOTAL QUANTITY: 1600 SQ. FT. _____ LIN. FT. _____ EA.

QUANTITY IN: OCCUPIED _____ RESTRICTED 1600 S/F UNOCCUPIED _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% <input checked="" type="checkbox"/>	1-10% _____	>10% _____

IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO
 IF YES, DESCRIBE _____

WATER DAMAGE:	YES _____	NO <input checked="" type="checkbox"/>	DESCRIPTION _____
PHYSICAL DAMAGE:	YES _____	NO <input checked="" type="checkbox"/>	DESCRIPTION _____
AGE/DETERIORATION:	YES _____	NO <input checked="" type="checkbox"/>	DESCRIPTION _____

FORM 9 - PAGE 2

CDB BUILDING #: BR 050

HOMOGENEOUS AREA: TTB

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES _____ NO X
 MAINTENANCE PERSONNEL: YES X NO _____
 HEIGHT FROM FLOOR (FT.): 0-15 FT.
 AREA ABOVE: OUTSIDE
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 _____ 1-2 _____ 3-10 X 10+ _____
 FREQUENCY OF USE (HRS): 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA: HOLDING TANK ROOM

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO _____
 ELECTRICAL: <1 _____ 1-5 X >5 _____ MECHANICAL (MOTOR) YES X NO _____
 MECHANICAL: <1 _____ 1-5 X >5 _____ PLUMBING(KNOCKING) YES X NO _____
 PIPING: <1 X 1-5 _____ >5 _____ OTHER _____ YES _____ NO _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

BARRIER: YES _____ NO X
 SUSPENDED CEILING: YES _____ NO X
 ENCAPSULATION: YES _____ NO X
 ENCLOSURE: YES _____ NO X
 OTHER _____ YES _____ NO _____

AIR MOVEMENT: YES X NO _____
 IF YES: LOW _____ MODERATE X HEAVY _____
 DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR: YES X NO _____ 40'
 EXHAUST FAN: YES X NO _____ 30'
 GRAVITY VENT: YES _____ NO X _____
 SUPPLY AIR: YES _____ NO X _____
 RETURN AIR: YES _____ NO X _____
 OTHER _____ YES _____ NO _____

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE _____ POTENTIAL FOR DAMAGE X
 POTENTIAL FOR SIGNIFICANT DAMAGE _____

EXPLANATION OF ASSESSMENT (REQUIRED) DUE TO THE HEAT, STEAM AND PRESSURE, DAMAGE COULD OCCUR. FANS GENERATE AIR MOVEMENT.

DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS

INSPECTOR'S SIGNATURE

Ray Spelman

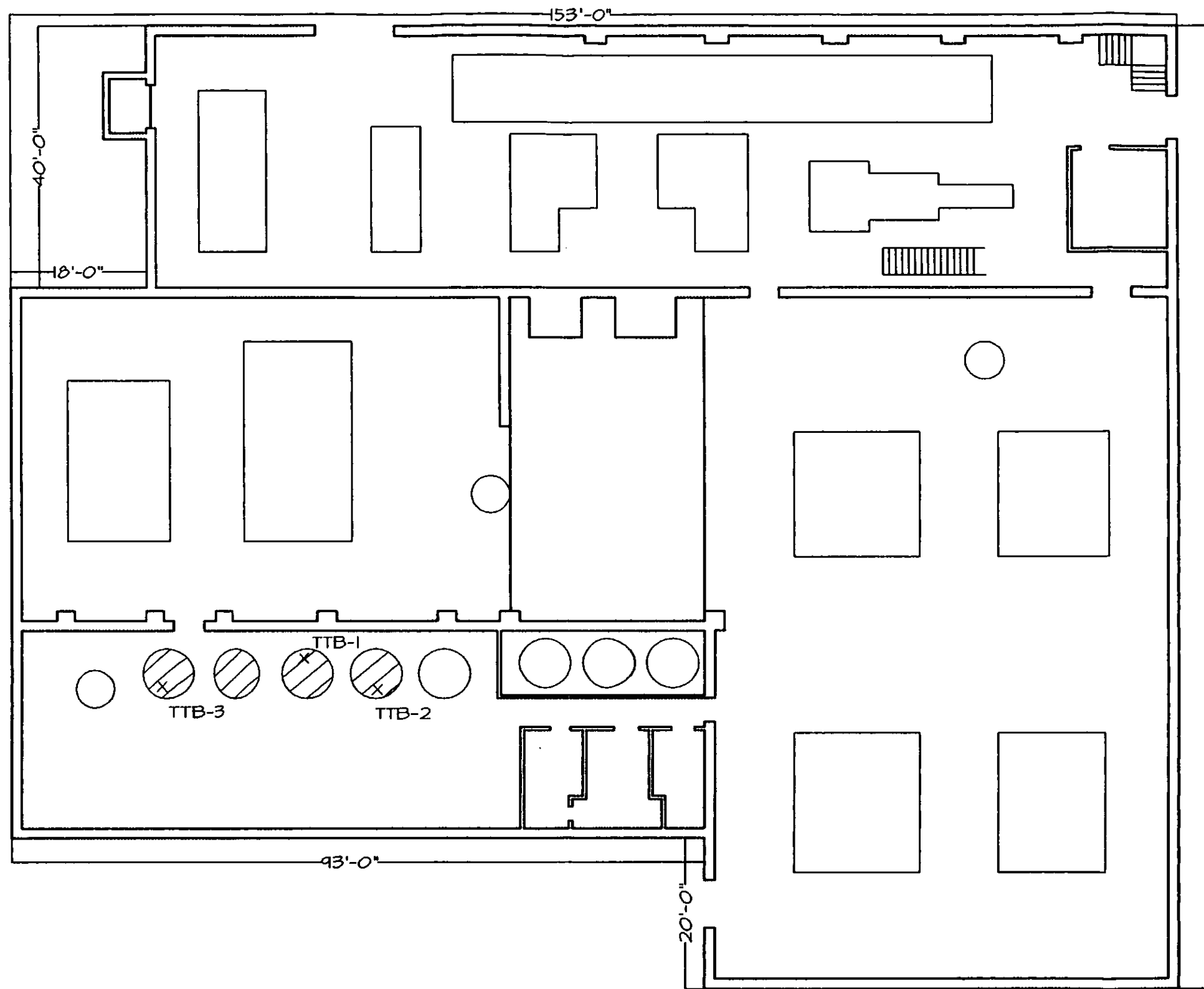
DATE

8/7/91

SAMPLE NUMBERS (SAMPLING PHASE)

TTB-1, TTB-2, TTB-3

ACM YES X NO _____ ASSUMED _____



UPPER FLOOR PLAN

02'4" 8' 16' 32'

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



HOMOGENEOUS AREA - TTB
MAGNESIUM INSULATION
ON HOLDING TANKS

FILE 050-2TTB
CHECKED BY J.B.Y.
DRAWN BY

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

SHEET TITLE

PAGE NUMBER

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REVISED

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**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. COB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TTB 1-3
 (AVE COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	TTB -1	TTB -2	TTB -3
12. Lab Sample No.	--		
13. Color?	Beige	White/Beige	Beige
14. Fibrous?	Yes	Yes	Yes
15. Lavers?	Yes	Yes	Yes
16. Contain Asbestos?	Yes	Yes	Yes
17. TYPE AND % ASBESTOS	30%	30%	30%
Chrysotile			
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose	20%	20%	20%
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	50%	50%	50%
19. Date Analyzed	10-1-94		
20. Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Laura M. Demers Date: 10-4-94



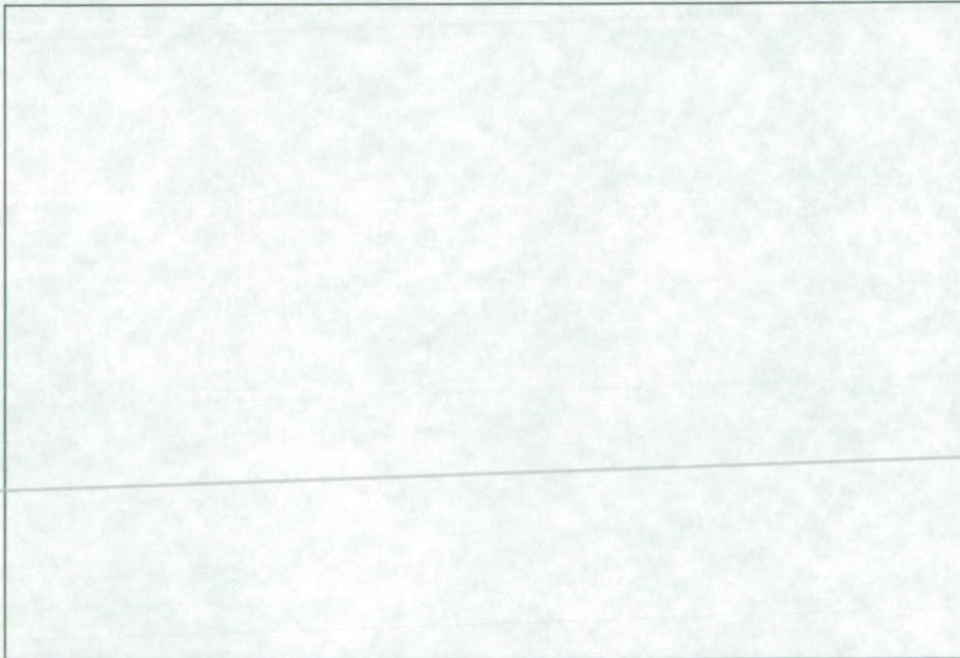
**BR050-TTB-1
MAGNESIUM
INSULATION ON
HOLDING TANK**



**BR050-TTB-2
MAGNESIUM
INSULATION ON
HOLDING TANK**



**BR050-TTB-3
MAGNESIUM
INSULATION ON
HOLDING TANK**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TTB - 1,600 SF DESCRIPT MAGNESIUM TANK INSULATION
RESPONSE ACTION #8 - CONTINUE O&M. UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING LITTLE OR NO DAMAGE.
POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO HEAT,
STEAM AND PRESSURE. FANS IN AREA GENERATE AIR MOVEMENT.

A.2.b. FRIABLE YES CONDITION NO DAMAGE
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS NOT CURRENTLY SHOWING DAMAGE BUT HAS A
POTENTIAL FOR FUTURE DAMAGE IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES AVOID DISTURBANCE OF MATERIALS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIALS. ALLOW
ONLY TRAINED PERSONNEL TO HANDLE MATERIALS.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TTB - MAGNESIUM TANK INSUL.

REMOVAL OF:

1.600 S/F	@	\$25.00	=	\$40,000.00
APM 48 HOURS	@	\$59.00	=	\$2,832.00
ASP 48 HOURS	@	\$49.00	=	\$2,352.00
APM/ASP 48 HOURS	@	\$85.00	=	\$4,080.00

AIR TESTING:

PCM'S 60	@	\$25.00	=	\$1,500.00
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REPLACEMENT MATERIAL:

1.600 S/F OF FIBERGLASS	@	\$12.00	=	\$19,200.00
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A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$5,920.00
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CONTINGENCY (10% OF TOTAL PROJECT)	=	\$7,070.00
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SUB-TOTAL ESTIMATED REMOVAL COST	=	\$77,770.00
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INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$3,488.50
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TOTAL ESTIMATED REMOVAL COST	=	\$81,658.50
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TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

5 HOURS	@	\$25.00	=	\$125.00
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O&M MATERIALS	=	\$100.00
---------------	---	----------

TOTAL ESTIMATED O&M ANNUAL COST	=	\$225.00
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HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: TTD
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spielmann IDPH LICENSE NO 100-1010
 LOCATION: BASEMENT
 ROOMS: CENTRAL AREA
 MATERIAL DESCRIPTION: TANK INSULATION
 (COMMON DESIGNATION-I.E.AIR CELL)
 TYPE OF SYSTEM: STEAM
 (I.E. HOT WATER)
 COLOR-TEXTURE, ETC.: WHITE, SMOOTH
 FRIABLE: YES NO PIPE DIAMETERS _____ INCHES
 TOTAL QUANTITY: 240 SQ. FT. _____ LIN. FT. _____ EA.
 QUANTITY IN: OCCUPIED _____ RESTRICTED 240 S/F UNOCCUPIED _____
 ROOM FINISHES:
 CEILING: CONCRETE
 WALLS: CONCRETE BLOCK AND BRICK
 FLOOR: CONCRETE
 DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% _____	1-10% <input checked="" type="checkbox"/>	>10% _____

 IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO _____
 IF YES, DESCRIBE _____
 WATER DAMAGE: YES NO _____ DESCRIPTION: STAINED AREAS
 PHYSICAL DAMAGE: YES NO _____ DESCRIPTION: MINOR NICKS AND TEARS
 AGE/DETERIORATION: YES _____ NO DESCRIPTION: _____

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: TTD

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
MAINTENANCE PERSONNEL: YES X NO
HEIGHT FROM FLOOR (FT.): FT.
AREA ABOVE: FIRST FLOOR
AREA ADJACENT: OUTSIDE
OCCUPANCY (#): 0 1-2 3-10 X 10+
FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
UTILIZATION OF AREA: TANK ROOM

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
ELECTRICAL: <1 1-5 X >5 MECHANICAL (MOTOR) YES X NO
MECHANICAL: <1 X 1-5 >5 PLUMBING(KNOCKING) YES X NO
PIPING: <1 X 1-5 >5 OTHER YES NO
OTHER: <1 1-5 >5

BARRIER: YES NO X
SUSPENDED CEILING: YES NO X
ENCAPSULATION: YES NO X
ENCLOSURE: YES NO X
OTHER: YES NO

AIR MOVEMENT: YES X NO
IF YES: LOW MODERATE X HEAVY
DISTANCE TO FRIABLE MATERIAL
EXTERIOR DOOR: YES X NO 40'
EXHAUST FAN: YES X NO 30'
GRAVITY VENT: YES NO X
SUPPLY AIR: YES NO X
RETURN AIR: YES NO X
OTHER: YES NO

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF HEAT, STEAM AND PRESSURE, DAMAGE COULD OCCUR.
FANS GENERATE AIR MOVEMENT.

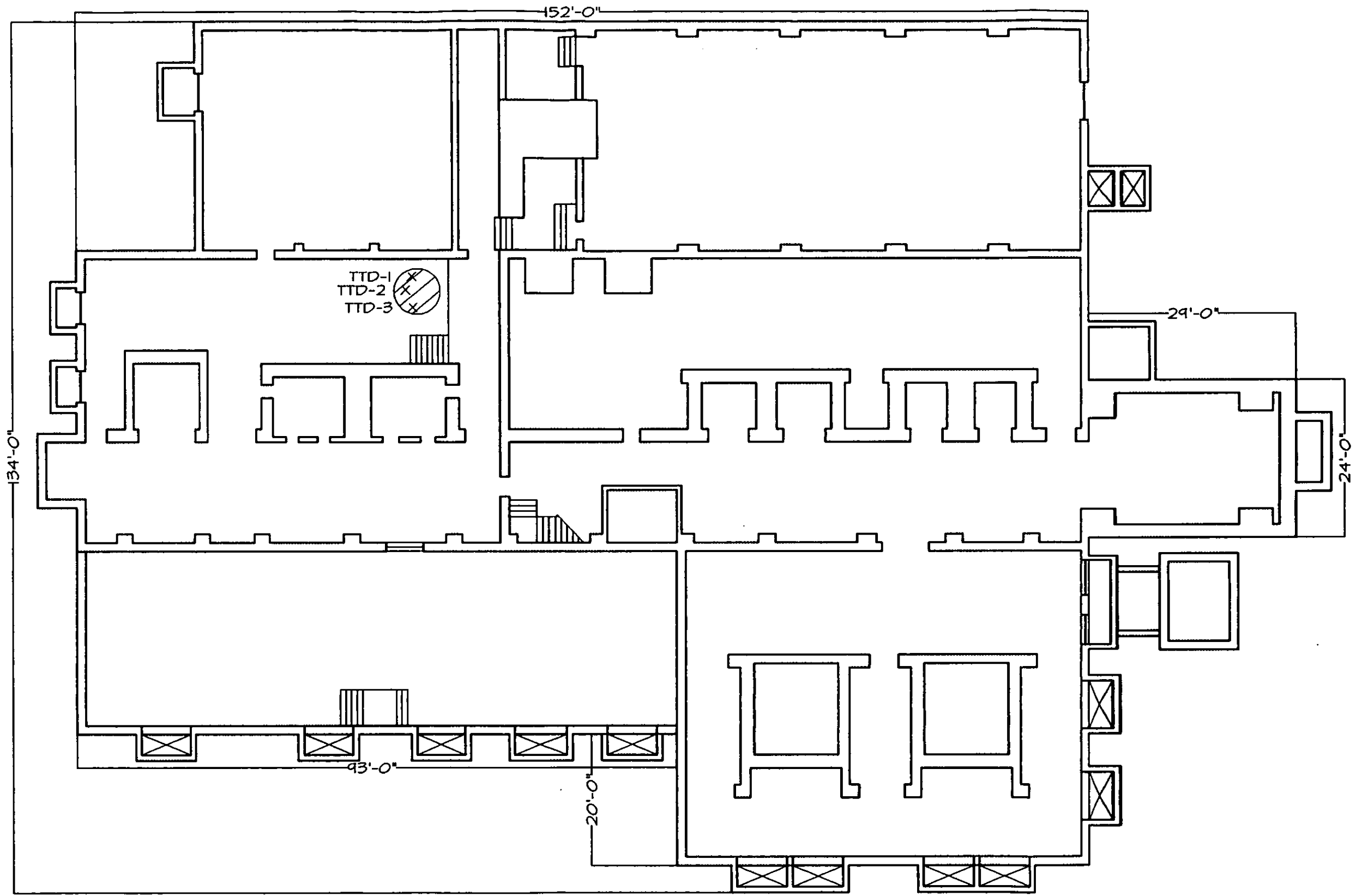
DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS

INSPECTOR'S SIGNATURE [Signature] DATE 8/17/91

SAMPLE NUMBERS (SAMPLING PHASE) TTD-1, TTD-2, TTD-3

ACM YES X NO ASSUMED



BASEMENT PLAN

0' 2' 4' 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



HOMOGENEOUS AREA - TTD
STEAM TANK INSULATION

CHECKED BY **K.B.Y.** FILE **050-ITTD**

DRAWN BY **K.B.Y.** POWER HOUSE - BR050

SHEET TITLE **ELGIN STATE HOSPITAL**

REVISIONS

- 1
- 2
- 3
- 4
- 5



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815) 968-9631

PAGE NUMBER

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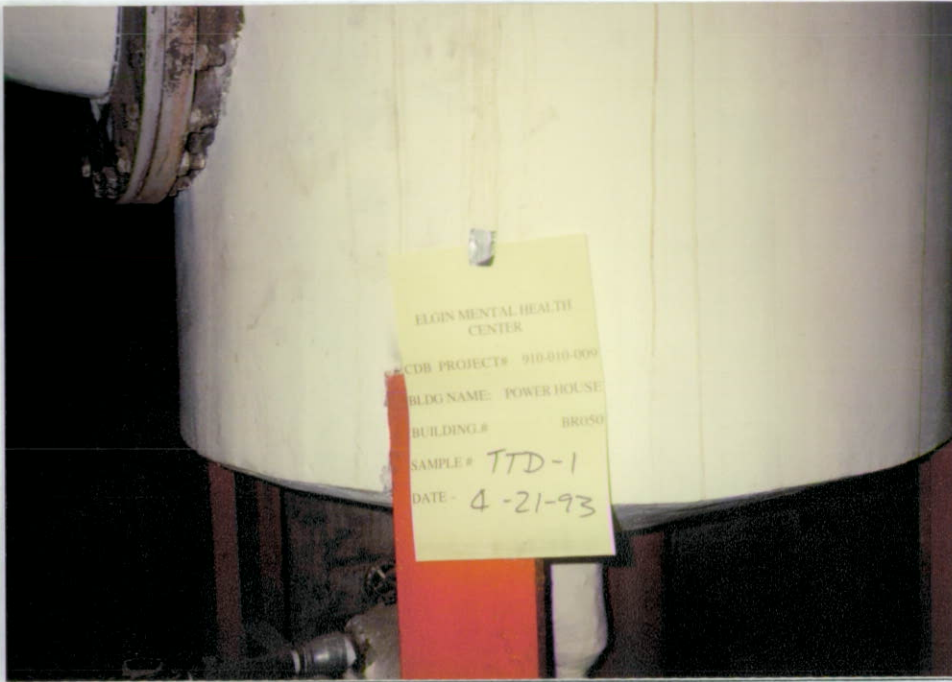
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910-010-009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) TTD 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

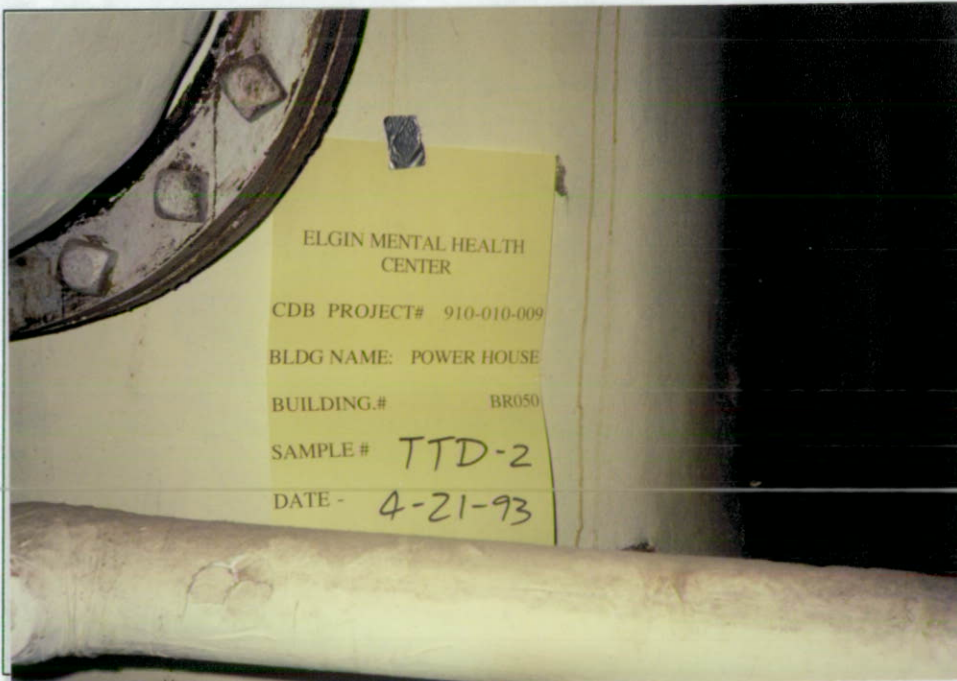
8.	Location	BASEMENT	BASEMENT	BASEMENT
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	TTD -1	TTD -2	TTD -3
12.	Lab Sample No.			
13.	Color?	Grey	Grey	Grey
14.	Fibrous?	Yes	Yes	Yes
15.	Lavers?	No	No	No
16.	Contain Asbestos?	Yes	Yes	Yes
17.	TYPE AND % ASBESTOS			
	Chrysotile	60%	60%	60%
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose	10%	10%	10%
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	30%	30%	30%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

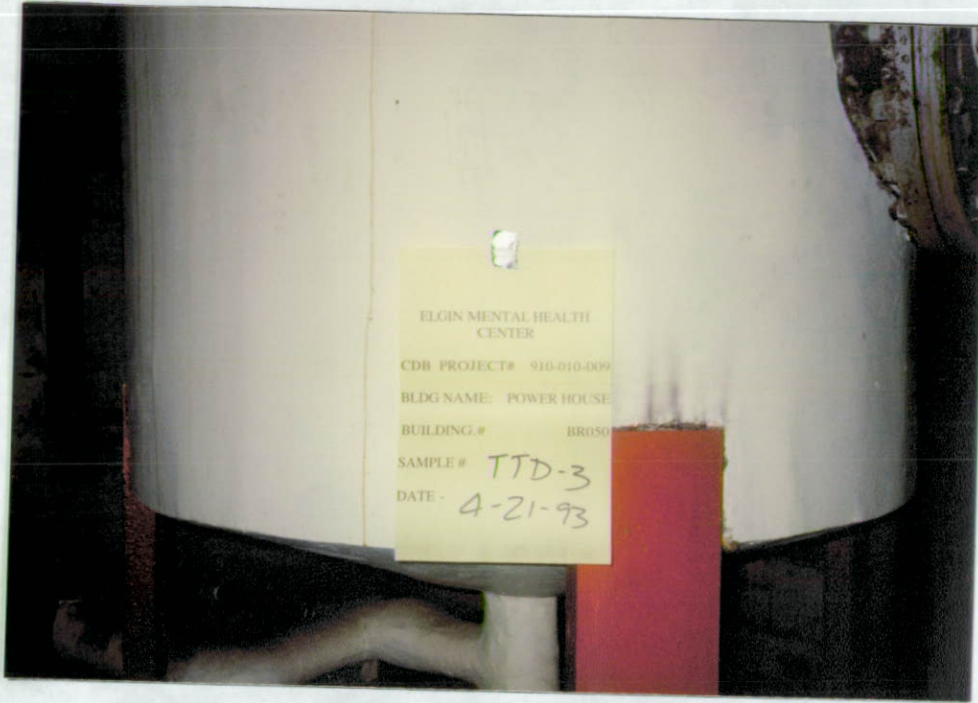
21. Report Approved By: Lena M. Demus Date: 10-4-94



**BR050-TTD-1
STEAM TANK
INSULATION**



**BR050-TTD-2
STEAM TANK
INSULATION**



**BR050-TTD-3
STEAM TANK
INSULATION**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA TTD - 240 SF DESCRIPT TANK INSULATION
RESPONSE ACTION #4 - CONTINUE O&M. SCHEDULE REMOVAL WHEN
PRACTICAL AND COST EFFECTIVE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND IS SHOWING DAMAGE FROM
WATER AND PHYSICAL DAMAGE.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
HEAT, STEAM AND PRESSURE AS WELL AS AIR MOVEMENT CAUSED BY
FANS IN THE AREA.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS DAMAGED AND HAS POTENTIAL FOR FURTHER
DAMAGE DUE TO STEAM, HEAT AND PRESSURE AS WELL AS AIR
MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. REDUCE
POTENTIAL FOR DISTURBANCE. REPAIR DAMAGED AREAS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW ONLY
TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: TTD - TANK INSUL.

REMOVAL OF:

240 S/F	@	\$25.00	=	\$6,000.00
APM 32 HOURS	@	\$59.00	=	\$1,888.00
ASP 32 HOURS	@	\$49.00	=	\$1,568.00
APM/ASP 32 HOURS	@	\$85.00	=	\$2,720.00

AIR TESTING:

PCM'S 38	@	\$25.00	=	\$950.00
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REPLACEMENT MATERIAL:

240 S/F OF FIBERGLASS	@	\$12.00	=	\$2,880.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$888.00		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$1,343.80		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$14,781.80		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$739.09		
TOTAL ESTIMATED REMOVAL COST	=	\$15,520.89		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

3 HOURS	@	\$25.00	=	\$75.00
O&M MATERIALS	=	\$100.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$175.00		

CDB Building #: BR 050

Homogeneous Area: MMF

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 1-30 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 X 10+
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 X 1-5 >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 X 1-5 >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 X 1-5 >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR Yes X No 10'
 EXHAUST FAN Yes X No 10'
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

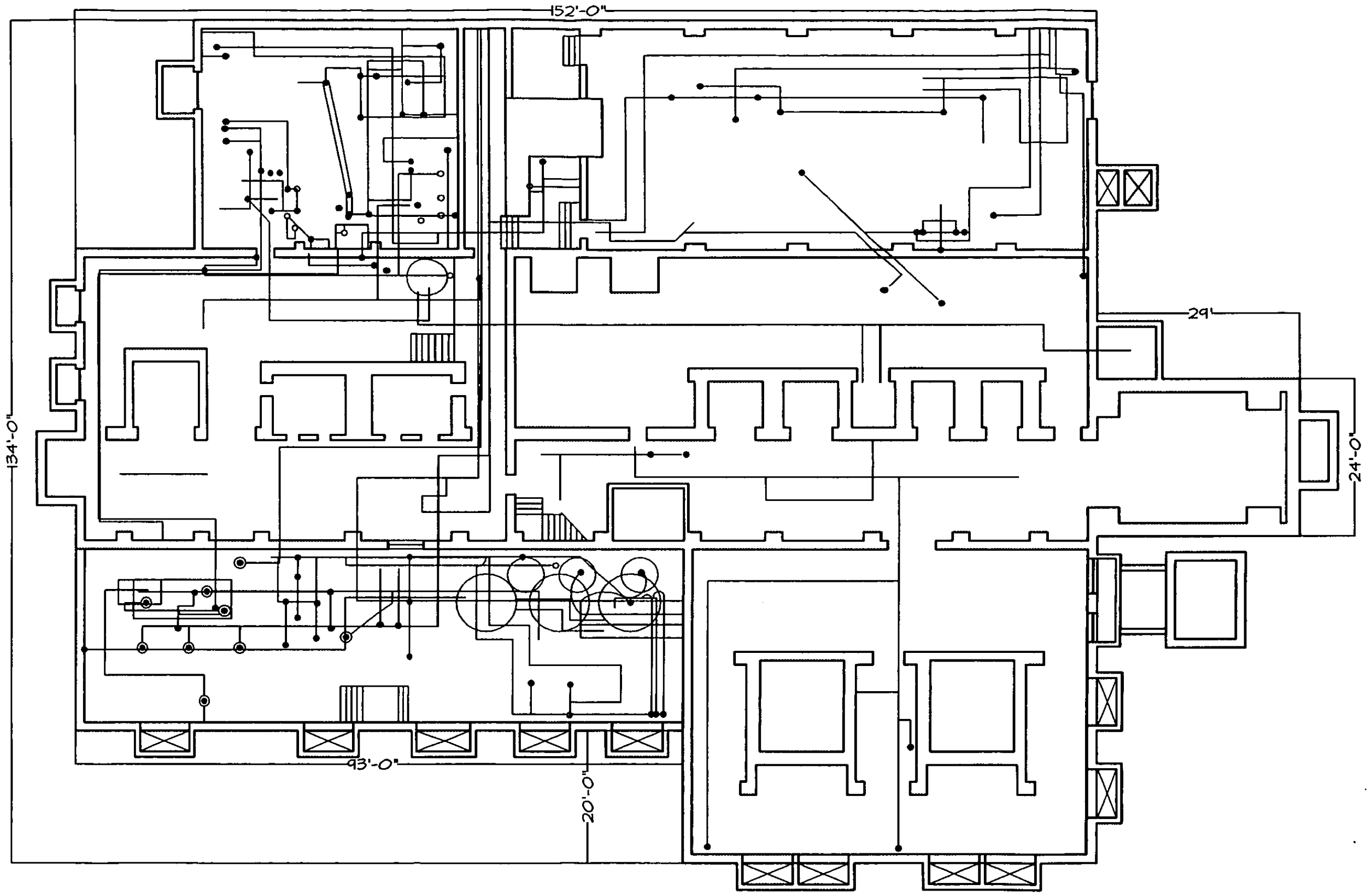
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP
AIR USED BY THE BOILERS. SOME GASKETS ARE IN POOR
CONDITION.

DAMAGE PREVENTION MEASURES REPLACE DAMAGED GASKETS, AND INSTILL A GOOD OPERATIONS
AND MAINTENANCE PROGRAM.

COMMENTS

INSPECTOR'S SIGNATURE Richard E. Maha DATE 8/7/91

SAMPLE NUMBERS MMF-1, MMF-2, MMF-3
 (Sampling phase) Yes X No Assumed
 ACM



BASEMENT PLAN

0 2'4" 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

BR 050 MMF - PIPE FLANGE GASKETS

FILE	050-IMMF
CHECKED BY	K.B.Y.
DRAWN BY	K.B.Y.
REVISED	1 2 3 4 5

ELGIN STATE HOSPITAL POWER HOUSE - BR050

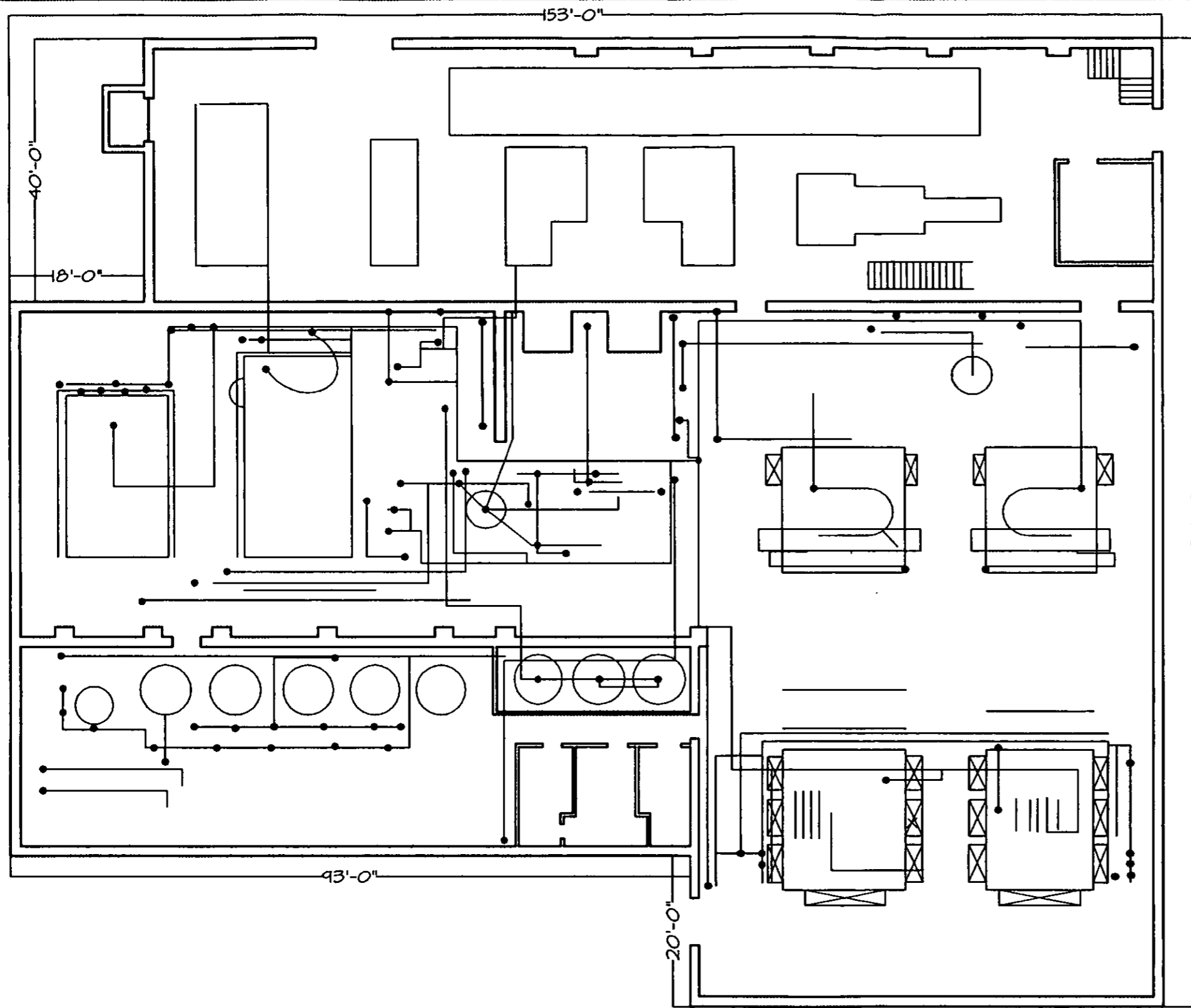


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924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)998-9631

SHEET TITLE

PAGE NUMBER

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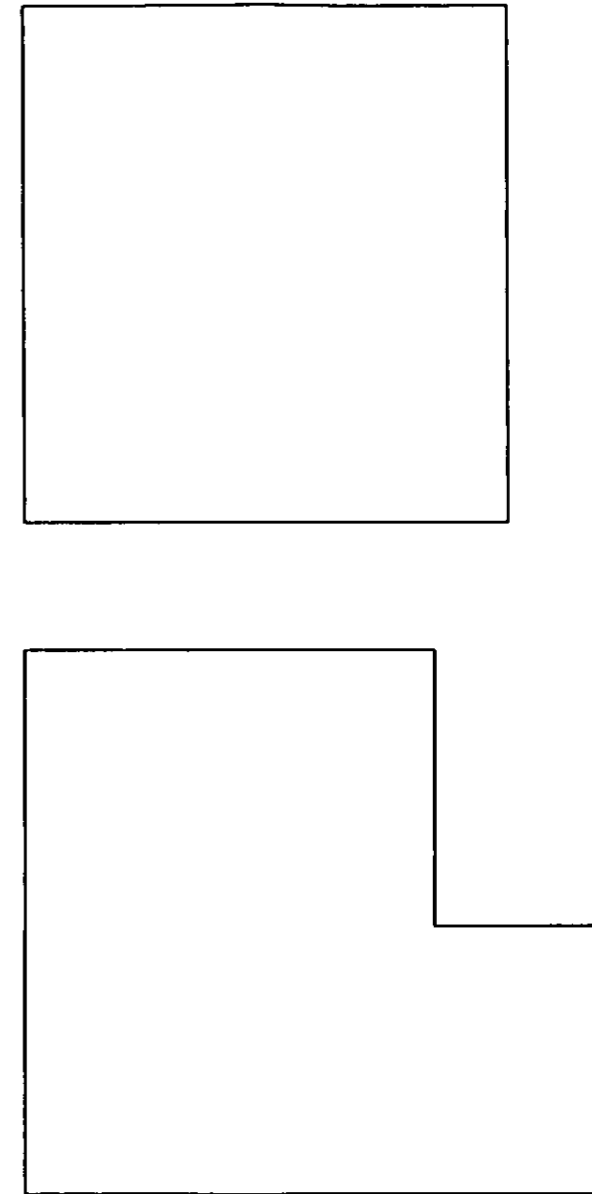
UPPER FLOOR PLAN

02'4" 8' 16' 32'



ELGIN STATE HOSPITAL
POWER HOUSE - BR050

BR 050 MMF - PIPE FLANGE GASKETS



FILE
O50-2T
CHECKED BY
K.J.Y.
DRAWN BY
K.J.Y.

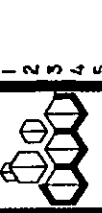
POWER HOUSE - BR050

ELGIN STATE HOSPITAL

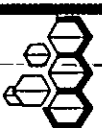
SHEET TITLE

PAGE NUMBER

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CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



REVISED

1
2
3
4
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BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MMF 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	MMF -1	MMF -2	MMF -3
12.	Lab Sample No.			
13.	Color?	Grey	Tan	Red/White
14.	Fibrous?	Yes	Yes	Yes
15.	Lavers?	Yes	Yes	No
16.	Contain Asbestos?	Yes	Yes	Yes
17.	TYPE AND % ASBESTOS			
	Chrysotile	30%	40%	30%
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			30%
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	70%	60%	40%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

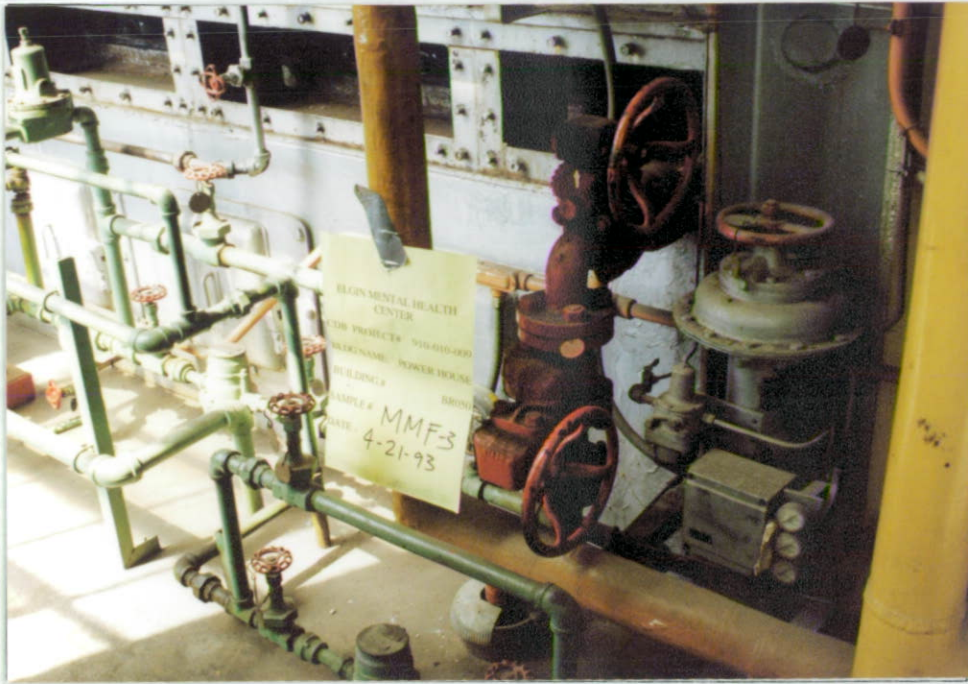
21. Report Approved By: Lina M. Dermonson 22. Date: 10-4-94



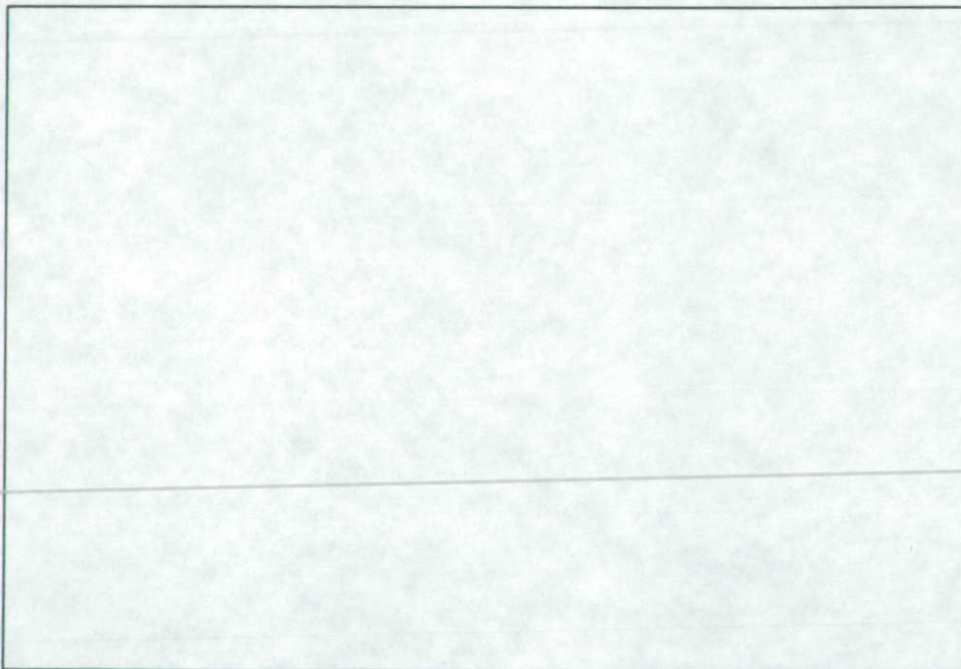
**BR050-MMF-1
PIPE FLANGE
GASKETS**



**BR050-MMF-2
PIPE FLANGE
GASKETS**



**BR050-MMF-3
PIPE FLANGE
GASKETS**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BRO50
HOMO AREA MMF - 1,123 EA DESCRIPT PIPE FLANGE GASKETS
RESPONSE ACTION #4 - CONTINUE O&M. SCHEDULE REMOVAL WHEN
PRACTICAL AND COST-EFFECTIVE.

A.2.a. EXIST. COND. MATERIAL IS DAMAGED AND SHOWING SIGNS OF DAMAGE
FROM WATER, PHYSICAL DAMAGE AND AGE/DETERIORATION.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
OPERATIONS IN THE AREA AND AIR MOVEMENT FROM PEDESTAL FANS.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY THERE IS A POTENTIAL FOR DAMAGE DUE TO MAINTENANCE
PROCEDURES AND AIR MOVEMENT IN AN OCCUPIED BUILDING.

