



## PLEASURE DRIVEWAY and PARK DISTRICT of PEORIA, ILLINOIS

Planning, Design and Construction Division ▪ 1314 N. Park Road  
Peoria, IL 61604 ▪ Phone (309) 686-3386 ▪ Fax (309) 686-3383

February 14, 2017

### Request For Quotes

#### **Asbestos Abatement Camp Wokanda- Kitchen Ceiling 620 Boy Scout Road, Chillicothe, IL**

The Peoria Park District is soliciting written quotes and unit prices for the removal and disposal of the transite ceiling and fasteners in the kitchen and storage areas of the Dining Hall Kitchen at Camp Wokanda.

Quotes shall include all labor, material, equipment, and incidentals required to provide a complete project. Contractor shall follow all applicable local, state, and federal laws. Contractor shall be responsible for any damage caused during this work and shall repair all damage at Contractor's expense.

Please note that the prevailing rate of wage including benefits for the Peoria area shall be paid for each craft or type of worker needed to execute this project or perform this work as required by the State of Illinois Department of Labor.

#### **General Description and Scope of Work:**

The intent of this project is to legally remove and dispose of the transite ceiling and all fasteners above the kitchen and storage room areas of the Dining Hall at Camp Wokanda according to the attached technical specifications.

McKee Environmental completed the testing of the ceiling material, and has written the technical specifications for this project. McKee Environmental will also conduct air clearance monitoring following abatement. Please direct any questions regarding abatement to Brad McKee at [blmckee\\_env@yahoo.com](mailto:blmckee_env@yahoo.com) or 309-275-1900.

Please contact Mary Harden at 309-686-3386 or [mharden@peoriaparks.org](mailto:mharden@peoriaparks.org) if you have any questions concerning Peoria Park District paperwork requirements.

#### **Other Notes:**

Contractor is responsible for visiting the site before submitting a quote.

Contractor is responsible for field verifying all site conditions and dimensions of space before submitting quote. Contractor shall leave the kitchen in such a condition that, following abatement, Owner should be able to begin work on installing new ceiling immediately.

#### **Project Schedule:**

Pre-Quote Meeting: A pre-quote meeting is scheduled for February 23, 2017 at 1:30 p.m. Contractors planning on submitting pricing are strongly encouraged to attend. Please meet at the lower parking lot.

**Quotes are due no later than Tuesday, February 28, 2017** to Mary Harden in the Planning Office. Quotes may be emailed ([mharden@peoriaparks.org](mailto:mharden@peoriaparks.org)), faxed or hand delivered to the address noted above.

Award is tentatively scheduled for Thursday, March 9, 2017.

Insurance and other paperwork shall be submitted within ten days of award.

Project shall be completed no later than April 14, 2017.

### PEORIA PARK BOARD

TIMOTHY J. CASSIDY  
President

NANCY L. SNOWDEN  
Trustee

KELLY A. CUMMINGS  
Trustee

WARREN E. RAYFORD  
Trustee

ROBERT L. JOHNSON, SR.  
Trustee

JACQUELINE J. PETTY  
Trustee

MATTHEW P. RYAN  
Trustee

EMILY CAHILL – Executive Director

## Administrative Requirements

We are required by State law and Park Board policy to request the following to be submitted with quote. Unfortunately, Quotes submitted without this information are considered incomplete and ineligible for award. All forms noted in this section are available from the Planning Department website at <http://www.peoriaparks-planning.org/forms.html>. If needed, these forms may be faxed or emailed to you for your use.

1. EEO Certification – A completed Certificate of Equal Employment Opportunity Compliance must be submitted with quotes if not currently approved.
2. Workforce Profile – A completed Workforce Profile must be submitted if not currently approved.
3. Sexual Harassment Policy – A sexual harassment policy must be submitted for approval if not currently on file.
4. W-9 Taxpayer Identification Form: Bidder must complete and sign the W-9 form.
5. Substance Abuse Prevention Program Certification – Submit form with appropriate section completed. If Part B of the form is completed, your company's Substance Abuse Policy must be submitted for approval.
6. Certification of Safety Compliance – A completed certification of safety compliance must be submitted.
7. Illinois Drug Free Workplace Certification – A completed Illinois Drug Free Workplace Certification must be submitted.

*Required forms after Award is made before work can begin:*

1. Insurance Requirements: A Certificate of Insurance and Endorsement with a minimum of one million (\$1,000,000) of liability coverage, naming the Peoria Park District as Additional Insured, will be required, before work begins. Verification that all employees who will be working at the site are currently covered by Workers Compensation Insurance will also be required.

*Forms to be submitted with project closeout and pay requests:*

1. Certified Payroll – Prevailing wage is required for this job. A certified payroll form must accompany all requests for payment.
2. Weekly Workforce Reports – Contractor shall submit completed Weekly Workforce Report for each week until project is completed.

Please contact me at 686-3386 if you have any questions or concerns.

