

CITY OF CHICAGO POLLUTION PREVENTION UNIT



Rahm Emanuel
Mayor

2016 CERTIFICATE OF OPERATION

Midwest Generation Crawford
Fredrick Veenbaas
401 East Greenwood Ave
Waukegan, IL 60087

PLANT NUMBER: ENVAIR112513
PROVIDER CODE:
Phone: (847)599-2289

INTERVIEWED:

EXAMINED BY: Bob Szuszkiewicz

ON: 11/18/2013

# OF ITEMS	EQUIPMENT DESCRIPTION	EQUIP. CODE
1	531 - FILTRATION PLANT/SYSTEM	531

THIS CERTIFICATE OF OPERATION is issued for the above-described equipment following the applicant's certification that the equipment is in compliance with all standards set forth in Section 11-4-670 of the Chicago Municipal Code. The equipment must be operated in conformance with Chapter 11-4 of the Code. Issuance of this certificate shall not transfer, assign or otherwise affect any liability to the City of Chicago, CDPH, their employees, or agents regarding this Facility. Further, issuance of this certificate does not relieve the operator of any liability with regards to the Facility. CDPH representatives may inspect the Facility and the Facility records at any reasonable time to ensure compliance with all applicable rules, regulations and standards, as well as all conditions necessary to protect public health and safety. This certificate may be revoked at any time in accordance with Section 11-4-030(c) of the Code.

Bechara Choucair, MD
Commissioner

By:

Handwritten signature of Otis Omenazu in black ink.

Otis Omenazu
Chief Air Engineer

**CITY OF CHICAGO
POLLUTION PREVENTION UNIT**



Rahm Emanuel
Mayor

**2017
CERTIFICATE OF OPERATION**

Midwest Generation Crawford
Fredrick Veenbaas
401 East Greenwood Ave
Waukegan, IL 60087

PLANT NUMBER: ENVAIR112513
PROVIDER CODE:
Phone: (847)599-2289

INTERVIEWED:

EXAMINED BY: Bob Szuszkiewicz

ON: 08/17/2016

# OF ITEMS	EQUIPMENT DESCRIPTION	EQUIP. CODE
1	531 - FILTRATION PLANT/SYSTEM	531

THIS CERTIFICATE OF OPERATION is issued for the above-described equipment following the applicant's certification that the equipment is in compliance with all standards set forth in Section 11-4-670 of the Chicago Municipal Code. The equipment must be operated in conformance with Chapter 11-4 of the Code. Issuance of this certificate shall not transfer, assign or otherwise affect any liability to the City of Chicago, CDPH, their employees, or agents regarding this Facility. Further, issuance of this certificate does not relieve the operator of any liability with regards to the Facility. CDPH representatives may inspect the Facility and the Facility records at any reasonable time to ensure compliance with all applicable rules, regulations and standards, as well as all conditions necessary to protect public health and safety. This certificate may be revoked at any time in accordance with Section 11-4-030(c) of the Code.

Julie Morita, MD
Commissioner

By:

Handwritten signature of Otis Omenazu in black ink.

Otis Omenazu
Chief Air Engineer

ASBESTOS INFORMATION CONTINUED

DESCRIPTION OF MEASURES TO BE TAKEN IN THE EVENT ANY ASBESTOS IS UNEXPECTEDLY ENCOUNTERED:

Stop work and keep wet, Evacuate area, contact licensed abatement contractor, contact local air authority

NESHAP notification submittal date April 18, 2018 (Attach a copy of NESHAP notification)

DISPOSAL FACILITY: Republic Services Newton County Landfill

FACILITY ADDRESS: 2266 E. 500 S. - Brook, IL 47922

REFRIGERANT INFORMATION

TYPE OF REFRIGERANT: HFCs (Hydrogenated Fluorocarbon) HCFCs (Hydrogenated Chlorofluorocarbon)
 CFCs (Chlorofluorocarbon) OTHER: _____

THERE ARE NO REFRIGERANTS ON SITE.

WHERE IS THE REFRIGERANT GOING TO BE RECYCLED? N/A

HOW MUCH REFRIGERANT WAS RECOVERED ON SITE: NONE LBS BY: _____

UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?
 YES NO

IF ASTs / USTs ARE PRESENT: HOW MANY? _____ CAPACITY? _____ WHAT WAS STORED IN TANK? _____

ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL? YES NO FACILITY ID # _____
All UST and AST installation, removal, upgrade and abandonment-in-place activities conducted within the City of Chicago must be performed by an OSFM registered contractor and require a permit from the Department of Public Health.