A.3.a(2) PREVENTATIVE MEASURES RESTRICT ACCESS TO MATERIALS. REPAIR
DAMAGED AREAS. REDUCE POTENTIAL FOR FUTURE DISTURBANCE.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY. REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. ALLOW
ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMF - PIPE FLANGE GASKETS

REMOVAL OF:

1,123 EA	@	\$50.00	=	\$56,150.00
APM 192 HOURS	@	\$59.00	=	\$11,328.00
ASP 192 HOURS	@	\$49.00	=	\$9,408.00
APM/ASP 192 HOURS	@	\$85.00	=	\$16,320.00

AIR TESTING:

PCM'S 568	@	\$25.00	=	\$14,200.00
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REPLACEMENT MATERIAL:

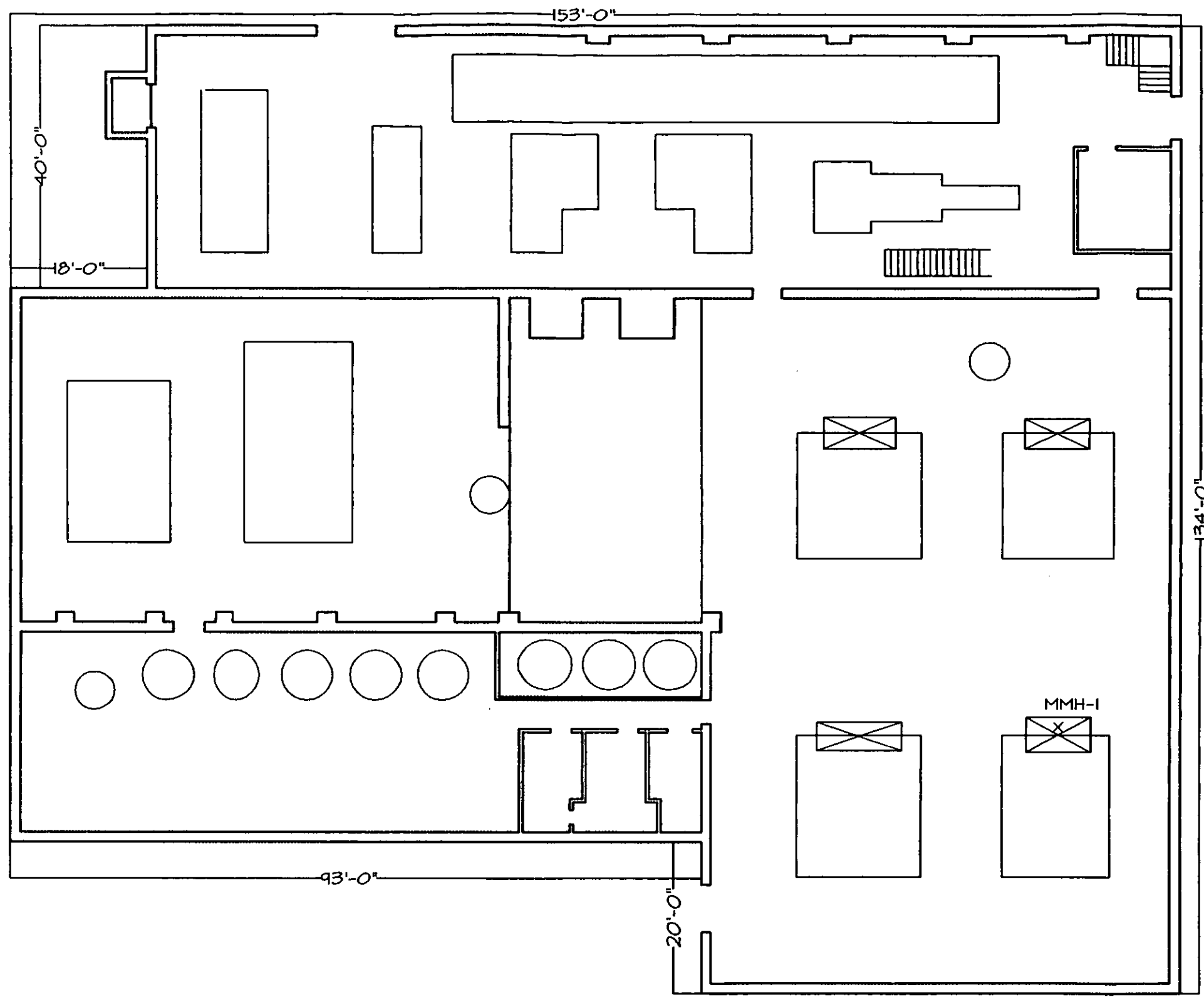
1,123 EA OF FIBERGLASS	@	\$50.00	=	\$56,150.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=			\$11,230.00
CONTINGENCY (10% OF TOTAL PROJECT)	=			\$15,846.60
SUB-TOTAL ESTIMATED REMOVAL COST	=			\$174,312.60
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=			\$8,715.63
TOTAL ESTIMATED REMOVAL COST	=			\$183,028.23

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

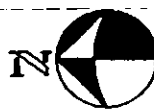
ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

12 HOURS	@	\$25.00	=	\$300.00
O&M MATERIALS	=			\$300.00
TOTAL ESTIMATED O&M ANNUAL COST	=			\$600.00



UPPER FLOOR PLAN



HOMOGENEOUS AREA - MMH
BOILER GASKETS

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

FILE
050-2MMH

CHECKED BY
A.J.Y.

DRAWN BY
A.J.Y.

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

SHEET TITLE

PAGE NUMBER

IV-89



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



PAGE NUMBER

IV-89

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR 050 Homogeneous Area: MMH

INSPECTION DATE: 4/21/93 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET, ELGIN, IL 60123

A/E FIRM: C&W BRADLEY, P.C.

INSPECTOR: DAVID C. ANDERSON IDPH LICENCE NO. 100-1309

LOCATION: MAIN FLOOR

ROOMS: MAIN AREA

MATERIAL DESCRIPTION: BOILER GASKETS
(common designation - i.e. air cell) STEAM

TYPE OF SYSTEM: WHITE, COARSE FABRIC
(i.e. hot water)

COLOR-TEXTURE, ETC.:

FRIABLE: Yes X No _____ Pipe Diameter _____ Inches

TOTAL QUANTITY: 6 TOTAL Sq. ft. _____ Lin. ft. 4 Ea.

QUANTITY IN: Occupied _____ Restricted 6 S/F Unoccupied _____

ROOM FINISHES:

CEILING CONCRETE
WALLS BRICK
FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED OR	<1% <u>X</u>	1-25% _____	>25% _____
DISTRIBUTED	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No X
If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE DETERIORATION	Yes _____	No <u>X</u>	Description _____

CDB BUILDING #: BR 050

Homogeneous Area: MMH

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
MAINTENANCE PERSONNEL Yes X No
HEIGHT FROM FLOOR 4 ft.
AREA ABOVE OUTSIDE
AREA ADJACENT OUTSIDE
OCCUPANCY (#) 0 1-2 3-10 10+ X
FREQUENCY OF USE (Hrs.) 0 1-2 3-10 10+ X
UTILIZATION OF AREA BOILER HOUSE MAINTENANCE & SUPERVISION

SERVICEABLE COMPONENTS (distance in ft. to)
ELECTRICAL <1 X 1-5 >5
MECHANICAL <1 X 1-5 >5
PIPING <1 X 1-5 >5
OTHER <1 1-5 >5
VIBRATION Yes X No
MECHANICAL (MOTOR) Yes X No
PLUMBING (KNOCKING) Yes X No
OTHER Yes No

BARRIER Yes No X
SUSPENDED CEILING Yes No X
ENCAPSULATION Yes No X
ENCLOSURE Yes No
OTHER Yes No

AIR MOVEMENT Yes X No
IF YES Low Moderate Heavy X

EXTERIOR DOOR Yes X No
EXHAUST FAN Yes No X
GRAVITY VENT Yes No X
SUPPLY AIR Yes No X
RETURN AIR Yes No X
OTHER Yes No
DISTANCE TO FRIABLE MATERIAL 20-50'

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
Potential for Significant Damage

EXPLANATION OF ASSESSMENT (REQUIRED) MATERIAL MAY BE DISTURBED DURING THE OPENING AND CLOSING OF BOILER DOOR FOR THE ACCESSING OF THE INTERIOR OF THE BOILER FOR REPAIR OR MAINTENANCE ACTIVITIES.

DAMAGE PREVENTION MEASURES PRACTICE PROPER O&M PROCEDURES DURING REPAIR AND MAINTENANCE ACTIVITIES.

COMMENTS

INSPECTOR'S SIGNATURE [Signature] DATE 4/21/91

SAMPLE NUMBERS MMH-1

(Sampling Phase) ACBM Yes X No Assumed

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. COB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MMH -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

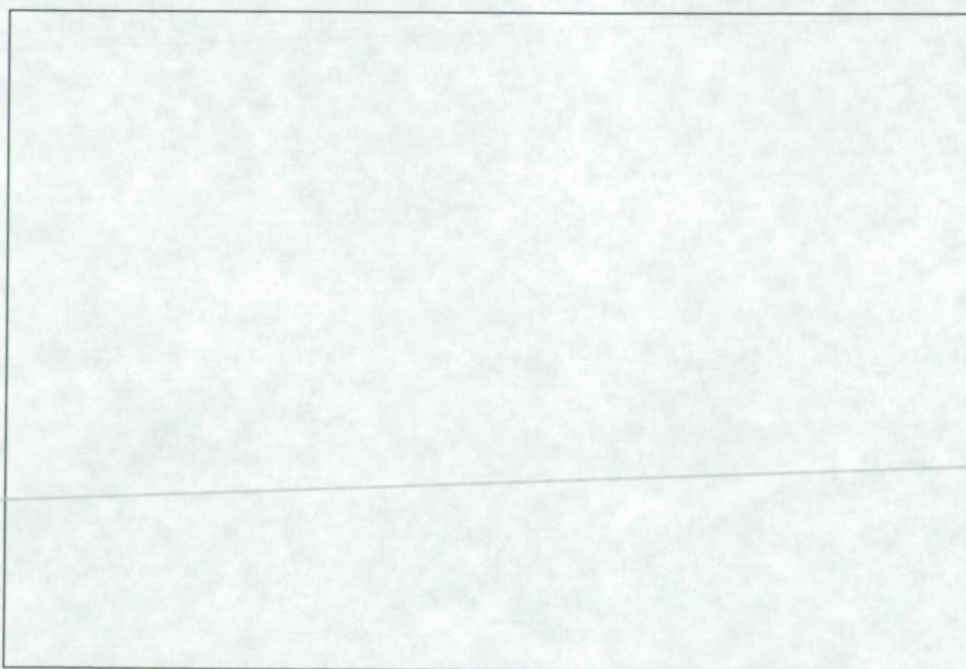
8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MMH -1		
12.	Lab Sample No.	--		
13.	Color?	White/Grey		
14.	Fibrous?	Yes		
15.	Layers?	No		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	100%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others			
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lisa M. Dennison 22. Date: 10-4-94



**BR050-MMH-1
BOILER
GASKETS**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MMH - 6 SF DESCRIPT BOILER GASKETS
RESPONSE ACTION #7 - CONTINUE O&M. TAKE PREVENTIVE MEASURES
TO REDUCE DISTURBANCE.

A.2.a. EXIST. COND. THE MATERIAL IS SHOWING LITTLE OR NO DAMAGE.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO
BOILER OPERATIONS.

A.2.b. FRIABLE YES CONDITION NO DAMAGE
DISTURBANCE MODERATE AIR FLOW HEAVY

A.3.a(1) WHY MATERIAL IS CURRENTLY SHOWING NO DAMAGE BUT HAS A
POTENTIAL FOR DAMAGE DUE TO OPERATIONS OF THE BOILER.

A.3.a(2) PREVENTATIVE MEASURES AVOID DISTURBING MATERIAL DURING
OPERATIONS OF BOILER.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS. ALLOW ONLY TRAINED
PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMH - BOILER GASKETS

REMOVAL OF:

6 S/F 4EA	@	\$50.00	=	\$200.00
APM	8	HOURS @	\$59.00	= \$472.00
ASP	8	HOURS @	\$49.00	= \$392.00
APM/ASP	8	HOURS @	\$85.00	= \$680.00

AIR TESTING:

PCM'S	8	@	\$25.00	= \$200.00
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REPLACEMENT MATERIAL:

6 S/F 4EA OF BOILER GASKET	@	\$50.00	=	\$200.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$39.60		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$131.96		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$1,451.56		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$72.58		
TOTAL ESTIMATED REMOVAL COST	=	\$1,524.14		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

3	HOURS	@	\$25.00	=	\$75.00
O&M MATERIALS	=	\$30.00			
TOTAL ESTIMATED O&M ANNUAL COST	=	\$105.00			

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR 050

Homogeneous Area: MSC

INSPECTION DATE: 8-7-91

CDB PROJECT NO. 010-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S STATE STREET ELGIN, ILLINOIS 60122

A/E FIRM C & W BRADLEY, P C

INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309

LOCATION: FIRST FLOOR

ROOMS: S. SIDE OF BOILER #2 AND S.W. CORNER OF BUILDING

MATERIAL DESCRIPTION GASKETS--18"X1" AND 3.5"X6"

(common designation - i.e. air cell) TYPE OF SYSTEM: STORED MATERIALS

(i.e. hot water) COLOR-TEXTURE, ETC.: OFF-WHITE, SMOOTH

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches

TOTAL QUANTITY: _____ Sq. ft. _____ Lin. ft. 56 Ea.

QUANTITY IN: Occupied _____ Restricted 56 EA. Unoccupied _____

ROOM FINISHES:

CEILING CONCRETE
 WALLS CONCRETE BLOCK AND BRICK
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

No Damage	Damaged	Significant Damage
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LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No X
 If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE/DETERIORATION	Yes _____	No <u>X</u>	Description _____

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes _____ No X
 MAINTENANCE PERSONNEL Yes X No _____
 HEIGHT FROM FLOOR (FT.) 3-7 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 FREQUENCY OF USE (Hrs) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA _____

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No _____
 ELECTRICAL <1 _____ 1-5 _____ >5 X MECHANICAL (MOTOR) Yes X No _____
 MECHANICAL <1 _____ 1-5 _____ >5 X PLUMBING (KNOCKING) Yes X No _____
 PIPING <1 _____ 1-5 _____ >5 X OTHER _____ Yes _____ No _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

BARRIER Yes _____ No X
 SUSPENDED CEILING Yes _____ No X
 ENCAPSULATION Yes _____ No X
 ENCLOSURE Yes _____ No X
 OTHER Yes _____ No _____

AIR MOVEMENT Yes X No _____
 IF YES Low _____ Moderate X Heavy _____
 DISTANCE TO FRAGILE MATERIAL 30-60'
 EXTERIOR DOOR Yes X No _____
 EXHAUST FAN Yes _____ No X
 GRAVITY VENT Yes _____ No X
 SUPPLY AIR Yes _____ No X
 RETURN AIR Yes _____ No X
 OTHER Yes _____ No _____

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage _____
 Potential for Significant Damage _____

EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE-UP AIR USED BY BOILERS.

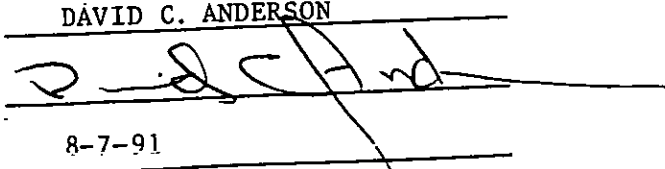
DAMAGE PREVENTION MEASURES SHOULD BE STORED IN A CLOSED CABINET. IF A.C.M. SCHEDULE ABATEMENT.

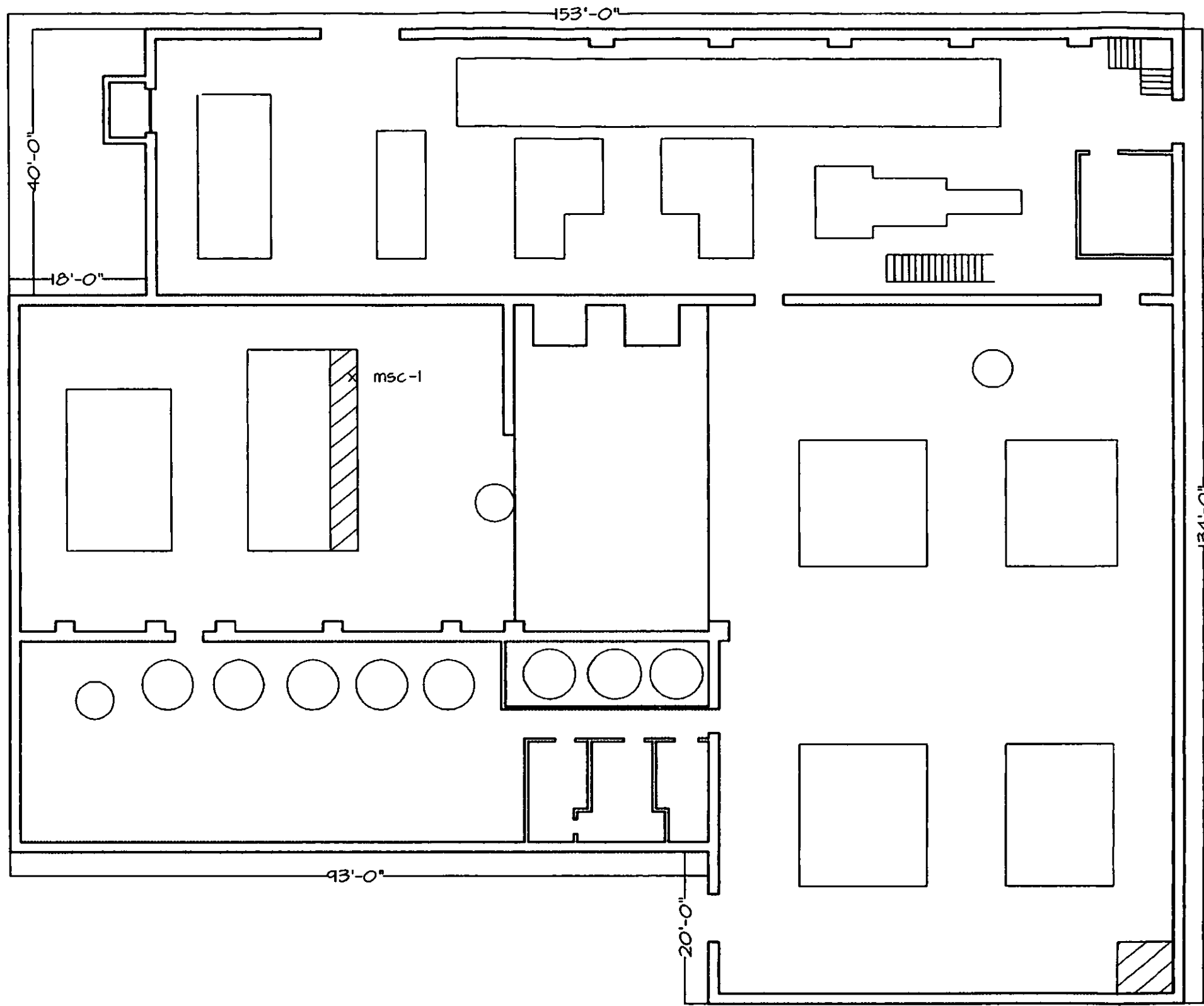
COMMENTS _____

INSPECTOR'S SIGNATURE [Signature] DATE 8-7-91

SAMPLE NUMBERS MSC-1
 (Sampling phase) Yes X No _____ Assumed _____
 ACM

FORM 9A
STOCKPILED ACM INFORMATION

<p>1. FACILITY NAME</p> <p>2. BUILDING NAME</p> <p>3. BUILDING ADDRESS</p> <p>4. CDB BUILDING NO.</p> <p>5. HOMOGENEOUS AREA</p> <p>6. PRODUCT TYPE (USE)</p> <p>7. PRODUCT NAME</p> <p>8. SEALED CONTAINER? YES/NO IF YES, SKIP QUESTIONS 9, 10, AND 11. DO NOT OPEN</p> <p>9. PRODUCT DESCRIPTION: SIZE</p> <p>10. PRODUCT DESCRIPTION: COLOR</p> <p>11. PRODUCT DESCRIPTION: OTHER</p> <p>12. LOCATION</p> <p>13. USE OF LOCATION (O, R or U)</p> <p>14. SECURED AREA? YES/NO</p> <p>15. CONTENTS ORIGINAL? YES/NO/UNK IF YES, DOES CONTAINER STATE</p> <p>16. PRODUCT CONTAINS ASBESTOS?</p> <p>17. NUMBER OF CONTAINERS</p> <p>18. DOES CONTAINER STATE MANUFACTURER'S NAME AND ADDRESS, IF SO, LIST</p> <p>19. DID YOU SEE THIS PRODUCT IN PLACE IN THE FACILITY OR BUILDING? IF YES, PLEASE INDICATE BY BUILDING NUMBER, HOMOGENEOUS AREA OR OTHER SPECIFIC LOCATION INFORMATION</p> <p>20. OTHER THAN BY CONTAINER, DO YOU KNOW THAT THIS PRODUCT CONTAINS ASBESTOS AND/OR THE MANUFACTURER? IF SO, PLEASE LIST AND EXPLAIN SOURCE OF KNOWLEDGE: FROM PAST EXPERIENCE. THIS MATERIAL IS KNOWN TO CONTAIN ASBESTOS.</p> <p>21. OTHER COMMENTS</p> <p>22. INSPECTOR'S NAME</p> <p>23. SIGNATURE</p> <p>24. DATE</p>	<p>1. <u>ELGIN MENTAL HEALTH CENTER</u></p> <p>2. <u>POWER HOUSE</u></p> <p>3. <u>750 S. STATE STREET</u> <u>ELGIN, IL 60123</u></p> <p>4. <u>BR 050</u></p> <p>5. <u>MSC</u></p> <p>6. <u>GASKETS</u></p> <p>7. <u>UNK.</u></p> <p>8. <u>NO</u></p> <p>9. <u>18"X1", 3.5"X6"</u></p> <p>10. <u>OFF-WHITE</u></p> <p>11. <u>BOILER GASKETS FOR MANHOLES</u> <u>AND HANDHOLES</u></p> <p>12. <u>FIRST FLOOR, BOILER #2 AND S.W. CORNER</u></p> <p>13. <u>R</u></p> <p>14. <u>YES</u></p> <p>15. <u>UNK.</u></p> <p>16. _____</p> <p>17. <u>56 PIECES, NO CONTAINER</u></p> <p>18. _____</p> <p>19. <u>YES, THE GASKETS ARE USED</u> <u>ON THE BOILERS IN BR 050/</u></p> <p>22. <u>DAVID C. ANDERSON</u></p> <p>23. <u></u></p> <p>24. <u>8-7-91</u></p>
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UPPER FLOOR PLAN

0 2' 4' 8' 16' 32'



 HOMOGENEOUS AREA - MSC GASKET CAPS

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

SHEET TITLE	ELGIN STATE HOSPITAL	POWER HOUSE - BR050	DRAWN BY	K.B.Y.	CHECKED BY	FILE	
						050-2MSC	
							REVISED
							1
							2
						3	
						4	
						5	
						6	



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

IV-94

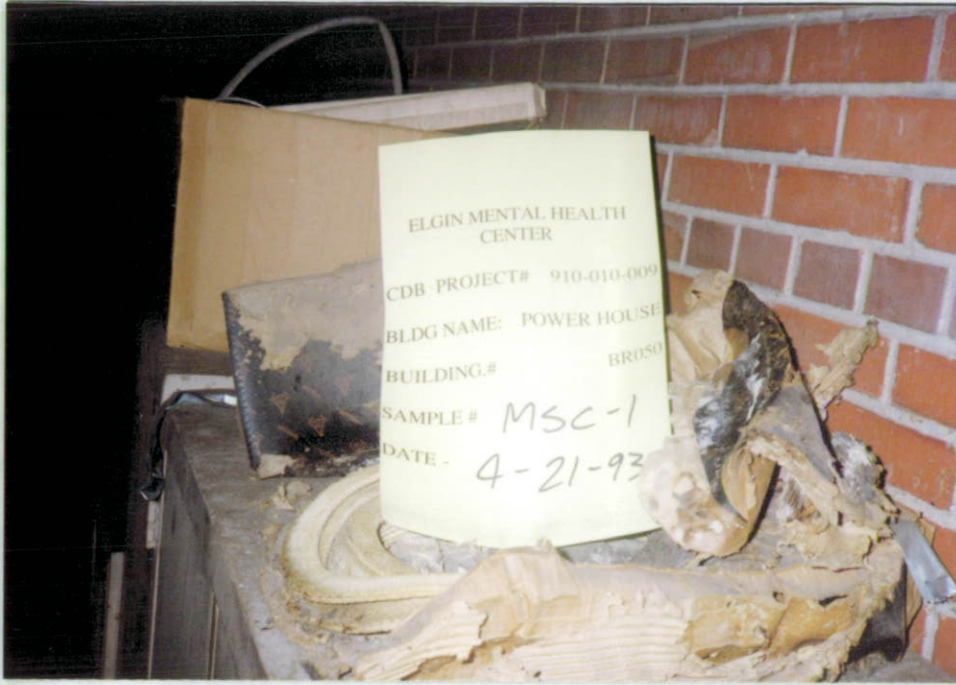
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET 6. PROJECT # 910 010 009
ELGIN, ILLINOIS 60123
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MSC -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MSC -1		
12.	Lab Sample No.	--		
13.	Color?	Tan		
14.	Fibrous?	Yes		
15.	Lavers?	No		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	10%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	90%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Laura M. Denison Date: 10-4-94



**BR050-MSC-1
GASKETS**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MSC - 56 EA DESCRIPT GASKETS - STORED
RESPONSE ACTION #8- CONTINUE O&M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS STORED AND SHOWING LITTLE OR NO
DAMAGE.

POT. FOR DAMAGE THERE IS NO POTENTIAL FOR DAMAGE.

A.2.b. FRIABLE NO CONDITION NO DAMAGE
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS NON-FRIABLE AS STORED MATERIAL, THERE IS
SOME AIR MOVEMENT DUE TO PEDESTAL FANS.

A.3.a(2) PREVENTATIVE MEASURES STORE MATERIAL IN CLOSED CABINET AND
AVOID FUTURE USE.

A.3.b. O & M PROCEDURES STORE MATERIALS PROPERLY, AVOID FUTURE
USE OF MATERIALS.

A.3.c. HEALTH & SAFETY POST WARNING LABELS ON MATERIAL. INSTRUCT
PERSONNEL TO AVOID FUTURE USE. DISPOSE OF PROPERLY.

COST ESTIMATES

CDB PROJECT #:

910-010-009

FACILITY:

ELGIN MENTAL HEALTH CENTER

BUILDING NO. & NAME:

BR050 - POWER HOUSE

HOMOGENEOUS AREA DESIGNATION:

MSC - GASKETS 18" X 1"
AND 3.5" X 6"

REMOVAL OF:

56 EA @ N/A = \$400.00 (ONE MAN DAY)

APM 8 HOURS @ \$59.00 = \$472.00

ASP 8 HOURS @ \$49.00 = \$392.00

APM/ASP 8 HOURS @ \$85.00 = \$680.00

AIR TESTING:

PCM'S 8 @ \$25.00 = \$200.00

REPLACEMENT MATERIAL:

N/A @ N/A = N/A

A/E FEES (10% OF REMOVAL/REPLACEMENT) = \$40.00

CONTINGENCY (10% OF TOTAL PROJECT) = \$132.00

SUB-TOTAL ESTIMATED REMOVAL COST = \$1,452.00

INDEMNIFICATION COST (5% OF SUB-TOTAL) = \$148.81

TOTAL ESTIMATED REMOVAL COST = \$1,600.81

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

2 HOURS @ \$25.00 = \$50.00

O&M MATERIALS = N/A

TOTAL ESTIMATED O&M ANNUAL COST = \$50.00

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: MSE

INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM: C & W BRADLEY, P. C.

INSPECTOR: Ray Spielmann IDPH LICENSE NO. 10-1010

LOCATION: BASEMENT

ROOMS: FAR EAST WALL

MATERIAL DESCRIPTION: THERMAL INSULATION CLOTH
(COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STORED MATERIAL
(I.E. HOT WATER)

COLOR-TEXTURE, ETC.: GRAY, FIBROUS

FRIABLE: YES _____ NO X PIPE DIAMETERS _____ INCHES

TOTAL QUANTITY: 4 SQ. FT. _____ LIN. FT. _____ EA.

QUANTITY IN: OCCUPIED _____ RESTRICTED 4 S/F UNOCCUPIED _____

ROOM FINISHES:

CEILING: CONCRETE

WALLS: CONCRETE BLOCK, AND BRICK

FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% <u>X</u>	1-10% _____	>10% _____

IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO X

IF YES, DESCRIBE _____

WATER DAMAGE: YES _____ NO X DESCRIPTION _____

PHYSICAL DAMAGE: YES _____ NO X DESCRIPTION _____

AGE/DETERIORATION: YES _____ NO X DESCRIPTION _____

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: MSE

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES _____ NO X
 MAINTENANCE PERSONNEL: YES X NO _____
 HEIGHT FROM FLOOR (FT.): 4 FT.
 AREA ABOVE: FIRST FLOOR
 AREA ADJACENT: OUTSIDE
 OCCUPANCY (#): 0 _____ 1-2 _____ 3-10 X 10+ _____
 FREQUENCY OF USE (HRS): 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO _____
 ELECTRICAL: <1 _____ 1-5 X >5 _____ MECHANICAL (MOTOR) YES X NO _____
 MECHANICAL: <1 _____ 1-5 X >5 _____ PLUMBING(KNOCKING) YES X NO _____
 PIPING: <1 _____ 1-5 X >5 _____ OTHER _____ YES _____ NO _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

BARRIER: YES _____ NO X
 SUSPENDED CEILING: YES _____ NO X
 ENCAPSULATION: YES _____ NO X
 ENCLOSURE: YES _____ NO X
 OTHER _____ YES _____ NO _____

AIR MOVEMENT: YES X NO _____
 IF YES: LOW _____ MODERATE X HEAVY _____
 DISTANCE TO FRIABLE MATERIAL _____

EXTERIOR DOOR: YES X NO _____
 EXHAUST FAN: YES _____ NO X
 GRAVITY VENT: YES _____ NO X
 SUPPLY AIR: YES _____ NO X
 RETURN AIR: YES _____ NO X
 OTHER _____ YES _____ NO _____

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE X POTENTIAL FOR DAMAGE _____
 POTENTIAL FOR SIGNIFICANT DAMAGE _____

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF HEAT STEAM AND PRESSURE, DAMAGE COULD OCCUR. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY THE BOILERS.

DAMAGE PREVENTION MEASURES STORE IN A BETTER LOCATION AND IF A.C.M. SCHEDULE ABATEMENT.

COMMENTS

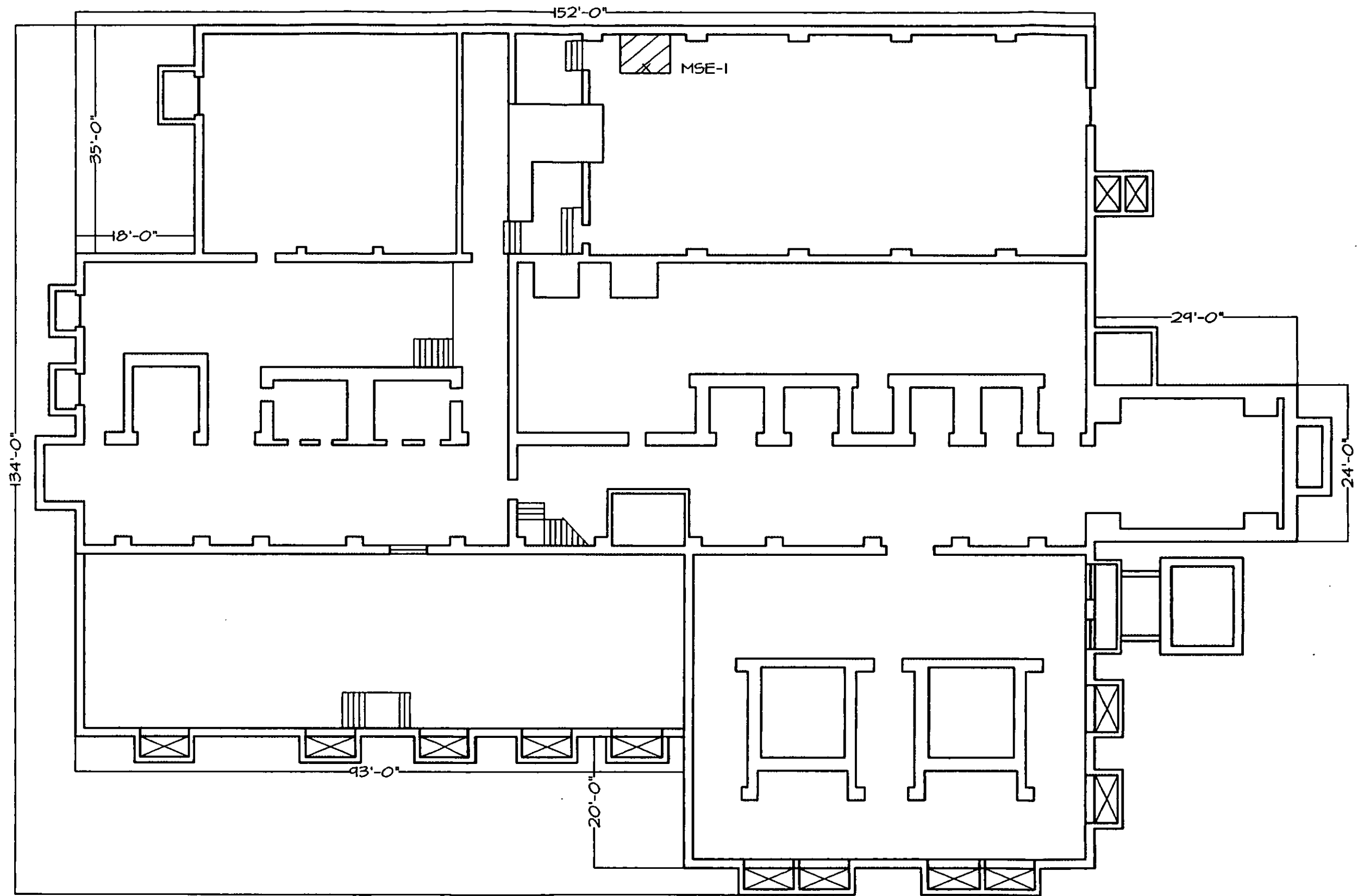
INSPECTOR'S SIGNATURE Jay Sulman DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) MSE-1

ACM YES X NO _____ ASSUMED _____

FORM 9A
STOCKPILED ACM INFORMATION

<p>1. FACILITY NAME</p> <p>2. BUILDING NAME</p> <p>3. BUILDING ADDRESS</p> <p>4. CDB BUILDING NO.</p> <p>5. HOMOGENEOUS AREA</p> <p>6. PRODUCT TYPE (USE)</p> <p>7. PRODUCT NAME</p> <p>8. SEALED CONTAINER? YES/NO IF YES, SKIP QUESTIONS 9, 10, AND 11. DO NOT OPEN</p> <p>9. PRODUCT DESCRIPTION: SIZE</p> <p>10. PRODUCT DESCRIPTION: COLOR</p> <p>11. PRODUCT DESCRIPTION: OTHER</p> <p>12. LOCATION</p> <p>13. USE OF LOCATION (O, R or U)</p> <p>14. SECURED AREA? YES/NO</p> <p>15. CONTENTS ORIGINAL? YES/NO/UNK IF YES, DOES CONTAINER STATE PRODUCT CONTAINS ASBESTOS?</p> <p>17. NUMBER OF CONTAINERS</p> <p>18. DOES CONTAINER STATE MANUFACTURER'S NAME AND ADDRESS, IF SO, LIST</p> <p>19. DID YOU SEE THIS PRODUCT IN PLACE IN THE FACILITY OR BUILDING? IF YES, PLEASE INDICATE BY BUILDING NUMBER, HOMOGENEOUS AREA OR OTHER SPECIFIC LOCATION INFORMATION</p> <p>20. OTHER THAN BY CONTAINER, DO YOU KNOW THAT THIS PRODUCT CONTAINS ASBESTOS AND/OR THE MANUFACTURER? IF SO, PLEASE LIST AND EXPLAIN SOURCE OF KNOWLEDGE:</p>	<p>1. <u>ELGIN MENTAL HEALTH CENTER</u></p> <p>2. <u>POWER HOUSE</u></p> <p>3. <u>750 SOUTH STATE STREET</u> <u>ELGIN, ILLINOIS 60123</u></p> <p>4. <u>BR050</u></p> <p>5. <u>MSE</u></p> <p>6. <u>THERMAL INSULATION CLOTH</u></p> <p>7. <u>UNK</u></p> <p>8. <u>NO</u></p> <p>9. <u>4 S/F</u></p> <p>10. <u>BROWN-GRAY</u></p> <p>11. <u>FIBROUS CLOTH</u></p> <p>12. <u>BASEMENT, FAR EAST WALL</u></p> <p>13. <u>R</u></p> <p>14. <u>NO</u></p> <p>15. <u>UNK</u></p> <p>16. _____</p> <p>17. <u>NO CONTAINER</u></p> <p>18. _____</p> <p>19. <u>YES - BR 050</u></p> <p>20. _____ _____ _____ _____</p>
<p>21. OTHER COMMENTS _____ _____ _____</p>	
<p>22. INSPECTOR'S NAME</p> <p>23. SIGNATURE</p> <p>24. DATE</p>	<p>22. <u>Ray Spiglmann</u></p> <p>23. <u>Ray Spiglmann</u></p> <p>24. <u>8/2/91</u></p>



BASEMENT PLAN

0 24' 8' 16' 32'



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



HOMOGENEOUS AREA - MSE
THERMAL INSULATION CLOTH

FILE
050-IMSE

CHECKED BY
K.B.Y.

DRAWN BY
K.B.Y.

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

SHEET TITLE

PAGE NUMBER

IV-99

REVISED
1
2
3
4
5



**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



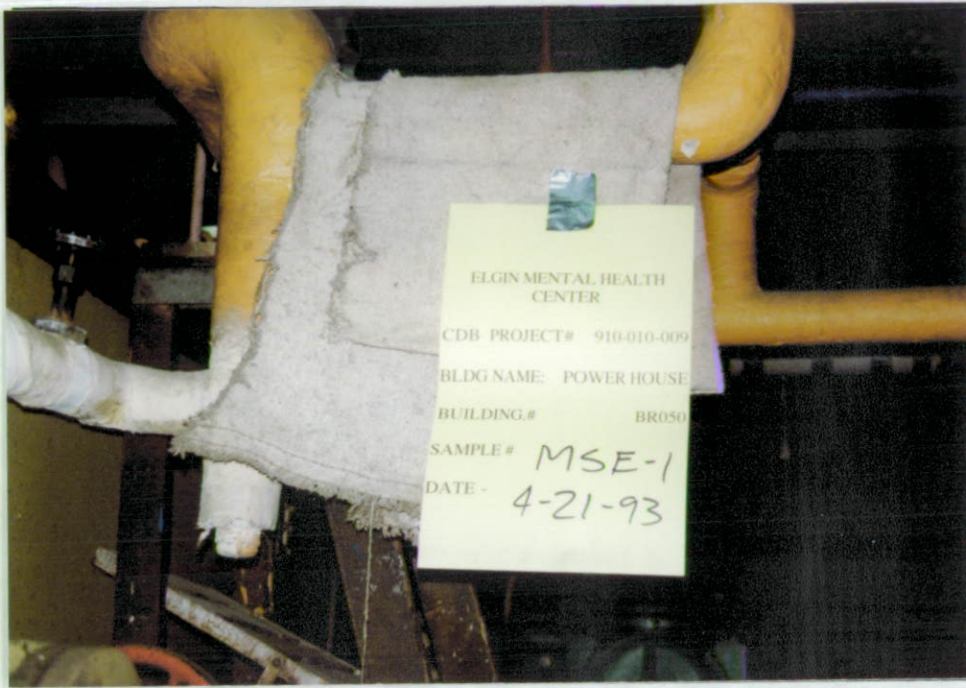
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET 6. PROJECT # 910-010-009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MSE -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	BASEMENT		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MSE -1		
12.	Lab Sample No.			
13.	Color?	White		
14.	Fibrous?	Yes		
15.	Lavers?	No		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	100%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others			
19.	Date Analyzed	10-1-94		
20.	Analyzed By	<i>[Signature]</i>		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: *[Signature]* Date: 10-4-94



**BR050-MSE-1
THERMAL
INSULATION CLOTH**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MSE - 4 SF DESCRIPT THERMAL INSULATION CLOTH (STORED)
RESPONSE ACTION #8 - CONTINUE O&M UNTIL MAJOR RENOVATION OR DEMOLITION REQUIRES REMOVAL UNDER NESAHP, OR UNTIL HAZARD ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS STORED AND SHOWING LITTLE OR NO DAMAGE.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO HEAT, STEAM AND PRESSURE IN THE IMMEDIATE AREA.

A.2.b. FRIABLE NO CONDITION NO DAMAGE
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS STORED NON-FRIABLE WITH LITTLE POTENTIAL FOR DAMAGE. THERE IS SOME AIR MOVEMENT IN AREA DUE TO PEDESTAL FANS.

A.3.a(2) PREVENTATIVE MEASURES PROPERLY STORE MATERIAL AND AVOID USING FOR FUTURE MAINTENANCE.

A.3.b. O & M PROCEDURES STORE MATERIAL IN SECURE PLACE AND SCHEDULE FOR REMOVAL.

A.3.c. HEALTH & SAFETY INSTRUCT PERSONNEL NOT TO USE MATERIAL FOR FUTURE USES. REMOVE AND DISPOSE OF AS SOON AS POSSIBLE.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MSE - THERMAL INSUL. CLOTH

REMOVAL OF:

4 S/F	@	N/A	=	\$400.00 (ONE MAN DAY)
APM	8	HOURS @	\$59.00	= \$472.00
ASP	8	HOURS @	\$49.00	= \$392.00
APM/ASP	8	HOURS @	\$85.00	= \$680.00

AIR TESTING:

PCM'S	8	@	\$25.00	= \$200.00
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REPLACEMENT MATERIAL:

N/A	@	N/A	=	N/A
-----	---	-----	---	-----

A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$40.00
---------------------------------------	---	---------

CONTINGENCY (10% OF TOTAL PROJECT)	=	\$132.00
------------------------------------	---	----------

SUB-TOTAL ESTIMATED REMOVAL COST	=	\$1,452.00
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INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$148.81
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TOTAL ESTIMATED REMOVAL COST	=	\$1,600.81
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TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

2	HOURS	@	\$25.00	=	\$50.00
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O&M MATERIALS	=	N/A
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TOTAL ESTIMATED O&M ANNUAL COST	=	\$50.00
--------------------------------------------	---	----------------

HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BR050 HOMOGENEOUS AREA: MSG
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: Ray Spielmann IDPH LICENSE NO. 60-1010
 LOCATION: FIRST FLOOR
 ROOMS: NORTH AND SOUTH END OF GENERATOR ROOM IN GENERATOR(S)

MATERIAL DESCRIPTION: INSULATION BLANKET
 (COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STORED MATERIALS
 (I.E. HOT WATER)

COLOR-TEXTURE, ETC.: GRAY, FIBROUS

FRIABLE: YES _____ NO X PIPE DIAMETERS _____ INCHES

TOTAL QUANTITY: 50 SQ. FT. _____ LIN. FT. _____ EA.

QUANTITY IN: OCCUPIED _____ RESTRICTED 50 S/F UNOCCUPIED _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK AND BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% _____	>25% _____
DISTRIBUTED:	<1% <u>X</u>	1-10% _____	>10% _____

IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO X
 IF YES, DESCRIBE _____

WATER DAMAGE: YES _____ NO X DESCRIPTION _____
 PHYSICAL DAMAGE: YES _____ NO X DESCRIPTION _____
 AGE/DETERIORATION: YES _____ NO X DESCRIPTION _____

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: MSG

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
MAINTENANCE PERSONNEL: YES X NO
HEIGHT FROM FLOOR (FT.): 3 FT.
AREA ABOVE: OUTSIDE
AREA ADJACENT: OUTSIDE
OCCUPANCY (#): 0 1-2 3-10 X 10+
FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
ELECTRICAL: <1 X 1-5 >5 MECHANICAL (MOTOR) YES X NO
MECHANICAL: <1 X 1-5 >5 PLUMBING(KNOCKING) YES X NO
PIPING: <1 X 1-5 >5 OTHER YES NO
OTHER

BARRIER: YES NO X
SUSPENDED CEILING: YES NO X
ENCAPSULATION: YES NO X
ENCLOSURE: YES NO X
OTHER

AIR MOVEMENT: YES X NO
IF YES: LOW MODERATE X HEAVY
DISTANCE TO FRIABLE MATERIAL
EXTERIOR DOOR: YES X NO 30'
EXHAUST FAN: YES X NO 25'
GRAVITY VENT: YES NO X
SUPPLY AIR: YES NO X
RETURN AIR: YES NO X
OTHER

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE X POTENTIAL FOR DAMAGE
POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF HEAT, STEAM AND HIGH PRESSURE, DAMAGE COULD OCCUR.
AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

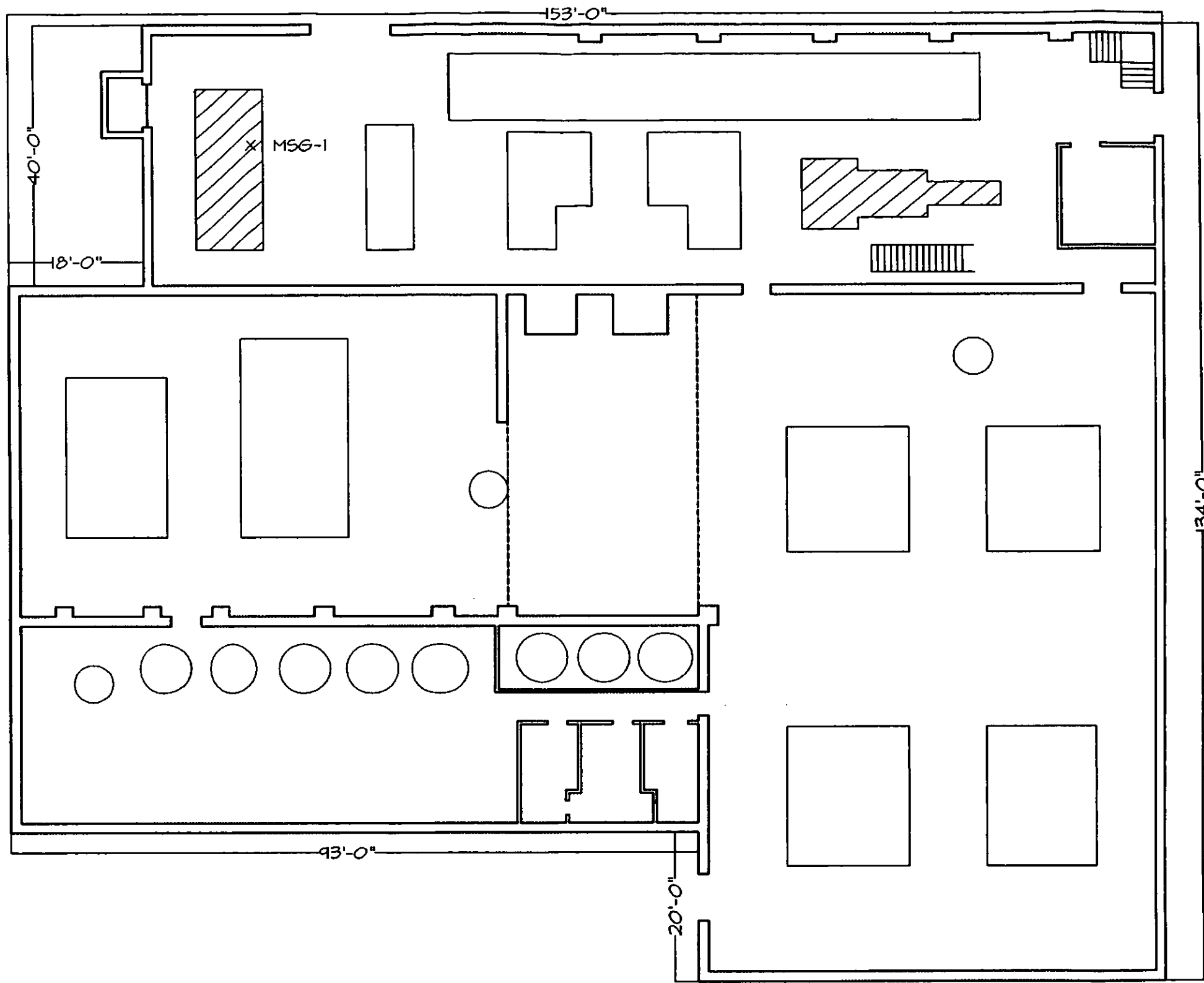
DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS CAN BE OBSERVED BY OPENING METAL DOOR. USED AS A BAND-AID FOR THE PIPES & MOTOR BELOW.

