

Midwest Environmental Consulting Services, Inc.

*Providing Quality Service
Since 1994*

Consultants ◀ Engineers ◀ Scientists

ASBESTOS PROJECT MANAGEMENT REPORT

Performed For:

CITY OF AURORA

44 E. Downer Place
Aurora, IL 60507

Project Location:



FORMER RESIDENCE

438 North Avenue
Aurora, IL 60505

January 19, 2016

MEC Project #: 17-01-045-PM

**CITY OF AURORA
FORMER RESIDENCE
438 North Avenue
Aurora, IL 60505**

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Midwest Environmental Consulting Services, Inc.
4 Bonnie Lane
Yorkville, IL 60560
Phone: (630) 553-3989 Fax: (630) 553-3990




PROJECT SUMMARY

MEC Project #: 17-01-045-PM
Client Name: CITY OF AURORA
Client Address: 44 E. Downer Place, Aurora, IL 60507
Project Name: FORMER RESIDENCE
Project Address: 438 North Avenue, Aurora, IL 60505
Contact: Chuck Nelson, Interim Director of Neighborhood Services
Project Dates: January 19, 2016

Project Team:

Consultant: Midwest Environmental Consulting Services, Inc.
Project Designer: N/A IDPH License #: N/A
Project Manager(s): Clyde Perry IDPH License #: 100-04950
Air Sampling Professional(s): Clyde Perry IDPH License #: 100-04950
Abatement Contractor: Cove Remediation, LLC IDPH License #: 500-1830
Contractor Supervisor(s): Fred Bielicki IDPH License #: 100-07735
Laboratory: N/A

Project Summary: Midwest Environmental Consulting Services, Inc. was retained to provide Project Management, along with air monitoring in support of Cove Remediation, LLC to remove 12 feet of asbestos in the basement and 1st floor vent. Cove performed all work adhering to all EPA, OSHA, and IDPH rules and regulations. All safety instructions were taken and samples were well below the EPA criteria. Thank you for providing MEC the opportunity to serve your environmental needs.



Project Manager Signature

100-04950
IDPH License #

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WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Generator	1-A. Special Waste Profile Number 111504IL		NESHAP Notified ____ YES ____ NO		WSR Number 22126		Elevation _____ North _____ East _____	
	1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code) City of Aurora Chuck Nelson 44 E. Downer Place Aurora, IL 60505						1-C. Generator's Phone Number 630-256-3774	
	1-D. Work Site Address 438 North Ave Aurora IL 60505						1-E. 24 Hour Emergency Response Telephone Number 630-256-3774	
	2. Operator's Name and Complete Mailing Address Cove Remediation LLC #15-427 5316 W. 124th St Alsip IL 60803						Operator's Phone Number 708-925-9012	
	3. Waste Disposal Site (WDS) Name and Complete Mailing Address Countryside RDF / 847-223-2722 31725 North Route 83; Grayslake, IL 60030						WDS Phone Number Laraway RDF / 815-423-5428 21233 W Laraway Road; Joliet, IL 60438	
	4. Name and Address of Responsible Agency Illinois Environmental Protection Agency PO Box 19278; Springfield, IL 62794-9278							
	5. Description of Materials						6. Containers No. Type	
	friable asbestos						2 Bags	
	non-friable asbestos						Y2	
	Transporter	8. Special Handling Instructions and Additional Information 24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL, MUST BE BURIED						
9. GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. I hereby certify that the asbestos is not contaminated with hazardous, PCB, and/or any special waste.								
Printed/Typed Name and Title Bill Biowski SUAT		Signature <i>Bill Biowski</i>				Date 2-3-17		
10. Transporter 1 Company Name Disposal Waste Services, LLC				Driver Signature <i>A. G. G. G.</i>				
Complete Mailing Address 5817 W. Ogden Ave. Cicero IL 60804				Printed Name and Title A. G. G. G.				
Disposal Site	Telephone Number (including area code) 708-458-9800				Date 2-3-17			
	11. Transporter 2 Company Name				Driver Signature			
	Complete Mailing Address				Printed Name and Title			
	Telephone Number (including area code)				Date			
	12. Discrepancy Indication Space							
Disposal Site	13. Waste Disposal Site Owner or Operator							
	Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.							
	Printed/Typed Name and Title K. T. T. T.		Signature <i>K. T. T. T.</i>				Date 7/3/17	