Sincerely,



Mary Harden  
Planner II

## PEORIA PARK BOARD

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**QUOTE FORM**

**PEORIA PARK DISTRICT**  
**ASBESTOS ABATEMENT**  
**CAMP WOKANDA KITCHEN CEILING**

ITEM	COST
QUOTE: Provide labor, equipment, & material necessary to complete the asbestos abatement as specified in the dining hall kitchen at Camp Wokanda.	\$

**Unit Costs for Additional or Deduct Work:**

Provide unit costs for glove bag removal of asbestos containing pipe fitting insulation utilizing applicable OSHA and IDPH methods for any pipe insulation not part of the contract work. Unit costs to include all work necessary for successful completion of the work including preparation, limited demolition to access and clean-up.

Diameter/Inches	Unit Cost per Fitting	Unit Cost per Linear Foot
1/2" to 2"	\$	\$
2" to 4"	\$	\$
6"	\$	\$

**THE UNDERSIGNED CERTIFIES THAT THIS QUOTATION IS IN ACCORDANCE WITH  
 PEORIA PARK DISTRICT SPECIFICATIONS.**

QUOTE SUBMITTED BY:

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address City State Zip

\_\_\_\_\_  
 Telephone Number Fax Number E-Mail

\_\_\_\_\_  
 Signature Title Date

**PEORIA PARK BOARD**

TIMOTHY J. CASSIDY President	NANCY L. SNOWDEN Trustee	KELLY A. CUMMINGS Trustee	WARREN E. RAYFORD Trustee
ROBERT L. JOHNSON, SR. Trustee	JACQUELINE J. PETTY Trustee	MATTHEW P. RYAN Trustee	

EMILY CAHILL – Executive Director

**ATTACHMENT A.6**  
**INSURANCE REQUIREMENTS**  
**ROUTINE CONSTRUCTION, MAINTENANCE AND REPAIR PROJECTS**

Contractor shall obtain insurance of the types and in the amounts listed below.

**A. COMMERCIAL GENERAL AND UMBRELLA LIABILITY INSURANCE**

Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this project/location.

CGL insurance shall be written on Insurance Services Office (ISO) occurrence form CG 00 01 10 93, or a substitute form providing equivalent coverage, and shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

Owner shall be included as an insured under the CGL, using ISO additional insured endorsement CG 20 10 or a substitute providing equivalent coverage, and under the commercial umbrella, if any. This insurance shall apply as primary insurance with respect to any other insurance or self-insurance afforded to Owner.

There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from pollution, explosion, collapse, or underground property damage.

**B. CONTINUING COMPLETED OPERATIONS LIABILITY INSURANCE**

Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each occurrence for at least one (1) year following substantial completion of the work.

Continuing CGL insurance shall be written on ISO occurrence form CG 00 01 10 93, or substitute form providing equivalent coverage, and shall, at minimum, cover liability arising from products-completed operations and liability assumed under an insured contract.

Continuing CGL insurance shall have a products-completed operations aggregate of at least two times its each occurrence limit.

Continuing commercial umbrella coverage, if any, shall include liability coverage for damage to the insured's completed work equivalent to that provided under ISO form CG 00 01.

**C. BUSINESS AUTO AND UMBRELLA LIABILITY INSURANCE**

Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each accident. Such insurance shall cover liability arising out of any auto including owned, hired and non-owned autos.

Business auto insurance shall be written on Insurance Services Office (ISO) form CA 00 01, CA 00 05, CA 00 12, CA 00 20, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.

**D. WORKERS COMPENSATION INSURANCE**

Contractor shall maintain workers compensation as required by statute and employers liability insurance. The commercial umbrella and/or employers liability limits shall not be less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.

If Owner has not been included as an insured under the CGL using ISO additional insured endorsement CG 20 10 under the Commercial General and Umbrella Liability Insurance required in this Contract, the Contractor waives all rights against Owner and its officers, officials, employees, volunteers and agents for recovery of damages arising out of or incident to the Contractor's work.

## **E. GENERAL INSURANCE PROVISIONS**

- 1. Evidence of Insurance.** Prior to beginning work, Contractor shall furnish Owner with a certificate(s) of insurance and applicable policy endorsement(s), executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth above.

All certificates shall provide for 30 days written notice to Owner prior to the cancellation or material change of any insurance referred to therein. Written notice to Owner shall be by certified mail, return receipt requested.

Failure of Owner to demand such certificate, endorsement or other evidence of full compliance with these insurance requirements or failure of Owner to identify a deficiency from evidence that is provided shall not be construed as a waiver of Contractor's obligation to maintain such insurance.

Owner shall have the right, but not the obligation, of prohibiting Contractor or any subcontractor from entering the project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by Owner.

Failure to maintain the required insurance may result in termination of this Contract at Owner's option.

With respect to insurance maintained after final payment in compliance with a requirement above, an additional certificate(s) evidencing such coverage shall be promptly provided to Owner whenever requested.

Contractor shall provide certified copies of all insurance policies required above within 10 days of Owner's written request for said copies.