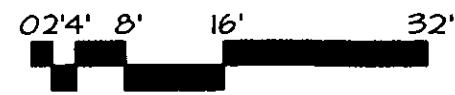
INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91
MSG-V

SAMPLE NUMBERS (SAMPLING PHASE)

ACM YES X NO ASSUMED




UPPER FLOOR PLAN



**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

 HOMOGENENOUS AREA - MSG
INSULATION BLAKETS

FILE	050-2MSG										
CHECKED BY	J.J.Y.										
DRAWN BY	J.J.Y.										
REVISIONS	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
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SHEET TITLE	ELGIN STATE HOSPITAL POWER HOUSE - BR050										
PAGE NUMBER	IV-103										
 C & W BRADLEY CONSTRUCTION MANAGEMENT INC. 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631											

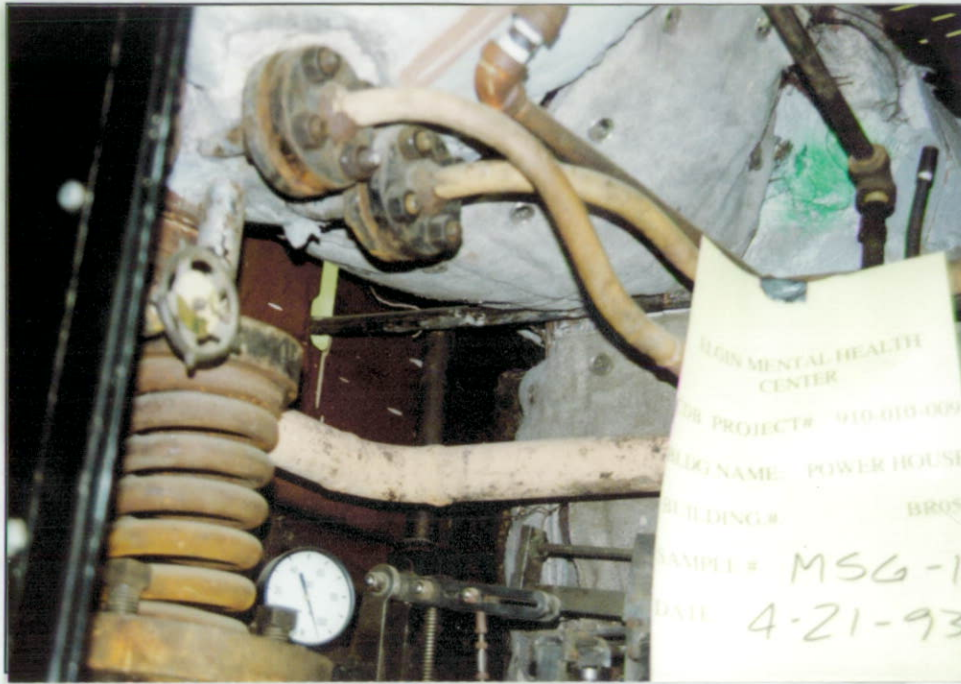
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MSG -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

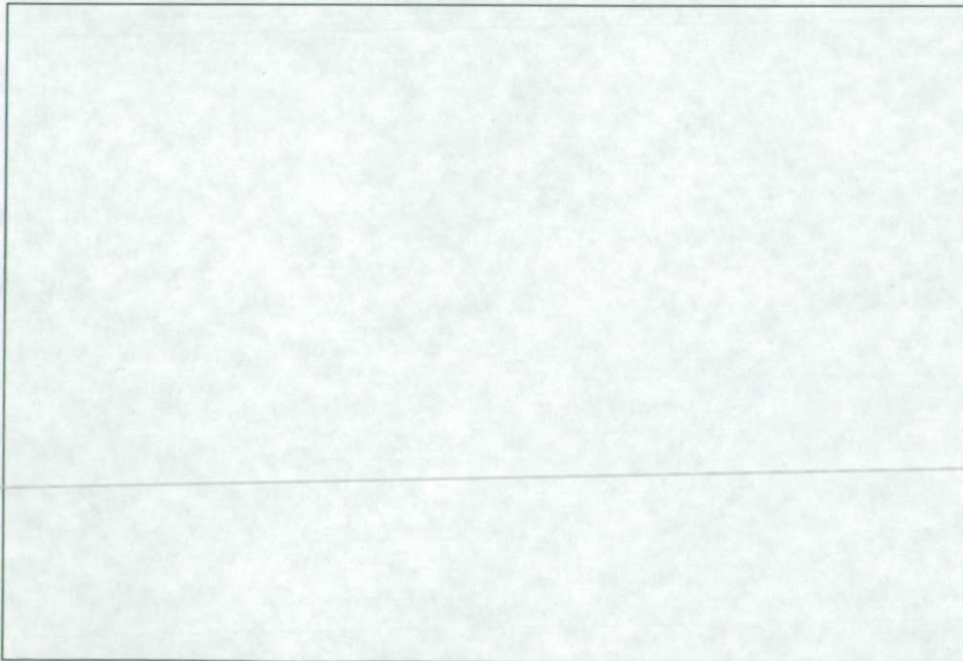
8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MSG -1		
12.	Lab Sample No.			
13.	Color?	White		
14.	Fibrous?	Yes		
15.	Lavers?	No		
16.	Contain Asbestos?	Yes		
17.	TYPE AND % ASBESTOS			
	Chrysotile	100%		
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others			
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Liam Derriso Date: 10-4-94



**BR050-MSG-1
INSULATION
BLANKETS**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MSG - 50 SF DESCRIPT INSULATION BLANKET
RESPONSE ACTION #8 - CONTINUE O&M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING LITTLE OR NO DAMAGE. IT IS
NORMALLY STORED MATERIAL BUT IS BEING USED AS "BAND AID" FOR
PIPES AND MOTORS.

POT. FOR DAMAGE THERE IS SOME POTENTIAL FOR DAMAGE DUE TO
STEAM, HEAT AND PRESSURE AND TYPE OF USE OF MATERIALS.

A.2.b. FRIABLE NO CONDITION NO DAMAGE
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS CURRENTLY NOT DAMAGED BUT HAS A POTENTIAL
FOR DAMAGE DUE TO CURRENT USE AND HEAT, PRESSURE AND STEAM
IN AREA.

A.3.a(2) PREVENTATIVE MEASURES DISCONTINUE CURRENT USE AND STORE
MATERIAL AWAY PROPERLY.

A.3.b. O & M PROCEDURES STORE MATERIAL PROPERLY AND AVOID FURTHER
USE IN OPERATIONS.

A.3.c. HEALTH & SAFETY AVOID FURTHER USE OF MATERIAL AND REMOVE
AND DISPOSE OF MATERIAL AS SOON AS POSSIBLE.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MSG - INSULATION BLANKET

REMOVAL OF:

50 S/F	@	N/A	=	\$400.00 (ONE MAN DAY)
APM	8	HOURS @	\$59.00	= \$472.00
ASP	8	HOURS @	\$49.00	= \$392.00
APM/ASP	8	HOURS @	\$85.00	= \$680.00

AIR TESTING:

PCM'S	8	@	\$25.00	= \$200.00
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REPLACEMENT MATERIAL:

N/A	@	N/A	=	N/A
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<u>A/E FEES (10% OF REMOVAL/REPLACEMENT)</u>	=	\$40.00
<u>CONTINGENCY (10% OF TOTAL PROJECT)</u>	=	\$132.00
<u>SUB-TOTAL ESTIMATED REMOVAL COST</u>	=	\$1,452.00
<u>INDEMNIFICATION COST (5% OF SUB-TOTAL)</u>	=	\$148.81
<u>TOTAL ESTIMATED REMOVAL COST</u>	=	\$1,600.81

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

2	HOURS	@	\$25.00	=	\$50.00
O&M MATERIALS	=	N/A			
<u>TOTAL ESTIMATED O&M ANNUAL COST</u>	=	\$50.00			

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: MMA
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P C
 INSPECTOR: RICHARD MAHER IDPH LICENSE NO. 100-0898
 LOCATION: BASEMENT/FIRST FLOOR
 ROOMS: TANK ROOM/BATTERY ROOM

MATERIAL DESCRIPTION: FIRE DOORS (3'0" X 7'0")
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: FIRE PROTECTION
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: GRAY-BLUE, SMOOTH

FRIABLE: Yes No Pipe Diameters _____ Inches
 TOTAL QUANTITY: _____ Sq. ft. _____ Lin. ft. 3 Ea.
 QUANTITY IN: Occupied _____ Restricted 3 EA. Unoccupied _____
 ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% <input checked="" type="checkbox"/>	>25% _____
DISTRIBUTED	<1% _____	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

	Yes _____	No <input checked="" type="checkbox"/>	Description
WATER DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	_____
PHYSICAL DAMAGE	Yes <input checked="" type="checkbox"/>	No _____	_____
AGE/DETERIORATION	Yes _____	No <input checked="" type="checkbox"/>	_____

SIDE PANEL IS LOOSE ON (1) DOOR

CDB Building #: BR 050

Homogeneous Area: MMA

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 0-8 ft.
 AREA ABOVE FIRST FLOOR, OUTSIDE
 AREA ADJACENT TANK AND BATTERY ROOMS
 OCCUPANCY (#) 0 1-2 3-10 X 10+
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA BATTERY STORAGE AND HOLDING TANK ROOMS

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 1-5 X >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes X No
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate Heavy X

DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR Yes X No 10'
 EXHAUST FAN Yes X No 15'
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

EXPLANATION OF ASSESSMENT (REQUIRED) ONE OF THE TWO DOORS IN THE BASEMENT IS DAMAGED TO THE
EXTENT OF A LOOSE DOOR PANEL. AIR MOVEMENT
IS DUE TO THE NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR
USED BY THE BOILERS.

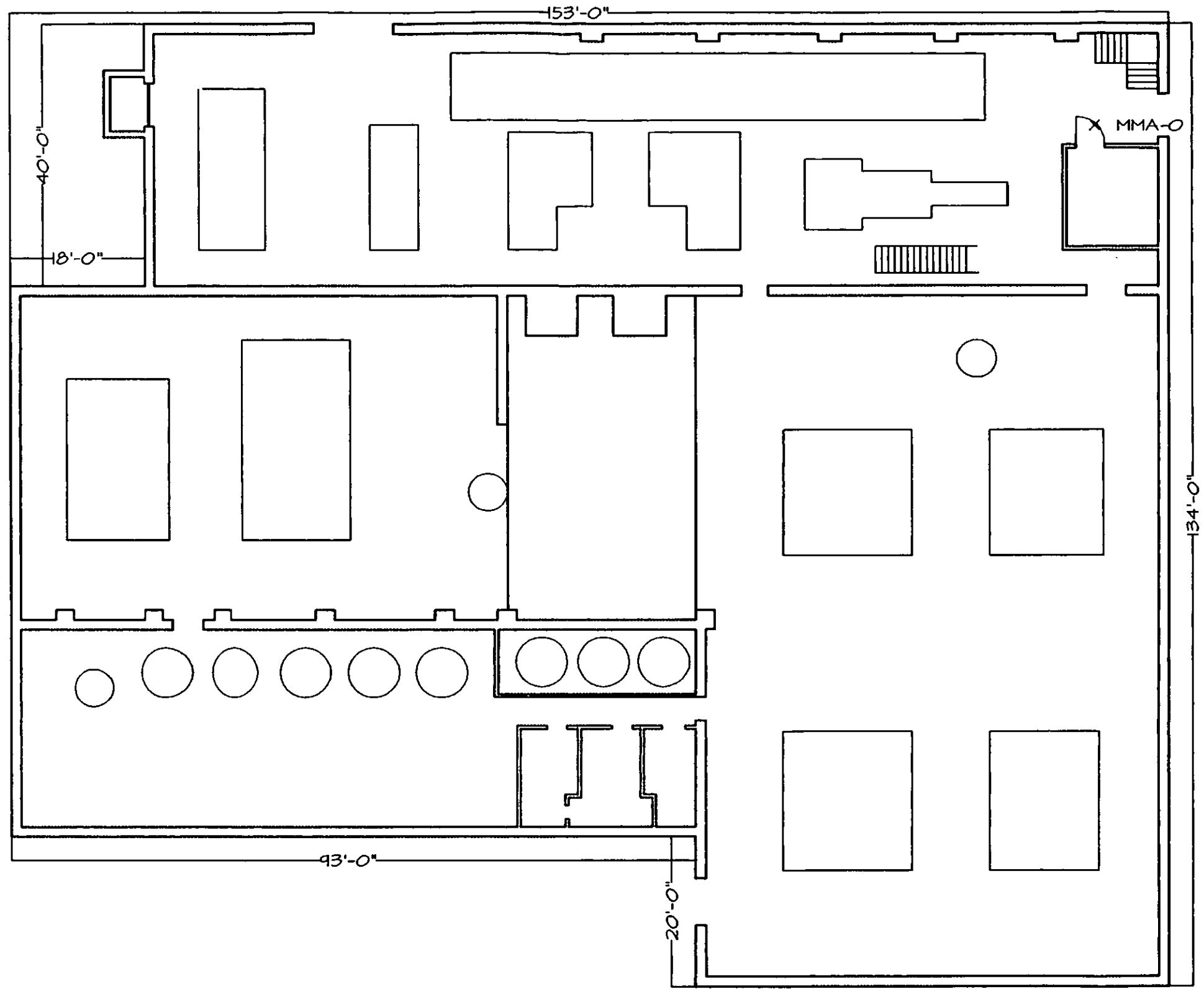
DAMAGE PREVENTION MEASURES REPAIR OR REPLACE THE DAMAGED DOOR IN THE BASEMENT.

COMMENTS SAMPLE ONE DOOR IN BASEMENT AND THE DOOR ON THE FIRST
FLOOR.

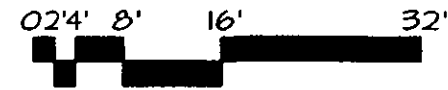
INSPECTOR'S SIGNATURE Richard E. Mehe DATE 8/7/91

SAMPLE NUMBERS NONE

(Sampling phase) ACM Yes No Assumed X



UPPER FLOOR PLAN



☐ HOMOGENEOUS AREA - MMA
 ☒ FIRE DOOR

ELGIN STATE HOSPITAL
 POWER HOUSE - BRO50

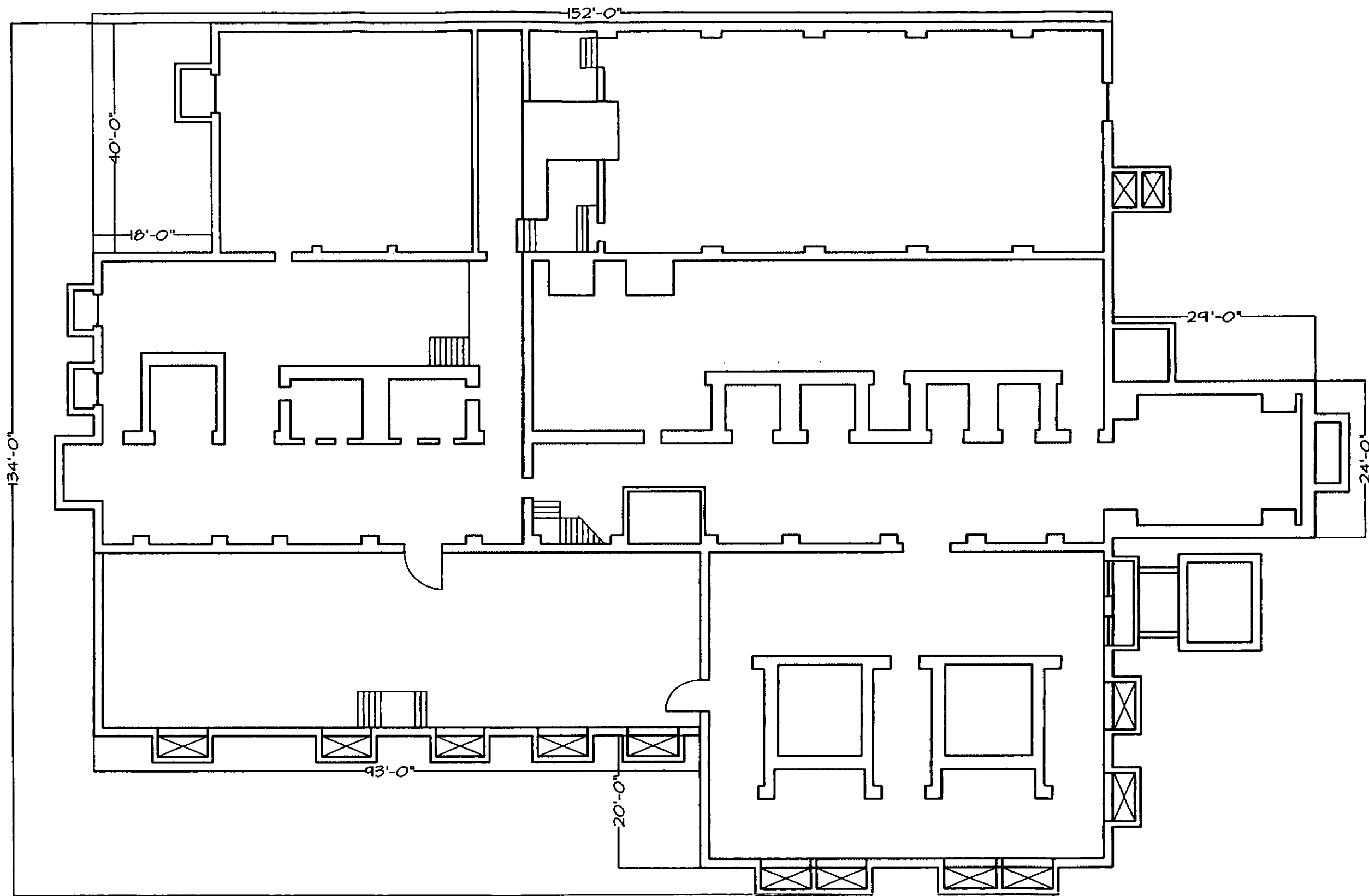
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 DRAWN BY
 REVISED 1 2 3 4 5



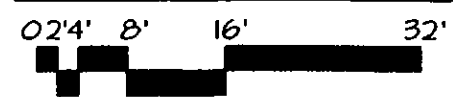
ELGIN STATE HOSPITAL POWER HOUSE - BRO50
 C & W BRADLEY
 CONSTRUCTION MANAGEMENT INC.
 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

SHEET TITLE
 PAGE NUMBER

IV-107




BASEMENT PLAN



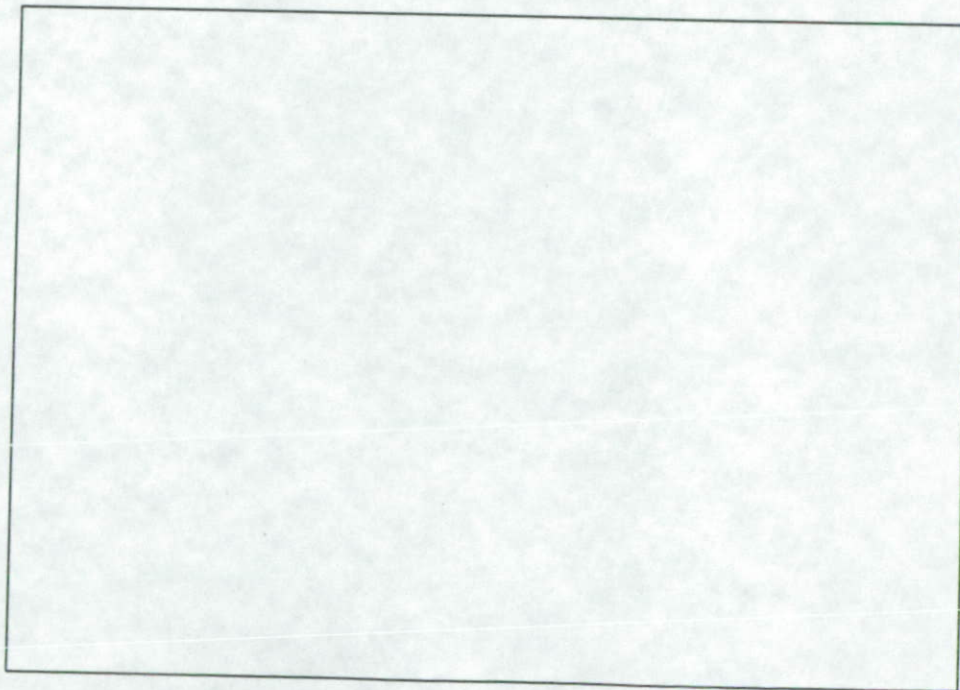
**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

 HOMOGENEOUS AREA - MMA
FIRE DOORS

FILE	050-IMMA										
CHECKED BY	K.B.Y.										
DRAWN BY	K.B.Y.										
REVISIONS	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
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SHEET TITLE	ELGIN STATE HOSPITAL POWER HOUSE - BR050										
PAGE NUMBER	IV-108										
 C & W BRADLEY CONSTRUCTION MANAGEMENT INC. <small>924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631</small>											



**BR050-MMA-0
FIRE DOORS**



FORM 13

A.1 BLDG NAME POWER HOUSE ^{CD8} BLDG NO. BR050
HOMO AREA MMA - 3 EA DESCRIPT FIRE DOORS
RESPONSE ACTION #4 - CONTINUE O&M. SCHEDULE REMOVAL WHEN
PRACTICAL AND COST-EFFECTIVE.

A.2.a. EXIST.' COND. MATERIAL ON ONE DOOR IS SHOWING DAMAGE FROM
LOOSE SIDE PANEL.

POT. FOR DAMAGE THERE IS A POTENTIAL FOR DAMAGE DUE TO LOOSE
SIDE PANEL AND AIR MOVEMENT IN AREA.

A.2.b. FRIABLE YES CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW HEAVY

A.3.a(1) WHY ONE SIDE PANEL ON ONE DOOR IS LOOSE AND COULD EXPOSE
MATERIAL INSIDE. HEAVY AIR MOVEMENT DUE TO PEDESTAL
FANS IN AREA.

A.3.a(2) PREVENTATIVE MEASURES REPAIR PANEL AS SOON AS POSSIBLE, AVOID
FUTURE DAMAGE AND DISTURBANCE.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY AND REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS, ALLOW ONLY TRAINED
PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMA - FIRE DOORS (3'0" X 7'0")

REMOVAL OF:

3 EA	@	250.00	=	\$750.00
APM	8	HOURS @	\$59.00	= \$472.00
ASP	8	HOURS @	\$49.00	= \$392.00
APM/ASP	8	HOURS @	\$85.00	= \$680.00

AIR TESTING:

PCM'S	8	@	\$25.00	= \$200.00
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REPLACEMENT MATERIAL:

3 EA	@	\$500.00	=	\$1,500.00
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A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$225.00
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CONTINGENCY (10% OF TOTAL PROJECT)	=	\$335.50
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SUB-TOTAL ESTIMATED REMOVAL COST	=	\$3,690.50
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INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$184.52
----------------------------------------	---	----------

TOTAL ESTIMATED REMOVAL COST	=	\$3,875.02
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TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

2	HOURS	@	\$25.00	=	\$50.00
---	-------	---	---------	---	---------

O&M MATERIALS	=	N/A
---------------	---	-----

TOTAL ESTIMATED O&M ANNUAL COST	=	\$50.00
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FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: MMB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 010-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P C
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: INSIDE OF BOILERS #1 AND #2

MATERIAL DESCRIPTION: FIREBRICK, CIRCA 1958
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: BOILERS
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: BROWN, POROUS

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: 3,804 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 3,804 S/F Unoccupied _____

ROOM FINISHES:

CEILING: CONCRETE
 WALLS: CONCRETE BLOCK, BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <u>X</u>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE/DETERIORATION	Yes <u>X</u>	No _____	Description <u>DISINTEGRATION</u>

CDB Building #: BR 050

Homogeneous Area: MMB

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 0-28 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT BASEMENT AND FIRST FLOOR
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 X 1-5 >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes X No
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes X No
 OTHER Yes No

AIR MOVEMENT IF YES Yes X No
 Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL
 EXTERIOR DOOR Yes X No 5'
 EXHAUST FAN Yes X No 60'
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage
 Potential for Significant Damage

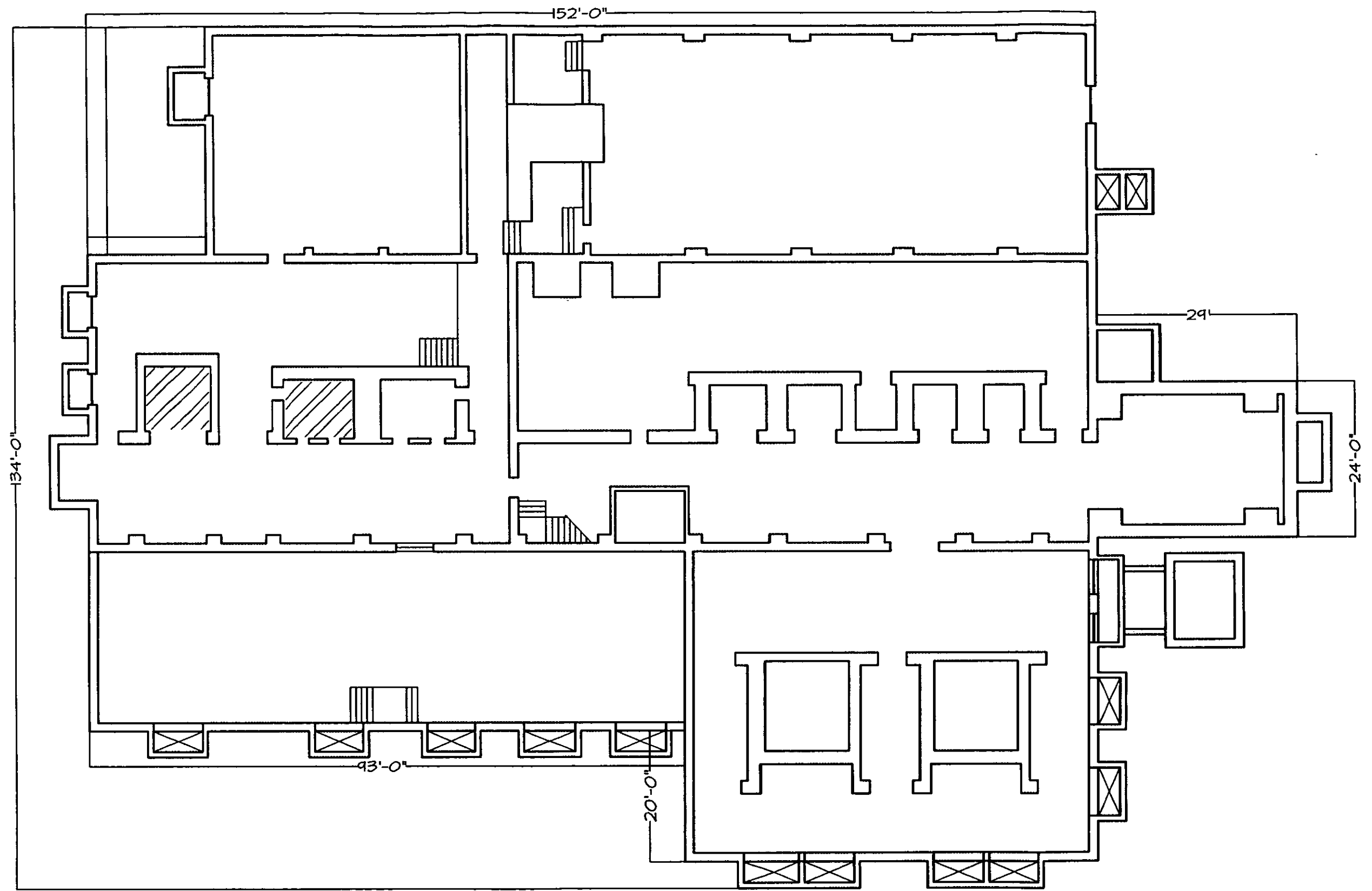
EXPLANATION OF ASSESSMENT (REQUIRED) AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS. MAY BE DAMAGED DURING NORMAL CLEANING AND INSPECTIONS OF BOILERS. MATERIAL THAT HAS DISINTEGRATED FROM BRICKS COULD BE CONSIDERED FRIABLE.

DAMAGE PREVENTION MEASURES TAKE PRECAUTIONS WHEN CLEANING FIREBRICKS NOT TO DAMAGE THEM, IF A.C.M. SCHEDULE ABATEMENT.

COMMENTS BOILERS #1 AND #2 ARE NOT IN USE. THEY WERE INSTALLED IN 1958, WHICH IS DIFFERENT THAN THE OTHER BOILERS. SAMPLES NOT TAKEN BECAUSE BOILERS IN OPERATION

INSPECTOR'S SIGNATURE [Signature] DATE 8/2/91

SAMPLE NUMBERS (Sampling phase) NONE
 ACM Yes No Assumed X



BASEMENT PLAN

024' 8' 16' 32'

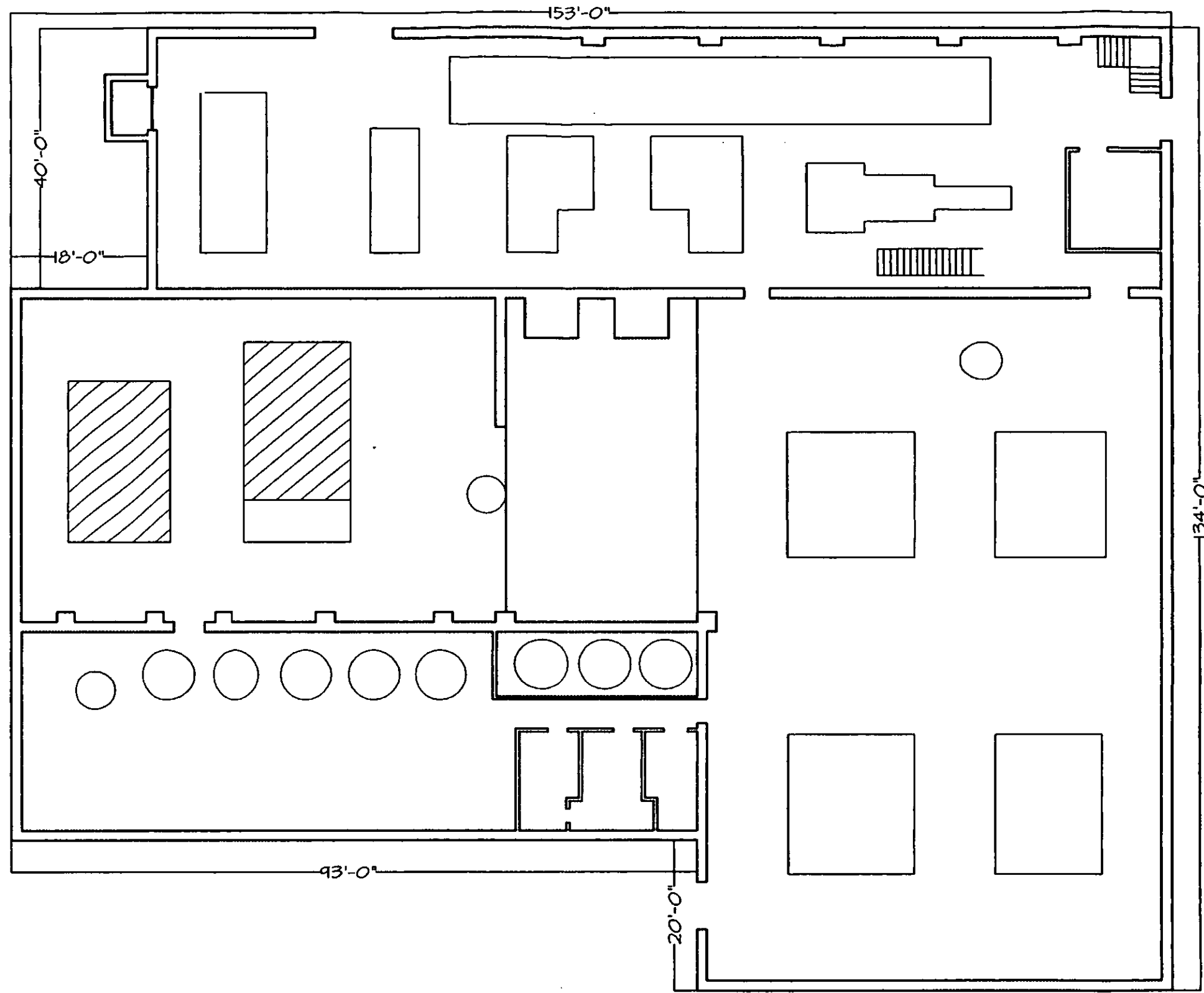


**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**



BR 050 MMB
FIREBRICK INSIDE BOILERS

SHEET TITLE	ELGIN STATE HOSPITAL	POWER HOUSE - BR050	CHECKED BY	R.B.Y.	FILE	050-IMMB
	C & W BRADLEY		DRAWN BY	R.B.Y.	REVISED	
	CONSTRUCTION MANAGEMENT INC.				1	
	924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631				2	
					3	
PAGE NUMBER	IV-111					



UPPER FLOOR PLAN

0 2' 4' 8' 16' 32'

ELGIN STATE HOSPITAL
POWER HOUSE - BRO50

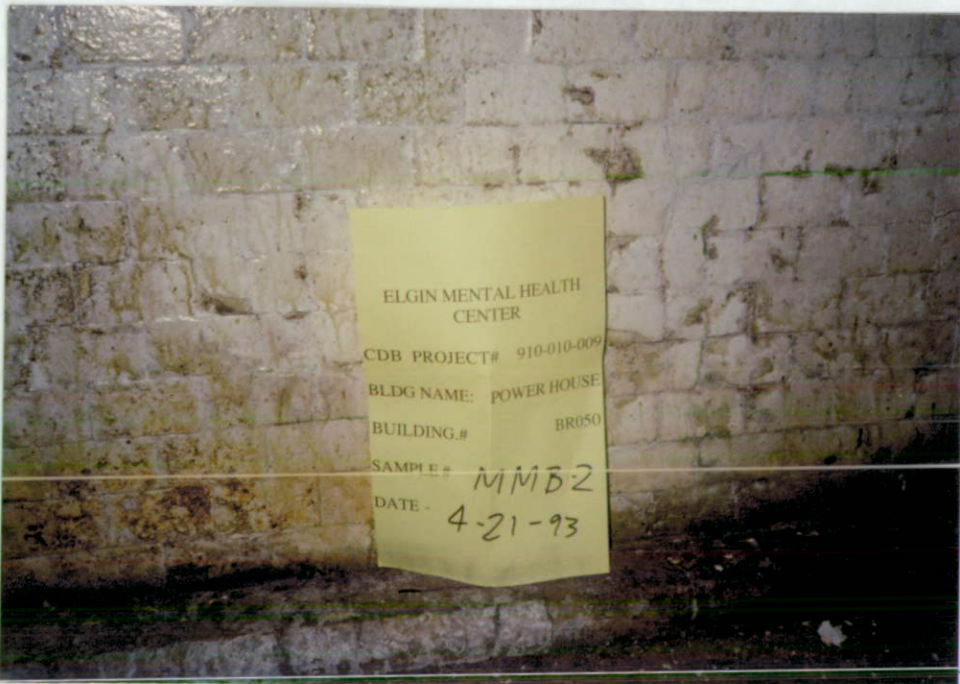


HOMOGENEOUS AREA - MMB
FIRE BRICK (CIRCA 1958)

FILE	050-2MMB										
CHECKED BY	K.R.Y.										
DRAWN BY	K.R.Y.										
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SHEET TITLE	ELGIN STATE HOSPITAL POWER HOUSE - BRO50										
PAGE NUMBER	IV-112										
<p>C & W BRADLEY CONSTRUCTION MANAGEMENT INC. 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631</p>											



**BR050-MMB-1
FIRE BRICK**



**BR050-MMB-2
FIRE BRICK**



**BR050-MMB-3
FIRE BRICK**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MMB - 3,804 SF DESCRIPT FIRE BRICK, CIRCA 1958
RESPONSE ACTION #8- CONTINUE O&M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING SOME DAMAGE FROM AGE/
DETERIORATION.

POT. FOR DAMAGE THERE IS LITTLE OR NO POTENTIAL FOR DAMAGE
EXCEPT THROUGH BOILER OPERATIONS.

A.2.b. FRIABLE NO CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS NON-FRIABLE AND SHOWING SOME DAMAGE. THERE
IS SOME POTENTIAL FOR FUTURE DAMAGE DUE TO OPERATIONS,
CLEANING AND INSPECTION OF BOILER.

A.3.a(2) PREVENTATIVE MEASURES INSTRUCT PERSONNEL TO AVOID DISTURBING
MATERIAL DURING BOILER OPERATIONS. REPAIR DAMAGED AREAS.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY POST WARNING LABELS. ALLOW ONLY TRAINED
PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMB - FIREBRICK, CIRCA 1958

REMOVAL OF:

	3.804 S/F	@	\$3.00	=	\$11,412.00	
APM	40	HOURS	@	\$59.00	=	\$2,360.00
ASP	40	HOURS	@	\$49.00	=	\$1,960.00
APM/ASP	40	HOURS	@	\$85.00	=	\$3,400.00

AIR TESTING:

PCM'S	50	@	\$25.00	=	\$1,250.00
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REPLACEMENT MATERIAL:

	3.804 S/F	@	\$3.00	=	\$11,412.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)				=	\$2,282.40
CONTINGENCY (10% OF TOTAL PROJECT)				=	\$2,975.64
TOTAL ESTIMATED REMOVAL COST				=	\$32,732.04

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

	8	HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS				=	\$200.00	
TOTAL ESTIMATED O&M ANNUAL COST				=	\$400.00	

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR050 Homogeneous Area: MMD

INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENT DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET, ELGIN, ILLINOIS 60123

A/E FIRM: C & W BRADLEY, P. C.

INSPECTOR: MARK HAINES IDPH LICENCE NO. 100-0919

LOCATION: BASEMENT AND FIRST FLOOR

ROOMS: BOILER #3 AND 4#

MATERIAL DESCRIPTION: FIREBRICK (CIRCA 1961)

(common designation - i.e. air cell) BOILER

TYPE OF SYSTEM: _____

(i.e. hot water) _____

COLOR-TEXTURE, ETC.: DARK GRAY, POROUS

FRIABLE: Yes _____ No X Pipe Diameter _____ Inches

TOTAL QUANTITY: 5148 Sq. ft. _____ Lin. ft. _____ Ea.

QUANTITY IN: Occupied _____ Restricted 5148 S/F Unoccupied _____

ROOM FINISHES: _____

CEILING CONCRETE

WALLS BRICK

FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED OR DISTRIBUTED	<1% _____	1-25% _____	>25% _____
	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No X

If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE DETERIORATION	Yes _____	No <u>X</u>	Description _____

CDB BUILDING #: BR050

Homogeneous Area: MMD

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes _____ No X
 MAINTENANCE PERSONNEL Yes X No _____
 HEIGHT FROM FLOOR 0=20 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 FREQUENCY OF USE (Hrs.) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to)
 ELECTRICAL <1 _____ 1-5 X >5 _____
 MECHANICAL <1 _____ 1-5 X >5 _____
 PIPING <1 _____ 1-5 X >5 _____
 OTHER _____ <1 _____ 1-5 _____ >5 _____

VIBRATION Yes X No _____
 MECHANICAL (MOTOR) Yes X No _____
 PLUMBING (KNOCKING) Yes X No _____
 OTHER _____ Yes _____ No _____

BARRIER Yes _____ No X
 SUSPENDED CEILING Yes _____ No X
 ENCAPSULATION Yes _____ No X
 ENCLOSURE Yes _____ No X
 OTHER _____ Yes _____ No _____

AIR MOVEMENT Yes X No _____
 IF YES Low _____ Moderate _____ Heavy X

EXTERIOR DOOR Yes X No _____ DISTANCE TO FRIABLE MATERIAL 10'
 EXHAUST FAN Yes _____ No X
 GRAVITY VENT Yes _____ No X
 SUPPLY AIR Yes _____ No X
 RETURN AIR Yes _____ No X
 OTHER _____ Yes _____ No _____

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage _____
 Potential for Significant Damage _____

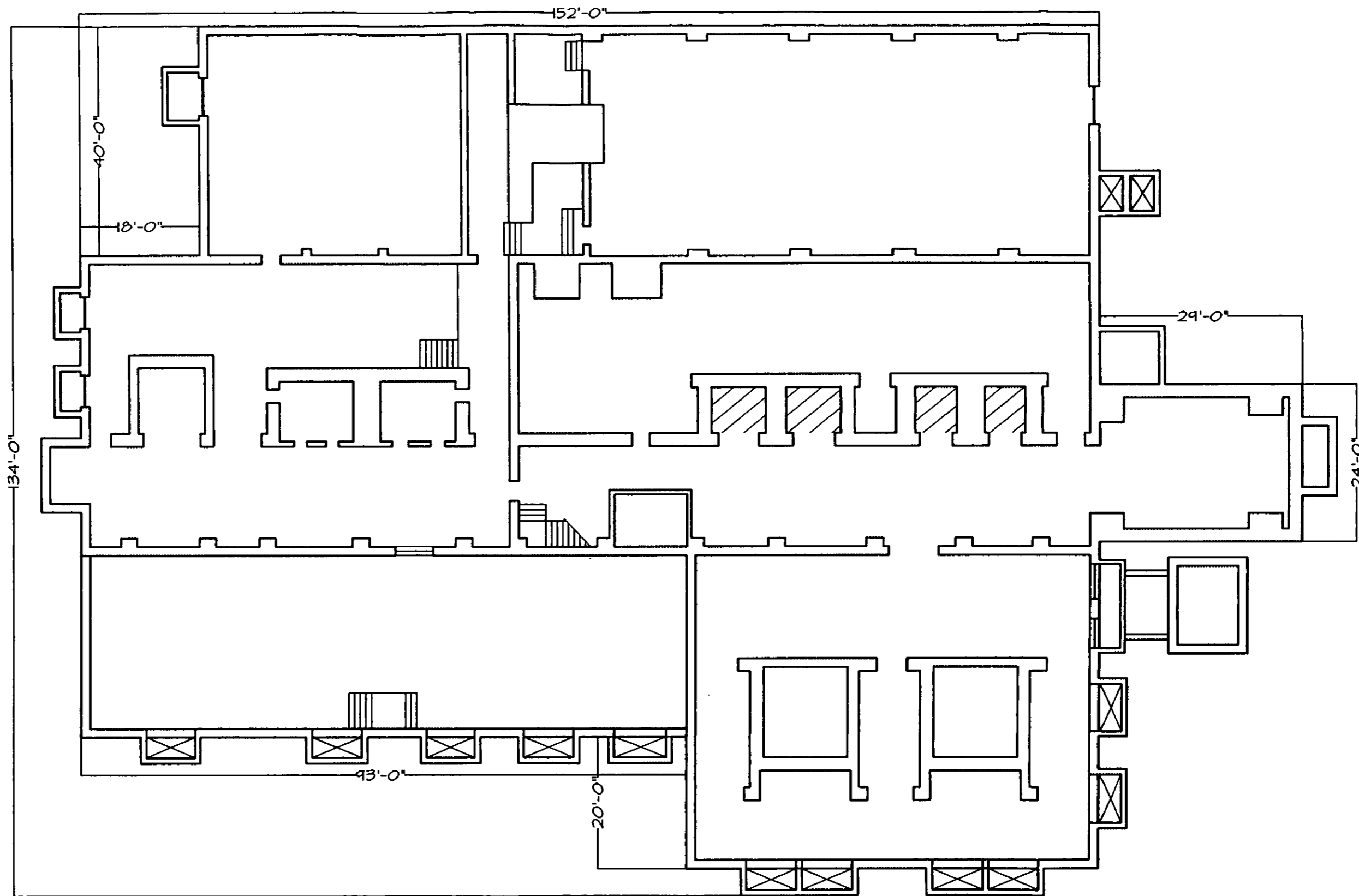
EXPLANATION OF ASSESSMENT (REQUIRED) WHEN IN OPERATION, INSIDE OF BOILER HAS HEAVY AIR MOVEMENT.
WHILE WORKING IN BOILERS, DAMAGE IS POSSIBLE.

DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENCE PROGRAM.

COMMENTS THESE TWO BOILERS WERE INSTALLED IN 1961 WHICH IS DIFFERENT
THAN THE OTHERS. SAMPLES NOT TAKEN BECAUSE BOILERS WERE IN OPERATION

INSPECTOR'S SIGNATURE _____ DATE _____

SAMPLE NUMBERS NONE
 (Sampling Phase)
 ACBM Yes _____ No _____ Assumed X



BASEMENT PLAN



 HOMOGENEOUS AREA - MMD
FIRE BRICK

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

FILE
O50-IMMD

CHECKED BY
K.B.Y.

DRAWN BY
K.B.Y.

SHEET TITLE
ELGIN STATE HOSPITAL
POWER HOUSE - BR050

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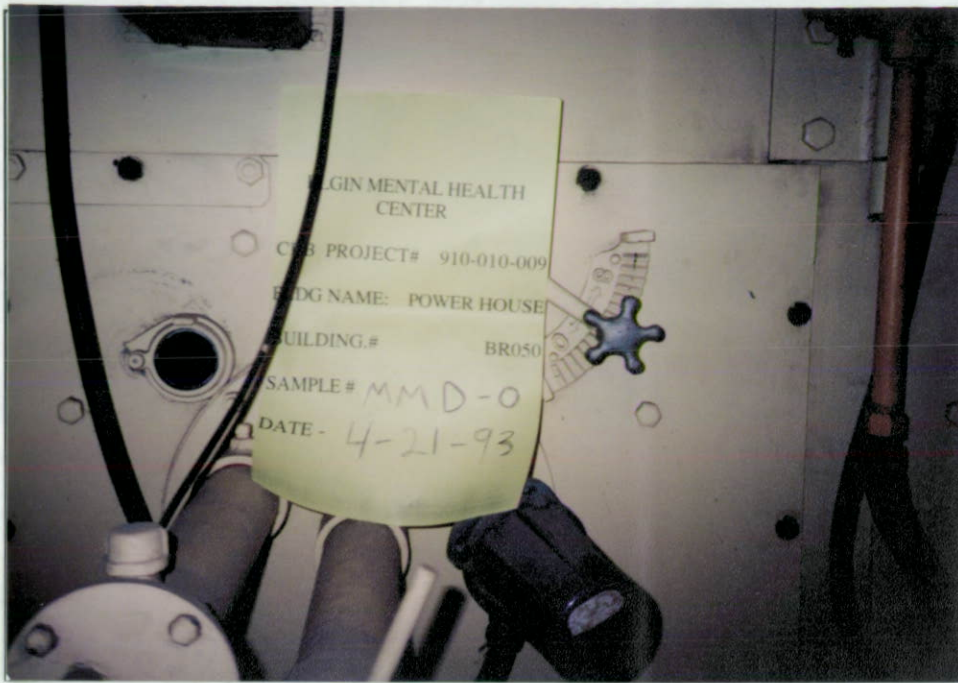
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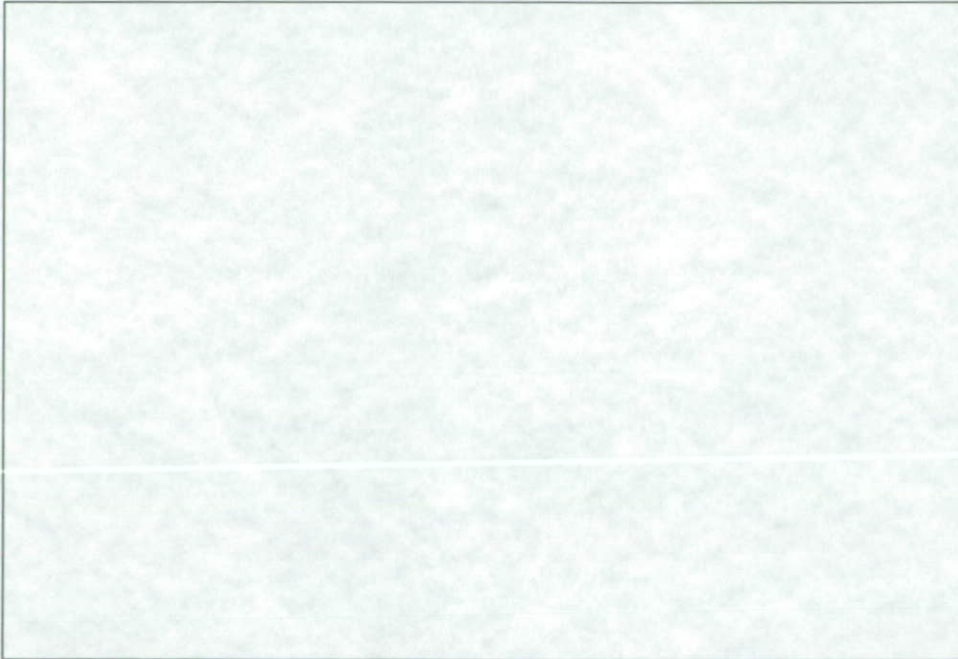
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**C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.**
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



**BR050-MMD-0
FIREBRICK
CIRCA 1961**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MMD - 5,148 SF DESCRIPT FIREBRICK, CIRCA 1961
RESPONSE ACTION #8 - CONTINUE O&M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL WAS UNOBSERVABLE DUE TO BOILER OPERATION
AND IS ASSUMED ACM, AND ASSUMED TO HAVE NO DAMAGE.

POT. FOR DAMAGE THERE IS A SLIGHT CHANCE FOR DISTURBANCE
OF MATERIAL DURING CLEANING AND INSPECTION OF BOILER.

A.2.b. FRIABLE NO CONDITION NO DAMAGE (ASSUMED)
DISTURBANCE LOW AIR FLOW HEAVY

A.3.a(1) WHY MATERIAL IS NON-FRIABLE AND IS ASSUMED ASBESTOS. THERE
IS SOME POTENTIAL FOR DAMAGE DUE TO CLEANING AND INSPECTIONS
OPERATIONS.

A.3.a(2) PREVENTATIVE MEASURES SAMPLE WHEN POSSIBLE TO DETERMINE IF
ACM. IF SO, OR IF ASSUMED INSTRUCT PERSONNEL TO AVOID
DISTURBANCE OF MATERIAL DURING CLEANING AND INSPECTION.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY IF ACM, POST WARNING LABELS ON MATERIAL AND
ALLOW ONLY TRAINED PERSONNEL TO HANDLE MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMD - FIREBRICK, CIRCA 1961

REMOVAL OF:

5.148 S/F	@	\$3.00	=	\$15,444.00		
APM	48	HOURS	@	\$59.00	=	\$2,832.00
ASP	48	HOURS	@	\$49.00	=	\$2,352.00
APM/ASP	48	HOURS	@	\$85.00	=	\$4,080.00

AIR TESTING:

PCM'S	60	@	\$25.00	=	\$1,500.00
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REPLACEMENT MATERIAL:

5.148 S/F	@	\$3.00	=	\$15,444.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$3,088.80		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$3,955.68		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$43,512.48		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$2,175.62		
TOTAL ESTIMATED REMOVAL COST	=	\$45,688.10		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

8	HOURS	@	\$25.00	=	\$200.00
O&M MATERIALS	=	\$200.00			
TOTAL ESTIMATED O&M ANNUAL COST	=	\$400.00			

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR050 Homogeneous Area: MMG

INSPECTION DATE: 8/6/91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET, ELGIN, IL 60123

A/E FIRM: C&W BRADLEY, P.C.

INSPECTOR: DAVE ANDERSON IDPH LICENCE NO. 100-1309

LOCATION: ROOF

ROOMS: ROOF

MATERIAL DESCRIPTION: BUILT-UP ROOFING

(common designation - i.e. air cell) ROOFING

TYPE OF SYSTEM: BLACK, TAR, GRAVEL
(i.e. hot water)

COLOR-TEXTURE, ETC.:

FRIABLE: Yes _____ No X Pipe Diameter _____ Inches

TOTAL QUANTITY: 10,220 Sq. ft. _____ Lin. ft. _____ Ea.

QUANTITY IN: Occupied 10,220 S/F Restricted _____ Unoccupied _____

ROOM FINISHES:

CEILING NA
WALLS NA
FLOOR NA

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED OR DISTRIBUTED	<1% _____	1-25% _____	>25% _____
	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No _____
If yes, describe _____

	Yes	No	Description
WATER DAMAGE	_____	<u>X</u>	_____
PHYSICAL DAMAGE	_____	<u>X</u>	_____
AGE DETERIORATION	_____	<u>X</u>	_____

CDB BUILDING #: BR050

Homogeneous Area: MMG

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes No
 HEIGHT FROM FLOOR NA ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 10+
 FREQUENCY OF USE (Hrs.) 0 1-2 3-10 10+
 UTILIZATION OF AREA ROOF

SERVICEABLE COMPONENTS (distance in ft. to)
 ELECTRICAL <1 NA 1-5 >5
 MECHANICAL <1 NA 1-5 >5
 PIPING <1 NA 1-5 >5
 OTHER <1 1-5 >5

VIBRATION Yes No X
 MECHANICAL (MOTOR) Yes No X
 PLUMBING (KNOCKING) Yes No X
 OTHER Yes No

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No X

AIR MOVEMENT Yes No
 IF YES Low Moderate X Heavy

DISTANCE TO FRIABLE MATERIAL

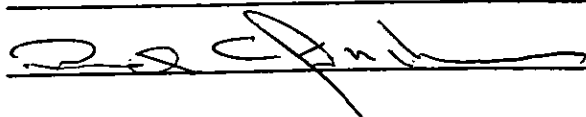
EXTERIOR DOOR Yes NA No
 EXHAUST FAN Yes NA No
 GRAVITY VENT Yes NA No
 SUPPLY AIR Yes NA No
 RETURN AIR Yes NA No
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

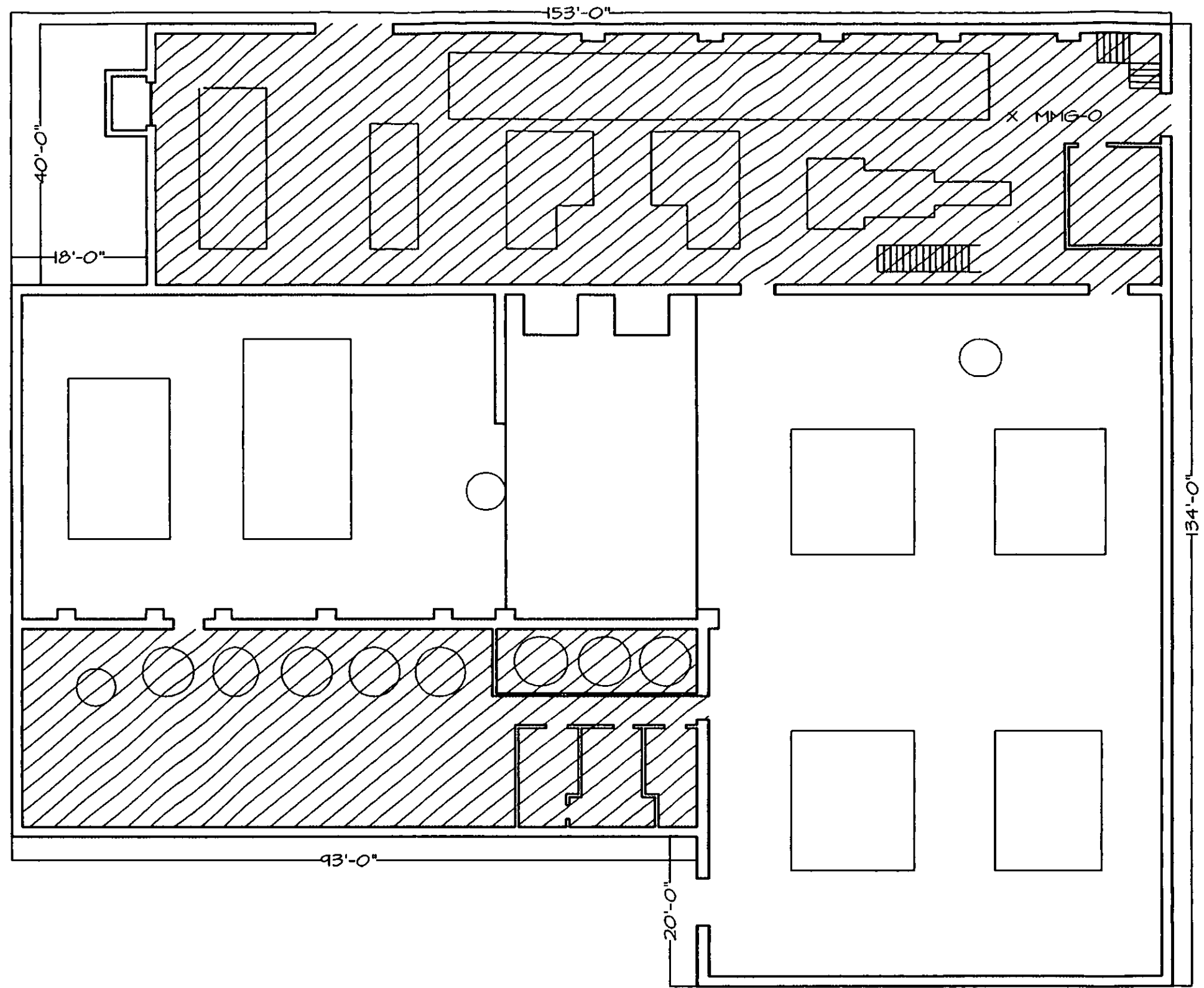
EXPLANATION OF ASSESSMENT (REQUIRED) ROOF IS IN GOOD REPAIR, AND HAS BEEN MAINTAINED.

DAMAGE PREVENTION MEASURES NONE.

COMMENTS MAINTAIN PROPERLY AND REPLACE WITH NON-ACM MATERIAL AS NEEDED

INSPECTOR'S SIGNATURE  DATE 8/7/91

SAMPLE NUMBERS (Sampling Phase) NONE
 ACBM Yes No Assumed X



UPPER FLOOR PLAN

0 24' 8' 16' 32'

ELGIN STATE HOSPITAL
POWER HOUSE - BR050



HOMOGENEOUS AREA - MMG
BUILT-UP ROOFING

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CHECKED BY R.B.Y.
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ELGIN STATE HOSPITAL POWER HOUSE - BR050

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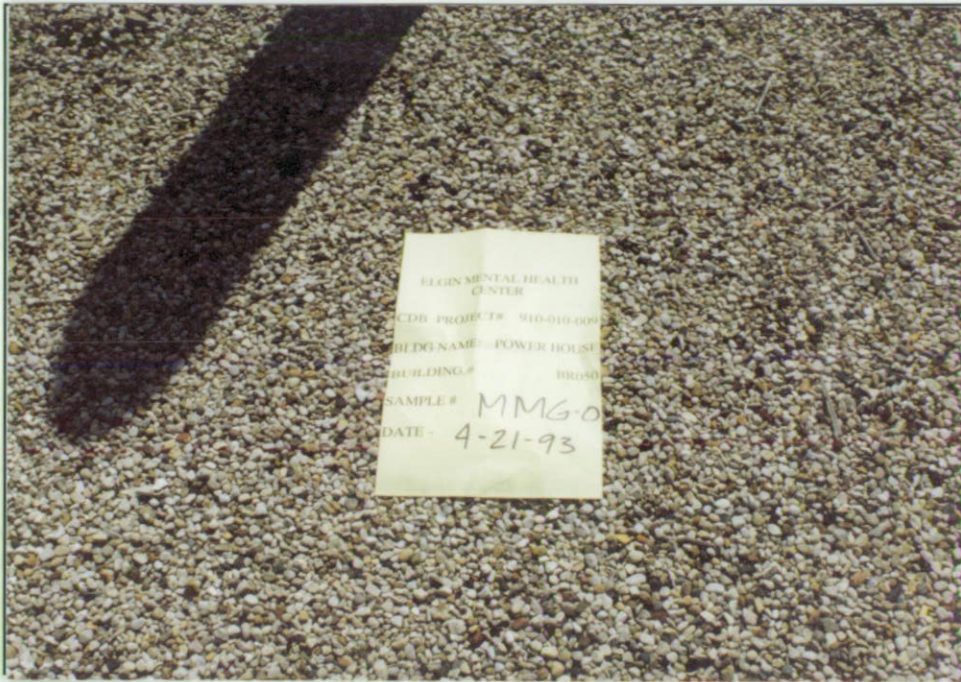
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C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



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**BR050-MMG-0
BUILT-UP
ROOFING**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MMG - 10,220 SF DESCRIPT BUILT-UP ROOFING
RESPONSE ACTION #8 - CONTINUE O&M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD
ASSESSMENT FACTORS CHANGE.

A.2.a. EXIST. COND. MATERIAL IS SHOWING LITTLE OR NO DAMAGE.

POT. FOR DAMAGE THERE IS SOME POTENTIAL FOR DAMAGE DUE TO
MATERIAL BEING EXPOSED TO WEATHER AND WIND.

A.2.b. FRIABLE NO CONDITION NO DAMAGE
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY MATERIAL IS NON-FRIABLE, BUILT-UP ROOFING WITH SOME
POTENTIAL FOR DAMAGE FROM WEATHER. MATERIAL IS WELL MAINTAINED
AND IN GOOD CONDITION.

A.3.a(2) PREVENTATIVE MEASURES MAINTAIN MATERIAL IN GOOD CONDITION.

A.3.b. O & M PROCEDURES MONITOR PERIODICALLY, REPAIR AS NEEDED.

A.3.c. HEALTH & SAFETY ALLOW ONLY TRAINED PERSONNEL TO REPAIR OR
REMOVE PRESENT ROOFING.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MMG - BUILT-UP ROOFING

REMOVAL OF:

10,220 S/F	@	\$3.00	=	\$30,660.00	
APM	24	HOURS @	\$59.00	=	\$1,416.00
ASP	24	HOURS @	\$49.00	=	\$1,176.00
APM/ASP	24	HOURS @	\$85.00	=	\$2,040.00

AIR TESTING:

PCM'S	38	@	\$25.00	=	\$950.00
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REPLACEMENT MATERIAL:

10,220 S/F	@	\$2.50	=	\$25,550.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$5,621.00		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$6,537.30		
SUB-TOTAL ESTIMATED REMOVAL COST	=	\$71,910.30		
INDEMNIFICATION COST (5% OF SUB-TOTAL)	=	\$3,595.51		
TOTAL ESTIMATED REMOVAL COST	=	\$75,505.81		

TOTAL REMOVAL COST USING APM & ASP (SEPERATE)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

14	HOURS	@	\$25.00	=	\$350.00
O&M MATERIALS	=	\$500.00			
TOTAL ESTIMATED O&M ANNUAL COST	=	\$850.00			

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BR 050 Homogeneous Area: MTA
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM C & W BRADLEY, P. C.
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: NORTHEAST CORNER OF BUILDING (OUTSIDE)
 ROOMS: COOLING TOWER

MATERIAL DESCRIPTION TRANSITE PANELS
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: WALLS
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: GREEN & WHITE, HARD

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: 3,395 Sq. ft. _____ Lin. ft. _____ Ea.

QUANTITY IN: Occupied _____ Restricted _____ Unoccupied 3,395 S/F
 ROOM FINISHES:

CEILING METAL AND WOOD
 WALLS WOOD AND TRANSITE
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <u>X</u>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes <u>X</u>	No _____	Description	<u>EXPOSED TO WEATHER</u>
PHYSICAL DAMAGE	Yes <u>X</u>	No _____	Description	<u>BATTERED & CAVED IN</u>
AGE/DETERIORATION	Yes <u>X</u>	No _____	Description	<u>VERY OLD</u>

CDB Building #: BR 050

Homogeneous Area: MTA

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes X No
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 2-16 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 X 1-2 3-10 10+
 FREQUENCY OF USE (Hrs) 0 X 1-2 3-10 10+
 UTILIZATION OF AREA NOT IN USE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes No X
 ELECTRICAL <1 1-5 >5 X MECHANICAL (MOTOR) Yes No X
 MECHANICAL <1 1-5 >5 X PLUMBING (KNOCKING) Yes No X
 PIPING <1 1-5 X >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL

EXTERIOR DOOR Yes No X
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage
 Potential for Significant Damage

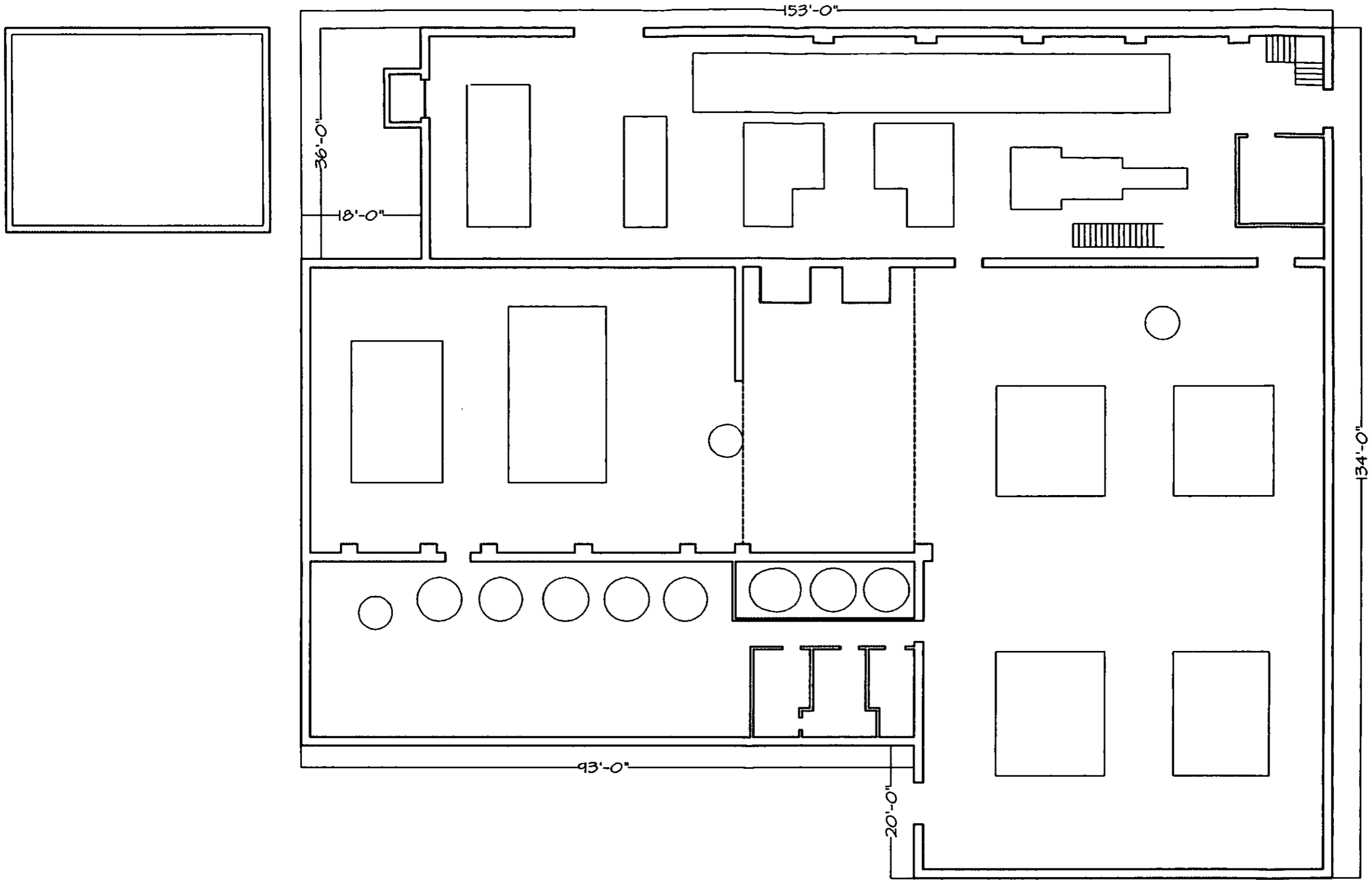
EXPLANATION OF ASSESSMENT (REQUIRED) ALTHOUGH NOT IN USE, STRUCTURE (MATERIAL) IS ACCESSIBLE TO PERSONNEL AND PATIENTS.

DAMAGE PREVENTION MEASURES FENCE IN OR SCHEDULE ABATEMENT.

COMMENTS

INSPECTOR'S SIGNATURE *[Signature]* DATE 8-7-91

SAMPLE NUMBERS NONE
 (Sampling phase) ACM Yes No Assumed X



UPPER FLOOR PLAN



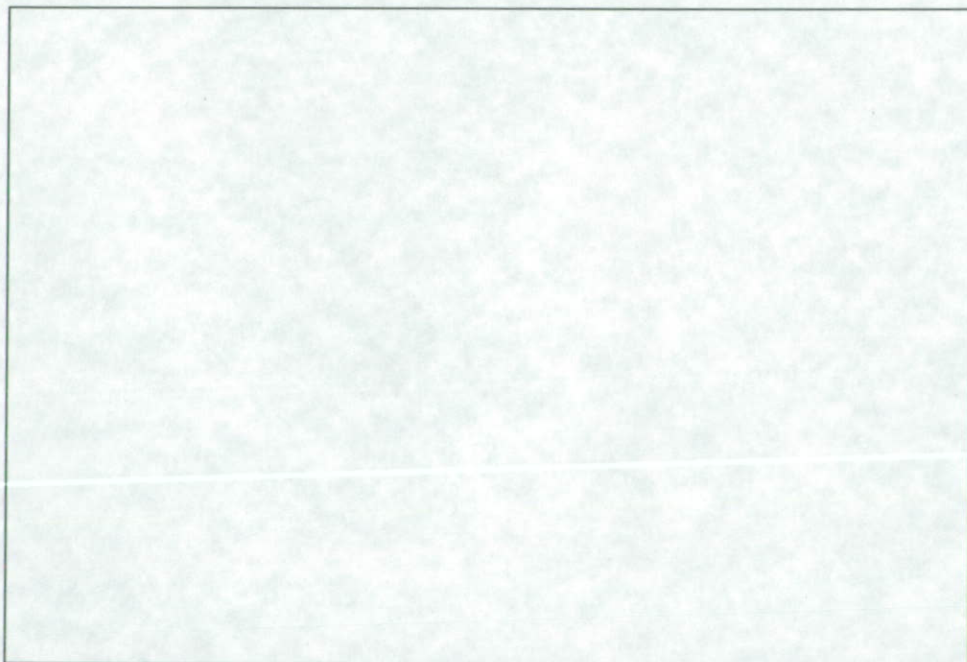
**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**

— HOMOGENEOUS AREA - MTA
CORRUGATED PANELS ON
COOLING TOWER

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PAGE NUMBER	IV-122										
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**BR050-MTA-0
TRANSITE PANELS
(ASSUMED)**



FORM 13

A.1 BLDG NAME POWER HOUSE CDB BLDG NO. BR050
HOMO AREA MTA 3,395 S/F DESCRIPT TRANSITE PANELS
RESPONSE ACTION #8 - CONTINUE O & M UNTIL MAJOR RENOVATION OR
DEMOLITION REQUIRES REMOVAL UNDER NESHAP, OR UNTIL HAZARD ASSESSMENT
FACTORS CHANGE.

A.2.a. EXIST. COND. THE MATERIAL IS IN FAIR CONDITON. IT DOES SHOW SIGNS
OF WEAR.

POT. FOR DAMAGE THERE IS NO POTENTIAL FOR DAMAGE BECAUSE THE
MATERIAL IS NONFRIABLE.

A.2.b. FRIABLE NO CONDITION DAMAGED
DISTURBANCE LOW AIR FLOW MODERATE

A.3.a(1) WHY THE MATERIAL IS NONFRIABLE AND HAS NO POTENTIAL TO
RELEASE FIBERS.

A.3.a(2) PREVENTATIVE MEASURES FENCE OFF AREA.

A.3.b. O & M PROCEDURES PERIODIC SURVIELLANCE.

A.3.c. HEALTH & SAFETY INFORM MAINTENANCE STAFF NOT TO CUT OR DRILL
MATERIAL.

COST ESTIMATES

CDB PROJECT #: 910-010-009
FACILITY: ELGIN MENTAL HEALTH CENTER
BUILDING NO. & NAME: BR050 - POWER HOUSE
HOMOGENEOUS AREA DESIGNATION: MTA - TRANSITE PANELS

REMOVAL OF:

3.395 S/F	@	\$3.00	=	\$10,185.00
APM 16	HOURS @	\$59.00	=	\$944.00
ASP 16	HOURS @	\$49.00	=	\$784.00
APM/ASP 16	HOURS @	\$85.00	=	\$1,360.00

AIR TESTING:

PCM'S 21	@	\$25.00	=	\$525.00
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REPLACEMENT MATERIAL:

3.395 S/F CEMEN. PANELS	@	\$3.00	=	\$10,185.00
A/E FEES (10% OF REMOVAL/REPLACEMENT)	=	\$2,037.00		
CONTINGENCY (10% OF TOTAL PROJECT)	=	\$2,429.20		
TOTAL ESTIMATED REMOVAL COST	=	\$26,721.20		
TOTAL ESTIMATED REMOVAL COST	=	\$1,336.06		
TOTAL ESTIMATED REMOVAL COST	=	\$28,057.26		

TOTAL REMOVAL COST USING APM / ASP (DUAL)
(RECOMMENDED SITE STAFFING)

ESTIMATED COST OF ANNUAL ASBESTOS O&M:

DESIGNATED PERSON (OR REPRESENTATIVE)

4	HOURS @	\$25.00	=	\$100.00
O&M MATERIALS	=	\$50.00		
TOTAL ESTIMATED O&M ANNUAL COST	=	\$150.00		

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: SPA
 INSPECTION DATE: 8-6-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM C & W BRADLEY, P C
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: MAIN FLOOR
 ROOMS: GENERATOR ROOM

MATERIAL DESCRIPTION HARD PLASTER (BEFORE 1952)
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: WALLS AND CEILINGS
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: WHITE/YELLOW, HARD

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: 10,341 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 10,341 S/F Unoccupied _____

ROOM FINISHES:
 CEILING PLASTER
 WALLS PLASTER AND BRICK
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <u>X</u>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

WATER DAMAGE	Yes <u>X</u>	No _____	Description	<u>SOME STAINING</u>
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description	
AGE/DETERIORATION	Yes <u>X</u>	No _____	Description	<u>PAINT PEELING DUE TO STEAM FROM GENERATORS</u>

CDB Building #: BR 050

Homogeneous Area: SPA

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 6 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE, BOILER ROOM
 OCCUPANCY (#) 0 1-2 3-10 10+ X
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA GENERATOR ROOM

SERVICEABLE COMPONENTS	(distance in ft. to)	VIBRATION	Yes <u>X</u>	No <u> </u>
ELECTRICAL	<1 <u> </u> 1-5 <u>X</u> >5 <u> </u>	MECHANICAL (MOTOR)	Yes <u>X</u>	No <u> </u>
MECHANICAL	<1 <u>X</u> 1-5 <u> </u> >5 <u> </u>	PLUMBING (KNOCKING)	Yes <u>X</u>	No <u> </u>
PIPING	<1 <u>X</u> 1-5 <u> </u> >5 <u> </u>	OTHER <u> </u>	Yes <u> </u>	No <u> </u>
OTHER <u> </u>	<1 <u> </u> 1-5 <u> </u> >5 <u> </u>			

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT IF YES Yes X No
 Low Moderate X Heavy

EXTERIOR DOOR Yes X No DISTANCE TO FRIABLE MATERIAL 10'
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes X No 10'
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage
 Potential for Significant Damage

EXPLANATION OF ASSESSMENT (REQUIRED) VERY LOW POTENTIAL FOR PHYSICAL DAMAGE BECAUSE OF HEIGHT FROM FLOOR. HOWEVER THE STEAM RELEASED BY THE GENERATORS COULD CAUSE BREAKDOWN OF MATERIAL.

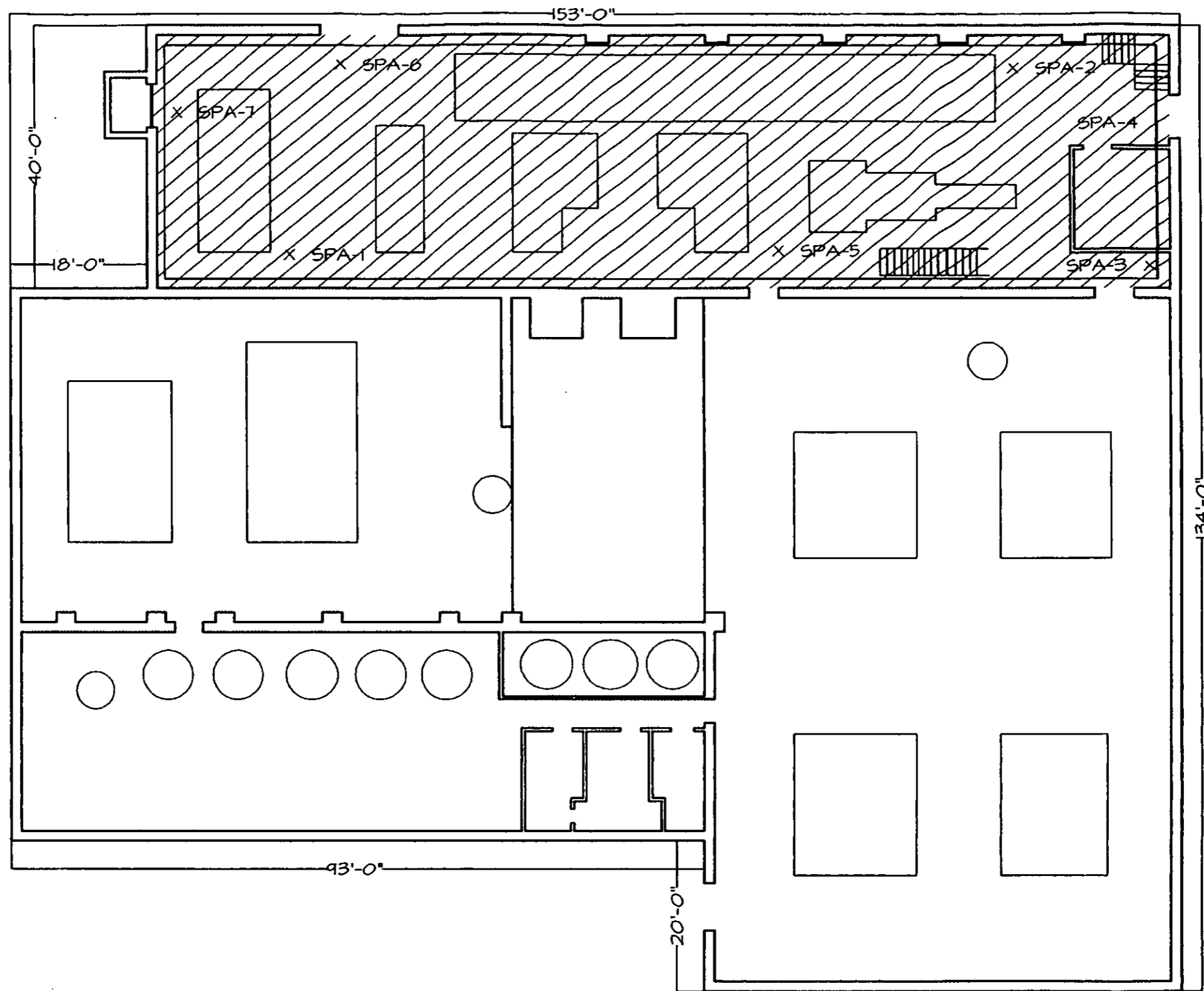
DAMAGE PREVENTION MEASURES WATERPROOF PAINT AND BETTER VENTILATION.

COMMENTS AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP AIR USED BY THE BOILERS.

INSPECTOR'S SIGNATURE *[Signature]* DATE 8/7/91

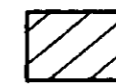
SAMPLE NUMBERS (Sampling phase) SPA-1, SPA-2, SPA-3, SPA-4, SPA-5, SPA-6, SPA-7

ACM Yes No X Assumed



UPPER FLOOR PLAN

0 2' 4' 8' 16' 32'



HOMOGENEOUS AREA - SPA
HARD PLASTER
PRE-1952

ELGIN STATE HOSPITAL
POWER HOUSE - BR050

FILE
O50-25PA

CHECKED BY
I.R.Y.

DRAWN BY
I.R.Y.

POWER HOUSE - BR050

ELGIN STATE HOSPITAL

C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.

924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

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BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) SPA 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	SPA -1	SPA -2	SPA -3
12.	Lab Sample No.	--		
13.	Color?	Grey	Grey	Grey
14.	Fibrous?	No	No	No
15.	Lavers?	No	No	No
16.	Contain Asbestos?	No	No	No
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	100%	100%	100%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M. Harrison 22. Date: 10-4-94

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) SPA 4-6
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	SPA -4	SPA -5	SPA -6
12.	Lab Sample No.			
13.	Color?	Grey	White	White
14.	Fibrous?	No	No	No
15.	Lavers?	No	No	No
16.	Contain Asbestos?	No	No	No
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	100%	100%	100%
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Laura M. Derrison 22. Date: 10-4-94

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) SPA -7
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	SPA -7		
12.	Lab Sample No.	--		
13.	Color?	White		
14.	Fibrous?	No		
15.	Lavers?	No		
16.	Contain Asbestos?	No		
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	100%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

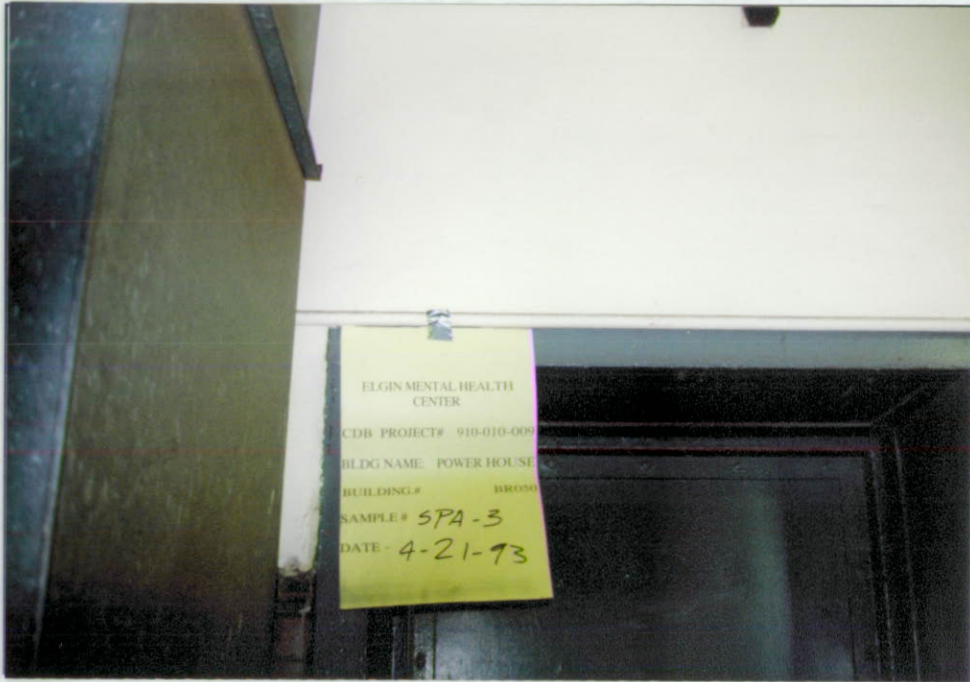
21. Report Approved By: Gina M. Demuro Date: 10-4-94



**BR050-SPA-1
HARD PLASTER
(PRE-1952)**



**BR050-SPA-2
HARD PLASTER
(PRE-1952)**



**BR050-SPA-3
HARD PLASTER
(PRE-1952)**



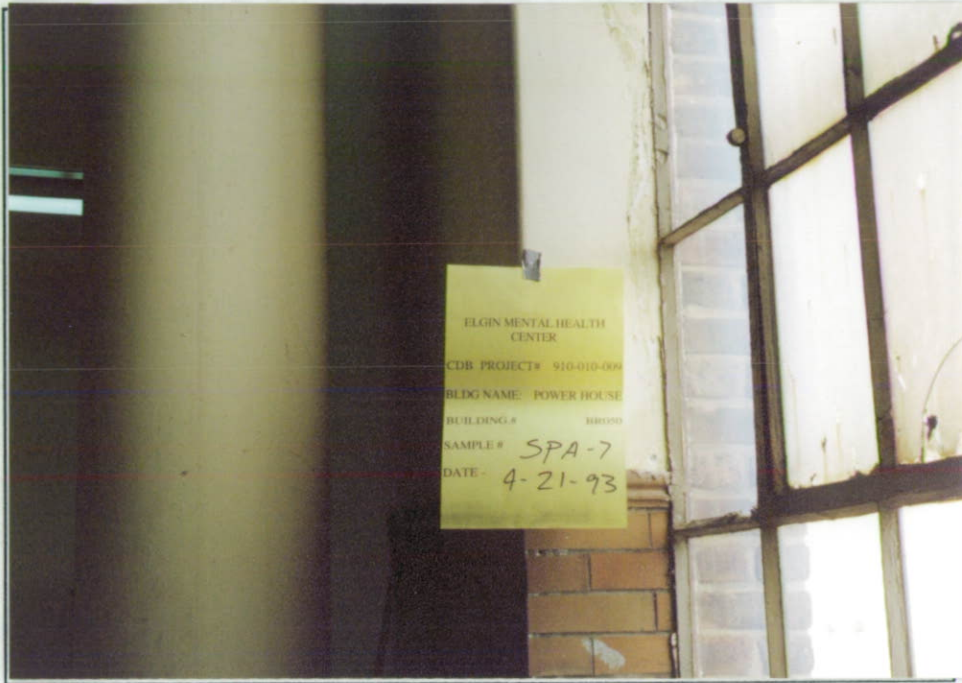
**BR050-SPA-4
HARD PLASTER
(PRE-1952)**



**BR050-SPA-5
HARD PLASTER
(PRE-1952)**



**BR050-SPA-6
HARD PLASTER
(PRE-1952)**



**BR050-SPA-7
HARD PLASTER
(PRE-1952)**



FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: SPB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-C09
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM C & W BRADLEY, P. C.
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: MAIN FLOOR
 ROOMS: REST ROOMS

MATERIAL DESCRIPTION HARD PLASTER (AFTER 1952)
 (common designation - i.e. air call)
 TYPE OF SYSTEM: WALLS AND CEILINGS
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: WHITE, HARD

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: 647 Sq. ft. _____ Ln. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 647 S/F Unoccupied _____

ROOM FINISHES:
 CEILING CONCRETE, PLASTER
 WALLS CONCRETE BLOCK, BRICK, PLASTER
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% _____	1-10% <u>X</u>	>10% _____

If <1% damage, is salient present? Yes _____ No _____
 If yes, describe _____

	Yes _____	No <u>X</u>	Description
WATER DAMAGE	Yes _____	No <u>X</u>	_____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	_____
AGE/DETERIORATION	Yes _____	No <u>X</u>	_____

CDB Building #: BR 050

Homogeneous Area: SPB

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 0 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 X 10+
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA REST ROOMS

SERVICEABLE COMPONENTS	(distance in ft. to)	VIBRATION	Yes <u>X</u>	No <u> </u>
ELECTRICAL	<1 <u>X</u> 1-5 <u> </u> >5 <u> </u>	MECHANICAL (MOTOR)	Yes <u>X</u>	No <u> </u>
MECHANICAL	<1 <u> </u> 1-5 <u>X</u> >5 <u> </u>	PLUMBING (KNOCKING)	Yes <u>X</u>	No <u> </u>
PIPING	<1 <u> </u> 1-5 <u>X</u> >5 <u> </u>	OTHER <u> </u>	Yes <u> </u>	No <u> </u>
OTHER <u> </u>	<1 <u> </u> 1-5 <u> </u> >5 <u> </u>			

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT Yes X No
 IF YES Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL

EXTERIOR DOOR Yes X No 30'
 EXHAUST FAN Yes No X
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage
 Potential for Significant Damage

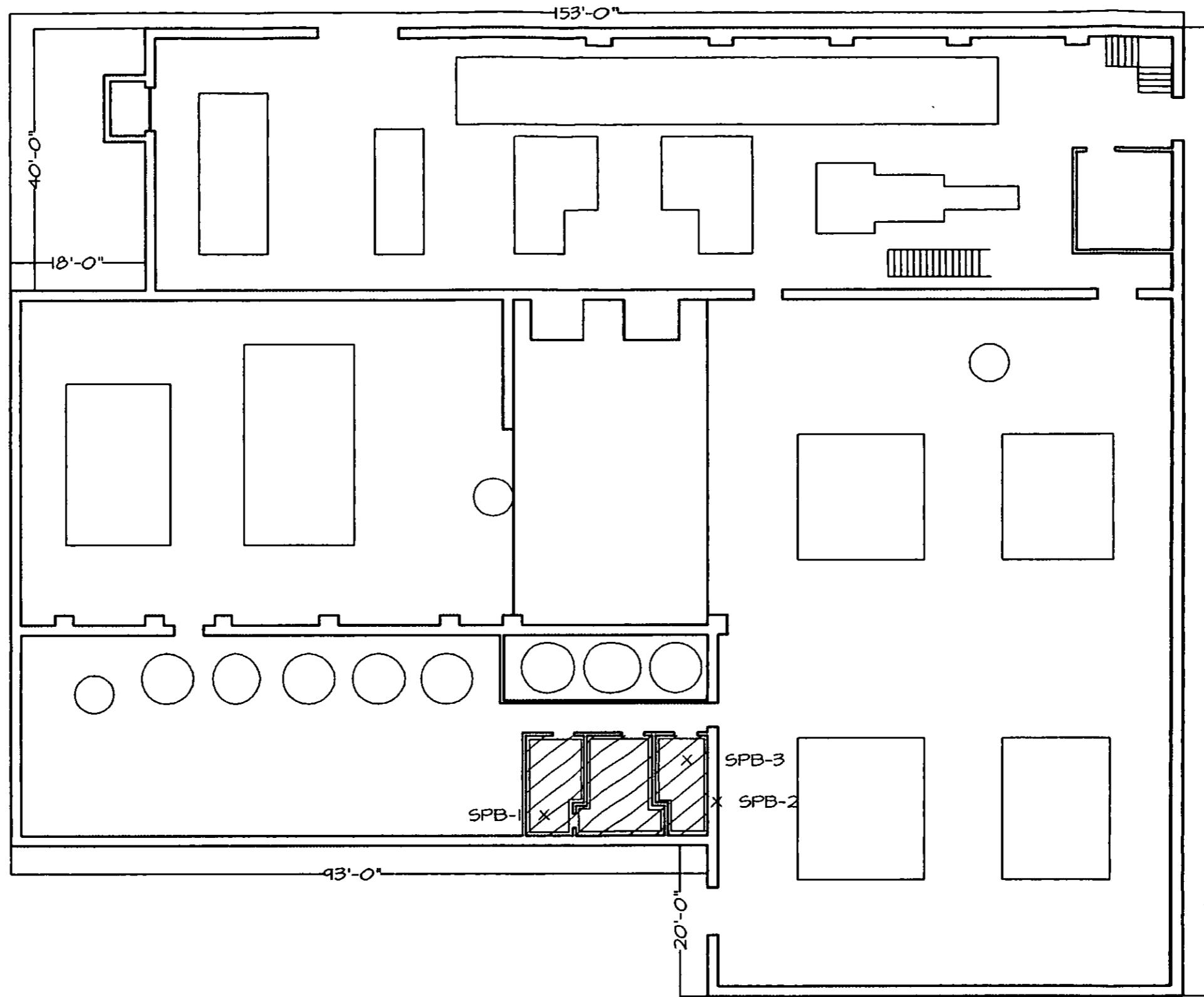
EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF THE HEAT, STEAM AND MOISTURE DAMAGE COULD OCCUR.
MOISTURE WILL CAUSE THIS MATERIAL TO BECOME FRIABLE.