Daily Project Log

Section I

Date: Thursday, January 19, 2017

MEC Project #: 17-01-045-PM

Contractor Project #: N/A

Client: CITY OF AURORA

Project Location: FORMER RESIDENCE

Client Address: 44 E. Downer Place
Aurora, IL 60507

Project Address: 438 North Avenue
Aurora, IL 60505

Abatement Contractor: Cove Remediation, LLC

IDPH License #: 500-1830

Contractor Supervisor: Fred Bielicki

IDPH License #: 100-05796

Project Manager: Clyde Perry

IDPH License #: 100-04950

Air Sampling Professional: Clyde Perry

IDPH License #: 100-04950

Project Manager's Signature: _____



IDPH License #: 100-04950

Section II

Yes	No	N/A
		X
X		
X		
		X
		X
X		
		X
X		
		X
X		
X		
X		
		X
		X
X		
		X
X		

Asbestos Notification in Place (EPA, IDPH, Cook County, etc.)

Separation Barriers Present

Caution Signs Posted

Shut Down/Lock Out Electrical Power

Shut Down HVAC

Critical Barriers Present

Pre-Clean Complete

Decontamination Unit Present

Waste-Out Unit Present

Prep Complete

Emergency Exits Marked in Work Area

Negative Air Established Set for 4 Changes/Hours

Manometer On-Site (Maintain -0.02" W.C.)

Daily Smoke Testing of Containment/Glovebag

All Barriers Inspected Daily

Air Sampling Pumps Pre- and Post- Calibrated

Dumpster Secure with Locks

Work Area Secure w/Locks and/or Lockable Doors

Section III

Time	Comments
8:10a	P.M. arrives on site and discusses scope of work with supervisor. Crew will set up, prep Basement and 1st floor area and remove all asbestos around duct.
9:00a	Crew set up generator, equipment, and supplies for prep, removal and clean up.
10:20a	Workers complete prep and begin removal.

Date: Thursday, January 19, 2017

MEC Project #: 17-01-045-PM

Contractor Project #: N/A

<u>Time</u>	<u>Comments</u>
-------------	-----------------

12:00p	Crew complete removal, begin labeling all waste.
--------	--

3:00p	Workers clean up, end of day.
-------	-------------------------------



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Midwest Environmental Consulting Services, Inc.
4 Bonnie Lane
Yorkville, IL 60560
Phone: (630) 553-3989 Fax: (630) 553-3990
www.mec-us.com



**ASBESTOS
PROFESSIONAL
LICENSE**

ID NUMBER

100 - 04950

ISSUED

2/10/2016

EXPIRES

05/15/2017

CLYDE PERRY

6800 S. Jeffery Boulevard, # 2A
Chicago, IL 60649

Environmental Health



ENDORSEMENTS

TC EXPIRES

INSPECTOR

12/8/2016

PROJECT MANAGER

11/16/2016

AIR SAMPLING PROFESSIONAL

Alteration of this license shall result in legal action
This license issued under authority of the State of Illinois
Department of Public Health

This license is valid only when accompanied by a valid
training course certificate.

2016



OCCUPATIONAL TRAINING & SUPPLY, INC.

7233 S. Adams Street ♦ Willowbrook, IL 60527 ♦ (630) 655-3900

Asbestos Abatement Supervisor Refresher

Occupational Training & Supply, Inc. certifies that

Clyde Perry

has successfully completed the Asbestos Abatement Supervisor Refresher course and has passed the competency exam with a minimum score of 70%. The course is accredited by the Illinois Department of Public Health and Indiana Department of Environmental Management for purposes of accreditation in accordance with EPA 40 CFR 763, Asbestos Hazard Emergency Response Act (AHERA) and TSCA Title II.

Course Date: 11/12/2016

Exam Date: 11/12/2016

Expiration Date: 11/12/2017

Certificate Number: ASR1611124090

Kathy DeSalvo, Director

Rush Copley Healthcare Center-Occupational Health
RESPIRATORY MEDICAL CLEARANCE Provided by PLHCP

Employee: Hyde Perry Employee SSN: 100-04950

Employer: Midwest Environmental Consulting Services Inc. Date: 4-22-16

Respirator Information-Must be completed by Employer

Make/Model/Cartridge: North P100, Air Purifying (non-powered), 1/2 face with canisters

Duration/Frequency of Usage: ☐ Daily: Total Hours: _____
☒ Occasionally: Twice a week or less Total Hours: _____
☐ Rarely or In case of Emergency: Total Hours _____
☐ Escape Only