GENERAL INFORMATION

DUST CONTROL METHOD: WETTING CHUTES BUCKETS OTHER(Describe) _____

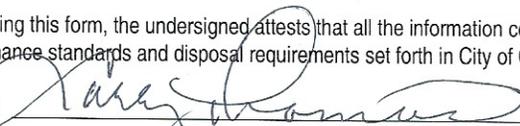
METHOD OF DEMOLITION TO BE EMPLOYED: Mechanical cutting of buildings with water cannons for dust control

WASTE GENERATED TO BE: DISPOSED REPROCESSED OR REUSED

DISPOSAL OR REPROCESSING FACILITY: ArcelorMittal

ADDRESS: 250 US-12, Burns Harbor, Indiana 46304

By signing this form, the undersigned attests that all the information contained herein is accurate and agrees to comply with all of the asbestos performance standards and disposal requirements set forth in City of Chicago Municipal Codes §11-4-2170 (d) & (e)

Signed:  Date April 24, 2018
Print Name: Larry Thomas Title: Health & Safety Director

For official use only

DEMOLITION CANNOT BEGIN UNTIL: _____

SIGNATURE _____ TITLE _____

ASBESTOS INFORMATION CONTINUED

DESCRIPTION OF MEASURES TO BE TAKEN IN THE EVENT ANY ASBESTOS IS UNEXPECTEDLY ENCOUNTERED:

Stop work and keep wet, Evacuate area, Demarcate area, contact licensed abatement contractor, Contact local air authority

NESHAP notification submittal date April 18, 2018 (Attach a copy of NESHAP notification)

DISPOSAL FACILITY: Republic Services Newton County Landfill

FACILITY ADDRESS: 2266 E. 500 S. - Brook, IL 47922

REFRIGERANT INFORMATION

TYPE OF REFRIGERANT: HFCs (Hydrogenated Fluorocarbon) HCFCs (Hydrogenated Chlorofluorocarbon)
 CFCs (Chlorofluorocarbon) OTHER: _____

WHERE IS THE REFRIGERANT GOING TO BE RECYCLED OR DISPOSED OF?

HOW MUCH REFRIGERANT WAS RECOVERED ON SITE: _____ LBS BY: _____

UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?
 YES NO

IF ASTs / USTs ARE PRESENT: HOW MANY? _____ CAPACITY? _____ WHAT WAS STORED IN TANK? _____

ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL? YES NO FACILITY ID # _____
All UST and AST installation, removal, upgrade and abandonment-in-place activities conducted within the City of Chicago must be performed by an OSFM registered contractor and require a permit from the Department of Public Health.

GENERAL INFORMATION

DUST CONTROL METHOD: WETTING CHUTES BUCKETS OTHER(Describe) _____

METHOD OF DEMOLITION TO BE EMPLOYED: Mechanical cutting of buildings with water cannons for dust control

WASTE GENERATED TO BE: DISPOSED REPROCESSED OR REUSED

DISPOSAL OR REPROCESSING FACILITY: Various processors

ADDRESS:

By signing this form, the undersigned attests that all the information contained herein is accurate and agrees to comply with all of the asbestos performance standards and disposal requirements set forth in City of Chicago Municipal Codes §11-4-2170 (d) & (e)

Signed: *Larry Thomas* Date: *April 18, 2018*
Print Name: *Larry Thomas* Title: *Health and Safety Director*

For official use only

DEMOLITION CANNOT BEGIN UNTIL: _____

SIGNATURE _____ TITLE _____



DEPARTMENT OF PUBLIC HEALTH
 POLLUTION PREVENTION UNIT
 333 SOUTH STATE STREET, ROOM 200
 CHICAGO, ILLINOIS 606020

Bldg Permit # _____

CITY OF CHICAGO

DATE

DEMOLITION NOTICE OF INTENT

FORM DM

BUILDING INFORMATION

BUILDING ADDRESS: 3501 S. Pulaski Road.

BUILDING TYPE: LOW DENSITY RESIDENTIAL (4 Units or less) **BUILDING SIZE:** (Length) 520
 HIGH DENSITY RESIDENTIAL (More than 4 units) (Width) 508
 COMMERCIAL/ INDUSTRIAL (Height) 286
 No. of Floors: 9 Total Square Footage of Bldg: 500,000

DEMOLITION DATE: 5/7/2018 TO 4/1/2019 WORK HOURS: 6 a.m. TO 2 p.m.
 Any change of commencement date must be reported to D.O.E. at (312) 744-5272 by fax.