DAMAGE PREVENTION MEASURES PRACTICE GOOD MAINTENANCE.

COMMENTS AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND THE MAKE UP
AIR USED BY THE BOILERS.

INSPECTOR'S SIGNATURE *[Signature]* DATE 8/2/91

SAMPLE NUMBERS SPB-1, SPB-2, SPB-3
 (Sampling phase) ACM Yes No X Assumed



UPPER FLOOR PLAN

0 24' 8' 16' 32'

ELGIN STATE HOSPITAL
POWER HOUSE - BR050



HOMOGENEOUS AREA - SPB
HARD PLASTER (POST 1952)



WALLS

FILE 050-25PB
CHECKED BY K.B.Y.
DRAWN BY

ELGIN STATE HOSPITAL POWER HOUSE - BR050



C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

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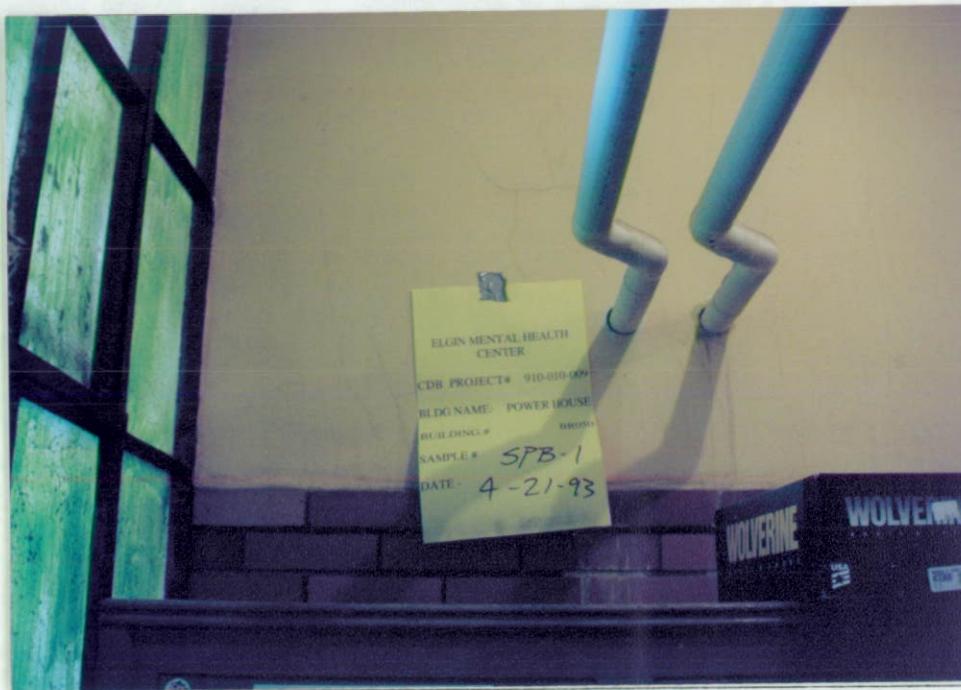
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
750 SOUTH STATE STREET
 5. ADDRESS: ELGIN, ILLINOIS 60123 6. PROJECT # 910-010-009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) SPB 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

8. Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	SPB -1	SPB -2	SPB -3
12. Lab Sample No.			
13. Color?	Beige/White	Beige/White	Beige/White
14. Fibrous?	No	No	No
15. Layers?	No	No	No
16. Contain Asbestos?	No	No	No
17. TYPE AND % ASBESTOS			
Chrysotile			
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose			
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	100%	100%	100%
19. Date Analyzed	10-1-94		
20. Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M. Derriso Date: 10-4-94



**BR050-SPB-1
HARD PLASTER
(POST-1952)**



**BR050-SPB-2
HARD PLASTER
(POST-1952)**

FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: MMC
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY: ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM: C & W BRADLEY, P. C.
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: BASEMENT AND FIRST FLOOR
 ROOMS: BOILER #5 AND #6

MATERIAL DESCRIPTION: FIREBRICK (CIRCA 1949)
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: BOILER
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: DARK GRAY, POROUS

FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: 5,148 Sq. ft. _____ Lin. ft. _____ Ea.
 QUANTITY IN: Occupied _____ Restricted 5,148 S/F Unoccupied _____

ROOM FINISHES:
 CEILING: CONCRETE
 WALLS: BRICK
 FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No X
 If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE/DETERIORATION	Yes _____	No <u>X</u>	Description _____

CDB Building #: BR 050

Homogeneous Area: MMC

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No

MAINTENANCE PERSONNEL Yes No

HEIGHT FROM FLOOR (FT.) 0-20 ft.

AREA ABOVE OUTSIDE

AREA ADJACENT OUTSIDE

OCCUPANCY (#) 0 1-2 3-10 10+

FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+

UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to)

ELECTRICAL	<1 <input type="checkbox"/>	1-5 <input checked="" type="checkbox"/>	>5 <input type="checkbox"/>	VIBRATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
MECHANICAL	<1 <input type="checkbox"/>	1-5 <input checked="" type="checkbox"/>	>5 <input type="checkbox"/>	MECHANICAL (MOTOR)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
PIPING	<1 <input type="checkbox"/>	1-5 <input checked="" type="checkbox"/>	>5 <input type="checkbox"/>	PLUMBING (KNOCKING)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
OTHER	<1 <input type="checkbox"/>	1-5 <input type="checkbox"/>	>5 <input type="checkbox"/>	OTHER	Yes <input type="checkbox"/>	No <input type="checkbox"/>

BARRIER Yes No

SUSPENDED CEILING Yes No

ENCAPSULATION Yes No

ENCLOSURE Yes No

OTHER Yes No

AIR MOVEMENT IF YES Yes No

Low Moderate Heavy

DISTANCE TO FRIABLE MATERIAL 10'

EXTERIOR DOOR Yes No

EXHAUST FAN Yes No

GRAVITY VENT Yes No

SUPPLY AIR Yes No

RETURN AIR Yes No

OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage

Potential for Significant Damage

EXPLANATION OF ASSESSMENT (REQUIRED) WHEN IN OPERATION, INSIDE OF BOILER HAS HEAVY AIR MOVEMENT. WHILE WORKING IN BOILER, DAMAGE IS POSSIBLE.

DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS THESE TWO BOILERS WERE INSTALLED IN 1949 WHICH IS DIFFERENT THAN THE OTHERS.

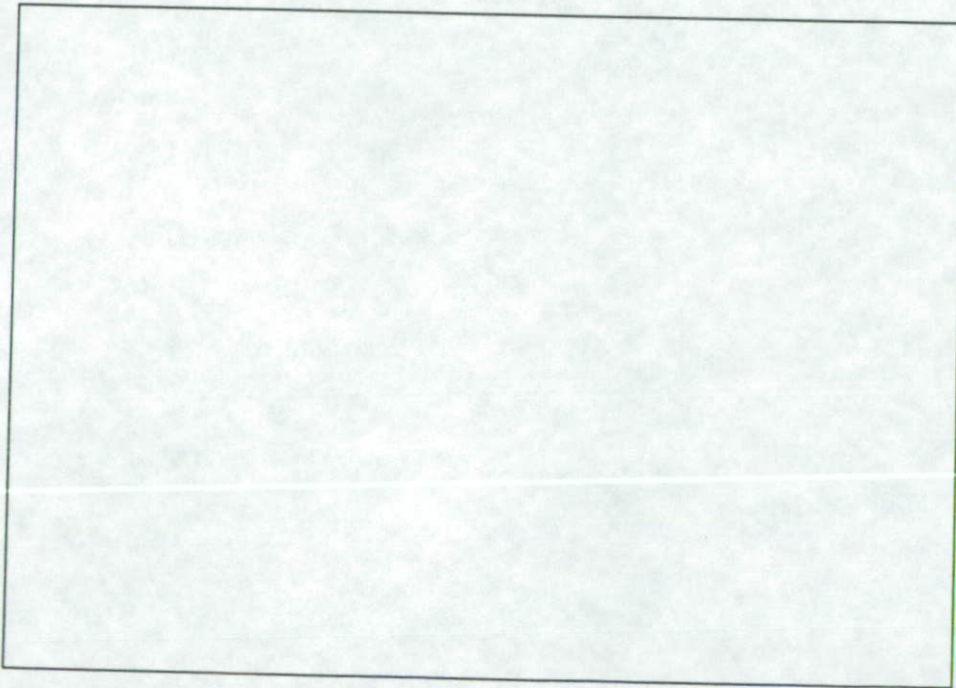
INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

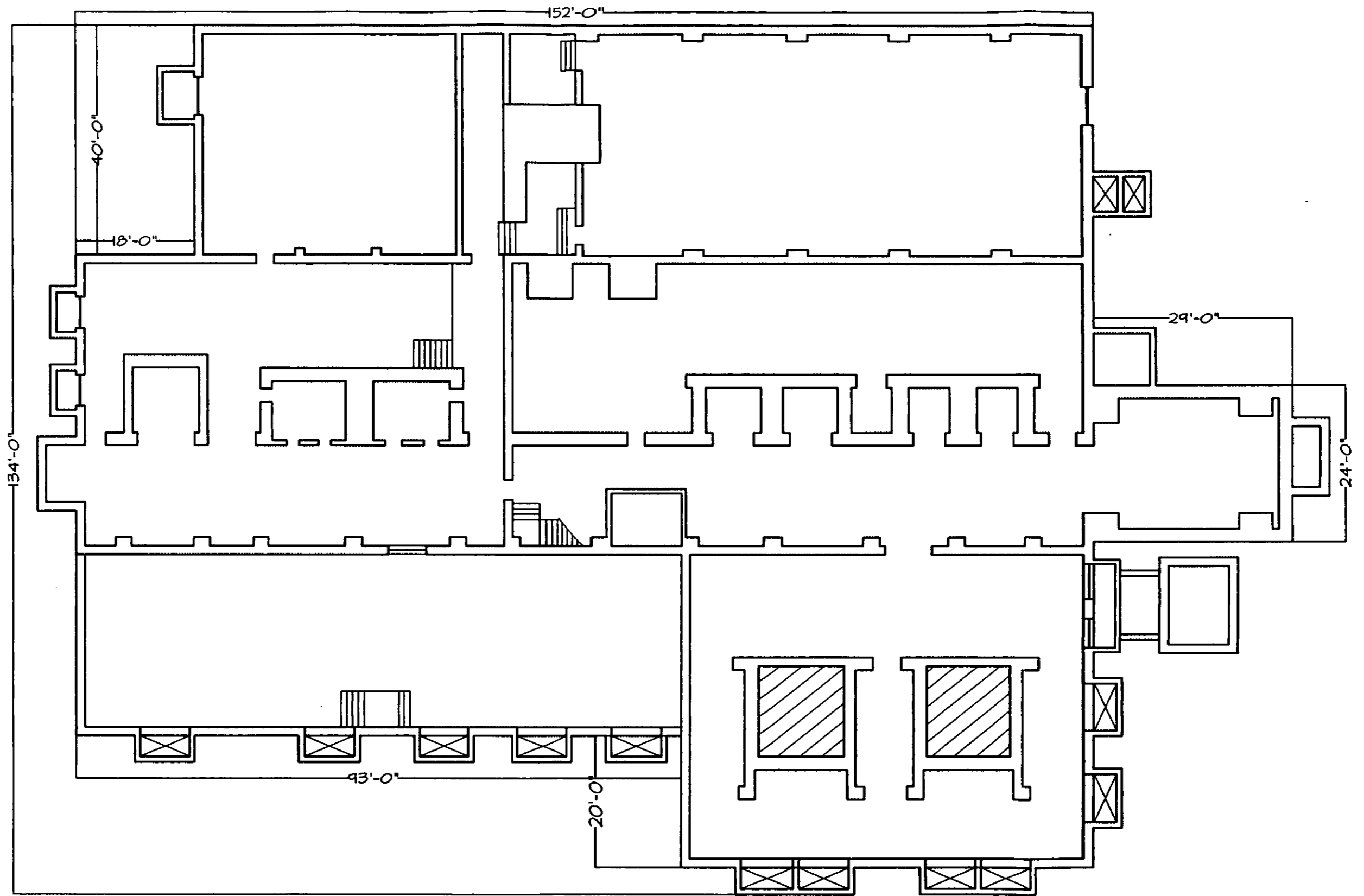
SAMPLE NUMBERS (Sampling phase) MMC-1, MMC-2, MMC-3

ACM Yes No Assumed



**BR050-SPB-3
HARD PLASTER
(POST-1952)**





BASEMENT PLAN

0 2'4" 8' 16' 32'



 HOMOGENEOUS AREA - MMC FIRE BRICK (CIRCA 1949)

**ELGIN STATE HOSPITAL
POWER HOUSE - BR050**

FILE
O50-IMMC

CHECKED BY
M.B.Y.

DRAWN BY
M.B.Y.

REVISID

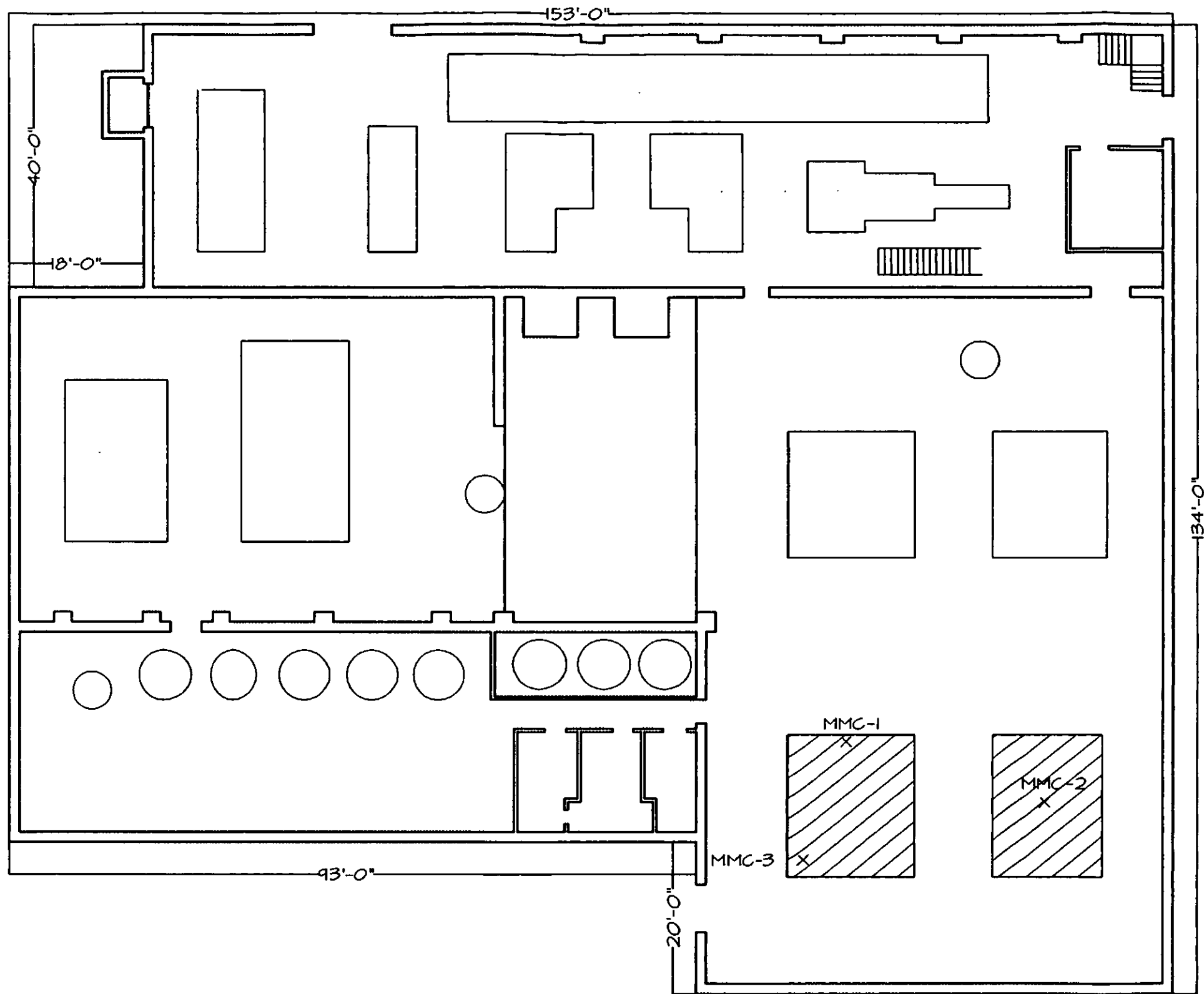
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SHEET TITLE
ELGIN STATE HOSPITAL POWER HOUSE - BR050

C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

PAGE NUMBER

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UPPER FLOOR PLAN

0 24' 8' 16' 32'

ELGIN STATE HOSPITAL
POWER HOUSE - BRO50



HOMOGENEOUS AREA - MMC
FIRE BRICK (CIRCA 1949)

FILE
050-2MMC

CHECKED BY
K.B.Y.

DRAWN BY
K.B.Y.

REVIS

POWER HOUSE - BRO50

ELGIN STATE HOSPITAL

C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631

SHEET TITLE

PAGE NUMBER

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BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MMC 1-3
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

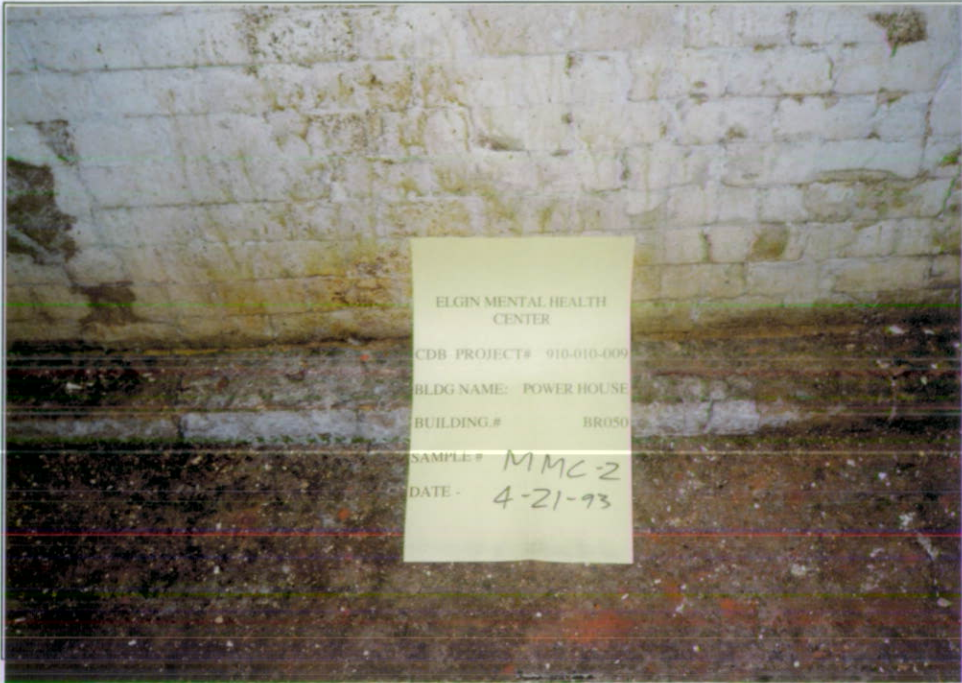
8. Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9. Date Collected	4-21-93	4-21-93	4-21-93
10. Date Received			
11. Sample No.	MMC -1	MMC -2	MMC -3
12. Lab Sample No.			
13. Color?	White	White	White
14. Fibrous?	No	No	No
15. Lavers?	No	No	No
16. Contain Asbestos?	No	No	No
17. TYPE AND % ASBESTOS			
Chrysotile			
Amosite			
Crocidolite			
Other			
Total Asbestos %			
18. OTHER MATERIAL %			
Fibrous Glass			
Cellulose			
Synthetic Fibers			
Gypsum			
Calcite			
Quartz			
Perlite			
Vermiculite			
Others	100%	100%	100%
19. Date Analyzed	10-1-94		
20. Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Gina M. Derrison 22. Date: 10-4-94



**BR050-MMC-1
FIREBRICK
CIRCA 1949**



**BR050-MMC-2
FIREBRICK
CIRCA 1949**



**BR050-MMC-3
FIREBRICK
CIRCA 1949**



FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: MME
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60122
 A/E FIRM C & W BRADLEY, P. C.
 INSPECTOR: RICHARD MAHER IDPH LICENSE NO. 100-0898
 LOCATION: SOUTHEAST AREA OF FIRST FLOOR
 ROOMS: ON TOP OF BATTERY ROOM

MATERIAL DESCRIPTION VIBRATION DAMPERS
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: VENTILATION
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: BLACK, FIBROUS

FRIABLE: Yes No Pipe Diameters _____ Inches
 TOTAL QUANTITY: _____ Sq. ft. _____ Ln. ft. 3 Ea.
 QUANTITY IN: Occupied _____ Restricted 3 EA. Unoccupied _____

ROOM FINISHES:
 CEILING CONCRETE
 WALLS CONCRETE BLOCK AND BRICK
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% <input checked="" type="checkbox"/>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No
 If yes, describe _____

	Yes _____	No <input checked="" type="checkbox"/>	Description
WATER DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	_____
PHYSICAL DAMAGE	Yes _____	No <input checked="" type="checkbox"/>	_____
AGE/DETERIORATION	Yes _____	No <input checked="" type="checkbox"/>	_____

CDB Building #: BR 050

Homogeneous Area: MME

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes No X
 MAINTENANCE PERSONNEL Yes X No
 HEIGHT FROM FLOOR (FT.) 10 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 1-2 3-10 X 10+
 FREQUENCY OF USE (Hrs) 0 1-2 3-10 10+ X
 UTILIZATION OF AREA BATTERY STORAGE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No
 ELECTRICAL <1 1-5 X >5 MECHANICAL (MOTOR) Yes X No
 MECHANICAL <1 1-5 X >5 PLUMBING (KNOCKING) Yes X No
 PIPING <1 1-5 X >5 OTHER Yes No
 OTHER <1 1-5 >5

BARRIER Yes No X
 SUSPENDED CEILING Yes No X
 ENCAPSULATION Yes No X
 ENCLOSURE Yes No X
 OTHER Yes No

AIR MOVEMENT IF YES Yes X No
 Low Moderate X Heavy
 DISTANCE TO FRIABLE MATERIAL

EXTERIOR DOOR Yes X No 20'
 EXHAUST FAN Yes X No 10'
 GRAVITY VENT Yes No X
 SUPPLY AIR Yes No X
 RETURN AIR Yes No X
 OTHER Yes No

INSPECTOR'S ASSESSMENT No Potential for Damage Potential for Damage X
 Potential for Significant Damage

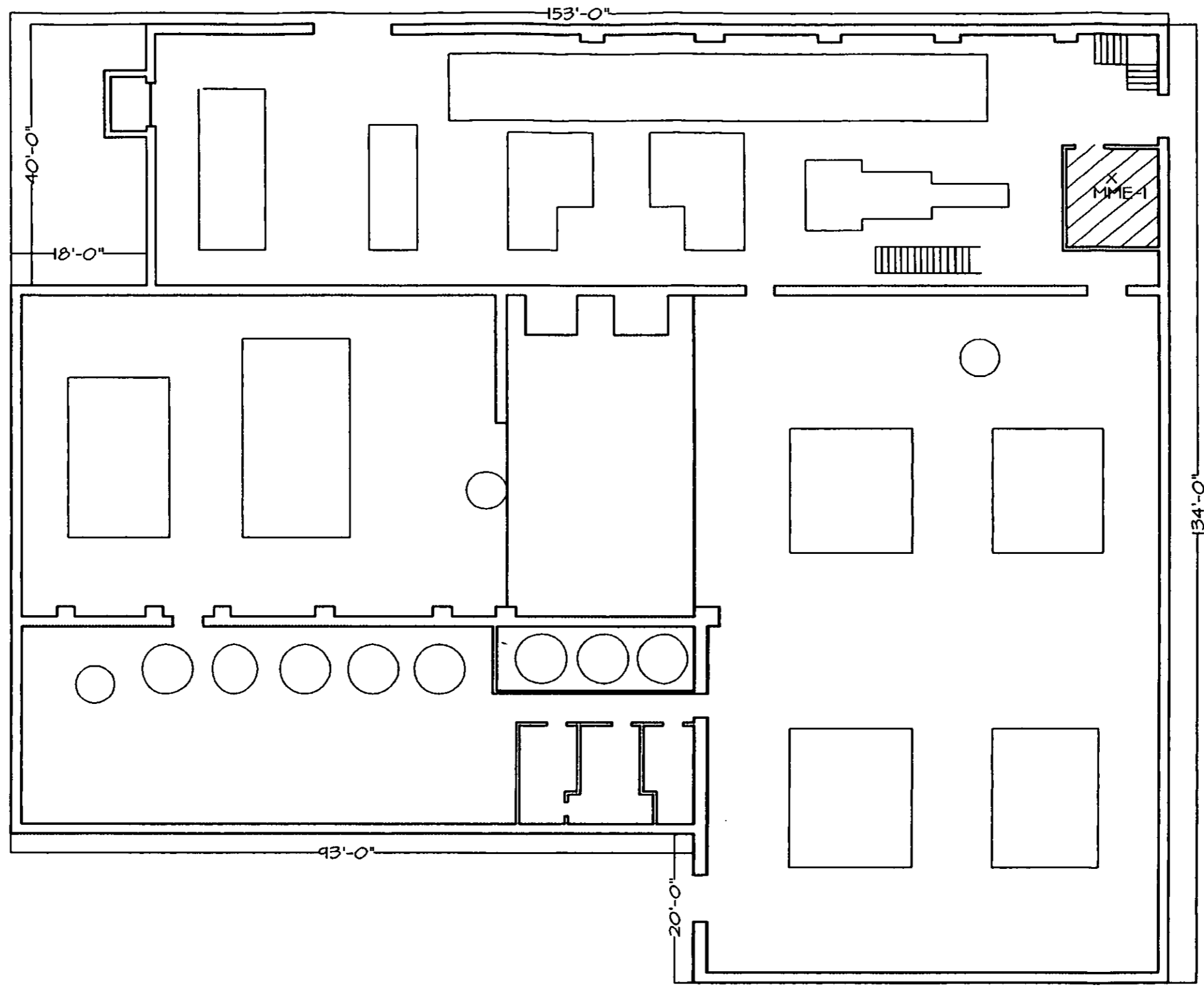
EXPLANATION OF ASSESSMENT (REQUIRED) VIBRATION DAMPERS LOOK TO BE IN GOOD CONDITION. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY THE BOILERS. INTERMITTENT VIBRATION CREATES A POTENTIAL FOR DAMAGE.

DAMAGE PREVENTION MEASURES A GOOD OPERATIONS AND MAINTENANCE PROGRAM.

COMMENTS

INSPECTOR'S SIGNATURE Richard E. Maher DATE 8/7/91

SAMPLE NUMBERS MME-1
 (Sampling phase)
 ACM Yes No X Assumed




UPPER FLOOR PLAN

0 2' 4' 8' 16' 32'

ELGIN STATE HOSPITAL
POWER HOUSE - BRO50



 HOMOGENOUS AREA - MME
VIBRATION DAMPERS

FILE 050-2MME
CHECKED BY K.B.Y.
DRAWN BY

ELGIN STATE HOSPITAL POWER HOUSE - BRO50

SHEET TITLE

PAGE NUMBER

IV-146

REVISED



C & W BRADLEY
CONSTRUCTION MANAGEMENT INC.
924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631



BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MME -1
 (AVE COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

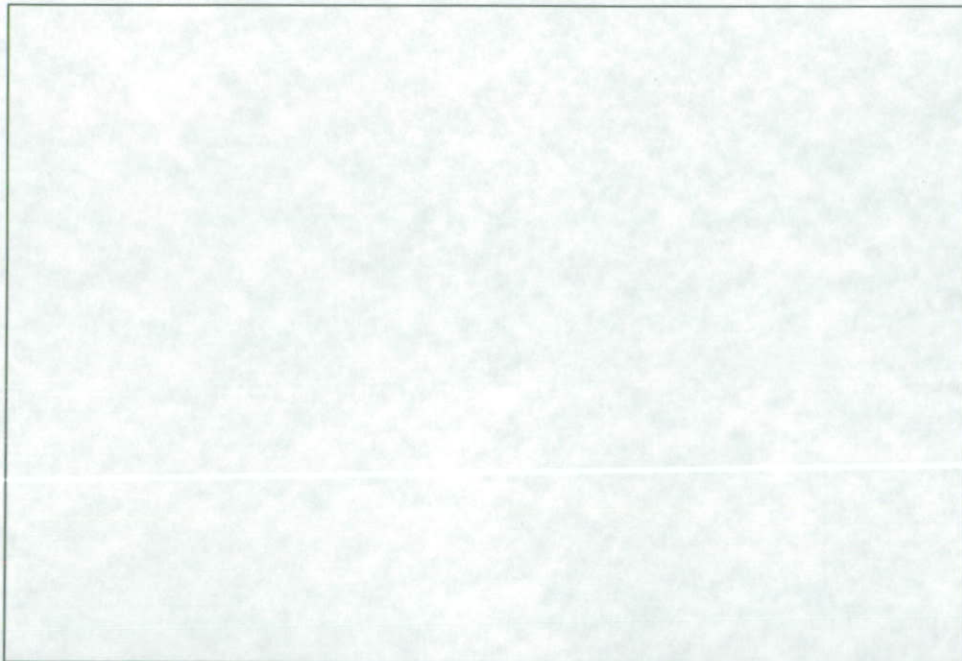
8.	Location	FIRST FLOOR	FIRST FLOOR	FIRST FLOOR
9.	Date Collected	4-21-93	4-21-93	4-21-93
10.	Date Received			
11.	Sample No.	MME -1	MME -2	MME -3
12.	Lab Sample No.			
13.	Color?	Black/Grey		
14.	Fibrous?	Yes		
15.	Layers?	Yes		
16.	Contain Asbestos?	No		
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers	40%		
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	60%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	Fred Love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M Demusone Date: 10-4-94



**BR050-MME-1
VIBRATION
DAMPERS**



FORM 9

HOMOGENEOUS AREA INSPECTION REPORT

CDB Building #: BRO 50 Homogeneous Area: MSB
 INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009
 CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES
 FACILITY ELGIN STATE MENTAL HEALTH CENTER
 BUILDING NAME: POWER HOUSE
 BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123
 A/E FIRM C & W BRADLEY, P C
 INSPECTOR: DAVID ANDERSON IDPH LICENSE NO. 100-1309
 LOCATION: FIRST FLOOR
 ROOMS: EAST SIDE OF BOILER #1

MATERIAL DESCRIPTION FIRE BRICK
 (common designation - i.e. air cell)
 TYPE OF SYSTEM: STORED MATERIAL
 (i.e. hot water)
 COLOR-TEXTURE, ETC.: LIGHT BROWN, POROUS
 FRIABLE: Yes _____ No X Pipe Diameters _____ Inches
 TOTAL QUANTITY: _____ Sq. ft. _____ Lin. ft. 6 Ea.
 QUANTITY IN: Occupied _____ Restricted 6 EA. Unoccupied _____
 ROOM FINISHES:

CEILING CONCRETE
 WALLS CONCRETE BLOCK AND BRICK
 FLOOR CONCRETE

DAMAGE ASSESSMENT:

	No Damage	Damaged	Significant Damage
LOCALIZED	<1% _____	1-25% _____	>25% _____
DISTRIBUTED	<1% <u>X</u>	1-10% _____	>10% _____

If <1% damage, is salient present? Yes _____ No X
 If yes, describe _____

WATER DAMAGE	Yes _____	No <u>X</u>	Description _____
PHYSICAL DAMAGE	Yes _____	No <u>X</u>	Description _____
AGE/DETERIORATION	Yes _____	No <u>X</u>	Description _____

CDB Building #: BR 050

Homogeneous Area: MSB

DISTURBANCE FACTORS

ACCESSIBLE TO OCCUPANTS Yes _____ No X
 MAINTENANCE PERSONNEL Yes X No _____
 HEIGHT FROM FLOOR (FT.) 1 ft.
 AREA ABOVE OUTSIDE
 AREA ADJACENT OUTSIDE
 OCCUPANCY (#) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 FREQUENCY OF USE (Hrs) 0 _____ 1-2 _____ 3-10 _____ 10+ X
 UTILIZATION OF AREA POWER HOUSE

SERVICEABLE COMPONENTS (distance in ft. to) VIBRATION Yes X No _____
 ELECTRICAL <1 _____ 1-5 _____ >5 X MECHANICAL (MOTOR) Yes X No _____
 MECHANICAL <1 _____ 1-5 X >5 _____ PLUMBING (KNOCKING) Yes X No _____
 PIPING <1 _____ 1-5 X >5 _____ OTHER _____ Yes _____ No _____
 OTHER <1 _____ 1-5 _____ >5 _____

BARRIER Yes _____ No X
 SUSPENDED CEILING Yes _____ No X
 ENCAPSULATION Yes _____ No X
 ENCLOSURE Yes _____ No X
 OTHER Yes _____ No _____

AIR MOVEMENT IF YES Yes X No _____
 Low _____ Moderate X Heavy _____
 DISTANCE TO FRIABLE MATERIAL _____

EXTERIOR DOOR Yes X No _____
 EXHAUST FAN Yes _____ No X
 GRAVITY VENT Yes _____ No X
 SUPPLY AIR Yes _____ No X
 RETURN AIR Yes _____ No X
 OTHER Yes _____ No _____

INSPECTOR'S ASSESSMENT No Potential for Damage X Potential for Damage _____
 Potential for Significant Damage _____

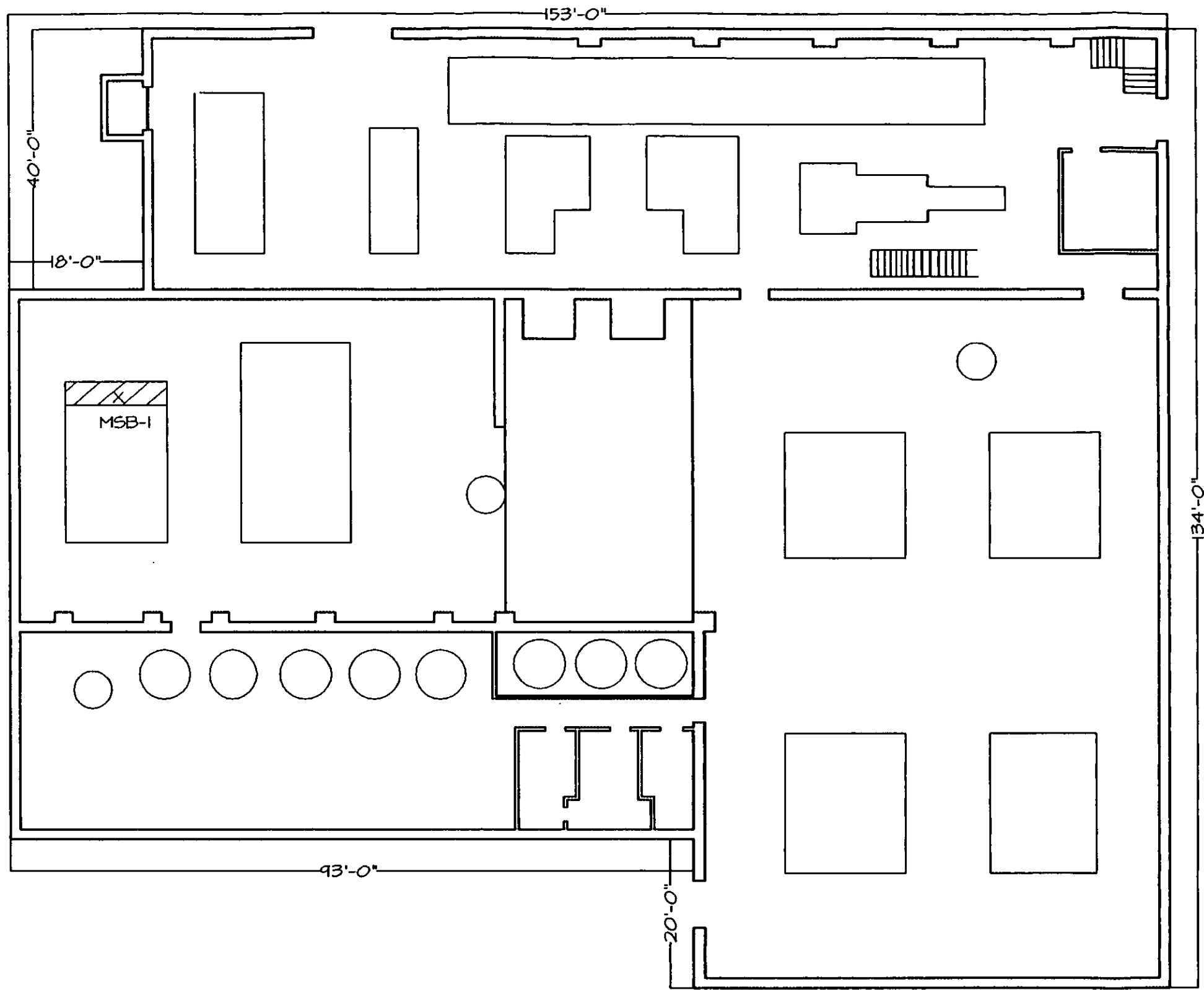
EXPLANATION OF ASSESSMENT (REQUIRED) COULD BE KNOCKED OFF OF PALLET WHEN OTHER MATERIALS ARE BEING MOVED OR STORED. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY BOILERS.

DAMAGE PREVENTION MEASURES COULD BE STORED IN A LESS CONGESTED AREA.

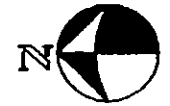
COMMENTS _____

INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS MSB-1
 (Sampling phase) Yes _____ No X Assumed _____
 ACM Yes _____ No X Assumed _____



UPPER FLOOR PLAN




**ELGIN STATE HOSPITAL
POWER HOUSE - BRO50**



HOMOGENEOUS AREA -MSB
FIRE BRICK

SHEET TITLE	ELGIN STATE HOSPITAL	POWER HOUSE - BRO50	FILE	O50-2MSB
			CHECKED BY	K.B.Y.
			DRAWN BY	K.B.Y.
			REVISIONS	1 2 3 4 5
		C & W BRADLEY CONSTRUCTION MANAGEMENT INC. 924 NORTH MAIN STREET, ROCKFORD, ILLINOIS 61103 (815)968-9631		
		PAGE NUMBER	IV-154	

**FORM 9A
STOCKPILED ACM INFORMATION**

1. FACILITY NAME	1. <u>ELGIN MENTAL HEALTH CENTER</u>
2. BUILDING NAME	2. <u>POWER HOUSE</u>
3. BUILDING ADDRESS	3. <u>750 S. STATE STREET</u> <u>ELGIN, ILLINOIS 60123</u>
4. CDB BUILDING NO.	4. <u>BR 050</u>
5. HOMOGENEOUS AREA	5. <u>MSB</u>
6. PRODUCT TYPE (USE)	6. <u>FIRE BRICK</u>
7. PRODUCT NAME	7. <u>UNK</u>
8. SEALED CONTAINER? YES/NO IF YES, SKIP QUESTIONS 9, 10, AND 11. DO NOT OPEN	8. <u>NO</u>
9. PRODUCT DESCRIPTION: SIZE	9. <u>UNKNOWN</u>
10. PRODUCT DESCRIPTION: COLOR	10. <u>LIGHT BROWN</u>
11. PRODUCT DESCRIPTION: OTHER	11. <u>POROUS</u>
12. LOCATION	12. <u>FIRST FLOOR, EAST SIDE OF BOILER #1</u>
13. USE OF LOCATION (O, R or U)	13. <u>R</u>
14. SECURED AREA? YES/NO	14. <u>YES</u>
15. CONTENTS ORIGINAL? YES/NO/UNK	15. <u>UNK</u>
16. IF YES, DOES CONTAINER STATE PRODUCT CONTAINS ASBESTOS?	16. _____
17. NUMBER OF CONTAINERS	17. <u>6 PIECES, NO CONTAINER</u>
18. DOES CONTAINER STATE MANUFACTURER'S NAME AND ADDRESS, IF SO, LIST	18. _____
19. DID YOU SEE THIS PRODUCT IN PLACE IN THE FACILITY OR BUILDING? IF YES, PLEASE INDICATE BY BUILDING NUMBER, HOMOGENEOUS AREA OR OTHER SPECIFIC LOCATION INFORMATION	19. <u>YES</u> <u>TO LINE THE BOILERS IN BR 050</u>
20. OTHER THAN BY CONTAINER, DO YOU KNOW THAT THIS PRODUCT CONTAINS ASBESTOS AND/OR THE MANUFACTURER? IF SO, PLEASE LIST AND EXPLAIN SOURCE OF KNOWLEDGE: <u>NO</u>	
_____ _____ _____	
21. OTHER COMMENTS <u>COULD BE STORED IN A MORE OUT-OF-THE-WAY AREA.</u>	
_____ _____ _____	
22. INSPECTOR'S NAME	22. <u>DAVID ANDERSON</u>
23. SIGNATURE	23. 
24. DATE	24. <u>8/2/91</u>

BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET
ELGIN, ILLINOIS 60123 6. PROJECT # 910 010 009
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MSB -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

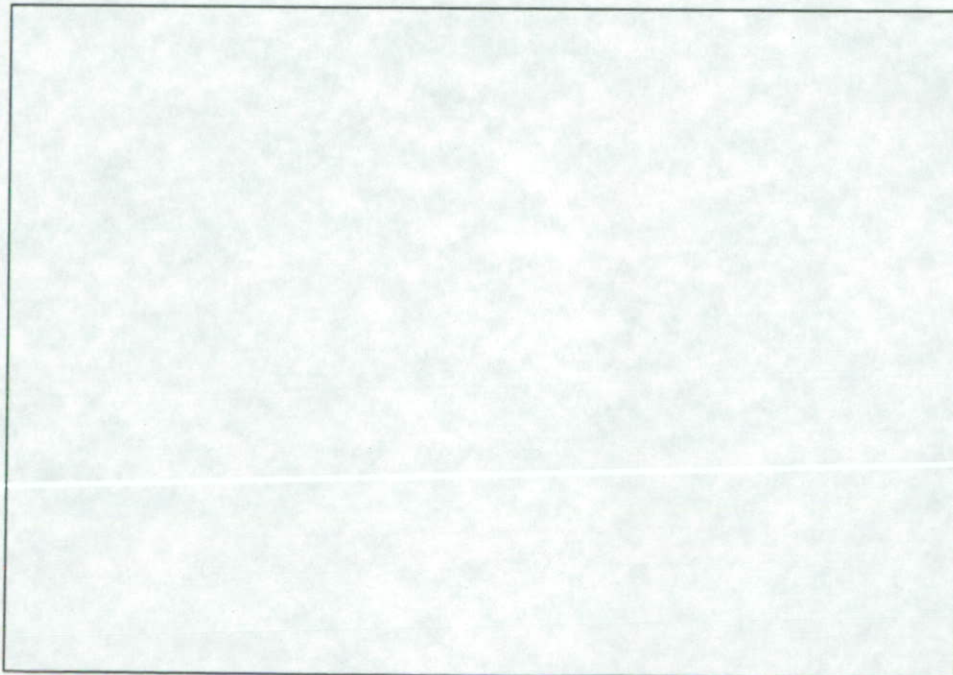
8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MSB -1		
12.	Lab Sample No.	--		
13.	Color?	Beige		
14.	Fibrous?	No		
15.	Layers?	No		
16.	Contain Asbestos?	No		
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	100%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M. Derrison Date: 10-4-94



**BR050-MSB-1
FIREBRICK**



HOMOGENEOUS AREA INSPECTION REPORT

CDB BUILDING #: BRO50 HOMOGENEOUS AREA: MSD

INSPECTION DATE: 8-7-91 CDB PROJECT NO. 910-010-009

CONTROLLING AGENCY: ILLINOIS DEPARTMENT OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

FACILITY: ELGIN STATE MENTAL HEALTH CENTER

BUILDING NAME: POWER HOUSE

BUILDING ADDRESS: 750 S. STATE STREET ELGIN, ILLINOIS 60123

A/E FIRM: C & W BRADLEY, P. C.