- 2. Acceptability of Insurers.** For insurance companies which obtain a rating from A.M. Best, that rating should be no less than A VII using the most recent edition of the A.M. Best's Key Rating Guide. If the Best's rating is less than A VII or a Best's rating is not obtained, the Owner has the right to reject insurance written by an insurer it deems unacceptable.
- 3. Cross-Liability Coverage.** If Contractor's liability policies do not contain the standard ISO separation of insureds provision, or a substantially similar clause, they shall be endorsed to provide cross-liability coverage.
- 4. Deductibles and Self-Insured Retentions.** Any deductibles or self-insured retentions must be declared to the Owner. At the option of the Owner, the Contractor may be asked to eliminate such deductibles or self insured retentions as respects the Owner, its officers, officials, employees, volunteers and agents or required to procure a bond guaranteeing payment of losses and other related costs including but not limited to investigations, claim administration and defense expenses.
- 5. Subcontractors.** Contractor shall cause each subcontractor employed by Contractor to purchase and maintain insurance of the type specified above. When requested by the Owner, Contractor shall furnish copies of certificates of insurance evidencing coverage for each subcontractor.

## **F. INDEMNIFICATION**

To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the Owner and the Architect and their officers, officials, employees, volunteers and agents from and against all claims, damages, losses and expenses including but not limited legal fees (attorney's and paralegal's fees and court costs), arising

out of or resulting from the performance of the Contractor's work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, other than the work itself, including the loss of use resulting therefrom and (2) is caused in whole or in part by any wrongful or negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, except to the extent it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this Paragraph. Contractor shall similarly protect, indemnify and hold and save harmless the Owner, its officers, officials, employees, volunteers and agents against and from any and all claims, costs, causes, actions and expenses including but not limited to legal fees, incurred by reason of Contractor's breach of any of its obligations under, or Contractor's default of, any provision of the Contract.

## SAMPLE LIABILITY INSURANCE ENDORSEMENT

**The following spaces preceded by an asterisk (\*) need not be completed if this endorsement and policy have the same inception date.**

ATTACHED TO AND FORMING PART OF POLICY NUMBER	*EFFECTIVE DATE OF ENDORSEMENT	*ISSUED TO
--	-----------------------------------	------------

This endorsement changes the policy. Please read it carefully.

### AUTOMATIC ADDITIONAL INSUREDS

The following provision is added to (SECTION II), Who Is An Insured.

5. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, “your work” for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of “your work” to the extent set forth below.
  - a. The Limits of Insurance provided on behalf of the Additional Insured are not greater than those required by such contract.
  - b. The coverage provided to the Additional Insured(s) is not greater than that customarily provided by the policy forms specified in and required by the contract.
  - c. All insuring agreements, exclusions and conditions of this policy apply.
  - d. In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.

Except when required otherwise by contract, this insurance does not apply to:

- 1) “Bodily injury” or “property damage” occurring after
  - a) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the site of the covered operations has been completed; or
  - b) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- 2) “Bodily injury” or “property damage” arising out of any act or omission of the Additional Insured(s) or any of their employees, other than the general supervision of work performed for the Additional Insured(s) by you.
- 3) “Property damage” to
  - a) Property owned, used or occupied by or rented to the Additional Insured(s);
  - b) Property in the care, custody or control of the Additional Insured(s) or over which the Additional Insured(s) is for any purpose exercising physical control; or

- c) “Your work” for the Additional Insured(s).

With respect to Additional Insureds who are architects, engineers or surveyors, this insurance does not apply “bodily injury”, “property damage”, “personal injury” or “advertising injury” arising out of the rendering of or the failure to render any professional services by or for you, including:

- a) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
- b) Supervisory, inspection or engineering services.

Any coverages provided hereunder shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

No person or organization is an Additional Insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

END OF ATTACHMENT A.6





## Illinois Department of Revenue

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, IL 62702  
217 782-8881

January 2, 2015

PEORIA PARK DISTRICT  
PURCHASING  
1125 W LAKE AVE  
PEORIA IL 61614

Effective January 1, 2015, we have renewed your governmental exemption from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax, as required by Illinois law.

We have issued the following new tax exemption identification number:

E9994-0231-07  
to  
PEORIA PARK DISTRICT  
of  
PEORIA, IL

The terms and conditions governing use of your exemption number remain unchanged.

Office of Local Government Services  
Illinois Department of Revenue

**PEORIA PARK DISTRICT**  
**Weekly Workforce Report**  
**Instructions**

This weekly workforce report must be completed and returned to the Peoria Park District project manager for each week that you are working on Peoria Park District property. You are to report only those employees that are actually working on the Peoria Park District project identified on this report. Do not report employees that are not working on the project identified on this report.

If you have further questions regarding this report, please contact the Owner's Project Manager.

**I Trade & Hour Breakdown Table**

- List the different trades (carpenter, laborer, plumber, etc.) and report the number of hours by race/gender for each trade;
- Total the hours for each trade on the right.

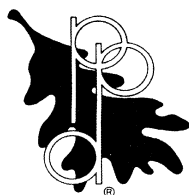
**II New Hires by Race & Gender**

- If additional employees are hired for the job, please record the number of employees hired by race/gender.

**III Total Project Employee Breakdown**

- Please track total hours by race/gender for the project if project lasts longer than a week.