OWNER INFORMATION

NAME: HRE Crawford, LLC SIGNATURE: *Karl R. Dawson*
 ADDRESS: 5 Revere Drive, Suite 206
 CITY: Northbrook STATE: IL ZIP: 60062 PHONE: 847-714-1288

CONTRACTOR INFORMATION

NAME: MCM MANAGEMENT CORP SIGNATURE: *Mary Lou...*
 ADDRESS: 35980 WOODWARD AVE SUITE 210
 CITY: BLOOMFIELD HILLS STATE: MI ZIP: 48304 PHONE: 248-932-9600

ASBESTOS INFORMATION

No building containing asbestos shall be demolished in the City of Chicago without first abating the asbestos. NESHAP notifications must also be provided to City of Chicago Department of Public Health for residential buildings 2 units and above.

DOES BUILDING CONTAIN ANY ASBESTOS? YES NO

PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS:
 Polarized Light Microscopy and Dispersion Staining

ILLINOIS LICENSE NUMBER OF INSPECTOR: 100-07252

ASBESTOS CONTENT (Check appropriate boxe(s))
 BOILER PIPES INSULATION FIREPROOFING OTHER (Describe) _____

AMOUNT OF ASBESTOS: 211,000 Linear feet or 141,000 ft² or _____ ft³

ASBESTOS REMOVAL CONTRACTOR: MCM MANAGEMENT CORP.

CONTRACTOR ADDRESS: 35980 WOODWARD AVENUE SUITE 210

CITY: BLOOMFIELD HILLS STATE: MI ZIP: 48304 PHONE: 248-932-9600

ASBESTOS INFORMATION CONTINUED

DESCRIPTION OF MEASURES TO BE TAKEN IN THE EVENT ANY ASBESTOS IS UNEXPECTEDLY ENCOUNTERED:

Stop work and keep wet, Evacuate area, contact licensed abatement contractor, contact local air authority

NESHAP notification submittal date April 18, 2018 (Attach a copy of NESHAP notification)

DISPOSAL FACILITY: Republic Services Newton County Landfill

FACILITY ADDRESS: 2266 E. 500 S. - Brook, IL 47922

REFRIGERANT INFORMATION

TYPE OF REFRIGERANT: [] HFCs (Hydrogenated Fluorocarbon) [] HCFCs (Hydrogenated Chlorofluorocarbon) [] CFCs (Chlorofluorocarbon) [] OTHER:

THERE ARE NO REFRIGERANTS ON SITE.

WHERE IS THE REFRIGERANT GOING TO BE RECYCLED? N/A

HOW MUCH REFRIGERANT WAS RECOVERED ON SITE: NONE LBS BY:

UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY? [] YES [X] NO

IF ASTs / USTs ARE PRESENT: HOW MANY? CAPACITY? WHAT WAS STORED IN TANK?

ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL? [] YES [] NO FACILITY ID # All UST and AST installation, removal, upgrade and abandonment-in-place activities conducted within the City of Chicago must be performed by an OSFM registered contractor and require a permit from the Department of Public Health.

GENERAL INFORMATION

DUST CONTROL METHOD: [X] WETTING [X] CHUTES [] BUCKETS [] OTHER(Describe)

METHOD OF DEMOLITION TO BE EMPLOYED: Mechanical cutting of buildings with water cannons for dust control

WASTE GENERATED TO BE: [] DISPOSED [X] REPROCESSED OR REUSED

DISPOSAL OR REPROCESSING FACILITY: ArcelorMittal

ADDRESS: 250 US-12, Burns Harbor, Indiana 46304

By signing this form, the undersigned attests that all the information contained herein is accurate and agrees to comply with all of the asbestos performance standards and disposal requirements set forth in City of Chicago Municipal Codes §11-4-2170 (d) & (e)

Signed: Larry Thomas Date: April 24, 2018 Print Name: Larry Thomas Title: Health & Safety Director

DEMOLITION CANNOT BEGIN UNTIL: For official use only

SIGNATURE TITLE

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA **(\$150)** Attach Illinois E-Pay receipt if paid electronically.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago): All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County **(\$200)**. A Cook County Revision Form must be used to cancel an asbestos permit.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.ienconnect.com/enviro