INSPECTOR: Ray Spielman IDPH LICENSE NO. 100-1010

LOCATION: FIRST FLOOR

ROOMS: EAST END OF BOILER #1

MATERIAL DESCRIPTION: CEMENTITIOUS INSULATION POWDER
(COMMON DESIGNATION-I.E.AIR CELL)

TYPE OF SYSTEM: STORED MATERIAL
(I.E. HOT WATER)

COLOR-TEXTURE, ETC.: GREYISH-WHITE, POWDERED

FRIABLE: YES NO PIPE DIAMETERS _____ INCHES

TOTAL QUANTITY: _____ SQ. FT. _____ LIN. FT. 3-100# EA. BAGS

QUANTITY IN: OCCUPIED _____ RESTRICTED 3-100# UNOCCUPIED _____ BAGS

ROOM FINISHES:

CEILING: CONCRETE

WALLS: CONCRETE BLOCK AND BRICK

FLOOR: CONCRETE

DAMAGE ASSESSMENT:

	NO DAMAGE	DAMAGED	SIGNIFICANT DAMAGE
LOCALIZED:	<1% _____	1-25% <input checked="" type="checkbox"/>	>25% _____
DISTRIBUTED:	<1% _____	1-10% _____	>10% _____

IF <1% DAMAGE, IS SALIENT PRESENT? YES _____ NO _____

IF YES, DESCRIBE _____

WATER DAMAGE: YES _____ NO DESCRIPTION _____

PHYSICAL DAMAGE: YES NO _____ DESCRIPTION ONE BAG TORN

AGE/DETERIORATION: YES _____ NO DESCRIPTION _____

FORM 9 - PAGE 2

CDB BUILDING #: BR 050 HOMOGENEOUS AREA: MSD

DISTURBANCE FACTORS:

ACCESSIBLE TO OCCUPANTS: YES NO X
MAINTENANCE PERSONNEL: YES X NO
HEIGHT FROM FLOOR (FT.): 0 FT.
AREA ABOVE: OUTSIDE
AREA ADJACENT: OUTSIDE
OCCUPANCY (#): 0 1-2 3-10 X 10+
FREQUENCY OF USE (HRS): 0 1-2 3-10 10+ X
UTILIZATION OF AREA: POWER HOUSE

SERVICEABLE COMPONENTS: (DISTANCE IN FT. TO) VIBRATION YES X NO
ELECTRICAL: <1 1-5 >5 X MECHANICAL (MOTOR) YES X NO
MECHANICAL: <1 1-5 X >5 PLUMBING(KNOCKING) YES X NO
PIPING: <1 1-5 X >5 OTHER YES NO
OTHER <1 1-5 >5

BARRIER: YES NO X
SUSPENDED CEILING: YES NO X
ENCAPSULATION: YES NO X
ENCLOSURE: YES NO X
OTHER YES NO

AIR MOVEMENT: YES X NO
IF YES: LOW MODERATE X HEAVY
DISTANCE TO FRIABLE MATERIAL 35'

EXTERIOR DOOR: YES X NO
EXHAUST FAN: YES NO X
GRAVITY VENT: YES NO X
SUPPLY AIR: YES NO X
RETURN AIR: YES NO X
OTHER YES NO

INSPECTOR'S ASSESSMENT: NO POTENTIAL FOR DAMAGE POTENTIAL FOR DAMAGE X
POTENTIAL FOR SIGNIFICANT DAMAGE

EXPLANATION OF ASSESSMENT (REQUIRED) BECAUSE OF MATERIALS' LOCATION ON THE FLOOR, IT COULD BE BUMPED INTO OR STEPPED ON. AIR MOVEMENT DUE TO NUMEROUS PEDESTAL FANS AND MAKE UP AIR USED BY BOILERS.

DAMAGE PREVENTION MEASURES SHOULD BE IN LOCKED STORAGE. IF A.C.M. SCHEDULE ABATEMENT.

COMMENTS

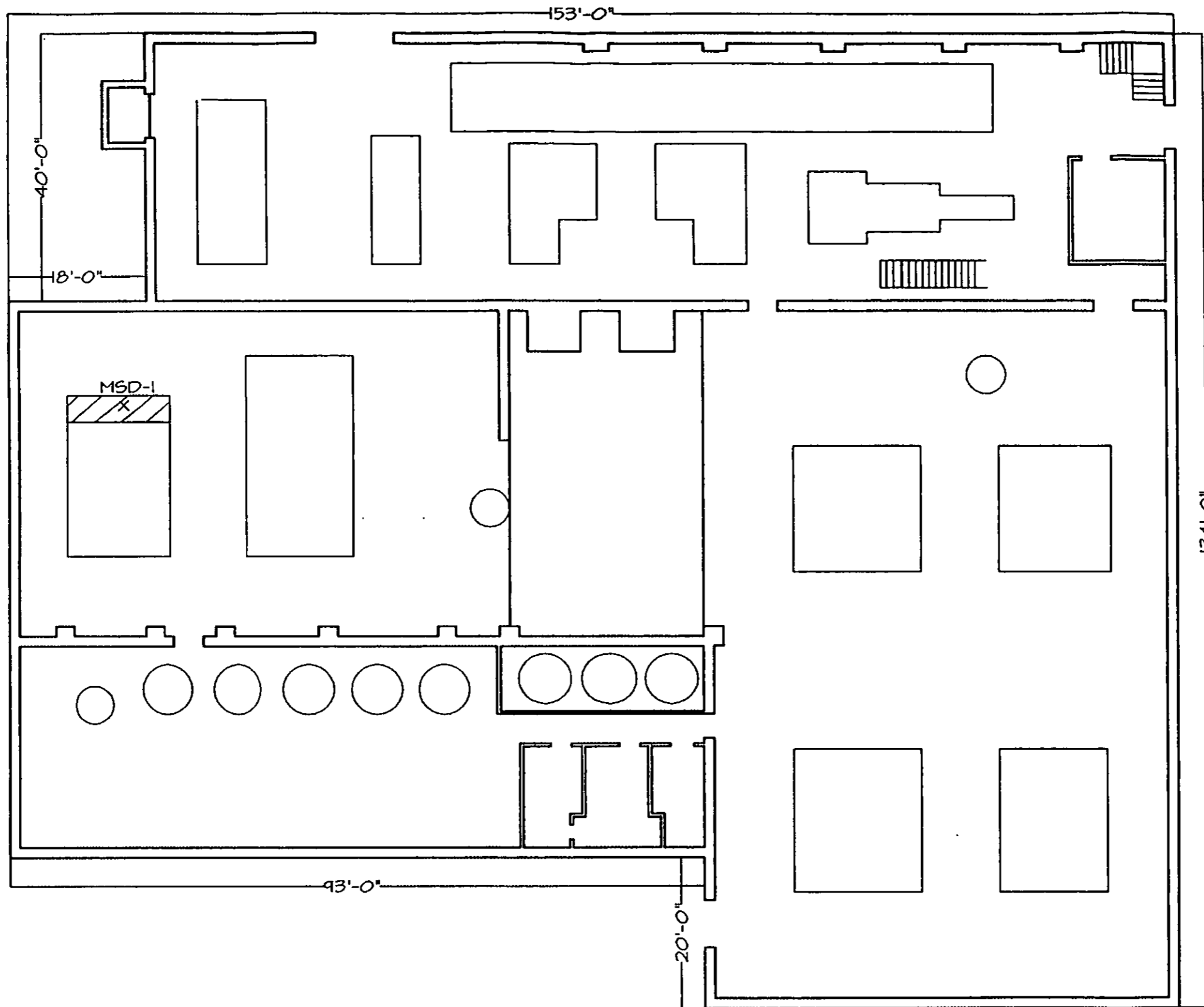
INSPECTOR'S SIGNATURE [Signature] DATE 8/7/91

SAMPLE NUMBERS (SAMPLING PHASE) MSD-1

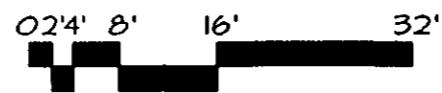
ACM YES NO X ASSUMED

**FORM 9A
STOCKPILED ACM INFORMATION**

1.	FACILITY NAME	1.	<u>ELGIN MENTAL HEALTH CENTER</u>
2.	BUILDING NAME	2.	<u>POWER HOUSE</u>
3.	BUILDING ADDRESS	3.	<u>750 S. STATE STREET</u> <u>ELGIN, ILLINOIS 60123</u>
4.	CDB BUILDING NO.	4.	<u>BR050</u>
5.	HOMOGENEOUS AREA	5.	<u>MSD</u>
6.	PRODUCT TYPE (USE)	6.	<u>THERMAL PATCHING CEMENT</u>
7.	PRODUCT NAME	7.	<u>UNK</u>
8.	SEALED CONTAINER? YES/NO IF YES, SKIP QUESTIONS 9, 10, AND 11. <u>DO NOT OPEN</u>	8.	<u>YES - 2 BAGS, NO -1 BAG</u>
9.	PRODUCT DESCRIPTION: SIZE	9.	<u>100# BAGS</u>
10.	PRODUCT DESCRIPTION: COLOR	10.	<u>GREYISH-WHITE</u>
11.	PRODUCT DESCRIPTION: OTHER	11.	<u>POWDERED</u>
12.	LOCATION	12.	<u>FIRST FLOOR, EAST END OF BOILER #1</u>
13.	USE OF LOCATION (O, R or U)	13.	<u>R</u>
14.	SECURED AREA? YES/NO	14.	<u>YES</u>
15.	CONTENTS ORIGINAL? YES/NO/UNK	15.	<u>YES</u>
16.	IF YES, DOES CONTAINER STATE PRODUCT CONTAINS ASBESTOS?	16.	<u>NO</u>
17.	NUMBER OF CONTAINERS	17.	<u>3</u>
18.	DOES CONTAINER STATE MANUFACTURER'S NAME AND ADDRESS, IF SO, LIST	18.	<u>YES - ST. LOUIS REFRACTORIES CO.</u> <u>PO BOX 20002</u> <u>ST. LOUIS, MO 63144</u>
19.	DID YOU SEE THIS PRODUCT IN PLACE IN THE FACILITY OR BUILDING? IF YES, PLEASE INDICATE BY BUILDING NUMBER, HOMOGENEOUS AREA OR OTHER SPECIFIC LOCATION INFORMATION	19.	<u>YES - BR 050</u>
20.	OTHER THAN BY CONTAINER, DO YOU KNOW THAT THIS PRODUCT CONTAINS ASBESTOS AND/OR THE MANUFACTURER? IF SO, PLEASE LIST AND EXPLAIN SOURCE OF KNOWLEDGE: <u>FROM PAST EXPERIENCE, THERMAL PATCHING CEMENT POWDER HAS A.C.M.</u>		
21.	OTHER COMMENTS		
22.	INSPECTOR'S NAME	22.	<u>Ray Spielmann</u>
23.	SIGNATURE	23.	<u>Ray Spielmann</u>
24.	DATE	24.	<u>8/7/91</u>



UPPER FLOOR PLAN



 HOMOGENEOUS AREA - MSD
CEMENT POWDER

ELGIN STATE HOSPITAL
POWER HOUSE - BR050

SHEET TITLE: ELGIN STATE HOSPITAL POWER HOUSE - BR050
 DRAWN BY: K.B.Y.
 CHECKED BY:
 FILE: 050-2MSD

REVISED
 1
 2
 3
 4
 5



C & W BRADLEY
 CONSTRUCTION MANAGEMENT INC.
 924 NORTH MAIN STREET, ROCKFORD, ILL. 61103 (815) 968-9631

PAGE NUMBER

IV-157

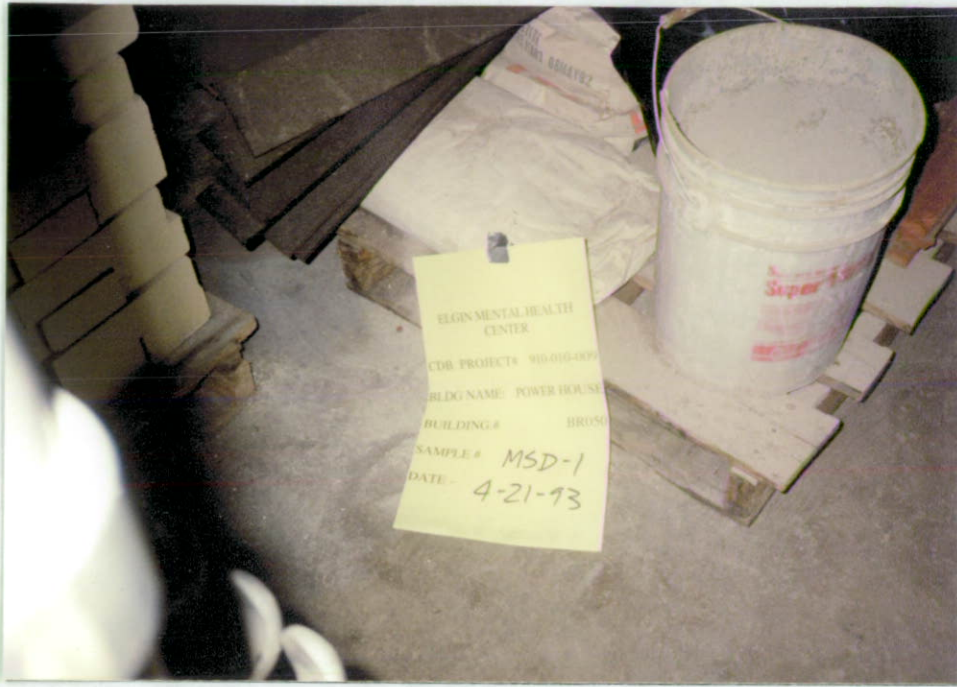
BULK SAMPLE LABORATORY ANALYSIS REPORT

1. FACILITY: ELGIN MENTAL HEALTH CENTER 2. CDB BUILDING # BR050
 3. BUILDING: POWER HOUSE 4. CLIENT (A/E) C. & W. BRADLEY P.C.
 5. ADDRESS: 750 SOUTH STATE STREET 6. PROJECT # 910-010-009
ELGIN, ILLINOIS 60123
 7. HOMOGENEOUS AREA (ONLY 1 PER FORM) MSD -1
 (A/E COMPLETE ITEMS 1-9 & PROVIDE TO LABORATORY.)

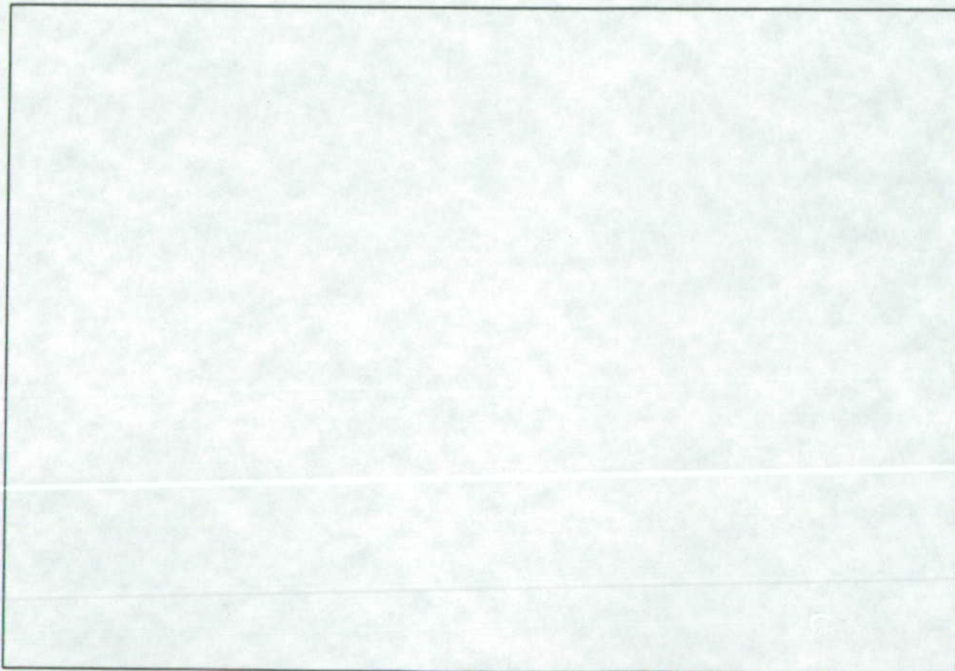
8.	Location	FIRST FLOOR		
9.	Date Collected	4-21-93		
10.	Date Received			
11.	Sample No.	MSD -1		
12.	Lab Sample No.			
13.	Color?	grey		
14.	Fibrous?	No		
15.	Layers?	No		
16.	Contain Asbestos?	No		
17.	TYPE AND % ASBESTOS			
	Chrysotile			
	Amosite			
	Crocidolite			
	Other			
	Total Asbestos %			
18.	OTHER MATERIAL %			
	Fibrous Glass			
	Cellulose			
	Synthetic Fibers			
	Gypsum			
	Calcite			
	Quartz			
	Perlite			
	Vermiculite			
	Others	100%		
19.	Date Analyzed	10-1-94		
20.	Analyzed By	fred love		

All samples analyzed by polarized light microscopy with dispersion staining.

21. Report Approved By: Lina M. Demuro Date: 10-4-94



**BR050-MSD-1
CEMENTITIOUS
POWDER**



FOI, M 14 COST SUMMARY

C.D.B. BLDG. NO. BR050

Power House

BLDG. NAME

HOMOGEN AREA	MATERIAL DESCRIPTION	RESPONSE ACTION		COST OF RESPONSE	COST OF ANNUAL O&M	COST OF REMOVAL
		NO.	DESCRIPTION			
TPA	Magnesium Pipe Insul.	1	Isolate area and restrict access. Remove as soon as possible.	\$416,246.75	\$525.00	\$416,246.75
TPB	Paper Wrap Pipe Insul.	2	Continue O & M. Remove as soon as possible or repair	\$17,430.00	\$400.00	\$139,818.64
TPC	Aircell Pipe Insul.	1	Isolate area and restrict access. Remove as soon as possible.	\$50,596.04	\$350.00	\$50,596.04
TJA	Cementitious Joint insulation on Mag. Pipes.	1	Isolate area and restrict access. Remove as soon as possible.	\$114,453.45	\$325.00	\$114,453.45
TJB	Cementitious Joint Insulation on Paper Wrap Pipes	2	Continue O & M. Remove as soon as possible or repair.	\$2705.00	\$475.00	\$39,996.61
TJC	Cementitious Joint insulation on Aircell Pipes.	2	Continue O & M. Remove as soon as possible or repair.	\$1070.00	\$350.00	\$13,421.56
TJD	Cementitious Joint insulation on Fiberglass Pipes	2	Continue O & M. Remove as soon as possible or repair.	\$2515.00	\$225.00	\$18,578.75
TBA	Aircell Block Insul.	1	Isolate area and restrict access. Remove as soon as possible.	\$34,261.46	\$375.00	\$34,261.46
TBB	Lagging Around Manholes & Breeching. (Circa 1958)	2	Continue O & M. Remove as soon as possible or repair.	\$2400.00	\$400.00	\$14,714.70
TBC	Lagging around Manholes & Lagging (Circa 1949)	2	Continue O & M. Remove as soon as possible or repair.	\$8520.00	\$400.00	\$47,468.65
BUILDING TOTALS						

COST SUMMARY

C.D.B. BLDG. NO. BR050

Power House

BLDG. NAME

HOMOGEN AREA	MATERIAL DESCRIPTION	RESPONSE ACTION		COST OF RESPONSE	COST OF ANNUAL O&M	COST OF REMOVAL
		NO.	DESCRIPTION			
TBD	Lagging on Manholes & Tubing (Circa 1961)	2	Continue O & M. Remove as soon as possible or repair	\$4240.00	\$400.00	\$23,422.14
TBE	Trowled Thermal Insul.	4	Continue O & M. Schedule removal when practical & cost-effective	\$225.00	\$225.00	\$96,647.51
TFA	Breeching	1	Isolate area and restrict access. Remove as soon as possible.	\$82,598.67	\$225.00	\$82,598.67
TTB	Magnesium Pipe Insul.	8	Continue O & M until major renovation or demo require removal under NESHAP.	\$225.00	\$225.00	\$81,658.50
TTD	Tank Insulation	4	Continue O & M. Schedule removal when practical & cost effective.	\$2575.00	\$175.00	\$15,520.89
MMF	Pipe Flange Gaskets	4	Continue O & M. Schedule removal when practical & cost effective.	\$600.00	\$600.00	\$183,028.23
MMH	Boiler Gaskets	7	Continue O & M. Take preventive measures to reduce disturbance.	\$105.00	\$105.00	\$1,524.14
MSC	Gaskets - Stored	8	Continue O & M until major renovation requires removal under NESHAP.	\$50.00	\$50.00	\$1,600.81
MSE	Thermal Insul. Cloth (Stored)	8	Continue O & M until major renovation requires removal under NESHAP.	\$50.00	\$50.00	\$1,600.81
MSG	Insulation Blankets	8	Continue O & M until Major renovation requires removal under NESHAP.	\$50.00	\$50.00	\$1,600.81
BUILDING TOTALS						

FORM 14 COST SUMMARY

C.D.B. BLDG. NO. BR050

Power House

BLDG. NAME

HOMOGEN AREA	MATERIAL DESCRIPTION	RESPONSE ACTION		COST OF RESPONSE	COST OF ANNUAL O&M	COST OF REMOVAL
		NO.	DESCRIPTION			
MMA	Fire Doors	4	Continue O & M. Schedule removal when practical & cost effective.	\$50.00	\$50.00	\$3,875.02
MMB	Fire Brick (Circa 1958)	8	Continue O & M until major renovation requires removal under NESHAP.	\$400.00	\$400.00	\$34,368.06
MMD	Fire Brick (Circa 1961)	8	Continue O & M until major renovation requires removal under NESHAP.	\$400.00	\$400.00	\$45,688.10
MMG	Built-up Roofing	8	Continue O & M until major renovation requires removal under NESHAP.	\$850.00	\$850.00	\$75,505.81
MTA	Transite Panels	8	Continue O & M until major renovation requires removal under NESHAP.	\$150.00	\$150.00	\$28,057.26
BUILDING TOTALS				\$74,2766.37	\$7780.00	\$1982499.70

2:34

COPY

CHAIN OF CUSTODY RECORD FOR ASBESTOS BULK SAMPLES

1. CDB Bldg. No.: BR050
 2. Batch #: 21319
 3. Facility Name: ELGIN MENTAL HEALTH CENTER
 4. CDB Project #: 910-010-009
 5. Building Name: POWER HOUSE
 6. Date Samples Collected: 4-21-93
 7. Name of Inspector: MARK HAINES
 8. Project Name: ASBESTOS SURVEY
 9. License #: 100-0919
 10. Sample Numbers: SPA 1-7 SPB 1-3
 TPA 1-3 TPB 1-3 TPC -1 TTA 1-3 TTB 1-3 TJC 1-3 TJD 1-3 MMC 1-3
 TBA -1 TBB 1-3 TBC 1-3 TBD 1-3 TBE 1-3 MME -1 MMF 1-3 MSG -1
 TTB 1-3 TTD 1-3 MSB -1 MSC -1 MSD -1 MSE -1 TFA 1-3 MMH -1
 11. Total # Samples: 64

12. Sample numbers relinquished: SAME AS ABOVE
 Relinquished by: MARK HAINES Representing: C+W BRADLEY
 Signature: [Signature]
 Method of Transmission: HAND DELIVERED
 Date and Time: 4-21-93 4 PM

Sample numbers received: SAME AS ABOVE
 Received by: DAVID ANDERSON Representing: C+W BRADLEY
 Signature: [Signature]
 Condition of Sample Upon Receipt: GOOD
 Date and Time: 4-21-93 4 PM
 Reason for Obtaining Sample: HAND FOR TESTING

13. Sample numbers relinquished: SAME AS ABOVE
 Relinquished by: DAVID ANDERSON Representing: C+W BRADLEY
 Signature: [Signature]
 Method of Transmission: HAND DELIVERED
 Date and Time: 9-8-94 10 AM

Sample numbers received: SAME AS ABOVE
 Received by: MARK HAINES Representing: C+W BRADLEY
 Signature: [Signature]
 Condition of Sample Upon Receipt: GOOD
 Date and Time: 9-8-94 10 AM
 Reason for Obtaining Sample: TAKE TO LAB

14. Sample numbers relinquished: SAME AS ABOVE
 Relinquished by: MARK HAINES Representing: C+W BRADLEY
 Signature: [Signature]
 Method of Transmission: GOOD HAND DELIVERED
 Date and Time: 9-8-94 12:45 PM

Sample numbers received: SAME AS ABOVE
 Received by: ABNA DENISON Representing: STAT ANALYSIS CORP
 Signature: [Signature]
 Condition of Sample Upon Receipt: Good
 Date and Time: 9-8-94 1:45 PM
 Reason for Obtaining Sample: analysis

18. Sample numbers relinquished: Same as above
Relinquished by: GINA DEANISON Representing: STAT
Signature: Gina M. Deanison
Method of Transmission: Hand Delivered
Date and Time: 10-18-94

Sample numbers received: Same as above
Received by: Bene Van Someren Representing: STAT
Signature: Bene Van Someren
Condition of Sample Upon Receipt: Good
Date and Time: 10-18-94 5:00 PM
Reason for Obtaining Sample: Delivery

19. Sample numbers relinquished: Same as above
Relinquished by: Pete Van Someren Representing: STAT
Signature: Pete Van Someren
Method of Transmission: Hand Del.
Date and Time: 10-18-94 2:00 PM

Sample numbers received: AS ABOVE
Received by: Greg Lackner Representing: CdW Bradley
Signature: Greg Lackner
Condition of Sample Upon Receipt: Good
Date and Time: 10-19-94 2:00 PM
Reason for Obtaining Sample: STORAGE

20. Sample numbers relinquished: AS ABOVE
Relinquished by: Greg Lackner Representing: CdW Bradley
Signature: Greg Lackner
Method of Transmission: Hand Delivered
Date and Time: 1/5/96 10:00 AM

Sample numbers received: AS ABOVE
Received by: Ken Roberts Representing: CdW Bradley
Signature: Ken Roberts
Condition of Sample Upon Receipt: Good
Date and Time: 1/5/96 10:00 AM
Reason for Obtaining Sample: Transport to CDB

Chain of Custody is completed with delivery of samples to a CDB Sample Custodian. Project Manager shall make arrangements for delivery.

COPY

CHAIN OF CUSTODY RECORD FOR ASBESTOS BULK SAMPLES

- 1. CDB Bldg. No.: BR050
- 2. Batch #: 21319
- 3. Facility Name: Elgin Mental Health Center
- 4. CDB Project #: 910-010-009
- 5. Building Name: Power House
- 6. Date Samples Collected: 4-21-93
- 7. Name of Inspector: Mark Haines
- 8. Project Name: Asbestos Survey
- 9. License #: 100-0919
- 10. Sample Numbers: SPA 1-7, SPB 1-3
TPA 1-3, TPB 1-3, TPC 1, TJA 1-3, TJB 1-3, TJC 1-3, TJD 1-3, MMC 1-3
TBA 1, TBB 1-3, TBC 1-3, TBD 1-3, TBE 1-3, MME 1, MMF 1-3, MSG 1,
TTB 1-3, TTD 1-3, MSB 1, MSC 1, MSD 1, MSE 1, TFA 1-3, MMH 1
- 11. Total # Samples: 64

12. Sample numbers relinquished: AS LISTED ABOVE
 Relinquished by: KEN O'BRYEN Representing: C & W BRADLEY
 Signature: [Signature]
 Method of Transmission: Hand Delivered
 Date and Time: 2-6-96 11AM

Sample numbers received: SEE ITEM # 10, PAGE 1 (64)
 Received by: T.H. HESS Representing: CDO
 Signature: [Signature]
 Condition of Sample Upon Receipt: GOOD
 Date and Time: 2-6-96 11AM
 Reason for Obtaining Sample: STORAGE

13. Sample numbers relinquished: _____
 Relinquished by: _____ Representing: _____
 Signature: _____
 Method of Transmission: _____
 Date and Time: _____
 Sample numbers received: _____
 Received by: _____ Representing: _____
 Signature: _____
 Condition of Sample Upon Receipt: _____
 Date and Time: _____
 Reason for Obtaining Sample: _____

14. Sample numbers relinquished: _____
 Relinquished by: _____ Representing: _____
 Signature: _____
 Method of Transmission: _____
 Date and Time: _____
 Sample numbers received: _____
 Received by: _____ Representing: _____
 Signature: _____
 Condition of Sample Upon Receipt: _____
 Date and Time: _____
 Reason for Obtaining Sample: _____

18. Sample numbers relinquished: _____
Relinquished by: _____ Representing: _____
Signature: _____
Method of Transmission: _____
Date and Time: _____

Sample numbers received: _____
Received by: _____ Representing: _____
Signature: _____
Condition of Sample Upon Receipt: _____
Date and Time: _____
Reason for Obtaining Sample: _____

19. Sample numbers relinquished: _____
Relinquished by: _____ Representing: _____
Signature: _____
Method of Transmission: _____
Date and Time: _____

Sample numbers received: _____
Received by: _____ Representing: _____
Signature: _____
Condition of Sample Upon Receipt: _____
Date and Time: _____
Reason for Obtaining Sample: _____

20. Sample numbers relinquished: _____
Relinquished by: _____ Representing: _____
Signature: _____
Method of Transmission: _____
Date and Time: _____

Sample numbers received: _____
Received by: _____ Representing: _____
Signature: _____
Condition of Sample Upon Receipt: _____
Date and Time: _____
Reason for Obtaining Sample: _____

Chain of Custody is completed with delivery of samples to a CDB Sample Custodian. Project Manager shall make arrangements for delivery.

CHAIN OF CUSTODY RECORD FOR ASBESTOS BULK SAMPLES

1. CDB Bldg. No.: BR050 2. Batch #: 1
 3. Facility Name: ELGIN MENTAL HEALTH CENTER 4. CDB Project #: 910-010-009
 5. Building Name: POWER HOUSE 6. Date Samples Collected: 4-21-93
 7. Name of Inspector: MARK HAINES 8. Project Name: ASBESTOS SURVEY
 9. License #: 100-0919 10. Sample Numbers: TJD 1-3

11. Total # Samples: 3

12. Sample numbers relinquished: TJD 1-3
 Relinquished by: DAVID ANDERSON Representing: C & W BRADLEY
 Signature: [Signature]
 Method of Transmission: HAND DELIVERED
 Date and Time: _____

Sample numbers received: TJD 1-3
 Received by: Gina A. Dennison Representing: SLAT
 Signature: [Signature]
 Condition of Sample Upon Receipt: Good
 Date and Time: 2-16-95 11:30 AM
 Reason for Obtaining Sample: Analysis

13. Sample numbers relinquished: TJD-13
 Relinquished by: Gina A. Dennison Representing: SLAT
 Signature: [Signature]
 Method of Transmission: UPS
 Date and Time: 3-10-95 8:00 PM

Sample numbers received: TJD 1-3
 Received by: Ken Doherty Representing: C & W BRADLEY
 Signature: [Signature]
 Condition of Sample Upon Receipt: Good
 Date and Time: 3-11-95 10:30 AM
 Reason for Obtaining Sample: Storage

14. Sample numbers relinquished: TJD 1-3
 Relinquished by: Ken Doherty Representing: C & W Bradley
 Signature: [Signature]
 Method of Transmission: HAND DELIVERED
 Date and Time: 2-6-96 11 AM

Sample numbers received: TJD-1, 2, 3.
 Received by: J.H. HESS Representing: CDB
 Signature: [Signature]
 Condition of Sample Upon Receipt: GOOD
 Date and Time: 2-6-96 11 AM
 Reason for Obtaining Sample: STORAGE

18. Sample numbers relinquished: _____
 Relinquished by: _____ Representing: _____
 Signature: _____
 Method of Transmission: _____
 Date and Time: _____

Sample numbers received: _____
 Received by: _____ Representing: _____
 Signature: _____
 Condition of Sample Upon Receipt: _____
 Date and Time: _____
 Reason for Obtaining Sample: _____

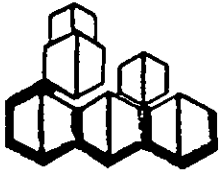
19. Sample numbers relinquished: _____
 Relinquished by: _____ Representing: _____
 Signature: _____
 Method of Transmission: _____
 Date and Time: _____

Sample numbers received: _____
 Received by: _____ Representing: _____
 Signature: _____
 Condition of Sample Upon Receipt: _____
 Date and Time: _____
 Reason for Obtaining Sample: _____

20. Sample numbers relinquished: _____
 Relinquished by: _____ Representing: _____
 Signature: _____
 Method of Transmission: _____
 Date and Time: _____

Sample numbers received: _____
 Received by: _____ Representing: _____
 Signature: _____
 Condition of Sample Upon Receipt: _____
 Date and Time: _____
 Reason for Obtaining Sample: _____

Chain of Custody is completed with delivery of samples to a CDB Sample Custodian. Project Manager shall make arrangements for delivery.



C & W BRADLEY • CONSTRUCTION MANAGEMENT, P.C.

May 5, 1995

Capital Development Board
Wm. G. Stratton Building
Third Floor
Springfield, IL 62706

RE: CDB Project 910-010-009/Chain of Custody

After it came to our attention that the standard protocol for Chain of Custody forms was not followed for several buildings for the above referenced project, we discussed how to correct this situation with William Spainhour.

Mr. Spainhour requested we enclose a letter of explanation from our company and from the laboratory stating that to the best of our knowledge the samples are the original ones taken for this project.

Enclosed is a letter from David E. Schwartz of Stat Analysis and a letter from me representing C&W Bradley Construction Management, P.C.

We hope this meets your requirements. If you have any questions about this, please call me at (815) 968-5397.

Sincerely,



David C. Anderson

STAT Analysis Corporation

2201 West Campbell Park Drive Chicago, Illinois 60612-3501 312.733.0551 Fax: 312.733.2366

AIHA Accredited #337, NIST/NVLAP Accredited #1202

MAY 5, 1995

Capital Development Board of Illinois
Springfield, Illinois

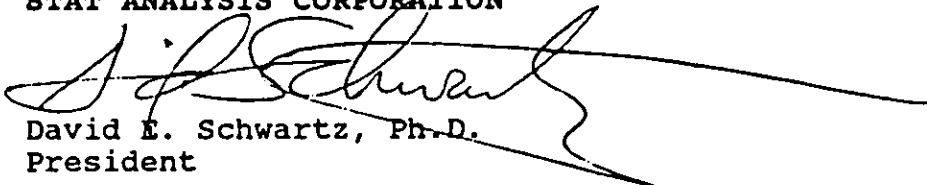
To whom it may concern:

When sending bulk samples back to our clients via UPS or any other carrier we insure that the samples are in good condition when placed in the shipping container. The container is properly sealed and handed to the shipping representative in intact condition.

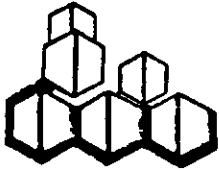
If you have any questions, please call.

Sincerely,

STAT ANALYSIS CORPORATION



David E. Schwartz, Ph.D.
President



C & W BRADLEY • CONSTRUCTION MANAGEMENT, P.C.

May 5, 1995

Capital Development Board
Wm. G. Stratton Building
Third Floor
Springfield, IL 62706

RE: CDB Project 910-010-009/Chain of Custody

After inspecting the samples returned to us by Stat Analysis, it appears they are in good condition and have not been tampered with.

The container was sealed and looked to have not been opened and resealed. When the samples were inspected they were verified to be in good condition.

Sincerely,

David C. Anderson
Project Coordinator

ACCREDITATION OF MANAGEMENT PLANNER(S)

I, David C. Anderson, prepared or supervised the preparation of this Asbestos Management Plan for Power House - BR050

at the Elgin Mental Health Center Facility.

I am licensed as a Management Planner by the State of Illinois and have attached verification of such below.

Signature: [Signature] Date: 1/31/96

IDPH LICENSE NO: 100-1309

IDPH IDENTIFICATION CARD
FRONT

State of Illinois A039536
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/96	CATEGORY 5319	L.D. NUMBER 100-1309
-----------------------------	------------------	-------------------------

DAVID ANDERSON
SUPERVISOR MANAGEMENT PLANNER
INSPECTOR PROJECT MANAGER

IDPH IDENTIFICATION CARD
BACK

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

[Signature]
SIGNATURE OF LICENSEE

GEORGE H. VAN SEYBROEK
 SECRETARY OF STATE
 ASST. DIR. ADMIN. SERVS.
 536-1634-9173 06-18-95
 DAVID C. ANDERSON
 1615 GRANT AVE
 ROCKFORD ILL. 61103

DRIVERS
 LICENSE



809 349-42-0794
 06-10-89
 01
 235
 26221
 05-22-91

State of Illinois
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 ASBESTOS WORKER LICENSE

EXPIRATION DATE 02/01/92
 CATEGORY 100
 I.D. NUMBER 057000069

ANDERSON
 ASBESTOS WORKER LICENSE

THIS LICENSE IS NOT VALID IF YOUR
 COURSE CERTIFICATE IS NOT CURRENT.

State of Illinois
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 REINSTATE ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/92
 CATEGORY 100
 I.D. NUMBER 100 - 1309

DAVID
 ANDERSON
 PROJECT MANAGER

INSPECTOR
 MANAGEMENT PLANNER

State of Illinois
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LIMPKIN, M.D.
 DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	05/15/92	CATEGORY	100	I.D. NUMBER	100 - 1309
DAVID INSPECTOR MANAGEMENT PLANNER ANDERSON PROJECT MANAGER					

BUSINESS ADDRESS

DAVID
 1615 GRANT AVENUE
 ROCKFORD ILL. 61103

THIS LICENSE IS NOT VALID IF YOUR
 REINSTATEMENT COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 2/91 •

State of Illinois
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LIMPKIN, M.D.
 DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	02/01/92	CATEGORY	057	I.D. NUMBER	057000069
ANDERSON ASBESTOS WORKER LICENSE DAVID C.					

BUSINESS ADDRESS


ANDERSON
 1615 GRANT AVE
 ROCKFORD ILL. 61103

THIS LICENSE IS NOT VALID IF YOUR
 TRAINING COURSE CERTIFICATE IS NOT CURRENT

State of Illinois A011573
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.S. NUMBER
05/15/93	100	100 - 1309


DAVID ANDERSON
 INSPECTOR
 MANAGEMENT PLANNER



State of Illinois A009023
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 ASBESTOS WORKER LICENSE

EXPIRATION DATE	CATEGORY	L.S. NUMBER
02/01/93	100	05700069


ANDERSON C
 ASBESTOS WORKER LICENSE
 THIS LICENSE IS NOT VALID IF YOUR
 COURSE CERTIFICATE IS NOT CURRENT.



State of Illinois A030996
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.S. NUMBER
05/15/93	100	100 - 1309


DAVID ANDERSON
 SUPERVISOR



State of Illinois A030997
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.S. NUMBER
05/15/93	100	100 - 1309

DAVID ANDERSON
 PROJECT MANAGER





State of Illinois
Department of Public Health

A022698

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/94	100	100 - 1309
DAVID ANDERSON		
SUPERVISOR MANAGEMENT PLANNER		
INSPECTOR PROJECT MANAGER		

BUSINESS ADDRESS

DAVID ANDERSON
8087 AUBURN ROAD
WINNEBAGO IL 61088

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

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State of Illinois A022698
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/94	100	100 - 1309

DAVID

ANDERSON

SUPERVISOR

MANAGEMENT PLANNER
PROJECT MANAGER

INSPECTOR

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS
ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS
OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS
AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY
INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH



State of Illinois

A030742

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE 05/15/95	CATEGORY 5319	I.D. NUMBER 100-1309
DAVID	ANDERSON	
SUPERVISOR	MANAGEMENT PLANNER PROJECT MANAGER	
INSPECTOR		

BUSINESS ADDRESS

DAVID ANDERSON
8087 AUBURN ROAD
WINNEBAGO IL 61083

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois - 2011

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

State of Illinois A030742

Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/95	CATEGORY 5319	I.D. NUMBER 100-1309
-----------------------------	------------------	-------------------------

DAVID ANDERSON
SUPERVISOR
MANAGEMENT PLANNER
PROJECT MANAGER
INSPECTOR



State of Illinois
Department of Public Health

A039536

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRES DATE 05/15/96	CATEGORY 5319	ILL. NUMBER 100-1309
DAVID	ANDERSON	
SUPERVISOR	MANAGEMENT PLANNER	
INSPECTOR	PROJECT MANAGER	

BUSINESS ADDRESS

DAVID ANDERSON
8087 AUBURN ROAD
WINNEBAGO IL 61089

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois 2/11/95

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

State of Illinois
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ASBESTOS PROFESSIONAL LICENSE

EXPIRES DATE 05/15/96	CATEGORY 5319	ILL. NUMBER 100-1309
--------------------------	------------------	-------------------------

DAVID ANDERSON
SUPERVISOR MANAGEMENT PLANNER
INSPECTOR PROJECT MANAGER

The University of Illinois at Chicago
School of Public Health

A2596

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that

DAVID C. ANDERSON

Has Attended the Continuing Education Course

BUILDING INSPECTION

(Accredited under AHERA by EPA)

and Successfully Passed the Competency Exam



Rockford Board of Education
201 S. Madison
Rockford, IL 61104

Date of Issuance 05/20/88
Date of Expiration 05/20/89

Audrey K. Gordon
Director
Continuing Education

Jacobs A. Swobly MD
Dean
School of Public Health

The University of Illinois at Chicago
School of Public Health

R1963

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that David C. Anderson

349-42-0794

Has Attended a Refresher Course for

BUILDING INSPECTION

in accordance with 40 CFR Part 763 (AMERA)

12/01/89

Date of Issuance

12/01/90

Date of Expiration



Wendy K. Gordon
Director
Continuing Education

Jack C. Swaby
School of Public Health

Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation

This certificate is awarded to


DAVID CARL ANDERSON

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
December 14, 1990	December 14, 1990	December 13, 1991	12901R001

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V 11/1 of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

 Moraine Valley
Community College
10700 South 88th Avenue
Palos Hills, Illinois 60465
(708) 974-5735


Dale Luecht
Coordinator
Hazardous Materials Programs

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

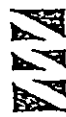
DAVID CARL ANDERSON

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	10911R042

Dale Luecht

 Moraine Valley
Community College
10900 South 88th Avenue
Peotus Hills, Illinois 60465
(708) 974-5735

Dale Luecht
Coordinator
Hazardous Materials Programs

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V Itr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that **David C. Anderson**

349-42-0794

Has Attended a Refresher Course for

BUILDING INSPECTION

in accordance with 40 CFR Part 763 (AHERA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 326-INC-10-2

Date of Issuance 10/16/92
Date of Expiration 10/16/93

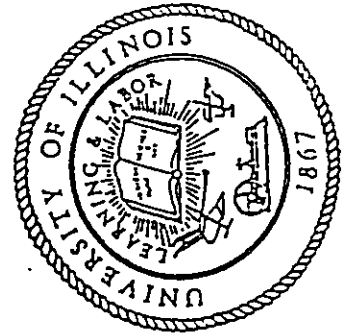
With a minimum score of at least 70 %

DATE OF EXAMINATION : 10/16/92

COURSE DATE: 10/16/92 TO 10/16/92

William K. Gordon
Director
Outreach and Continuing Education

Jack C Swaby
1991
School of Public Health



CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that David Anderson 349-42-0794 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed
the examination on 10-12-93 with a minimum score of 70%.