## SUBSTANCE ABUSE PREVENTION PROGRAM CERTIFICATION

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

The Substance Abuse Prevention on Public Works Act Public Act 95-0635, prohibits the use of drugs and alcohol, as defined in the Act, by employees of the Contractor and by employees of all approved Subcontractors while performing work on a public works project. The Contractor/Subcontractor herewith certifies that it has a superseding collective bargaining agreement or makes the public filing of its written substance abuse prevention program for the prevention of substance abuse among its employees who are not covered by a collective bargaining agreement dealing with the subject as mandated by the Act.

A. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has signed collective bargaining agreements that are in effect for all of its employees, and that deal with the subject matter of Public Act 95-0635.

\_\_\_\_\_  
Contractor/Subcontractor

\_\_\_\_\_  
Name of Authorized Representative (type or print)

\_\_\_\_\_  
Title of Authorized Representative (type or print)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

B. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has in place, for all of its employees not covered by a collective bargaining agreement that deals with the subject of the Act, the attached substance abuse prevention program that meets or exceeds the requirements of Public Act 95-0635.

\_\_\_\_\_  
Contractor/Subcontractor

\_\_\_\_\_  
Name of Authorized Representative (type or print)

\_\_\_\_\_  
Title of Authorized Representative (type or print)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



## **CERTIFICATION OF SAFETY COMPLIANCE**

The undersigned Contractor/Vendor hereby certify that they and their sub-contractors will comply with any and all prevailing occupational safety and health standards including, but not limited to the following: hazard communication, hearing conservation, respirator use, permit required confined space entry, scaffolding, personal protective equipment, ladder usage, ventilation, flammable and combustible liquids handling and storage and lockout/tagout. Such compliance may include a training component or require a written program of compliance.

Dated this day of \_\_\_\_\_, 20 \_\_\_\_.

CONTRACTOR/VENDOR: \_\_\_\_\_

By: \_\_\_\_\_



## ILLINOIS DRUG FREE WORKPLACE CERTIFICATION

The undersigned Contractor/Vendor hereby certifies that it will comply with all provisions of the Illinois Drug Free Workplace Act of 1991.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Contractor/Vendor

\_\_\_\_\_

By: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**ASBESTOS ABATEMENT**

for

**PEORIA PARK DISTRICT  
1314 N. Park Road  
Peoria, Illinois**

at

**CAMP WOKANDA  
Dining/Kitchen Building  
Kitchen Ceiling  
620 Boy Scout Road, Chillicothe, IL**

Prepared by:

**McKee Environmental, Inc.  
430 Grimm Road  
Congerville, Illinois 61729  
309-275-1900**

MEI Project No. 17-5444 N1

February, 2017

Signature: \_\_\_\_\_

Brad L. M<sup>c</sup>Kee, CIH  
# CP 7664 (CIH)

Date: February 14, 2017  
IDPH #: 100-1758  
Expires 5/15/17 (License); 3/2/17 (Refresher)

## Section 01010

### Summary of Work

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#### Part 1 – General

##### 1.1 Related Documents

Drawings and general provisions of the Contract, including General and Supplementary Conditions, and other Division-1 Specification Sections, apply to work of this Section.

##### 1.2 General

- A. Project name is “**Asbestos Abatement Camp Wokanda- Kitchen Ceiling**” as shown on Contract Documents prepared by Owner’s Representative, McKee Environmental, Inc. Drawings and Specifications, dated February 14, 2017 are written expressly for use on this project only. Any form of reproduction of this specification in part or whole for use on other projects, without McKee Environmental, Inc. written permission is strictly forbidden. McKee Environmental, Inc. shall not be liable for future use or reproduction, either in part or whole, without their knowledge and their express written consent.
- B. The Asbestos Abatement Contractor (AC), AC Contractor Supervisor (CS) are responsible to notify OWNER & McKee Environmental, Inc. verbally and in writing of any proposed changes in the scope of work or work force staff, including replacement of the CS or APM/ASP. Failure to notify the OWNER and McKee Environmental, Inc. prior to any changes will result in denial of request for additional money for the work performed. Any fees, expenses or penalties, including legal fees incurred by OWNER or McKee Environmental, Inc. resulting from the AC or CS failure to properly notify will be subtracted from the AC contract amount prior to payment by the Owner.
- C. Contract Documents indicate the work of the Contract and related requirements and conditions that have an impact on the project. Related requirements and conditions that are indicated on the Contract Documents include, but are not necessarily limited to the following:
  - 1. Notices and permits
  - 2. Existing site conditions and restrictions on use of the site.
  - 3. Alternates
  - 4. Requirements for partial Owner occupancy during asbestos abatement and prior to substantial completion of the Contract Work.

##### 1.3 Work Covered by Asbestos Abatement Contract

- A. Work of the Contract is generally described, but not necessarily limited to, as follows:
  - 1. All work will be awarded to one contractor. For purposes of proper allotment of costs, the proposal is to be submitted as indicated.
    - a. Base Quote ASB-1: Proper Removal & Disposal of Transite Ceiling and nails (all fasteners) in the kitchen & storage areas of the Dining/Kitchen building as indicated in the bidding document at Camp Wokanda, Chillicothe IL.

#### **1.4 Inspection**

Prior to commencement of work, Contractor is to inspect areas in which work will be performed. Prepare a list of existing conditions, which could be misconstrued as damage resulting from the work. AC should Photograph or videotape existing conditions as necessary to document conditions. Submit to Owner's Representative prior to starting work.