Expected Physical Work Effort: ☒ Light ☐ Moderate ☐ Heavy

Personal Protective Clothing Worn: ☒ Yes ☐ No

Work Conditions: ☐ Enclosed Spaces ☐ High Places ☐ Other _____
☐ Extreme Temperature: ☐ Hot ☐ Cold _____

Exposure to Hazardous Materials: (list all): Asbestos

MEDICAL CLEARANCE FOR RESPIRATORY USE

☒ Fit Test Not Performed by Rush Copley Healthcare Center

☐ Emergency Response/Escapes Only ☐ No Respirator Use Permitted
☒ Unrestricted Respirator Use ☐ Limited Restriction-Class II: Limitations: _____

Additional Requirements:

- ☐ Should remove Facial Hair that will interfere with use of Respirator
☐ Eye Glass conversion kit must be used ☐ Special prescription eyewear required
☐ Use of Contact Lenses not Allowed ☐ Further Testing/Evaluation Is Required

☒ Employees should be instructed to report any difficulties in using a respirator, changes in workplace conditions, physical work effort, protective clothing, temperature or if employee develops physical changes that may have an effect of the fit of the respirator to their supervisor or physician.

☐ I HAVE NOT examined the above individual for respirator fitness. The employee's medical evaluation included the review of the OSHA Respiratory Medical Evaluation Questionnaire outline in 29 CFR 1910.134, Appendix C, Part A, Sections 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only and does not certify the ability to perform other job functions. This limited evaluation is specific to respirator use only and does not certify the ability to perform other functions of the job.

☒ I HAVE examined the above individual for respirator fitness including the review of the Respiratory Questionnaire in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only and does not certify the ability to perform other function of the job.

4/22/16
Date

Kristin Hofer Ptc
Physician Print

K Hofer
Physician Sign

085-004150/16
IL License #



RESPIRATORY PROTECTION TRAINING FOR QUALITATIVE FIT-TEST

This is to certify that:

NAME: Clyde Perry IDPH LICENSE #: 100 - 04950

Of MIDWEST ENVIRONMENTAL CONSULTING SERVICES, INC. has been trained

In respirator use, limitations and maintenance and that s/he:

☒ was successfully qualitatively fit-tested with irritant smoke for the following
Respirator under negative pressure:

Type: ☒ Half-Mask ☐ Full-Face ☐ FF PAPR ☐ FF Type C

Brand: NORTH Model: 7700

NIOSH Approval Number: P-100

Size: ☐ Small ☐ Medium ☒ Large

And that fit-testing was performed in accordance with OSHA 29 CFR 1910.134,
Respirator Protection Standard including use of negative pressure mode, respirator
seal test and the rainbow passage.

 could not be fit-tested. (Reason)

Instructor: SR Szaredy Date: 2-29-16
Steven R. Szaredy IDPH # 100 - 09766

☒ I have been trained on, and understand the following:

- Limitations of various respirators
- Inspection, cleaning, and maintenance of respirator
- Proper use, donning and doffing of respirator
- Recognizing and handling of emergencies
- Purpose of medical evaluations

☒ I also understand that I have successfully undergone an irritant smoke
qualitative fit-test and realize that I must be re-tested annually or upon physical
changes, such as the gain or loss of twenty or more pounds, facial injuries, etc.

 I understand that I could not be fit tested due to the reason stated above.

Signature: [Signature] Date: 2-29-16



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

FRED BIELICKI
14333 KENTON
MIDLOTHIAN, IL 60445

5/11/2016



ASBESTOS PROFESSIONAL LICENSE ID NUMBER: 05796

Enclosed is your Asbestos Professional License. Please note the expiration date on the card and in the image depicted below.

COPY OF THE ASBESTOS PROFESSIONAL LICENSE

Front of License

Back of License

		ASBESTOS PROFESSIONAL LICENSE		ENDORSEMENTS SUPERVISOR/WORKER	TC EXPIRES 12/16/2016
ID NUMBER 100 - 05796	ISSUED 5/11/2016	EXPIRES 05/15/2017			
FRED BIELICKI 14333 KENTON MIDLOTHIAN, IL 60445 Environmental Health				Alteration of this license shall result in legal action This license issued under authority of the State of Illinois Department of Public Health This license is valid only when accompanied by a valid training course certificate.	

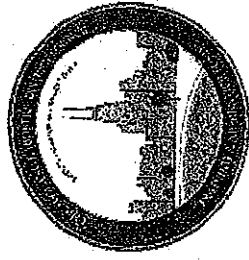
If you have any questions or need further assistance, contact the Asbestos Program at (217)782-3517 or fax (217)785-5897.