Training was in accordance with the U.S. EPA 40 CFR 763 Subpart E, Appendix C,
Asbestos Containing Materials in Schools: Model Accreditation Plan,
authorized by the Asbestos Hazard Emergency Response Act. (AHERA)

October 12, 1993

Course Dates

October 11, 1994

Expires

9310BIR 02

Certificate Number



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH & SAFETY
3118 North Greenway, Chicago, Illinois 60614

Richard A. Penell
Director of Training

(312) 525-0250

Nicholas Penell
Director of Public Health

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that David C. Anderson 349-42-0794 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed the
examination on October 7, 1994 with a minimum score of 70%.
Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both
AHERA & ASHARA.

October 7, 1994


Course Dates

October 6, 1995

Expires

9410BIR02

Certificate Number

 **PUBLIC HEALTH & SAFETY inc.**
Environmental and Occupational Services
2648 North Greenview, Chicago, Illinois 60614

N. Anderson, MPH
Nicholas Penell B.S. PH.
Director of Training

The University of Illinois at Chicago
School of Public Health

A2679

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that

DAVID C. ANDERSON

Has Attended the Continuing Education Course

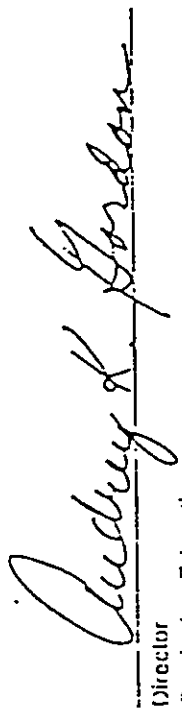
MANAGEMENT PLANNING

(Accredited under AHERA by EPA)

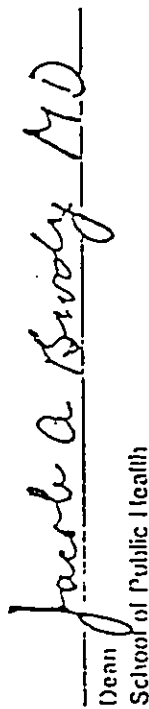
and Successfully Passed the Competency Exam

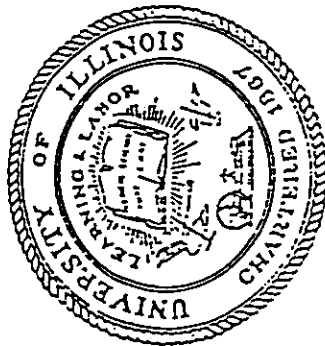
Date of Issuance 05/20/88

Date of Expiration 05/20/89


Audrey K. Gordon
Director
Continuing Education

Rockford Board of Education
201 S. Madison
Rockford, IL 61104


Jacob A. Swaby M.D.
Dean
School of Public Health



The University of Illinois at Chicago
School of Public Health

R1985

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that **David C. Anderson**

349-42-0794

Has Attended a Refresher Course for

MANAGEMENT PLANNING

in accordance with 40 CFR Part 763 (AHERA)

12/01/89

Date of Issuance

12/01/90

Date of Expiration



Wendy K. Gordon
Director
Continuing Education

David C. Anderson
School of Public Health

Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation

This certificate is awarded to


DAVID CARL ANDERSON

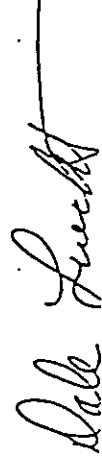
In recognition of attending the eight-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as a:

Management Planner

Course Date	Test Date	Expiration Date	Accreditation #
December 14, 1990	December 14, 1990	December 13, 1991	1290MR001

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V (ir of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

 Moraine Valley
Community College
10900 South 80th Avenue
Peoria Hills, Illinois 60465
(708) 974-5735



Dale Luecht
Coordinator
Hazardous Materials Programs

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to


DAVID C. ANDERSON

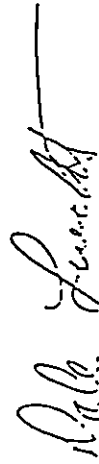
In recognition of attending the eight-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as a:

Management Planner

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	1091MR012

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V H.R. of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

 Moraine Valley
Community College
10000 South 40th Avenue
Palos Hills, Illinois 60465
(708) 974-5735



Dale Lucehl
Coordinator
Hazardous Materials Programs

R4946

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that David Anderson
349-42-0794

Has Attended a Refresher Course for

MANAGEMENT PLANNING

in accordance with 40 CFR Part 763 (NIHRA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 326-INC-18-2

With a minimum score of at least 70%

Date of Issuance 10/16/92
Date of Expiration 10/16/92

DATE OF EXAMINATION : 10/16/92

COURSE DATE: 10/16/92 TO 10/16/92



William K. Gordon
Director
Outreach and Continuing Education

Jack C. Swaby, Jr.
Director
School of Public Health

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that David Anderson 349-42-0794 has
completed the MANAGEMENT PLANNER REFRESHER course and successfully passed
the examination on 10-12-93 with a minimum score of 70%.

Training was in accordance with the U.S. EPA 40 CFR 763 Subpart E, Appendix C,
Asbestos Containing Materials in Schools: Model Accreditation Plan,
authorized by the Asbestos Hazard Emergency Response Act. (AHERA)

October 12, 1993

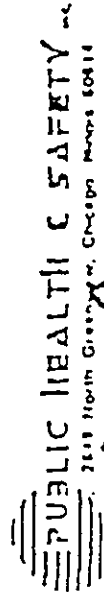
Course Dates

October 11, 1994

Expires

9310MPR 02

Certificate Number



N. Penell
Director of Training

(312) 525-0250

Nicholas Penell
Director of Public Health

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that David C. Anderson 349-42-0794 has
completed the MANAGEMENT PLANNER REFRESHER course and successfully passed the
examination on October 7, 1994 with a minimum score of 70%.

Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both
AHERA & ASHARA.

October 7, 1994

Course Dates

October 6, 1995

Expires

9410MPR02

Certificate Number



N. R. ...
Director of Training

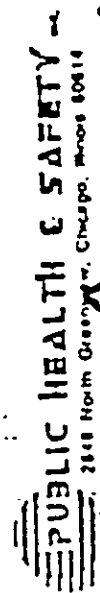
Nicholas Penzell
Director of Public Health

(312) 525-0258

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that David Anderson SS# 349-42-0794 has completed the **MANAGEMENT PLANNER REFRESHER** course and successfully passed the examination on October 21, 1995 with a minimum score of 70%. Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both AHERA & ASHARA.



October 21, 1995

Course Dates

October 20, 1996

Expires

9510MPR06

Certificate Number

Nicholas Penell
Director of Training

Nicholas Penell
Director of Public Health

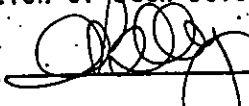
(312) 525-0258

ACCREDITATION OF MANAGEMENT PLANNER(S)

I, William Charles Bradley, prepared or supervised the preparation of this Asbestos Management Plan for Power House - BR050

at the Elgin Mental Health Center Facility.

I am licensed as a Management Planner by the State of Illinois and have attached verification of such below.

Signature: 

Date: 1/31/96

IDPH LICENSE NO: 100-0112


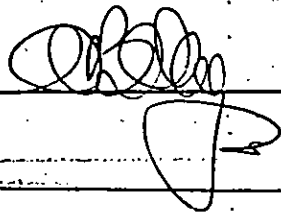
IDPH IDENTIFICATION CARD
FRONT

State of Illinois A040003		
Department of Public Health		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
ASBESTOS PROFESSIONAL LICENSE		
EXPIRATION DATE	CATEGORY	L.O. NUMBER
05/15/96	5319	100-0112
WILLIAM	BRADLEY	
SUPERVISOR	MANAGEMENT PLANNER	
PROJECT DESIGNER	PROJECT MANAGER	
INSPECTOR		

IDPH IDENTIFICATION CARD
BACK

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH


SIGNATURE OF LICENSEE 

State of Illinois
Department of Public Health



I.D. Number 00101-C112
This is to certify that M112

WILLIAM C. BRADLEY

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

01/14/88 Position Codes 01/14/89
Issued S C I PD MP Expiration

ISSUED UNDER THE AUTHORITY OF
THE STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

Position Codes

S • Supervisor PD • Project Designer
C • Contractor MP • Management Planner
I • Inspector
Y • Yes N • No

Signature _____

State of Illinois
Department of Public Health

I.D. Number I 0112
MP 0112
This is to certify that PD 0112



WILLIAM C. BRADLEY

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

11/14/89 Position Codes 07/31/90
Issued S C I PD MP Expiration

State of Illinois
Department of Public Health

I.D. Number PM 0112
This is to certify that



WILLIAM C. BRADLEY
ASBESTOS PROJECT MANAGER

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below. PM

10/25/89 Position Codes 07/31/90
Issued S C I PD MP Expiration

State of Illinois
Department of Public Health

I.D. Number 00111-C112
This is to certify that -M112
-D112



WILLIAM C. BRADLEY

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

02/07/89 Position Codes - 02/07/90
Issued S C I PD MP Expiration

State of Illinois
Department of Public Health

519687

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

BERNARD J. TURNOCK, MD, MPH
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/91	100	100 - 0112
WILLIAM C BRADLEY		
INSPECTOR PROJECT MANAGER		
MANAGEMENT PLANNER PROJECT DESIGNER		

BUSINESS ADDRESS

WILLIAM C BRADLEY
4300 RUSKIN ROAD
ROCKFORD IL 61103

RENEWED ASBESTOS PROFESSIONAL LICENSE

FORM DPH 7-77 (1/84)

A009739

State of Illinois
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/92	100	100 - 0112

WILLIAM BRADLEY
INSPECTOR PROJECT MANAGER
MANAGEMENT PLANNER PROJECT DESIGNER

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE

State of Illinois A 011150
Department of Public Health
LICENSE PERMIT CERTIFICATION REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/93 CATEGORY 100 NUMBER 0112

WILLIAM BRADLEY
SUPERVISOR PROJECT MANAGER
INSPECTOR PROJECT DESIGNER
MANAGEMENT PLANNER

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH



State of Illinois

A022697

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.O. NUMBER
05/15/94	100	100 - 0112
WILLIAM BRADLEY		
SUPERVISOR MANAGEMENT PLANNER		
PROJECT DESIGNER PROJECT MANAGER		
INSPECTOR		

BUSINESS ADDRESS

WILLIAM BRADLEY
4308 RUSKIN ROAD
ROCKFORD IL 61103

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 2/91 •



State of Illinois
Department of Public Health

A030626

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/95	5319	100-0112
WILLIAM BRADLEY		
SUPERVISOR		MANAGEMENT PLANNER
PROJECT DESIGNER		PROJECT MANAGER
INSPECTOR		

BUSINESS ADDRESS

WILLIAM BRADLEY
4308 RUSKIN ROAD
ROCKFORD IL 61103

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 291 •

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE

State of Illinois A040003
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	LICENSE CATEGORY	L.C. NUMBER
05/15/96	5319	100-0112

WILLIAM BRADLEY
SUPERVISOR MANAGEMENT PLANNER
PROJECT DESIGNER PROJECT MANAGER
INSPECTOR

State of Illinois A030626
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/95	CATEGORY 5319	L.O. NUMBER 100-0112
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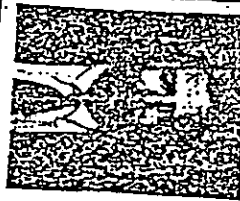
WILLIAM BRADLEY

SUPERVISOR MANAGEMENT PLANNER
 PROJECT DESIGNER PROJECT MANAGER
 INSPECTOR

State of Illinois A027726
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION


EXPIRATION DATE	CATEGORY	L.O. NUMBER
-----------------	----------	-------------

HP-0002
 Expiration Date: 10/16/94



DOB: 03/02/56
 SEX: Male
 5' 10"
 185-189
 ASBESTOS MANAGEMENT PLANNER
 STATE OF ILLINOIS
 ROCKFORD, IL 61103

ASBESTOS SUPERVISOR
 STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC HEALTH




WILLIAM BRADLEY
 4302 RUSKIN ROAD
 ROCKFORD, IL 61103

WT. 185-189 HT. 5' 10"
 No. SS-00089 Expiration Date 10/17/94
 DOB: 03/02/56 SEX Male

Secretary Patricia A. Campbell
 Dept. of Health & Social Services

ASBESTOS PROJECT DESIGNER
 STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC HEALTH



WILLIAM BRADLEY
 4302 RUSKIN ROAD
 ROCKFORD, IL 61103

WT. 185-189 HT. 5' 10"
 No. PD-00300 Expiration Date 04/18/94
 DOB: 03/02/56 SEX Male

Secretary Patricia A. Campbell
 Dept. of Health & Social Services



The University of Illinois at Chicago
School of Public Health

MIDWEST ASBESTOS INFORMATION CENTER



Certifies that **William C. Bradley**

Has Attended the Continuing Education Course

BUILDING INSPECTION
and Has Passed the Course Examination

Date of Issuance: December 30, 19 87
Date of Expiration: December 30, 1988

Andrew Gordon
Director
Continuing Education and Public Services

Jacob A. Smoogy MD
Dean
School of Public Health

CN: 5736

ANNUAL RECERTIFICATION CERTIFICATE

for the
Building Inspection Course
to
WILLIAM BRADLEY

for successful completion of all training requirements
in accordance with
40 CFR Part 763 (AIIERA)

DECEMBER 16, 1988 DECEMBER 15, 1989

Date Expiration Date

Albert R. Wilson
Albert R. Wilson, President
Hazardous Materials Institute
540 Frontage Road
Northfield, IL 60093

[Signature]
Eric Zimmerman
Adjunct Professor
Civil Engineering
Northwestern University



Moraine Valley Community College Asbestos Training Center Accreditation

to the effect that

WILLIAM C. BRADLEY

Attended a refresher course for
AHERA Accreditation For Inspector.

Date: 11/6/89 Expiration Date: 11/6/90 Accreditation # 1109IR006

This course was approved by EPA only for purposes of
accreditation under section 206 of
the Toxic Substances Control Act
EPA Region V Itr of October 1, 1987

Richard A. Kukar
Assistant Dean
Business and Industrial Technology

**AHERA Accreditation
Inspector**

Attended a refresher course
Accreditation # 1189IR006 Date: 11/6/89

This course was approved by
EPA only for purposes of
accreditation under section 206
of the Toxic Substance
Control Act Expires: 11/5/90

Moraine Valley
Community College
10900 South 55th Avenue
Pekin, Illinois 62425

The certificate to the left is designed
for use on the back side of a personal
calling card. (You may want to cut
away the black border.)

The certificate below might be more
suitable for framing or for mailing
purposes should you have such needs.

117-167

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to


WILLIAM BRADLEY


In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 9, 1990	October 9, 1990	October 8, 1991	10901R014

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V Itr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

 Moraine Valley
Community College
10200 South 88th Avenue
Polois Hills, Illinois 60465
(708) 974-5735


Dale Luecht
Coordinator
Hazardous Materials Programs

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

WILLIAM C. BRADLEY

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	1091IR044

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V ltr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.



Moraine Valley
Community College
10900 South 88th Avenue
Palos Hills, Illinois 60465
(708) 974-5735

Dale Luecht

Dale Luecht
Coordinator
Hazardous Materials Programs

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that William Bradley

325-40-6590

Has Attended a Refresher Course for

BUILDING INSPECTION

in accordance with 40 CFR Part 763 (AHERA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 326-INC-10-2

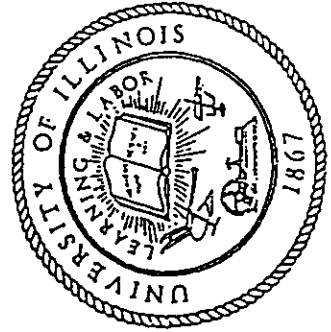
With a minimum score of at least 70 %
Date of Issuance 10/16/92
Date of Expiration 10/16/93

DATE OF EXAMINATION : 10/16/92

COURSE DATE: 10/16/92 TO 10/16/92

Anthony K. Gordon
Director
Outreach and Continuing Education

Jack C. Swaby
Dean
School of Public Health



CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that William Bradley 325-40-6590 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed
the examination on 10-12-93 with a minimum score of 70%.

Training was in accordance with the U.S. EPA 40 CFR 763 Subpart E, Appendix C,
Asbestos Containing Materials in Schools: Model Accreditation Plan,
authorized by the Asbestos Hazard Emergency Response Act. (AHERA)

October 12, 1993

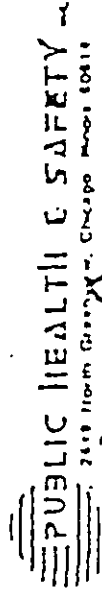
Course Dates

October 11, 1994

Expires

9310DIR 01

Certificate Number



N. Bradley
Director of Training

(312) 525-0250

Nicholas Pencil
Director of Public Health

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that William C. Bradley 325-40-6590 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed the
examination on October 7, 1994 with a minimum score of 70%.
Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both
AHERA & ASHARA.

October 7, 1994

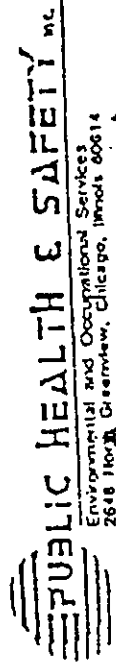
Course Dates

October 6, 1995.

Expires

9410BIR01

Certificate Number



W. Powell DPH

Nicholas Penell D.H. PH.
Director of Training

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that William C. Bradley 325-40-6590 has
completed the **MANAGEMENT PLANNER REFRESHER** course and successfully passed the
examination on October 7, 1994 with a minimum score of 70%.

Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both
AHERA & ASHARA.

October 7, 1994

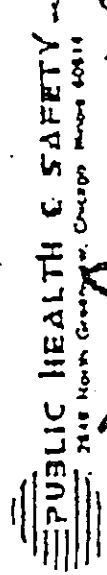
Course Dates

October 6, 1995

Expires

9410MPR01

Certificate Number



N. Penell
Director of Training

Nicholas Penell
Doctor of Public Health

(312) 525-8250

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that William Bradley SS# 325-40-6590 has completed the **MANAGEMENT PLANNER REFRESHER** course and successfully passed the examination on October 21, 1995 with a minimum score of 70%. Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both AHERA & ASHARA.

October 21, 1995

Course Dates

October 20, 1996

Expires

9510MPR05

Certificate Number



PUBLIC HEALTH & SAFETY
2618 North Greenway, Chicago, Illinois 60614

N. Penell
Director of Training

Nicholas Penell
Director of Public Health

(312) 525-8250

CERTIFICATE OF ACHIEVEMENT
ASBESTOS ABATEMENT
RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that William Bradley 325-40-6590 has

completed the MANAGEMENT PLANNER REFRESHER course and successfully passed the examination on 10-12-93 with a minimum score of 70%.

Training was in accordance with the U.S. EPA 40 CFR 763 Subpart E, Appendix C, Asbestos Containing Materials in Schools: Model Accreditation Plan, authorized by the Asbestos Hazard Emergency Response Act. (AHERA)

October 12, 1993

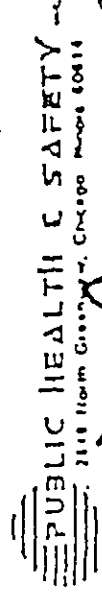
Course Dates

October 11, 1994

Expires

9310MPR 01

Certificate Number



N. Pennington
Director of Training

Nicholas Pennington
Director of Public Health
(312) 525-0250

The University of Illinois at Chicago
School of Public Health

R4950

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that **William Bradley**

325-40-6590

Has Attended a Refresher Course for

MANAGEMENT PLANNING

in accordance with 40 CFR Part 763 (AHERA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 325-IAC-10-2

With a minimum score of at least 70 %	Date of Issuance	Date of Expiration
DATE OF EXAMINATION : 10/16/92		10/16/92
COURSE DATE: 10/16/92 TO 10/16/92		10/16/93



William K. Gordon
 Director
 Outreach and Continuing Education

Frank C. Swaby, PhD
 Dean
 School of Public Health

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

WILLIAM C. BRADLEY

In recognition of attending the eight-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as a:

Management Planner

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	1091MR044

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V (tr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.



Moraine Valley
Community College
10900 South 88th Avenue
Palos Hills, Illinois 60165
(708) 974-5735

Dale Luecht
Coordinator
Hazardous Materials Programs

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

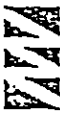
WILLIAM BRADLEY

In recognition of attending the eight-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as a:

Management Planner

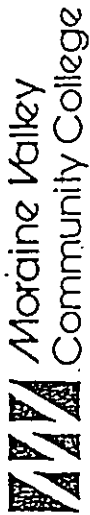
Course Date	Test Date	Expiration Date	Accreditation #
October 9, 1990	October 9, 1990	October 8, 1991	1090MIR004

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V (tr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

 **Moraine Valley
Community College**
10900 South 88th Avenue
Palos Hills, Illinois 60465
(708) 974-5735



Dale Luecht
Coordinator
Hazardous Materials Programs



Moraine Valley Community College Asbestos Training Center Accreditation

to the effect that

WILLIAM C. BRADLEY

Attended a refresher course for
AHERA Accreditation For Management Planner.

Date: 11/6/89 Expiration Date: 11/6/90 Accreditation # 1189MR003

This course was approved by EPA only for purposes of
accreditation under section 206 of
the Toxic Substances Control Act
EPA Region V ltr of October 1, 1987

Richard A. Kukac


Richard A. Kukac
Assistant Dean
Business and Industrial Technology

AHERA Accreditation Management Planner

Attended a refresher course
Accreditation # 1189MR 003

Date: 11/6/89

This course was approved by
EPA only for purposes of
accreditation under section 205
of the Toxic Substance
Control Act,
EPA Region V ltr of Oct. 1, 1987

 Moraine Valley
Community College
10900 South 83rd Avenue
P.O. Box 1189, Winnetka, IL 60093

The certificate to the left is designed
for use on the back side of a personal
calling card. (You may want to cut
away the black border.)

The certificate below might be more
suitable for framing or for mailing
purposes should you have such needs.

22 11/1987

CN: 57416

ANNUAL RECERTIFICATION CERTIFICATE
for the
Management Planning Course

to

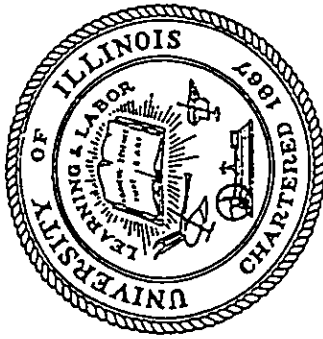
WILLIAM BRADLEY

for successful completion of all training requirements
in accordance with
40 CFR Part 763 (AHERA)

DECEMBER 16, 1988 — DECEMBER 15, 1989
Date Expiration Date

Albert R. Wilson
Albert R. Wilson, President
Hazardous Materials Institute
540 Frontage Road
Northfield, IL 60093

R. Eric Zimmerman
R. Eric Zimmerman
Adjunct Professor
Civil Engineering
Northwestern University



The University of Illinois at Chicago
School of Public Health

MIDWEST ASBESTOS INFORMATION CENTER



Certifies that **William C. Bradley**

Has Attended the Continuing Education Course
MANAGEMENT PLANNING
and Has Passed the Course Examination

Date of Issuance: December 30, 19 87
Date of Expiration: December 30, 1988

Anthony Lombardi *Jacob A. Swoley MD*

Director
Continuing Education and Public Services

Dean
School of Public Health

549558

State of Illinois
Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS. PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/91	CATEGORY 100	I.D. NUMBER 100 - 0919
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MARK S. HAINES
 SUPERVISOR PROJECT MANAGER
 INSPECTOR

State of Illinois
Department of Public Health

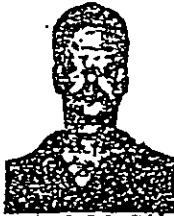
I.D. Number I 0919
 This is to certify that
MARK S. HAINES



has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

11/09/89 Position Codes 07/31/90
 Issued S C (I) PD MP Expiration

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
 STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC HEALTH

SEE

ISSUED UNDER THE AUTHORITY OF
 THE STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC HEALTH

Position Codes

- S • Supervisor PD • Project Designer
- C • Contractor MP • Management Planner
- I • Inspector
- Y • Yes N • No

Signature _____



State of Illinois

A000815

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/92	100	100 - 0919
MARK HAINES		
INSPECTOR		

BUSINESS ADDRESS

MARK HAINES
14773 SOUTH BLUFF ROAD
SOUTH BELOIT IL 61080

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

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State of Illinois A013338
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.C. NUMBER
05/15/93	100	100 - 0919

MARK
SUPERVISOR
INSPECTOR

HAINES
PROJECT MANAGER

AIR SAMPLING PROFESSIONAL

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE



State of Illinois

AGE22684

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/94	100	100 - 0919
MARK HAINES		
SUPERVISOR		
INSPECTOR		
PROJECT MANAGER		
AIR SAMPLING PROFESSIONAL		

BUSINESS ADDRESS

MARK HAINES
2002 FREMONT STREET
ROCKFORD IL 61103

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 071 •

State of Illinois AGE22684
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
AEROSOLS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/94	100	100 - 0919
MARK HAINES		

SUPERVISOR
INSPECTOR
PROJECT MANAGER
AIR SAMPLING PROFESSIONAL

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS
ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS
OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS
AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY
INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH



State of Illinois

A030624

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER						
05/15/95	5319	100-0919						
<table border="0"> <tr> <td>MARK</td> <td>HAINES</td> </tr> <tr> <td>SUPERVISOR</td> <td>PROJECT MANAGER</td> </tr> <tr> <td>INSPECTOR</td> <td>AIR SAMPLING PROFESSIONAL</td> </tr> </table>			MARK	HAINES	SUPERVISOR	PROJECT MANAGER	INSPECTOR	AIR SAMPLING PROFESSIONAL
MARK	HAINES							
SUPERVISOR	PROJECT MANAGER							
INSPECTOR	AIR SAMPLING PROFESSIONAL							

BUSINESS ADDRESS

MARK HAINES
2002 FREMONT STREET
ROCKFORD IL 61103

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 2/91 •

Asbestos Building Inspector

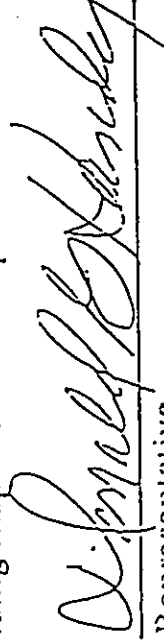
This is to certify

MARK S. HAINES

attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for Asbestos Building Inspector and has passed an examination in that course.

Date OCTOBER 23, 24, 25, 1989

CERTIFICATE # I / 406
American Asbestos Institute, Inc.
Box 7477
Springfield, Illinois 62791


Representative

Date of Examination OCTOBER 25, 1989

Expiration Date: OCTOBER 25, 1990

Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation

This certificate is awarded to

MARK HAINES

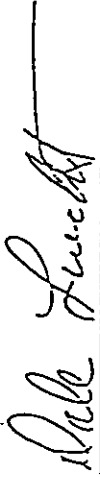
In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 9, 1990	October 9, 1990	October 8, 1991	109011006

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V (r of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

MVA Moraine Valley
Community College
10000 South 80th Avenue
Pelee 11111, Illinois 60165
(708) 974-5735


Dale Luecht
Coordinator
Hazardous Materials Programs

Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation

This certificate is awarded to

MARK S. HAINES

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	1091HR046

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V Itr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.



Moraine Valley
Community College
10900 South 80th Avenue
Palos Hills, Illinois 60465
(708) 974-5735

Dale Luccht
Coordinator
Hazardous Materials Programs

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that Mark Haines

336-50-5093

Has Attended a Refresher Course for

BUILDING INSPECTION

in accordance with 40 CFR Part 763 (AMERA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 326-INC-10-2

Date of Issuance 10/16/92
Date of Expiration 10/16/93

With a minimum score of at least 70 %

DATE OF EXAMINATION : 10/16/92

COURSE DATE: 10/16/92 TO 10/16/92



Wendy K. Gordon
Director
Outreach and Continuing Education

Jack C. Swaby, PhD
Dean
School of Public Health

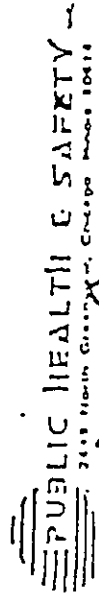
CERTIFICATE OF ACHIEVEMENT
ASBESTOS ABATEMENT
RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that Mark Haines 336-50-5093 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed
the examination on 10-12-93 with a minimum score of 70%.

Training was in accordance with the U.S. EPA 40 CFR 763 Subpart E, Appendix C,
Asbestos Containing Materials in Schools: Model Accreditation Plan,
authorized by the Asbestos Hazard Emergency Response Act. (AHERA)
October 12, 1993

Course Dates _____
Expires October 11, 1994
9310DIR 06
Certificate Number _____



Nicholas Penell
Director of Training

Nicholas Penell
Director of Public Health
(312) 525-0250

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT RECERTIFICATION

Accredited by the Illinois Department of Public Health

This is to certify that Mark S. Haines 336-50-5093 has
completed the ASBESTOS INSPECTOR'S REFRESHER course and successfully passed the
examination on October 7, 1994 with a minimum score of 70%.
Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both
AHERA & ASHARA.

October 7, 1994


Course Dates

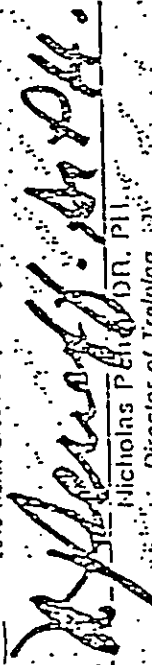
October 6, 1995

Expires

9410BIR04

Certificate Number

 PUBLIC HEALTH & SAFETY inc.
Environmental and Occupational Services
2616 North Greenview, Chicago, Illinois 60614


Nicholas P. Bell, Ph.D., P.H.
Director of Training

State of Illinois
Department of Public Health



I.D. Number 00100-C898
This is to certify that

RICHARD E. MAHER

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

10/11/88 Position Codes 10/11/89
Issued S C **I** PD MP Expiration

ISSUED UNDER THE AUTHORITY OF
THE STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

Position Codes

S - Supervisor PD - Project Designer
C - Contractor MP - Management Planner
I - Inspector
Y - Yes N - No

Signature Richard E. Maher

State of Illinois
Department of Public Health



I.D. Number I 0898
This is to certify that

RICHARD E. MAHER

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

11/14/89 Position Codes 07/31/90
Issued S C I PD MP Expiration

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

Richard E. Maher
SIGNATURE OF LICENSEE

519652

State of Illinois
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	L.C. NUMBER
05/15/91	100	100 - 0898

RICHARD E MAHER
INSPECTOR PROJECT MANAGER

519652

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

BERNARD J. TURNOCK, MD, MPH
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.C. NUMBER
05/15/91	100	100 - 0898

RICHARD E MAHER
INSPECTOR PROJECT MANAGER

BUSINESS ADDRESS

RICHARD E MAHER
310 EAST PROVOST STREET
LENA IL 61048

RENEWED ASBESTOS PROFESSIONAL LICENSE

FORM 100 (1-78) MAH


THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH



Richard E. Maher

SIGNATURE OF LICENSEE

State of Illinois		A009956
 Department of Public Health		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
JOHN R. LUMPKIN, M.D. DIRECTOR		Issued under the authority of The State of Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/92	100	100 - 0898
; RICHARD MAHER INSPECTOR PROJECT MANAGER		
BUSINESS ADDRESS		
RICHARD MAHER 310 EAST PROVOST STREET LENA IL 61048		
THIS LICENSE IS NOT VALID IF YOUR IDPH REFRESHER COURSE CERTIFICATE IS NOT CURRENT		
<small>Printed by Authority of the State of Illinois 2/91 ©</small>		



State of Illinois

A012113

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
05/15/93	100	100 - 0898
RICHARD MAHER INSPECTOR PROJECT MANAGER		

BUSINESS ADDRESS

RICHARD MAHER
310 EAST PROVOST STREET
LENA IL 61048
THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

Printed by Authority of the State of Illinois • 2/21 •

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIC: _____ ISEE: _____



State of Illinois

A023077

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	L.O. NUMBER
05/15/94	100	100 - 0898
RICHARD MAHER		
INSPECTOR		PROJECT MANAGER

BUSINESS ADDRESS

RICHARD MAHER
310 EAST PROVOST STREET
LENA IL 61048

THIS LICENSE IS NOT VALID IF YOUR IDPH
REFRESHER COURSE CERTIFICATE IS NOT CURRENT

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THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS
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AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY
INDICATED ON THE FACE OF THIS CARD.



SIGNATURE OF LICENSEE

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that **Richard Maher**
354-24-3090

Has Attended a Refresher Course for

BUILDING INSPECTION

in accordance with 40 CFR Part 763 (AHERA)

Which has been fully approved and accredited by the Illinois Department of Public Health and the Indiana Dept. of Environmental Management, Office of Air Management pursuant to Indiana rule 326-INC-10-2

Date of Issuance 10/16/92
Date of Expiration 10/16/93

With a minimum score of at least 70 %

DATE OF EXAMINATION : 10/16/92

COURSE DATE: 10/16/92 TO 10/16/92

Audrey K. Gordon
Director
Outreach and Continuing Education

Jack C Swaby, PhD
School of Public Health



**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

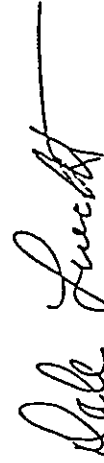
This certificate is awarded to

RICHARD E. MAHER


In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	1091HR048



Dale Luecht
Coordinator
Hazardous Materials Programs

 Moraine Valley
Community College
10900 South 88th Avenue
Palos Hills, Illinois 60465
(708) 974-5735

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

MORaine Valley Community College
Asbestos Training Center
AMTTRA Accreditation

This certificate is awarded to

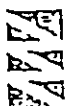
RICHARD MAHER

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

INSPECTOR

Course Date	Expiration Date	Accreditation #
October 9, 1990	October 8, 1991	10901R008
Test Date		
October 9, 1990		

Dale Luecht


Moraine Valley Community College
 10900 South 80th Avenue
 Pelee Hills, Illinois 60465
 (708) 974-5735

Dale Luecht
 Coordinator
 Hazardous Materials Programs

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V Itr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.



Moraine Valley Community College Asbestos Training Center Accreditation

to the effect that

RICHARD MAHER

Attended a refresher course for
AHERA Accreditation For Inspector.

Date: 11/6/89 Expiration Date: 11/6/90 Accreditation # 11891R002

This course was approved by EPA only for purposes of
accreditation under section 206 of
the Toxic Substances Control Act
EPA Region V ltr of October 1, 1987

A handwritten signature in cursive script that reads 'Richard A. Kukac'.

Richard A. Kukac
Assistant Dean
Business and Industrial Technology

CN: 5729

ANNUAL RECERTIFICATION CERTIFICATE

for the
Building Inspection Course
to

RICHARD E. MAHER

for successful completion of all training requirements
in accordance with
40 CFR Part 763 (AHERA)

DECEMBER 16, 1988 DECEMBER 15, 1989

Date

Expiration Date

Albert R. Wilson

Albert R. Wilson, President
Hazardous Materials Institute
540 Frontage Road
Northfield, IL 60093

R. Eric Zimmerman

R. Eric Zimmerman
Adjunct Professor
Civil Engineering
Northwestern University

The University of Illinois at Chicago
School of Public Health

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that

RICHARD E. MAUER

Has Attended the Continuing Education Course

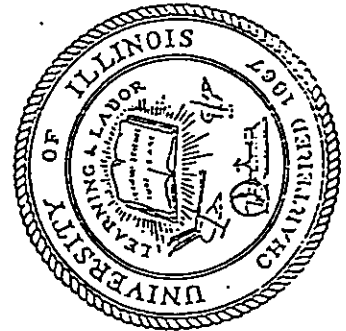
BUILDING INSPECTION

and Successfully Passed the Competency Exam

Date of Issuance JANUARY 11, 1988
Date of Expiration JANUARY 11, 1989

Audrey K. Gordon
Director
Continuing Education

Jacob A. Swobly MD
Dean
School of Public Health



State of Illinois
Department of Public Health

I.D. Number 00100-C1010
This is to certify that



RAYMOND E. SPIELMANN

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

12/06/88 Position Codes 12/06/89
Issued S C (I) PD MP Expiration

ISSUED UNDER THE AUTHORITY OF
THE STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

Position Codes

- S - Supervisor
- C - Contractor
- PD - Project Designer
- MP - Management Planner
- I - Inspector
- Y - Yes N - No

Signature *Raymond E. Spielmann*

State of Illinois
Department of Public Health

I.D. Number I 1010
PM 1010
This is to certify that



RAYMOND E. SPIELMAN

has complied with the requirements of the Illinois Department of Public Health and is hereby authorized to engage in the activity indicated below.

03/15/90 Position Codes 05/15/90
Issued S (I) AP PM PD MP Expiration

Issued under the Authority of
the State of Illinois
Department of Public Health

Position Codes

- S - Supervisor
- I - Inspector
- AP - Air Sampling Professional
- PM - Project Manager
- PD - Project Designer
- MP - Management Planner

519782

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/91	100	100 - 1010

RAYMOND E SPIELMANN
PROJECT MANAGER
INSPECTOR

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE

State of Illinois A012453

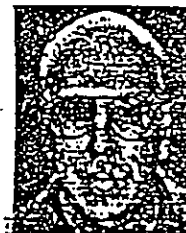
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION
RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/15/93	100	100 - 1010

RAYMOND SPIELMANN
PROJECT MANAGER
INSPECTOR

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

State of Illinois
 Department of Public Health

617348

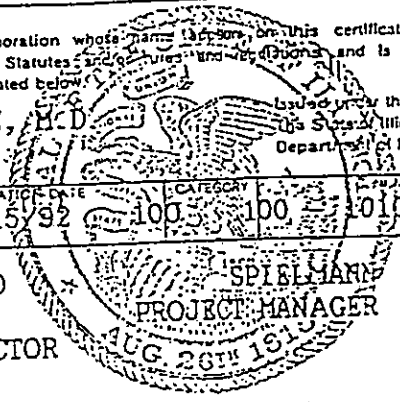
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOHN R. LUMPKIN, M.D.
 DIRECTOR

Issued under the authority of
 the State of Illinois
 Department of Public Health

EXPIRATION DATE 05/15/92	CATEGORY 100	L.O. NUMBER 100	L.O. NUMBER 1010
RAYMOND SPIELMANN INSPECTOR		PROJECT MANAGER	



BUSINESS ADDRESS

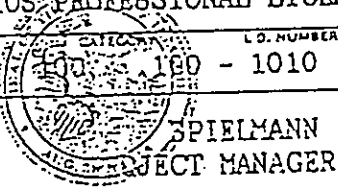
RAYMOND SPIELMANN
 509 MAPLE STREET
 LENA IL 61048

THIS LICENSE IS NOT VALID IF YOUR IDPH
 REFRESHER COURSE CERTIFICATE IS NOT CURRENT

State of Illinois 617348
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION
 RENEWED ASBESTOS PROFESSIONAL LICENSE

EXPIRATION DATE 05/15/92	CATEGORY 100	L.O. NUMBER 100 - 1010
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RAYMOND
 INSPECTOR



SPIELMANN
 PROJECT MANAGER

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE ILLINOIS STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY INDICATED ON THE FACE OF THIS CARD.



ISSUED UNDER THE AUTHORITY OF
 STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE

Raymond E. Spielmann

ILLINOIS

GEORGE H. RYAN SECRETARY OF STATE
 NUMBER 678923
 8145-7253-2091 03-29-95
 RAYMOND E SPIELMANN
 509 MAPLE ST
 LENA ILL 61048
 SEX M HGT 58 185 WGT 185 EYES HZL HAIR BRN
 SSN 482-26-7383
 BIRTH DATE 03-29-32
 TYPE ORG DL
 CLASS D
 EXPIRES 03-07-91
 2272R7827

DRIVERS
 LICENSE



VII-70

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

RAYMOND E. SPIELMANN

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
October 7, 1991	October 7, 1991	October 6, 1992	10911R049

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V Itr of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.



Moraine Valley
Community College
10900 South 88th Avenue
Palos Hills, Illinois 60465
(708) 974-5735

Dale Lucchetti

Dale Lucchetti
Coordinator
Hazardous Materials Programs

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

RAYMOND E. SPIELMANN

In recognition of attending the four-hour prescribed refresher course and successfully passing the required examination, with a minimum score of 70 percent, for recertification as an:

Inspector

Course Date	Test Date	Expiration Date	Accreditation #
February 7, 1991	February 7, 1991	February 6, 1992	291R010

Dale Luecht

MVC Moraine Valley
Community College
10900 South 80th Avenue
Pelee, Illinois, Illinois 60465
(708) 974-5735

Dale Luecht
Coordinator
Hazardous Materials Programs

This course is approved by the U.S. E.P.A. only for purposes of accreditation under section 206 of the Toxic Substance Control Act U.S. E.P.A. Region V 1r of Oct. 1, 1987. This course is further accredited by the Illinois Department of Public Health.

**Moraine Valley Community College
Asbestos Training Center
AHERA Accreditation**

This certificate is awarded to

RAYMOND E. SPIELMANN

*In recognition of having attended a required refresher course
for recertification as:*

Inspector

Course Date

3/1/90

Expiration Date

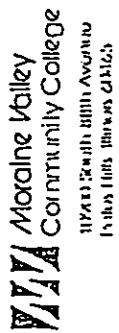
3/1/91

Accreditation #

3901R027

Dale Luecht

This course is approved by the U.S. E.P.A.
only for purposes of accreditation under section
206 of the Toxic Substances Control Act U.S. E.P.A.
Region V of Oct. 1, 1987.



Dale Luecht
Coordinator
Hazardous Materials Programs

CN: 6178

ANNUAL RECERTIFICATION CERTIFICATE

for the
Building Inspection Course

to

RAYMOND E. SPIELMANN

for successful completion of all training requirements
in accordance with
40 CFR Part 763 (AHERA)

The Hazardous Materials Institute, Inc.

3/9/89 3/10/90

Date Expiration Date

Albert R. Wilson

Albert R. Wilson, President

1550 Old Henderson Rd., Suite N-232
Columbus, Ohio 43220
800/678-1105

The University of Illinois at Chicago
School of Public Health

A2664

MIDWEST ASBESTOS INFORMATION CENTER

Certifies that
Raymond E. Spielmann

Has Attended the Continuing Education Course

BUILDING INSPECTION

(Accredited under AHERA by EPA)

and Successfully Passed the Competency Exam

Date of Issuance 05/20/88
Date of Expiration 05/20/89

C & W Bradley Construction
924 N. Main Street
Rockford, IL 61103

Ludrey K Jordan
Director
Continuing Education

Jacob A Swaby MD
Dean
School of Public Health



APPENDIX C OF
A/E MANUAL OF PROCEDURES FOR
ASBESTOS INSPECTIONS & MANAGEMENT PLANS
STATE OF ILLINOIS
CAPITAL DEVELOPMENT BOARD



STANDARD O & M PROGRAM
FOR
ASBESTOS CONTAINING MATERIALS



March 1992

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I. INTRODUCTION

- A. The Federal Asbestos Hazard Emergency Response Act (AHERA) requires an Operation and Maintenance Program in all elementary and secondary school buildings which have been found to contain asbestos containing materials. The Operation and Maintenance Program contained herein is in accordance with AHERA and the Illinois Department of Public Health Rules and Regulations. Adherence to this program is mandatory for schools under Federal and State regulations.

The Capital Development Board recommends that this Operation and Maintenance Program be instituted by State agencies in all State-owned buildings.

- B. The responsibility for asbestos inspections and abatement in State owned buildings has been assigned by the Office of the Governor to the Capital Development Board. Under this authority, the O & M Plan for this facility has been prepared. Regulations include the Illinois Asbestos Abatement Act, chapter 22, para. 1401 and Rules and Regulations Title 77, chapter I, subchapter p part 855 Asbestos Abatement for Public and Private Schools in Illinois as amended and the USEPA NESHAP Regulations 40 CFR 61.140 dated November 20, 1990.

II. DESIGNATED PERSON

A. The facility shall appoint a Designated Person to implement the Management Plan. If necessary, an assistant Designated Person may be appointed. The Designated Person shall:

1. Be in good health with no respiratory impairment, have an asbestos worker's medical exam and be approved by the agency fit to wear a respirator. It is preferable that the individual be a non-smoker.
2. Be knowledgeable about the building(s) and its mechanical systems.
3. Be the "Building Engineer" or "Head of Maintenance" or in a position to be informed about all repair and renovation activities within the building.
4. Be on call for emergencies which may occur after normal working hours.
5. Have successfully completed a Contractor Supervisor course and shall complete Form C-11.3.