#### **1.5 Owner Occupancy**

- A. The Owner reserves the right to occupy a portion of the building not part of the abatement area during asbestos abatement. The Contractor is to cooperate fully with the Owner in the placement of barriers, decontamination units, load out area, etc.
- B. The Contractor shall limit his area of activity to the immediate area of the work.

#### **1.6 Proposal**

- A. Contractors must provide pricing for the Base Quote and unit prices.
- B. The Owner reserves the right to accept or reject any or all Base Quotes.
- C. All work awarded under this Quote will be awarded to one contractor.

#### **1.7 Taxes**

- A. Contractor will not be required to pay sales tax on any materials furnished under this Contract.
- B. Contractor shall pay all Federal and State Unemployment Insurance and Old Age Benefits as required by law.

#### **1.8 Non-Adherence to Schedule/No Shows**

The Contractor shall provide to the Owner and any Asbestos Project Manager a minimum of 24 hours notice of his intent to cancel a previously scheduled workday. Failure to properly notify will subject the Contractor to pay for the services of the Project Manager (APM) and the Air Sampling Professional (ASP) at the rate of \$650 per day for each person.

#### **1.9 Work Schedule**

The Contractor recognizes that the Owner may be contracting for various outside project observation and monitoring (Consultant) services based upon the timeframe defined in this Owner Contractor agreement. As such, the timeframe outlined herein is of particular importance. Therefore, the Contractor shall use an adequate number of skilled workmen to complete the project in the allowed timeframe.

#### **1.10 Failure to Supply Required Submittals**

The Contractor shall provide OWNER with all required submittals within 10 calendar days after receiving final air clearance, including all waste shipment records. Failure to do so will subject Contractor to additional costs incurred by the Consultant and OWNER and monies will be withheld from the final payment due the Contractor.

End of Section 01010

## Section 01060

### Applicable Codes

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#### A. Laws, Ordinances, and Statutes

1. The Contractor, subcontractor, material dealer, and any other who provide labor, material, or services of any kind, or who do work of any kind in connection with this Project must comply at all times and in all respects with all applicable provisions of all Federal, State, County and Municipal laws, ordinances, and statutes, including, but in no way limited to, the following Laws (in addition to those governing asbestos work):
  - a. Williams-Steiger Occupational Safety and Health Act of 1970, Public Law 91-956, 91 St. Congress, s.2193, December 29, 1970, including all amendments and bulletins.
  - b. Part 1910 – Occupational Safety and Health Standard, Chapter XVIII of Title 29, Code of Federal Regulations.
  - c. Part 1926 – Safety and Health Regulations for Construction, Chapter XVII of Title 29, Code of Federal Regulations.
  - d. Illinois Department of Public Health, “Asbestos Abatement Act” & “Rules and Regulations”, “Title 77, Chapter I, Subchapter p, Part 855 (hereinafter referred to as “Rules and Regulations”).
  - e. The above requirements are to be part of: (a) Contract Documents and (b) Contract between the Contractor and each subcontractor, or material dealer as though fully written in each contract.

End of Section 01060

## Division 2 – Site Work

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## Section 02082

### Asbestos Abatement

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#### Part I - General

##### 1.1 Work Includes

###### A. Base Quote:

1. Asbestos Abatement Contractor provides:
  - a. IDPH Licensed supervision of all asbestos work(Contractor, Supervisor, Worker)
  - b. Reports and notices
  - c. Protection of persons and property
  - d. Signs
  - e. Work area preparation
  - f. Complete and proper removal and disposal of all asbestos-containing materials in areas shown on Drawings
  - g. Cleanup and disposal of asbestos-containing materials and disposable equipment

##### 1.2 Definitions

See Abatement Act, Section 3, and Rules and Regulations, Part 855.20.

##### 1.3 Quality Assurance

###### A. Qualifications of:

1. **Asbestos Abatement Contractor (AC):** Submit to OWNER or Asbestos Project Manager documented evidence that the AC holds a valid IDPH License, and is licensed in accord with the Abatement Act, 855.20 and 855.110.
2. **Asbestos Project Supervisor:** Submit to OWNER or Asbestos Project Manager documented evidence that Contractor's Supervisor holds a valid Asbestos Supervisor License, and is licensed in accord with the Abatement Act, 855.20 and 855.100.
3. **Asbestos Worker:** Submit to OWNER or Asbestos Project Manager documented evidence that each person employed by the Contractor at the site to perform asbestos work holds a valid Asbestos Worker License in accord with Abatement Act, Parts 855.20 and 855.100.
4. **Training:** Submit to OWNER or Asbestos Project Manager documented evidence that the Contractor and all its personnel who perform any asbestos work have been trained in accord with Abatement Act, Parts 855.100 and 855.110.
4. **Medical Surveillance:** Submit to OWNER or Asbestos Project Manager documented evidence of current medical surveillance records.
5. **Respirator Training:** Submit to OWNER or Asbestos Project Manager documented evidence of respirator training and most recent fit testing.