Our WEB address is: dph.illinois.gov/topics-services/environmental-health-protection/asbestos
EMAIL Address: dph.asbestos@illinois.gov

PROTECTING HEALTH, IMPROVING LIVES
Nationally Accredited by PHAB



ANSI Accredited Program
PERSONNEL CERTIFICATION
Curriculum taught by
LIUNA Training Certified
Instructor under ANSI 17024



CERTIFICATE OF TRAINING

Chicagoland Laborers' Training and Apprenticeship Trust Fund

Carol Stream
630-653-0006

Chicago
773-413-3315

This is to certify that

FRED BIELICKI

has successfully completed an

ASBESTOS SUPERVISOR REFRESHER

*Training Course held December 13, 2016 - December 13, 2016
and successfully passed the examination with a minimum score of at least 70% on
December 13, 2016.*

*Training was in accordance with EPA 40CFR 763 & TSCA Title II.
This course is EPA, Illinois Dept. of Public Health and Indiana Dept. of Environmental Management accredited.*

*To remain valid, this certificate must be renewed by **December 13, 2017.***

Certificate # S5514R

Executive Director

Training Director

Occupational Health Centers of Ill
 8755 S Harlem Ave. BRIDGEVIEW, IL 60455
 Phone: (708) 430-2295 Fax: (708) 430-2372
Medical Surveillance - Asbestos

Service Date: 02/29/2016

Patient: <u>Bielicki, Fred</u>	Job Title: _____
SSN: <u>XXX-XX-1332</u>	Employer: <u>Cove Remediation LLC</u>
DOB: <u>07/13/1966</u>	Address: <u>5316 W 124th St</u>
Gender: <u>M</u>	<u>Alsip, IL 608033205</u>
Marital Status: <u>M</u>	Job Contact: <u>Lora Brown</u>
Address: <u>14333 Kenton</u>	Role: <u>Primary Contact</u>
<u>MIDLOTHIAN, IL 60445</u>	Phone: <u>(630) 670-6001</u> Ext.: _____
Home Phone: <u>(708) 812-3653</u>	Fax: <u>(708) 680-3180</u>
Work Phone: <u>(708) 386-0200</u> Ext.: _____	Race: <u>ASIAN BLACK HISPANIC INDIAN WHITE OTHER</u>

The above individual was seen on 02/29/2016 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☒ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☒ Review of information from previous medical examinations if available.
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☒ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☐ A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101, (M)(2)(ii)(C).
- ☒ NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- ☒ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

One next year

[Signature]
 Provider Signature

2/29/16
 Date



**OCCUPATIONAL TRAINING
& SUPPLY, INC.**

7233 Adams Street Willowbrook, IL 60527
Ph: (630) 655-5900 • www.otsafety.com

Unique ID#: _____

Date of Test: _____

Fit Test Training

Name: Brandon Beck

☒ I have been trained on, and understand the following:

- ☐ Limitations of various respirators
- ☐ Inspection, cleaning and maintenance of respirator
- ☐ Proper use, donning and doffing of respirator
- ☐ Recognizing and handling of emergencies
- ☐ Purpose of medical evaluations

☒ I understand that *The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134(b) through (d) (except (d)(1)(iii)), and (f) through (m).*

☒ I also understand that I have successfully undergone qualitative/quantitative fit-test and realize that I must be re-tested annually and upon physical changes, such as the gain or loss of twenty or more pounds, facial injuries, etc.

☐ I understand that I could not be fit-tested due to the reason stated below.

Reason: _____

Signature: [Signature] Date: 3-3-16

For Office Use ONLY

Amount Received: \$ _____ Balance: \$ _____	Payment <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (ABC) <input type="checkbox"/> Credit Card Terminal <input type="checkbox"/> PO _____ <input type="checkbox"/> Invoice to Company <input type="checkbox"/> Supply Order	Certificate(s) <input type="checkbox"/> Fit Test Certificate(s) Issued via: ____ Email ____ Printed ____ Mail <input type="checkbox"/> Fit Test Certificate(s) NOT Issued
NOTES: _____ _____ _____		



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

JORGE GUERRERO
14501 KARLOV AVE
MIDLOTHIAN, IL 60445

5/4/2016



ASBESTOS PROFESSIONAL LICENSE ID NUMBER: 07735

Enclosed is your Asbestos Professional License. Please note the expiration date on the card and in the image depicted below.