B. The Designated Person for this facility is:

Name: _____ Date Appointed: _____
Title: _____ Home Phone: _____
Address: _____ Phone: _____

C. The Designated Person shall receive training concerning the following:

1. Health effects of asbestos
2. Methods of detecting, identifying and assessing ACM
3. Response actions
4. How to implement an asbestos management plan
5. Relevant Federal and State regulations concerning asbestos

D. The following are the duties of the Designated Person:

1. Ensure Management Plans are available for inspection and that notification is sent in accord with Section C-3.
2. Post warning labels in accord with Section C-4.
3. Ensure all custodial and maintenance employees are trained in accord with Sections C-5.
4. Document and maintain records of inspections and reinspections and implement response actions and Operations and Maintenance in accord with the Management Plan.

5. Maintain records in accord with Section C-6. Ensure that the facility's respirator program is enforced.
6. Schedule reinspections in accord with Section C-7.
7. Perform periodic surveillance in accord with Section C-8.
8. Ensure that cleaning is performed in accord with Section C-9.
9. Provide employees and workers who may come in contact with asbestos with information in accord with Section C-10.
10. Document and take appropriate action for any fiber release in accord with Section C-10.

III. NOTIFICATION; AVAILABILITY OF PLAN

- A. The Designated Person is responsible for ensuring that employees, workers, and other building occupants (or their parents or legal guardians) are notified in writing that the Management Plan is available for inspection. The written notification shall be given at least once a year. See example in Section C-11.2.
- B. The Designated Person shall attach copies of the initial notification and each annual notification to the Management Plan as an Appendix titled "Notification". Include a written statement documenting the procedures taken to complete the notification; a list of individuals who received the notification; and a dated copy of the letter.
- C. All persons requiring notification, occupying the facility after the initial notification, shall be provided with notification at beginning of employment or occupancy.
- D. A copy of the Management Plan shall be maintained in the administrative office, in room _____ of the _____ Building. The Management Plan is available, during normal business hours, without cost or restriction, for inspection by representatives of EPA, the State, the public, and all persons notified. A reasonable fee may be charged for copies of the Management Plan.
- E. Copies of the Management Plan shall also be maintained at the Office of the Director of the Department of _____ at _____, Illinois.

IV. WARNING LABELS

- A. Permanently affix an approved warning label on or adjacent to any friable or non-friable ACM and assumed ACM located in routine maintenance areas.
- B. All labels shall be in prominent visible locations until the ACM is removed. The warning label shall read, in print which is readily visible because of large size or bright color, as follows either:
 - 1. CAUTION: ASBESTOS. HAZARDOUS. DO NOT DISTURB WITHOUT PROPER TRAINING AND EQUIPMENT. (USEPA)

OR

 - 2. DANGER: CONTAINS ASBESTOS FIBERS. AVOID CREATING DUST. CANCER & LUNG DISEASE HAZARD. (OSHA)
- C. Access to routine maintenance areas that contain ACM shall be limited to authorized trained individuals. Document placement of warning labels.

V. TRAINING

- A. Different levels of training are required dependent on the employees' job classification and duties as they relate to possible asbestos exposure. All members of the maintenance and custodial staff who work in a building that contains ACM shall receive awareness training of at least two hours, whether or not they are required to work with the ACM. New custodial and maintenance employees shall be trained within 60 days after commencement of employment. As a minimum, training shall include:
1. Information regarding asbestos and its various uses and forms.
 2. Information on the health effects associated with asbestos exposure.
 3. Locations of ACM, identified throughout each building in which they work.
 4. Recognition of damage, deterioration and delamination of ACM.
 5. Name and telephone number of the Designated Person and the availability and location of the management plan.
- B. All maintenance and custodial staff who may disturb ACM shall complete an Asbestos Worker Training three-day course, pass the examination, and be licensed as asbestos workers by the Illinois Department of Public Health.
- C. All facilities having licensed workers shall also have a person trained and licensed as an asbestos supervisor. The Contractor/Supervisor Course is four days in length.

Complete Form C-11.3 in Section 11 for all trained personnel.

VI. RESPIRATOR PROGRAM

A. All employees required to wear respirators shall be involved in a respirator program. These procedures cover the selection and use of respirators. Where practicable, the respirators should be assigned to individual workers for their exclusive use. Respirators and protective clothing will be provided by the agency when requested by the employee or required by law. Respirators shall be suitable for the purpose intended. Employees shall use the provided respiratory protection and protective clothing in accordance with instructions and training received. All employees shall comply with the USEPA WORKER PROTECTION RULE 40 CFR 763 SUBPART G and OSHA ASBESTOS CONSTRUCTION STANDARD 29 CFR 1926.58 as amended to date.

B. MEDICAL SURVEILLANCE

1. Any employee exposed to at least 0.1 fibers per cc of asbestos for 30 or more calendar days per year, or any employee required to wear a respirator, must be in a medical surveillance program in compliance with the OSHA Standard for the construction industry 29 CFR 1926.58. The Medical Surveillance Program includes:
 - a. Mandatory medical questionnaires found in Appendix D of 29 CFR 1926.58.
 - b. An annual physical examination with emphasis on cardiovascular and gastro-intestinal systems.
 - c. An annual pulmonary function test with forced vital capacity and forced expiratory volume.
2. All employees who may be exposed to asbestos fibers during the course of their employment while performing duties such as asbestos cleaning, asbestos repairs, asbestos removal, making asbestos inspections or monitoring asbestos abatement projects must pass an annual medical exam and shall wear a respirator whenever conditions may subject the employee to asbestos fiber exposure or inside an area designated for respirator use. The agency shall schedule and document that each employee working in the asbestos area has an annual medical examination. The _____ shall review all medical reports for the physician's certification of the employee's fitness to wear a respirator. Persons should not be assigned to tasks requiring the use of respirators unless it has been determined that they are physically able to perform the work and use the equipment. All medical records shall become a part of the employee's permanent records and shall be maintained for thirty years from the employee's last date of employment by the agency.

C. RESPIRATOR SELECTION

1. Respirators must be selected on the basis of the hazard to which the employee is expected to be exposed. Respirators are rated in multiples of the Personal Exposure Limit (PEL) 0.2 f/cc. Respirators shall be selected as follows:

- a. Up to 10 x PEL (2 f/cc) - half mask air-purifying with dual filters.
 - b. Over 10 x but less than 50 x PEL (2 - 10 f/cc) - full face powered air-purifying respirator (PAPR).
 - c. Over 50 x PEL (10 f/cc) - pressure demand air-line respirators or self-contained breathing apparatus (SCBA).
2. Pressure demand air-line respirators or self-contained breathing apparatus may be used to substitute for lower protection type respirators or if other conditions warrant this type of protection. An employee may request a PAPR in lieu of a half mask air-purifying respirator.

The agency shall provide a powered air purifying respirator in lieu of any negative pressure respirator whenever an employee chooses to use this type of respirator and it will provide adequate protection for the employee.

3. Facial hair interferes with the use of some types of respirators. Any employee having facial hair shall not use any respirator requiring a facial seal. Such employees shall instead utilize a hooded type, powered air-purifying respirator (PAPR), and shall not enter any area where the exposure concentration can reasonably be expected to exceed 10 f/cc. Whenever a hooded type PAPR is used, the employee shall operate the unit at its highest rated airflow and shall immediately exit any contaminated area at the first sign of reduced airflow or upon a unit low-battery signal.
4. Any problems with respirators shall immediately be brought to the Designated Person's attention.

D. RESPIRATOR TRAINING

1. All users of respirators shall be instructed in their selection, use and maintenance. Training shall include the opportunity to handle the respirator, have it fitted properly, test its face-piece-to-face seal, wear it in normal air for a familiarity period, and wear it in a test atmosphere. Every respirator wearer shall receive fitting instructions including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to determine if it fits properly.
2. It is the employee's responsibility to ensure a proper fit each time the respirator is worn. Respirators shall not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, sideburns, a skull cap that projects under the face-piece, or temple pieces on glasses. Also, the absence of one or both dentures can seriously affect the fit of a facepiece. The agency shall conduct respirator fit testing to ensure that the respirator issued to the employee is fitted properly. Either quantitative or qualitative fit testing shall be conducted initially and at least every six months thereafter for each

employee who may wear a negative pressure respirator or whenever the facial configuration of the employee may change, such as:

- a. Weight change of 20 pounds or more.
- b. Significant facial scarring in the area of the facepiece seal.
- c. Significant dental changes; i.e., multiple extractions; without prosthesis, or acquiring dentures.
- d. Reconstructive or cosmetic surgery.
- e. Any other condition that may interfere with facepiece sealing.

The Designated Person shall document all respirator fit testing and provide a copy for the employee's permanent records maintained by the agency's Personnel Representative. Fit testing procedures shall be in conformance with Appendix C of 20 CFR 1926.58. Respirator inspection, fit test, and use records shall be completed by the wearer and maintained by the Designated Person.

E. CORRECTIVE EYEWEAR

Providing respiratory protection for individuals who wear corrective lenses is a serious problem. A proper seal cannot be established if the temple bars of eyeglasses extend through the sealing edge of the full facepiece. Systems have been developed for mounting corrective lenses inside full facepieces. When a worker must wear corrective lenses as part of the facepiece, the agency will furnish a facepiece with lenses fitted by qualified individuals to provide good vision, comfort, and a tight seal.

F. MAINTENANCE AND CARE OF RESPIRATORS

1. The program for maintenance and care of respirators shall be administered by the Designated Person and shall include the following: inspection for defects (including a leak check), cleaning and disinfecting, repair, and storage. Equipment shall be properly maintained to retain its original effectiveness. All respirators shall be inspected by the employee before and after each use. A respirator that is not routinely used shall be inspected at least monthly.
2. Self-containing breathing apparatus shall be inspected monthly. Air and oxygen cylinders shall be fully charged according to the manufacturer's instructions. The employee shall determine that the regulator and warning devices function properly before and after each use.
3. Respirator inspection shall include a check of the tightness of connections and the condition of the facepiece, headbands, valves, connecting tube, and canisters. Rubber or elastomer parts shall be inspected for pliability and signs of deterioration. Individually assigned respirators shall be cleaned and disinfecting by the employee as frequently as necessary. A record shall be kept of inspection dates and

findings for respirators maintained for emergency use. The Designated Person shall maintain all respirators for general and emergency use and will be responsible for instructing all employees in proper methods of cleaning and disinfecting the respirators.

4. Replacement or repairs shall be done only with parts designed for the respirator. No attempt shall be made to replace components or to make adjustment or repairs beyond the manufacturer's recommendations. Reducing or admission valves or regulators shall be returned to the manufacturer or to a manufacturer's certified technician for adjustment or repair.
5. Respirators shall be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. Respirators for emergency use should be quickly accessible at all times and shall be stored in clearly marked compartments built for the purpose. Routinely used respirators, such as half mask respirators, may be placed in plastic bags. Respirators shall not be stored in such places as lockers or tool boxes unless they are in carrying cases or cartons. Respirators shall be packed or stored so that the facepiece and exhalation valve will rest in a normal position and function will not be impaired by the elastomer forced in an abnormal position.
6. The employee shall select proper respirator filters in accordance with the type of exposure expected. Dual protection filter canisters may be appropriate in some cases, e.g. asbestos dust (magenta) and organic vapors (black). The Designated Person shall maintain an adequate supply of filters.

G. RESPIRATOR USE

1. In areas which have atmospheres immediately dangerous to life and health, there are additional mandatory requirements not contained in this program. Comply with the requirements of OSHA 29 CFR 1910.134.
 2. Frequent random inspections shall be conducted by the Designated Person to assure that respirators are properly selected, used, cleaned and maintained.
 3. Employees shall wear a respirator and protective clothing whenever exposure to asbestos is probable and shall follow decontamination procedures in accord with the IDPH Rules.
- H. The respirator program shall be reviewed and evaluated by the Designated Person on a yearly basis to determine the continued effectiveness of the program.

VII. INSPECTION & REINSPECTION

- A. An inspection must be conducted before any renovation or demolition. Contact the CDB Asbestos Coordinator. State agencies may be authorized to conduct asbestos inspections using IDPH licensed staff or IDPH licensed consultants if the following measures are strictly adhered to:
1. Notification: The Capital Development Board shall be notified in writing before any asbestos inspections are performed.
 2. Inspectors: All inspectors shall be licensed by the Illinois Department of Public Health.
 3. Inspections: Perform all inspections in accord with the CDB A/E Manual of Procedures for Asbestos Inspections and Management Plans.
 4. Approval: Six (6) copies of the inspection report must be forwarded to CDB with a cover letter. CDB shall approve this preliminary report before further action is taken.
- B. If no asbestos is found the agency may be authorized by CDB to proceed with demolition or renovation of the building without further testing. If the project costs exceed \$10,000, CDB must be the contracting agency.
- C. At least once every three years after the date of the Management Plan a reinspection shall be conducted. Licensed inspectors shall conduct the reinspections in accord with requirements in the CDB "Reinspection Protocol".

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VIII. PERIODIC SURVEILLANCE

- A. At least every six months, periodic surveillance shall be conducted of the facility. The periodic surveillance shall include a visual inspection of all areas that are identified as ACM or assumed ACM in the Management Plan. The individual conducting the periodic surveillance need not be a licensed inspector, but shall be trained to conduct the surveillance. Complete Form C-11.5 and include in the Management Plan.
- B. Evaluate the information from the periodic surveillance to determine if any change has occurred. The Designated Person shall contact a Management Planner if any change has occurred. All response actions shall be selected by licensed management planners and designed by licensed project designers.
- C. Additional periodic surveillance shall be conducted whenever repairs, renovations, or other activities are conducted in areas containing ACM or assumed ACM.

IX. CLEANING PROCEDURES

- A. Clean all areas of the building where friable ACM, damaged or significantly damaged thermal system insulation ACM, or friable suspected ACM are present at least once after the completion of the inspection and before the initiation of any response action, other than O & M activities or repair.
- B. Additional cleaning shall be performed if recommended by the Management Planner as part of a response action.
- C. The cleaning procedures include the following:
 - 1. Licensed workers shall be equipped with 1/2 face dual-cartridge high efficiency air purifying respirators, at a minimum.
 - 2. Clean using a combination of wet mopping or wiping and HEPA vacuuming.
 - 3. Irregular surfaces, such as curtains, books, furniture and carpeting should be cleaned using HEPA equipped vacuum cleaners. Many manufacturers offer several "nozzles" to make HEPA vacuuming of irregular surfaces less difficult. Carpet may be steam cleaned.
 - 4. Dispose of waste generated during cleaning as ACM.
 - 5. Complete Form C-11.6 for each cleaning and include in the Management Plan.

x. ACM DISTURBANCES AND PROCEDURES

EPA and OSHA have severe penalties for improper disturbance, removal or disposal of ACM. Therefore the following procedures shall be followed if materials are suspected to be ACM.

A. Stockpiled Materials

1. Agencies suspecting that stockpiled materials contain asbestos should:
 - a. not use such materials for facility maintenance.
 - b. not move or dispose of material until authorized to do so by CDB.
 - c. place warning signs in accord with Section C-4.
 - d. cover with one layer of 6-mil plastic sheeting.
 - e. complete form 9A in Appendix B and send to the CDB Asbestos Coordinator.
2. This includes 9" x 9" floor tile, 12" x 12" floor tile, ceiling panels, ceiling tile, boiler and fitting gaskets, roping for boiler gaskets, thermal insulations such as air cell or magnesium block, bags of asbestos insulation mix and transite asbestos cement board.
3. Depending on the size and circumstances CDB will either authorize trained personnel from the agency to properly dispose of the material or conduct an abatement project. In some instances CDB may instruct the agency to secure the asbestos in a storage area until the facility can be inspected.

B. Asbestos Abatement Projects

Any project exceeding \$10,000 must be conducted by CDB. For smaller projects it is appropriate for agencies to either contract for the abatement work or complete the work with staff. Unless the Agency has an IDPH licensed project designer on staff, project design shall be contracted for by CDB.

1. Must Notify EPA in accord with NESHAP.
2. Agencies classified as schools by IDPH must follow IDPH requirements.
3. All projects must be designed by a CDB prequalified IDPH licensed project designer and have CDB prequalified IDPH licensed asbestos project manager to observe the abatement and CDB prequalified IDPH licensed air sampling professional perform air sampling.
4. Projects not completed with staff requires a CDB prequalified IDPH licensed contractor.

5. Staff performing the work must be IDPH licensed workers and supervised by an IDPH licensed supervisor.
6. The agency must have a medical surveillance and respirator program in accord with Section C-6 for all employees working with asbestos.
7. The agency must provide staff with all appropriate tools, equipment, supplies, and personal protective equipment. A HEPA vacuum is required to be available for all abatement work.

C. Notification

1. Projects involving abatement of greater than three linear feet or three square feet of asbestos containing material require prior written permission of the Capital Development Board. The Agency shall submit the following information to the CDB Asbestos Coordinator:
 - a. Building name and CDB building number.
 - b. Location and amount of ACM present.
 - c. Procedures for abatement.
 - d. Names and IDPH license numbers for all Design Professionals and asbestos Abatement contractors to be utilized by the Contracting Agency.
 - e. Location of proposed "Disposal" or storage site.
2. Exception to prior written approval - Emergency projects do not require prior written permission from the Capital Development Board. Emergency projects are those involving public health, public safety, or where immediate expenditure is necessary for repairs to State property in order to protect against further loss or damage to State property, to prevent or minimize serious disruption in State services or to insure the integrity of State records. For emergency projects the Contracting Agency shall verbally notify the Capital Development Board of abatement work as soon as possible, or within three working days after the start of the project.

D. Regulations

1. Federal and Illinois laws and regulations that apply to asbestos abatement work are similar, regardless of the area size or the value of the work. State agencies that contract for asbestos abatement services under "local bidding" or "emergency" circumstances should not undertake such projects without assured quality control. These procedures are provided to assist in that regard.
 - a. All projects except small projects must be designed by a licensed Project Designer.
 - b. The contracting agency should follow all regulations in C-1.

- c. All response actions, including enclosure or encapsulation of ACM must be conducted and supervised by IDPH licensed persons.
 - d. The Designated Person shall ensure that prior written notice is provided and notice to EPA.
 - e. The Designated Person shall document all activities, including the Asbestos Project Manager's (APM) and Air Sampling Professional's (ASP) daily reports, and clearance air tests results and shall insert the record drawings which indicate the exact locations of any removal, encapsulation, or enclosure of ACM in the building's management plan.
 - f. The contracting agency shall provide CDB with written notification that the abatement work has been completed within 10 working days of its completion. Such notification shall include the date, location and nature of the work (emergency or other reason for abatement), the name and address of the contractor, the total value of the contract and a copy of the documentation described in e. above.
 - g. Include the Supplementary Conditions in accord with Section C-11 in the bidding and contract documents for all asbestos abatement projects.
 - h. The contracting agency should be thoroughly familiar with the Response Action Contractors' Indemnification Act.
2. **NOTE:** Any building regulated by IDPH (schools) must use an IDPH licensed abatement contractor to conduct any abatement except for roofing.

E. Removal of Intact Non Friable ACM

1. Non friable materials when removed intact pose little danger of asbestos fiber release. These procedures are issued to ensure worker protection and emission control during removal of all non friable materials including the following materials: Transite type materials such as roofing, siding, piping, sheeting, and cooling tower baffles; fire brick; stucco siding; and floor tile and other miscellaneous floor coverings. Non friable projects do not require the use of licensed contractors, but it is required that a Designated Person supervise the project and the work be completed by licensed workers. Roofing projects do not require licensed workers.
2. Regulated Area: - The agency shall:
 - a. Establish a regulated area in all work areas where non-friable ACM materials are to be removed, renovated, or repaired. The regulated areas shall be demarcated in a manner that minimizes the number of persons within the area and protects persons outside the area from exposure to air-borne concentrations of asbestos in excess of the

- permissible exposure limit. Access to the regulated areas shall be limited to authorized persons.
- b. Ensure that employees shall not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in the regulated areas.

3. Tools:

All powered tools, or high speed abrasive disc saws must be equipped with engineering controls that eliminate dust before they can be used for work related to asbestos. Compressed air can be used to remove asbestos only when it is used in conjunction with an enclosed ventilation system designed to capture the dust created by the compressed air.

4. Air Monitoring:

- a. State and Federal regulations require that all employers ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.2f/cc as an 8 hour time weighted average Personal Exposure Limit (PEL) or in excess of 1.0f/cc as averaged over a sampling period of 30 minutes Excursion Limit (EL). In addition, OSHA has an Action Level of 0.1f/cc which shall be a control level for these procedures. (NOTE: OSHA has proposed lowering the PEL to 0.1f/cc.)
- b. Air monitoring must be completed for each non-friable asbestos abatement project. The air monitoring shall be completed by an independent CDB prequalified IDPH licensed air sampling professional (ASP) employed by the A/E (where an A/E is involved) or by the contracting state agency.
- (1) A minimum of three background samples shall be taken prior to the start of the work.
 - (2) Determinations of an employee's exposure shall be made from breathing zone air samples that are representative of both the 30 - minute short-term exposures (Excursion Limit) and the eight hour time weighted average of each employee.
 - (a) Representative 8-hour Time Weighted Average (TWA) employee exposure shall be determined on the basis of one or more samples representing full-shift exposure for employees in each work area.
 - (b) Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30-minute exposures associated with operations that are most likely to provide exposures above the excursion limit for employees in each work area.

(3) In addition to the breathing zone air samples, at least one sample each shall be taken daily in the following areas:

- (a) Work area.
- (b) Outdoors in a zone not suspected to be contaminated to be used as a background sample.
- (c) If the material being removed is adjacent to an intake of a ventilation system that must remain in operation during the removal, two samples within the ventilated area.
- (d) If any interior work area air tests indicate an air-borne asbestos fiber level above 0.1f/cc, additional air samples shall be taken in any area where contamination is possible and work shall be stopped until the work methods have been reviewed and revised to control fiber release. If any of the samples taken in (c) or in possible contaminated areas exceed 0.1f/cc, these areas shall be cleaned by HEPA vacuum or wet wiping.

c. If any of the interior air tests taken above indicate an air-borne asbestos fiber level above 0.01f/cc and are above the initial background levels, the ASP shall have the employees clean the area by wet wiping, and retest the area for clearance taking a minimum of two air samples. Once all tests fall below 0.01f/cc, the area may be reoccupied.

d. Upon completion of the removal, interior work areas shall be cleaned using HEPA vacuum or wet methods. Clearance testing will not be required.

5. Respirators:

Any time the PEL or excursion limit is exceeded or upon request of the worker, the employer shall provide the worker with a respirator and protective clothing and must provide decontamination facilities. Whenever respirators are used or required the employer must be able to provide evidence of worker training and respirator and medical surveillance programs. Whenever the PEL is exceeded, the site shall be posted with the following information: DANGER, ASBESTOS CANCER AND LUNG DISEASE HAZARD AUTHORIZED PERSONNEL ONLY, RESPIRATORS AND PROTECTIVE CLOTHING ARE REQUIRED IN THIS AREA.

6. Removal:

Materials shall be kept damp using a surfactant during removal, and shall be thoroughly wetted using a surfactant prior to disposal. Materials shall be handled to minimize

breaking. Enclosed chutes may be used for lowering thoroughly wetted roofing materials to ground level.

7. Disposal:

All ACM except roofing shall be bagged in two layers of 6-mil poly and transported to an EPA approved landfill in an enclosed truck or dumpster. Bulk roofing materials, thoroughly wetted, may be transported in an enclosed truck or dumpster.

8. Licensed Personnel:

All non-friable asbestos abatement projects, except roofing projects, exceeding three square feet or 3 lineal feet where the material cannot be removed intact, must be designed by a licensed asbestos project designer and require a licensed asbestos project manager. In addition, workers must be licensed by the Illinois Department of Public Health and a contractor supervisor licensed by the Illinois Department of Public Health must be present. It is recommended that roofing projects not designed by a licensed project designer have an observer with a knowledge of asbestos abatement procedures.

F. Floor Tile

1. Laboratory Analysis

- a. The laboratory analysis for the asbestos content of floor tile samples may not accurately reflect the percentage of asbestos fibers actually in the floor tile. The US EPA and others have documented that many of the asbestos fibers utilized in the manufacturing process are not optically visible by the methods normally used by laboratories in analyzing samples.
- b. The Capital Development Board recommends that agencies assume all floor tile and all mastics contain asbestos fibers and follow the maintenance methods given below until proper testing confirms that asbestos fibers are not present. Contact the CDB Asbestos Coordinator for the proper testing methods. These methods utilize a sample preparation process designed to help remove the vinyl binder matrix and filler material interferences. Other methods of testing floor tile and mastic are not as accurate and shall not be utilized.

2. Hazard Assessment:

All floor tile and mastic which has not tested negative by the methods described above shall be handled as asbestos containing materials. The following steps by a Management Planner shall be used in assessing the hazard posed by these materials and the action that shall be taken:

- a. Determine the potential for asbestos fiber release - Floor tile, even if in a slightly broken condition, is non-friable (has a low potential for fiber release). Normal activities in the area should not generate a fiber release.
- b. Prioritize the hazard - Since floor tile and mastics are non-friable materials they do not usually pose a hazard.
- c. Determine the action - The action for these materials is a continued Operations & Maintenance Program, replacing broken floor tiles as required. Removal of floor tile and mastic may be an appropriate action if other asbestos containing materials are to be removed in the same area.
- d. Assistance - The Capital Development Board staff is available to assist agencies in determining the potential for fiber release, prioritizing hazards and determining the correct response action.

3. Operations and Maintenance Program:

- a. Floor tile shall have a wet maintenance and wax or sealer program to protect the base material from abrasion and to seal and encapsulate broken edges. This program shall consist of waxing or sealing at least three times per year. This schedule shall be adjusted if the finish is worn off prior to the application of a new finish.
- b. Sanding, drilling, sawing, or other high speed abrasion of these materials is prohibited. These types of actions can only be performed by a licensed asbestos worker using appropriate protective equipment and engineering controls.
- c. The following guidelines shall be followed when stripping the wax or finish coat from floor coverings:
 - (1) Avoid stripping floors. Stripping of floors shall be done infrequently, no more than twice a year depending on the circumstances. The frequency shall be carefully considered as floor maintenance schedules or contracts are written or renewed.
 - (2) Properly train staff. Custodial and maintenance staff who strip floors shall be trained to safely use machines, pads, and floor chemicals.
 - (3) Follow appropriate work practices. Custodial and maintenance staff who strip floors shall follow appropriate work practices such as those recommended here, under informed supervision. Directions from floor tile and floor wax product manufacturers on proper maintenance procedures shall be consulted.
 - (4) Strip floors while wet. The floor should be kept wet during the stripping. Do not perform dry

- stripping. Prior to machine operation, an emulsion of chemical stripper and water is applied to the floor with a mop to soften the wax or finish coat. After stripping and before application of new wax, the floor shall be cleaned using a wet mop. Mop heads used for this cleaning shall be washed for reuse or disposed of as asbestos containing material. The mop shall never be left to dry without washing.
- (5) Run machines at low speed. If a variable speed machine is used to remove the wax or finish coat, use a slow speed of 175 to 190 rpm.
 - (6) Use the least abrasive pad to strip wax or finish from floors.
 - (7) Do not over strip floors. Stop stripping as soon as the old surface coat is removed. Over stripping can damage the floor and may cause the release of asbestos fibers. Do not operate a floor machine with an abrasive pad on unwaxed or unfinished floors.
 - (8) Conduct periodic surveillance in accord with Section C-8.

4. Removal:

- a. The US EPA and the Capital Development Board recommend asbestos containing floor tiles and mastics remain in place if the material is in good condition or can be adequately sealed. Removal of these materials should only be done at the end of the materials' life or whenever remodeling dictates. Improper removal of asbestos containing floor tiles and mastics could result in the release of asbestos fibers.
- b. Asbestos Floor Tile Removal Methods. Follow Small Disturbance procedures for area preparation. All ACM removed must be thoroughly wetted and double bagged in 6-mil properly labeled poly bags. Areas where the tile cannot be removed intact with methods such as given below must be completed as an asbestos abatement project.
 - (1) Heat
This procedure is applicable for small areas or single tiles. Apply heat with propane torch or heat gun. Keep moving to prevent burning. Lift tile with wide blade putty knife. Heat mastic and scrape away excess.
 - (2) Dry Ice
This procedure is applicable for small areas. CAUTION: thermal gloves are required for handling the dry ice to prevent frostbite. Apply large piece of dry ice to area to be removed. Move over tile to be removed. Popping sound

indicates loosening of tile. Remove mastic with heat as above.

- (3) Water
This procedure is applicable for larger areas but may not be appropriate for wood floors. Prepare water by adding surfactant (wetting agent). Spray on area until heavy coverage occurs. Cover with plastic for 8 to 24 hours. Check for looseness. If not loose apply more water. If loose, raise tile with wide putty knife or long handled scraper using care not to break tiles. Remove mastic using heat.

- c. If it is necessary to remove mastic, extreme caution shall be utilized. Many mastic removers and solvents including the Citrus Turpene varieties, have a very low "Flash Point Rating" (less than 140 degrees Fahrenheit) and a very low "Lower Explosive Limit (less than one percent concentration in air). This means that less than one percent of the product's vapor needs to be in the air to create an explosive atmosphere. These products represent a fire and explosion hazard in confined spaces which normally occur during the removal of asbestos containing materials. Also, some solvents may be carcinogenic and may be solvent to the plastic bags usually used for containing asbestos waste. Some solvents have a strong odor and may cause nausea. Respirators may require both a vapor filter and an asbestos filter. All work utilizing mastic removers shall be conducted while the building is unoccupied.
- d. It is recommended that the use of mastic removers and solvents be limited to very small quantities or only products that have a flash point of 200 degrees Fahrenheit or higher be used.
- e. Federal and State laws require all agencies to obtain the Material Safety Data Sheet of all products used. Agencies must also comply with employee right to know laws. Agencies may contact the Capital Development Board for assistance in selection of proper removal products and methods.

G. Small Disturbances:

Use the following procedures for small-scale maintenance activities (less than 3 linear or 3 square feet which repairs ACM, disturbs ACM dust or debris, or disturbance of ACM is possible).

1. Obtain approval from the Designated Person before beginning work, all work shall be performed by licensed workers and be supervised by a licensed supervisor.

2. Schedule the work after normal working hours (nights or weekends), if possible, or control access to the work area. Doors shall be locked from the inside and signs posted to prevent unauthorized persons from entering the work area (e.g., "MAINTENANCE WORK IN PROGRESS, DO NOT ENTER", or, if the asbestos levels are high enough to trigger the OSHA Rule (the PEL or higher), "DANGER - ASBESTOS: CANCER AND LUNG DISEASE HAZARD: AUTHORIZED PERSONNEL ONLY: RESPIRATORS AND PROTECTIVE CLOTHING ARE REQUIRED IN THE AREA"). Note, emergency exits must remain in operation.
3. The air handling system shall be shut off or temporarily modified to prevent the distribution of fibers from the work site to other areas in the building. Be sure that the electrical system is disconnected prior to misting.
4. Workers shall wear NIOSH approved respirators with HEPA filters and protective clothing, including a body suit, hood, boots, and gloves. Workers must wear personal monitors as required by OSHA unless previous experience with the same ACM and similar operations indicates that fiber levels are likely to be less than the PEL.
5. A 6-mil polyethylene plastic dropcloth shall be placed beneath the location of the maintenance work, extending at least 10 feet beyond all sides of the work site. (In the case of entry into the space above a suspended ceiling, the work site would be the area of the panels moved to gain access.) Alternatively, a rectangular enclosure constructed of 6-mil plastic on a frame can be positioned underneath the maintenance area to inhibit the spread of fibers from fallen ACM. (Mobile enclosures of this type are available commercially.)
6. If entry to the space above a suspended ceiling is necessary, the panels shall be moved carefully with as little movement as possible. The air above the opening, the top of the moved panel and all panels surrounding the opening, and the ACM likely to be disturbed shall be misted with a fine spray of amended water. Misting of the air helps fibers to settle quickly. Cleaning ceiling panels with a HEPA vacuum cleaner is also effective as long as care is taken not to vibrate panels and disturb the ACM.
7. Thermal System Repairs:
 - a. Many times thermal insulation can be easily repaired to prevent further release of asbestos fibers. Repairs can be made as follows:
 - (1) Spray the damaged area with a light coating of penetrating encapsulant.
 - (2) Fill any gouges or depressions with fiberglass or palm grade encapsulant.

- (3) Wrap or cover damaged area with a self setting lagging or lagging set in one coat of bridging encapsulant.
 - (4) Paint damaged area with two coats of bridging encapsulant.
 - b. Self setting lagging will not properly adhere if wetted with an amended water. These methods can also be utilized for repairing open ends of pipe insulation or repair of fitting insulation.
8. The maintenance renovation work form C-11.8 shall be completed for each area repaired. Air monitoring is required for any activity which approaches thirty minutes, unless all applicable procedures indicated in Appendix G of OSHA 1926.58 - Work Practices and Engineering Controls for Small Scale, Short-Duration Asbestos Renovation and Maintenance Activities Non-Mandatory are followed.
9. Glovebag Procedures
 - a. The asbestos-containing insulation on piping shall be removed using IDPH glove bag techniques as necessary for the repairs. Perform all glovebag procedures using a NIOSH approved PAPR respirator, mini-enclosures, and negative air.
 - b. If a bag is ruptured during the repairs, work shall stop, the area should be sealed off, and all procedures recommended for large-scale asbestos removal shall be followed.
 - c. Plastic sheets (6-mil polyethylene) shall be cut and taped around any thermal insulation which might be disturbed. The plastic shall be misted with amended water before taping it shut. The plastic shall be taped to itself to avoid damaging the insulation.
10. During the course of the work, small pieces of ACM shall be collected by the HEPA-vacuum. This is best accomplished by placing the vacuum hose adjacent to the ACM being disturbed. Larger pieces shall be placed in a labeled plastic bag.
11. Upon completion of the work, any visible debris on the top of the suspended ceiling, on the drop cloth, on the floor, or anywhere else shall be collected by cleaning with a HEPA vacuum.
12. All equipment and tools shall be wiped with damp cloths or HEPA-vacuumed.
13. The plastic sheet shall be wiped with a damp cloth, carefully folded, and discarded as asbestos waste.
14. All debris, cloths, vacuum bags, and filters shall be discarded in sealed and labeled plastic bags as asbestos waste.

15. Workers shall vacuum their disposable suits before leaving the work site (or remove and discard them as asbestos waste and put on a clean disposable suit), proceed to a shower facility, shower with their respirators on, and clean their respirators while in the shower.
16. Install non-asbestos containing material to replace removed ACM.

H. Large Disturbances:

Maintenance activities which involve removal of three linear or square feet or more of asbestos-containing materials (e.g. several valves need attention in a utility room or block insulation needs to be removed for boiler repair) are large disturbances and shall be performed by IDPH licensed Asbestos Contractors and designed by an IDPH licensed asbestos project designer.

I. Fiber Release Episodes:

1. Custodial and maintenance workers shall immediately report in writing to the Designated Person the presence of debris, water or physical damage to the ACM, or any evidence of possible fiber release. The Designated Person shall call an abatement contractor or assign a trained in-house team to clean up debris and make repairs as soon as possible. If a contractor is to be used, a company shall be selected and retained by contract for quick response action as needed. Complete Form C-11.9 for each fiber release episode.
2. Minor Episodes (less than three linear feet, three square feet): Follow the applicable procedures for small disturbances.
3. Major Fiber Release Episode:

The Designated Person shall document that the procedures described below are followed in the event of a major fiber release episode (i.e. the falling or dislodging of more than three square or linear feet of friable ACM):

- a. Restrict entry into the area and post signs to prevent entry into the area by persons other than those necessary to perform the response action.
- b. Shut off or temporarily modify the air-handling system to prevent the distribution of fibers to other areas in the building.
- c. The response action for any major fiber release episode must be designed by an IDPH licensed project designer and conducted by a licensed asbestos abatement contractor.

XI. RECORDS, REPORTS & SAMPLE FORMS

These sample forms are examples of the types of records that must be kept by the Designated Person. Agencies may modify these forms if all information on these forms is included.

FACILITY LETTERHEAD

Date _____

SAMPLE LETTER

Dear Parent/Employee:

The building(s) of (insert facility name and address) has (have) been inspected for asbestos-containing building materials by a licensed inspector. In addition, an Asbestos Management Plan has been prepared by a Licensed Management Planner. The Inspection Report and Management Plan are on file in the facility office and are available for public review during business hours.

The reports state that asbestos-containing materials have (have not) been found. The condition and type of the asbestos are shown in the individual reports.

Copies of these reports are available upon notification of the facility administrator and payment of a fee to cover copying costs.

Sincerely,

(Individual's Name)
Designated Person

Note: Maintain this record indefinitely. Attach to the Management plan.

TRAINING

Facility Name _____

Employee Name _____

Employee Job Title _____

Completion Date of Training _____

Course Title _____

Course Provider and Location of Training _____

Number of Hours Completed in Training _____

Signature of Employee _____

Signature of Designated Person _____

Date _____

Attach copy of course completion certificate.

MEDICAL

Date: _____

Provider: _____

Approved for Respirator Use: Yes No

(authorized agency signature)

(employee's signature)

Note: Maintain these records for 30 years after employment ceases. Attach to the Management Plan.

RESPIRATOR INSPECTION / FIT TEST RECORD

Date: _____

Type: _____ ID No. _____

<u>INSPECTION*</u>	Before Use	After Use	Comments
Facepiece	_____	_____	_____
Inhalation Valve	_____	_____	_____
Exhalation Valve	_____	_____	_____
Headbands	_____	_____	_____
Cartridge Holder	_____	_____	_____
Cartridge/Canister	_____	_____	_____
Filter	_____	_____	_____
Harness	_____	_____	_____
Hose	_____	_____	_____
Gaskets	_____	_____	_____
Others	_____	_____	_____
Cleaned	_____	_____	_____
Disinfected	_____	_____	_____

Corrective Action Required _____

FIT TEST (See Pg. 2, C-11.4.2 for fit test procedures.)

Positive Pressure _____ Negative pressure _____
 Ampule Fit Test _____ Irritant Smoke Test _____

Fit Test By _____ Date _____

Hours used _____

*Initial items completed

Employee Signature _____

RESPIRATOR TEST PROCEDURES

Positive Pressure Test:

- Exhalation valve or breathing tube, or both is closed off and wearer is instructed to exhale gently.
- The respirator has been properly donned if a slight positive pressure can be built up inside the facepiece without the detection of any outward leakage of air between the sealing surface of the facepiece and the wearer's face.
- For some respirators, this test method requires that the respirator wearer first remove the exhalation valve cover from the respirator and then replace it after completion of the test.

Negative Pressure Test

- The inlet opening of the respirator's canister(s), cartridge(s), or filter(s) is closed off by covering with the palm of the hand(s), by replacing the inlet seal on canister(s), or by squeezing a breathing tube or blocking its inlet so that it will not allow the passage of air.
- The wearer is instructed to inhale gently and hold his breath for at least 10 seconds.
- If the facepiece collapses slightly and no inward leakage of air into the facepiece is detected, it can be reasonably assured that the respirator has been properly donned and the exhalation valve and facepiece are not leaking.

Banana Oil Ampule fit-test (or Irritant Smoke Ampule)

1. ATTACH ORGANIC VAPOR CARTRIDGES TO RESPIRATOR (for banana oil only)
2. Place subject in testing tent.
3. Pop out swab at swab base.
4. Crush swab between fingers (or break off tips of smoke tube).
5. Hold crushed swab 2" to 3" from where facepiece seals to face (or aim irritant smoke at seals).
6. Have subject do OSHA movements (see 29 CFR 1926.58 Appendix C).

If the odor of "bananas" or "smoke" is detected, reposition facepiece or select another facepiece and test again.

PERIODIC SURVEILLANCE OF ASBESTOS CONTAINING MATERIALS

Building Name: _____ Room Number _____

CDB Building Number: _____ Room Name _____

Type of ACM:

1. Sprayed- or troweled on ceilings or walls
2. Sprayed- or troweled on structural members
3. Insulation on pipes, tanks, or boilers
4. Other (describe): _____

Has the material been encapsulated _____, enclosed _____, neither _____?

Assessment--Note location of ACM and any changes in condition:
Photograph any areas that have changes and attach photo to this report.

1. Air plenum, air shaft, or air stream: _____

2. Physical damage: _____

3. Water damage: _____

4. Deterioration: _____

5. Accessibility of the material: _____

6. Activity near the material: _____

7. Other observations (including the condition of the encapsulant or enclosure, if any): _____

SIGNED: _____ DATE: _____
(Person completing surveillance)

NOTE: Retain this form for three years after the next reinspection. Attach to the Management Plan.

CLEANING RECORD

Building Name: _____ Room Number _____

CDB Building Number: _____ Room Name _____

1. Initial cleaning yes ___ no ___
Periodic cleaning yes ___ no ___

2. Date _____

3. Locations cleaned (within rooms) _____

4. Methods and equipment used to perform cleaning _____

5. Special equipment used _____

6. Name and Location of storage or disposal site of ACBM _____

7. Type of worker protection used during cleaning _____

8. Name of each person performing the cleaning

PRINT

SIGNATURE

IDPH WORKERS LICENSE #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED: _____ DATE: _____
(Designated Person)

NOTE: Retain this form for thirty years after employment separation of those involved. Attach to the Management Plan.

ILLINOIS CAPITAL DEVELOPMENT BOARD
Supplemental Conditions for Small and Emergency
Asbestos Abatement Projects

1. Bidders shall be licensed as Asbestos Abatement Contractors by the Illinois Department of Public Health (IDPH) and prequalified by the Capital Development Board.
2. All contractor's workers shall be licensed by IDPH. The contractor's supervisor shall be an IDPH licensed supervisor.
3. All work practices shall be in accordance with IDPH Rules and Regulations. All variances shall be approved by CDB. If the work affects an elementary or secondary school facility, CDB will obtain IDPH review of variance requests.
4. The contractor may not conduct any abatement work without authorization from the agency's designated Asbestos Project Manager (APM) who has the responsibilities and authority specified by the IDPH Rules and Regulations.
5. All air monitoring required by the contract or government regulation shall be conducted and paid for by the contractor. Laboratories shall meet IDPH standards and be prequalified by CDB.
6. All ACM wastes shall be properly disposed in an EPA approved landfill and the contractor shall furnish the contracting agency with written verification of the disposal.
7. This project is being conducted under the Response Action Contractors' Indemnification Act. The contracting agency will withhold 5% of each payment to the contractor in accord with the Indemnification Act. (Public Act 84-1445)

Agency: _____

Project #: _____

DATE: _____

Complete this form for each work order even if no asbestos is present.

MAINTENANCE/RENOVATION WORK

Building Name: _____ Room Number _____

CDB Building Number: _____ Room Name _____

1. Exact location of area involved (homogeneous area(s), location within room, etc.) _____

Starting Date: _____ Completion Date: _____

2. Is asbestos present in the area which you intend to do work?
Yes _____ No _____ (If no complete page 1 only and attach to Management Plan.)

If yes:

Workers Initials

- A. Worker informed ACM exist. _____
- B. Type of ACM present. _____
- C. Worker agrees to avoid damaging ACM in any way including but not limited to, drilling, abrading, cutting, etc. _____

3. Is area restricted? Yes _____ No _____

If yes:

- A. Worker informed area contains friable damaged ACM. _____
- B. Access restricted to persons wearing respiratory equipment at all times. _____
- C. Worker understands that asbestos is a recognized health hazard and that asbestos fibers can cause lung disease and cancer. _____
- D. Worker assumes full responsibility for own protection and welfare when entering the restricted area and will hold the Facility harmless from any injury claim related to asbestos exposure. _____

4. Asbestos control methods to be used (i.e., glove-bag, HEPA vacuum, wet methods, etc.) _____

5. Protective equipment to be used (respirators, coveralls, etc.)

6. If ACM is to be removed, provide the name and location of storage or disposal site of the ACM. _____

7. NAMES OF EACH WORKER

PRINT

SIGNATURE

IDPH WORKERS LICENSE #

8. FOR WORK TO BE COMPLETED BY CONTRACTORS:

Employer _____

Address _____

Print Name _____

Worker's Signature _____

9. Accepted by (Designated Person) _____ Date _____

Note: Retain this form for thirty years after the completion of work. If asbestos is present, retain for thirty years after the worker's employment separation. Attach to the Management Plan.

10. Complete this part if air samples are required.

Name of ASP: _____ License # _____

Signature: _____

Locations of samples collected: _____

Date samples collected: _____

Name and address of Laboratory: _____

Date of Analysis: _____

Results of Analysis: _____

Method of Analysis:
PCM _____ TEM _____

Name of Analyst: _____

Signature: _____

Attach copy of NVLAP certification.

FIBER RELEASE EPISODE REPORT

The presence of debris, water or physical damage to asbestos containing materials, or any evidence of fiber release shall be immediately reported to the Designated Person.

Building Name: _____ Room Number _____

CDB Building Number: _____ Room Name _____

1. Homogeneous area designation of fiber release. _____

2. Date _____ Reported By (print) _____

3. Description of episode _____

4. Was the ACM cleaned up according to IDPH approved procedures?
Yes ___ No ___ Describe the cleanup: _____

5. Name and location of storage or disposal site of ACM: _____

6. Results of air clearance testing: _____
Name of ASP _____ IDPH License No. _____
Complete Form C-11.8.3 if air samples are required.

NAMES OF PEOPLE PERFORMING WORK

PRINT	SIGNATURE	IDPH WORKERS LICENSE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED: _____ DATE: _____
(Designated Person)