- B. **Regulatory Requirements:** The specified requirements, in effect at date of bidding documents, are hereby incorporated by reference to the same effect as if they were included herein in full. The requirements or cited portions thereof, govern all asbestos work as applicable.



1. The Illinois Asbestos Abatement Act, as amended (Illinois Revised Statutes, ch. 122, par. 1401, et. seq.) herein called the Abatement Act.
2. Rules and Regulations for the Asbestos Abatement Act, as amended (77 Illinois Administrative Code, ch. I: Department of Public Health (IDPH) Subchapter p. Hazardous and Poisonous Substance, Part 855, Asbestos Abatement for Public and Private Schools in Illinois and Public Buildings in Illinois).
3. U.S. Environmental Protection Agency Regulations for Asbestos (Code for Federal Regulations Title 40, Part 61, Subparts A and M).
4. U.S. Environmental Protection Agency “Asbestos-Containing Materials in Schools, Final rule,” 40 CFR 763, October 30, 1987.
5. U.S. Department of Labor Occupational Safety and Health Administration (OSHA) Asbestos Regulations (Code of Federal Regulations Title 29, Part 1910, Section 1910.1001 and Part 1926, Section 1926.1101) and Respiratory Protection (29CFR 1910.134).
6. U.S. Environmental Protection Agency Office of Toxic Substances Guidance Document, “Asbestos-Containing Materials in School Buildings”, Part 1 and Part 2.
7. Any other applicable Federal, State, County or Local Rule or Regulation.
8. ASTM, American Society for Testing and Materials; ANSI, American National Standards Institute (ANSI Z 9.2 Fundamental Governing and Design and Operations of Local Exhaust Systems); ULI, Underwriters Laboratories, Inc.; OSHA 300 Log.

#### **1.4 References**

- A. Standards: Specified Standards, in effect at date of quote documents, are hereby incorporated by reference to the same extent as if they were included herein in full. The Standards or cited portions thereof, govern all asbestos work.
1. ANSI – American National Standards Institute, 1430 Broadway, New York City, NY 10018.
  2. ASTM – American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.
  3. Federal Standards:
    - a. NESHAP – National Emissions Standards for Hazardous Air Pollutants.
    - b. NIOSH – National Institute for Occupational Safety and Health, Room 3007, CDC NIOSH Building JNE, Atlanta, GA 30333.
    - c. OSHA – Occupational Safety and Health Administration, 200 Constitution Avenue, Washington DC 20210
    - d. USEPA – Environmental Protection Agency, 401 M. Street, SW, Washington DC 20460  
 Director, Air and Radiation Division  
 5AR-26  
 USEPA Region 5  
 230 South Dearborn Street  
 Chicago, IL 60604  
 Attention: Pat Gimino  
 (312) 353-2211

4. State Standards:
  - a. IEPA – Illinois Environmental Protection Agency:  
Illinois EPA  
Division of Air Pollution Control  
P.O. Box 19276  
Springfield, IL 62794-9276  
(217) 785-1743
  - b. IDPH – Illinois Department of Public Health  
Illinois Department of Public Health  
Division of Engineering and Sanitation  
Asbestos Abatement Section  
525 West Jefferson Street  
Springfield, IL 62761  
(217) 782-3517

## **1.5 Submittals**

- A. Make all submittals in accord with Abatement Act, part 855.350. Add a copy of each submittal to OWNER or Project Manager.
- B. The Contractor shall complete and submit to IEPA the “State of Illinois Asbestos Abatement Project Notification Form”. Information for the completion of the notification form shall be obtained from the Consultant or Owner.
- C. Submit proof satisfactory to the OWNER that all required permits, site location and arrangements for transport and disposal of asbestos-containing or contaminated materials, supplies, and the like have been obtained.
- D. Submit documentation to OWNER indicating that all employees have had instruction on the hazards of asbestos exposures, on proper selection, use, fitting and cleaning of respirators, on protective clothing, on use of showers, on entry and exit from work areas, and on all aspects of work procedures and protective measures.
- E. Submit documentation to OWNER showing that all employees engaged in asbestos activities have received appropriate medical examinations and Pulmonary Function Tests (PFT) signed by a licensed and qualified physician within the last 12 months immediately proceeding the project startup. No worker will be allowed in the work area with expired documentation.
- F. Asbestos Abatement Contractor (AC) shall maintain insurance requirements as required elsewhere by OWNER.
- G. Public Warnings and Safety Information to be Posted and on site:
  - a. Post all signs as required by 29 CFR 1926.1101 and 29 CFR 1910.145 and any Local, State, or Federal regulations
  - b. A copy of the USEPA Regulations for Asbestos (Code of Federal Regulations Title 40, Part 61, Subpart A and M) and a copy of USDOL – OSHA Asbestos Regulations (29 CFR 1926.1101 and 1910.1001).
  - c. A list of phone numbers for the local hospital and/or emergency squad, local fire department, the institution’s security office (if applicable), a representative of the building owner who may be reached 24 hours a day, the CONTRACTOR’s Supervisor and Office phone numbers, and any other professional Consultants directly involved in the project.

- H. Submit manufacturer's certification that vacuums, ventilation equipment, and other equipment required to contain asbestos fibers conform to ANSI Z 9.2.