COPY OF THE ASBESTOS PROFESSIONAL LICENSE

Front of License

Back of License

		ASBESTOS PROFESSIONAL LICENSE		ENDORSEMENTS SUPERVISOR/WORKER	TC EXPIRES 2/26/2017
ID NUMBER 100 - 07735	ISSUED 5/4/2016	EXPIRES 05/15/2017			
JORGE GUERRERO 14501 KARLOV AVE MIDLOTHIAN, IL 60445 Environmental Health				Alteration of this license shall result in legal action This license issued under authority of the State of Illinois Department of Public Health This license is valid only when accompanied by a valid training course certificate.	

If you have any questions or need further assistance, contact the Asbestos Program at (217)782-3517 or fax (217)785-5897.

Our WEB address is: dph.illinois.gov/topics-services/environmental-health-protection/asbestos
EMAIL Address: dph.asbestos@illinois.gov

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT

Approved by the Illinois Department of Public Health and Indiana Department of Environmental Management

This is to certify that JORGE GUERRERO
has completed the Contractor/Supervisor Recertification course and passed the examination
on 02/26/2016 with a minimum score of 70% or better. 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 and Indiana Rule 326 IAC
18-2.



PUBLIC HEALTH & SAFETY inc.

Environmental and Occupational Services
105 S. Ashland Ave., Chicago, IL 60607

02/26/2016

Course Dates:

02/26/2017

Expires:

1602CSR42

Certificate Number:

N. Penef

Director of Training

Nicholas J. Penef

Doctor of Public Health

Phone: 312-491-0081

FORM # A-008

Occupational Health Centers of Ill
8755 S. Harlem Ave. BRIDGEVIEW, IL 60456
Phone: (708) 430-2266 Fax: (708) 430-2372
Medical Surveillance - Asbestos

Service Date: 03/11/2016

Patient: Guerrero, Jorge
SSN: XXX-XX-3694
DOB: 12/05/1965
Gender: M
Marital Status: M
Address: 14501 S Karlov Ave
MIDLOTHIAN, IL 60445
Home Phone: (708) 978-4568
Work Phone: **Ext.:**

Job Title: _____
Employer: Cove Remediation LLC
Address: 5316 W 124th St

 Alsip, IL 608033205
Job Contact: Lora Brown
Role: Primary Contact
Phone: (630) 570-5001 **Ext.:** _____
Fax: (708) 680-3180

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 03/11/2016 in accordance with: 29 CFR 1928.1101.
40 CFR 763.121.

The following was performed:

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1928.1101.
- ☒ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☒ Review of information from previous medical examinations if available.
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☒ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☒ A chest X-ray film, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1928.1101. (M)(2)(ii)(C).
- ☒ NOTE: According to 29 CFR 1928.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- ☒ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Floyd Signature

Date _____



OCCUPATIONAL TRAINING
& SUPPLY, INC.

7233 Adams Street Willowbrook, IL 60527
Ph: (630) 665-5900 • www.otsafety.com

Unique ID#: _____

Date of Test: 5/31/16

Respirator Fit Test

Name: James M. Smith DOB: 12/5/65

Company: _____ Position: _____

Phone Number: _____ Email Address: _____

Have you completed a Medical Evaluation for the use of a respirator?

☐ YES ☒ NO (If NO, Fit-Test will NOT be performed)

If you are working with Asbestos or Lead, have you been Medically Evaluated by a Physician or other
Licensed Healthcare Professional? ☐ N/A ☐ YES ☒ NO (If NO, Fit-Test will NOT be performed)

I certify that the above information is true JS (initials)

Prohibitions Present? ☐ Facial Hair ☐ Emphysema ☐ Difficulty Breathing ☐ Claustrophobia
(If any above prohibitions are checked, Fit Test will NOT be performed)

☒ Was successfully qualitatively fit-tested using the irritant smoke protocol listed under OSHA 29
1910.134 App A.

Qualitative

Respirator Brand: North Respirator Model: 7700

Respirator Type: ☐ Filtering Face Piece ☒ Half-Mask ☐ Full-Face ☐ FF PAPR ☐ FF Type CC

NIOSH Approval #: 04A-0592 Filter(s): P100 Size: L

☐ Was successfully quantitatively fit-tested using the controlled negative pressure (CNP) protocol listed
under OSHA 29 1910.134 App A.

Quantitative

Respirator Brand: _____ Respirator Model: _____

Respirator Type: ☐ Filtering Face Piece ☐ Half-Mask ☐ Full-Face ☐ FF PAPR ☐ FF Type CC

NIOSH Approval #: _____ Filter(s): _____ Size: _____

Average Leak Rate: _____ Equivalent Fit Factor: _____

I, Went Hassinbrook (Fit Test Administer), certify that fit-testing was performed in
accordance with OSHA 29 CFR 1910.134 App A, Respiratory Protection Standard including use of
negative pressure mode, respirator seal test and the Rainbow Passage.