## 1.6 Protection

Provide protection for personnel and building in accord with Abatement Act, Part 855.380 and in accordance with the Sections 1.3 Regulatory Requirements & 1.4 References of this Part and all other applicable Rules and Regulations.

## Part 2 – Products/Equipment

### 2.1 Asbestos Abatement Equipment

For all asbestos work, use only materials and equipment complying with the Abatement Act

#### A. Acceptable Manufacturers/Products

##### 1. Wetting agent

- |    |                             |              |
|----|-----------------------------|--------------|
| a. | Better Working Environments | Super Wet    |
| b. | Certified Technologies      | Certane 2075 |
| c. | Eppert Oil Co.              | Speedi-Wet   |
| d. | Foster Products Corp.       | 32-90        |

##### 2. Combination wetting agent – encapsulant

- |    |                             |             |
|----|-----------------------------|-------------|
| a. | Better Working Environments | 5000        |
| b. | Certified Technologies      | Certane 707 |
| c. | Eppert Oil Co.              | Fiber-Seal  |
| d. | Foster Products Corp.       | 32-60       |

##### 3. Lockdown Equipment, Normal Temperatures (up to 200°F)

- |    |                             |              |
|----|-----------------------------|--------------|
| a. | Better Working Environments | 3000         |
| b. | Certified Technologies      | Certane 1050 |
| c. | Eppert Oil Co.              | Fiber-Seal   |
| d. | Foster Products Corp.       | 32-60        |

##### 4. Mastic Removal [chemical or mechanical - removal by wet grinding shall be performed using full containment methods]

**NOTE: Mastic removers must have a flash point greater than 200°F and lower explosive limit greater than 5%.**

- a. Submit product information sheet and MSDS sheet for proposed mastic removers to Owner. Product data submitted must be for material used on site and compatible with the new flooring products and installation.
- b. Use mastic remover manufacturer's recommended procedures and materials to clean floor surfaces after mastic removal.

## Part 3 – Execution

### 3.1 Preparation For Gross Removal & Comprehensive Cleaning (Interior Transite Ceiling Removal)

- A. Perform all preparation work in accord with the Abatement Act Subpart D and in accord with applicable parts of the Rules and Regulations. All work areas must be thoroughly inspected by Contractor Supervisor in accordance with 855.220.d.1 prior to ASP performance of clearance air sampling.
- B. Establish a Regulated Area
  - 1. Thoroughly pre-clean the entire regulated area including movable and immovable objects using HEPA filtered vacuums and wet methods. Do not use compressed air or dry sweeping methods.
  - 2. Deactivate electrical circuits in the enclosure and bring power into the work area from outside sources protected by ground fault circuit interrupters at the source.
  - 3. Shut down any ventilation to work areas where required and seal vents with two layers of 6-mil plastic sheeting and tape. Remove & dispose of HVAC filters as asbestos waste.
  - 4. Seal all openings including windows and doorways between work area and other areas not necessary for entry with a minimum of one layer of 6-mil plastic sheeting and tape.
  - 5. Cover walls with a minimum of one layer of 4-mil plastic sheeting and cover floors not being abated with a minimum of one layer of 6-mil plastic sheeting.
  - 6. Cover immovable objects within the work area with a minimum of one layer of 6-mil plastic sheeting.
  - 7. Establish adequate HEPA filtered negative pressure exhaust systems in the area of work. AC to maintain a negative air pressure differential of at least -0.02 inches of water column, relative to the outside ambient air pressure and provide a minimum of 4 air changes per hour for all full containment asbestos removal areas.
  - 8. Install appropriate warning signs.
  - 9. Install a decontamination unit attached to the work area. The decontamination unit to contain:
    - a. An equipment room with two curtained doorways, one to the work area and one to the shower room
    - b. A shower room with two curtained doorways, one to the equipment room and one to the clean room. Shower room shall contain at least one shower with hot and cold running water adjustable at the tap. Careful attention shall be paid to the shower enclosure to ensure against leaking of any kind. Ensure a supply of soap at all time in the shower room. Shower water shall be filtered to remove asbestos prior to being discharged to sanitary sewer drain or barrel.
    - c. A Clean room with one curtained doorway into the shower and one entrance or exit to non-contaminated areas of the building. Clean room shall have sufficient space for proper storage of worker's street clothes, towels, and other non-contaminated items. Clean room shall also store fresh, non-contaminated protective clothing, respirators, and any other accessory to be used by workers in the work area.
    - d. Provide cascaded filtered units on drain lines from showers or any other water source carrying asbestos-contaminated water from the work area. Final filter to filter all particles 5 microns and larger.
    - e. A portable decontamination unit may be used.
  - 10. Asbestos abatement shall not commence until:
    - a. Arrangements have been made for disposal of waste at an acceptable site.

- b. Arrangements have been made for containing and disposal of waste water resulting from wet stripping.
- c. Work areas and decontamination enclosure systems and parts of the building required to remain in use or not abated are effectively segregated.
- d. Tools, equipment and material waste receptors are on site.
- e. Arrangements have been made for building security.
- f. Preparatory steps have been taken and applicable notices posted and permits obtained.
- g. HEPA filtered negative air systems are installed and operating.