Administrator: [Signature]

Date: 5/31/16



**Illinois Department of
PUBLIC HEALTH**

EH112873

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.

**DIVISION OF ENVIRONMENTAL HEALTH
ASBESTOS PROGRAM**

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
5/15/2017	500	500-1830
COVE REMEDIATION, LLC ASBESTOS CONTRACTOR LICENSE THIS LICENSE IS INVALID IF YOUR INSURANCE CERTIFICATE IS NOT CURRENT		

05/12/2016
COVE REMEDIATION, LLC
5316 WEST 124TH
ALSIP, IL 60803

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05

←
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

COVE REMEDIATION, LLC

5316 WEST 124TH
ALSIP, IL 60803

FEE RECEIPT NO.

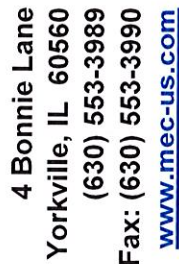
#15-427 438 North Avenue
Aurora, IL 60505

DATE 1-1-17 ^{Thurs} JOB NAME _____ JOB# _____

[illegible]

9

NO ACCIDENTS OR INJURIES TO REPORT

[illegible]

¹Compare these results with the OSHA 8-hour Permissible Exposure Limit (PEL) which is 0.1 f/cc and the 30 minute OSHA Excursion Limit (EL) which is 1.0 f/cc.

QA/QC 10% Blind Recount Sample ID#: P-02

Fibers/Fields: 11/100

Fibers/cc: 0.009

Client Name	CITY OF AURORA	Project #	17-01-045-PM
Project Location	FORMER RESIDENCE	Date	1/19/2017
Address	438 North Avenue, Aurora, IL 60505	Air Sampler	Clyde Perry, #100-04950
File Name	045PER0119	Analytical Method	NIOSH 7400

TWA= 1) Take fibers/cc x total time for each sample collected per worker.

2) Add these numbers together:

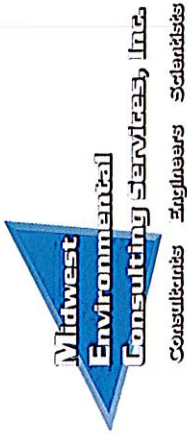
3) Divide that number by total time for all of the samples collected per worker.

SAMPLE ID:

P=Personal Air Sample

BLNK=Field/Lab Blank

f/cc=Fibers/FieldsVolume x 49.045



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ENVIRONMENTAL AIR SAMPLE SUMMARY

SAMPLE ID	PUMP	SAMPLE LOCATION	TIME START	TIME STOP	TOTAL TIME (MIN)	FLOW (LITERS/MIN)	TOTAL VOLUME (LITERS)	FIBERS/ FIELD	F/CC ¹
E-01	Lo-Vol	IWA Basement	8:15a	1:50p	335	2.0	670	8/100	0.006
E-02	Lo-Vol	IWA 1st Floor	8:15a	1:50p	335	2.0	670	9/100	0.007
E-03	Lo-Vol	OWA Kitchen	8:16a	1:51p	335	2.0	670	7/100	0.005
E-04	Lo-Vol	OWA Living Room	8:16a	1:51p	335	2.0	670	7/100	0.005
BLNK-01	N/A	Blank - Lab	N/A	N/A				1/100	
BLNK-02	N/A	Blank - Field	N/A	N/A				0/100	

¹Note that the clearance criteria for Phase Contrast Microscopy (PCM) analysis is <0.01 f/cc.

QA/QC 10% Blind Recount Sample ID#: E-03

Fibers/Fields: 7/100

Fibers/cc: 0.005

Client Name	CITY OF AURORA	Project #	17-01-045-PM
Project Location	FORMER RESIDENCE	Date	1/19/2017
Address	438 North Avenue, Aurora, IL 60505	Air Sampler	Clyde Perry, #100-04950
File Name	045ENV0119	Analytical Method	NIOSH 7400

SAMPLE ID:

E= Environmental

BLNK=Field/Lab Blank

HEPA=High Efficiency Particulate Air (Negative Air Exhaust)

SAMPLE LOCATION:

IWA=Inside the work area

OWA=Outside the work area

¹f/cc=Fibers/Fields/Volume x 49.045