### 3.2 Performance of Gross Removal & Comprehensive Cleaning (Interior Transite Ceiling Removal)

- A. Perform all asbestos gross removal work in accord with applicable referenced Parts of the Rules and Regulations.
- B. Spray asbestos material with amended water, using spray equipment capable of proving a “mist” application to reduce the release of fibers. Saturate the material sufficiently to wet it to the substrate without causing excess dripping or delamination of the material. Spray the asbestos material repeatedly during the work process to maintain wet condition and minimize asbestos fiber dispersion.
- C. Remove the saturated asbestos material in a manner judged to be most efficient. Removal shall be thorough and complete to the base surface. The saturated asbestos materials shall be packed in sealable plastic bags or barrels and placed in labeled containers for transport. Materials shall not be allowed to dry out prior to insertion into the transport containers.
- D. Seal filled containers. Clean external surfaces of containers thoroughly by wet wiping methods in the designated area of the work area, which is part of the equipment decontamination enclosure system. Move containers to washroom, wet clean each container thoroughly, and move to holding area pending removal to uncontaminated areas. Ensure that containers are removed from the holding area by workers who have entered from uncontaminated areas dressed in clean coveralls. Ensure that workers do not enter from uncontaminated areas into the washroom or the work area; ensure that contaminated workers do not exit the work area through the equipment decontamination enclosure system.
- E. After completion of stripping work, all exposed and accessible surfaces shall be HEPA filtered vacuumed to remove residual asbestos materials. In areas where stripping of asbestos materials from a hard substrate is performed, all surfaces from which asbestos has been removed shall be brushed (wire or nylon), or wet wiped to remove all visible material. During all phases of this work, the surfaces being cleaned shall be kept wet. All standing water, removed and containerized ACM shall be removed by the end of the work day.
- F. Disposal:
  - 1. Label all bags or containers containing asbestos waste and debris with a label as follows:

**Camp Wokanda – Dining/Kitchen Building  
620 Boy Scout Road  
Chillicothe, Illinois**

2. Whenever trucks or dumpsters are being loaded or unloaded with asbestos waste or contain waste, post signs in accord with the Asbestos NESHAP Standard:

**DANGER, ASBESTOS, DUST HAZARD, CANCER AND LUNG DISEASE  
HAZARD, AUTHORIZED PERSONNEL ONLY**

3. Transport all waste to an IEPA approved landfill. Complete a waste shipment record for each load of waste in accord with the Asbestos NESHAP STANDARD. Return the record, signed by waste disposal site owner/operator to OWNER.

### **3.3 Field Quality Control**

- A. The Contractor shall provide all air monitoring and training of his own personnel, as required, to comply with OSHA.
- B. The OWNER may elect to have an Asbestos Project Manager on the site at all times during the performance of all asbestos work.
- C. The OWNER may elect to have an Air Sampling Professional (ASP) on the site to perform daily air sampling during the performance of AC work. ASP will perform clearance air monitoring.

### **3.4 Cleanup**

- A. Perform cleanup operations in accord with referenced Parts of the Abatement Act, Subpart D.
  1. Cleanup Procedures (855.220.c.);
  2. Equipment and Waste Container Removal Procedures (855.230);
  3. Clearance Air Monitoring and Analysis (855.220.d.);
  4. Disposal Procedures (855.220.c);
    - a. All bags or containers containing asbestos debris shall be labeled as follows:

**Camp Wokanda – Dining/Kitchen Building  
620 Boy Scout Road  
Chillicothe, Illinois**

- b. Whenever trucks or dumpsters are being loaded or unloaded with asbestos waste, signs shall be posted in accordance with the 1990 NESHAP standard:

**DANGER, ASBESTOS, DUST HAZARD, CANCER AND LUNG DISEASE  
HAZARD, AUTHORIZED PERSONNEL ONLY**

- c. A waste shipment record shall be completed and signed by the Contractor for each load of waste. The record shall be as per the 1990 NESHAP standard. Return the record, signed by waste disposal site owner/operator to APM.

### **3.5 Clearance Air Monitoring (855.220.d)**

- A. After the final thorough cleaning and prior to tear down and removal of any containments/ regulated areas, the contractor shall coordinate with OWNER to have OWNER retain a qualified and independent air sampling professional (ASP)- McKee Environmental, Inc. to perform final clearance air monitoring using aggressive methods as required by IDPH.
- B. The ASP (McKee Environmental, Inc.) will employ and pay for an approved Testing Laboratory to perform testing in accord with the Abatement Act, Part 855.170. The Asbestos Abatement Contractor shall be responsible to for pay any additional costs of re-cleaning and re-testing, which arise from failure of clearance air results or inconclusive laboratory results and may include costs for services of APM, ASP, laboratory, and for additional Consultant Services.

### **3.6 Re-establishment of Work Area & HVAC Systems (855.240)**

Perform re-establishment of the Work Areas and HVAC systems in accordance with Abatement Act, Subpart D (855.240 paragraphs a. to g.).

End of Section 02082

## Drawings

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**(Owner Requested Technical Specs only: No Asbestos Abatement Drawings for this Project)**