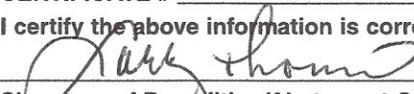
Date: <input style="width: 150px;" type="text"/>		Illinois E-Pay Authorization Code (IEPA Only): <input style="width: 100px;" type="text"/>			
TYPE OF NOTIFICATION: <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual					
Check Type of Project Below: <i>(Check all that apply.)</i>					
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)					
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer		#of times revised: _____ List Section #'s being revised: _____			
1. FACILITY INFORMATION:					
Facility name: _____		School Bldg ID: _____			
Location of Asbestos Containing Material (ACM) in Structure: _____					
Bldg Size: _____	Sq.Ft.: _____	#Flrs: _____	Age: _____ Present Use: _____		
Prior Use: _____		Future Use (demo) _____			
Address: _____		City: _____	County: _____ Zip: _____		
Contact: _____		Phone: _____			
2. FACILITY OWNER OR SCHOOL DISTRICT: <i>(Tip: Complete for all projects Commercial/Public or Schools)</i>					
Facility Owner Name: _____		Address: _____			
City: _____	State: _____	Zip: _____	Contact: _____ Phone: _____		
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.					
3. ASBESTOS CONTRACTOR NAME:			ID#: _____		
Address: _____		City: _____	State: _____ Zip: _____		
Contact: _____		Phone: _____			
4. DEMOLITION CONTRACTOR NAME:					
Address: _____		City: _____	State: _____ Zip: _____		
Contact: _____		Phone: _____			
5. ABATEMENT INFORMATION:		Is Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:					
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:					
6. Quantities:					
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II	TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):					
Surface Area (Sq. Ft.):					
Volume (Cu. Ft.):					
<i>Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.</i>					
7. ABATEMENT START DATE:		Finish Date: _____	Work hours: _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
AND/OR DEMOLITION START DATE:		Finish Date: _____	Work hours: _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Working Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.</i>					

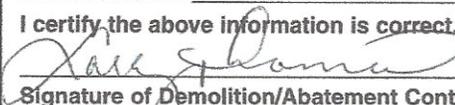
8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100-		Name:	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS			
Name of Analytical Testing Laboratory:			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
14. WASTE TRANSPORTER/NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # _____		NAME OF TRAINING COURSE _____	
I certify the above information is correct.			
Signature of Demolition/Abatement Contractor or the Owner		Date	
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			

For Cook County Departmental Use Only.			
Date Received CCDEC:		Post Mark Date:	Input Into Computer:
Inspection Fee Received:	Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>		Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 <p>Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee</p>	 <p>Submit this form to the appropriate agencies:</p>	 <p>IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)</p>
 <p>IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)</p>	 <p>Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</p>	<p>Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities. \$600.00</p>

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100- 07252		Name: Matthew D. Aigner	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS Polorized Light Microscopy			
Name of Analytical Testing Laboratory: ERM Services 200 South Wacker Drive, Suite 2575, Chicago, IL. 60606			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME: Republic Services Newton County Landfill			
Address: 2266 E. 500 S.		Contact:	
City: Brook	State: IL	Zip: 47922	Phone:
14. WASTE TRANSPORTER/NAME: Republic Service			
Address: 2351 S. Lavin St.		Contact:	
City: Chicago	State: IL	Zip: 60608	Phone: 312-226-1226
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.			
<u>Stop work Keep Wet. Contact District Office/Local Air Authority. Evacuate Area. Demarcate Area. Contact Licensed Abatement Contractor</u>			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # <u>CSI3549</u>		NAME OF TRAINING COURSE <u>CSI 40-CFR PART 763 (AHERA)</u>	
I certify the above information is correct.			
			<u>April 18, 2018</u>
Signature of Demolition/Abatement Contractor or the Owner			
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
For Cook County Departmental Use Only.			
Date Received CCDEC:		Post Mark Date:	Input Into Computer:
Inspection Fee Received:	Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>		Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Violation Copies Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.			
 Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	 Submit this form to the appropriate agencies:	 IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)	
 IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	 Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.	Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities. \$600.00	

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100- 07252		Name: Matthew D. Aigner	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS Polarized Light Microscopy			
Name of Analytical Testing Laboratory: ERM Services 200 South Wacker Drive, Suite 2575, Chicago, IL. 60606			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME: Republic Services Newton County Landfill			
Address: 2266 E. 500 S.		Contact:	
City: Brook	State: IL	Zip: 47922	Phone:
14. WASTE TRANSPORTER/NAME: Republic Service			
Address: 2351 S. Lavin St.		Contact:	
City: Chicago	State: IL	Zip: 60608	Phone: 312-226-1226
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non friable asbestos material becomes crumbled, pulverized or reduced to powder.			
<u>Stop work Keep Wet, Contact District Office/Local Air Authority, Evacuate Area, Demarcate Area, Contact Licensed Abatement Contractor</u>			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # <u>CSI3549</u>		NAME OF TRAINING COURSE <u>CSI 40-CFR PART 763 (AHERA)</u>	
I certify the above information is correct.		<u>April 23, 2018</u>	
		Date	
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
For Cook County Departmental Use Only.			
Date Received CCDEC:		Post Mark Date:	Input Into Computer:
Inspection Fee Received:		Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.			
 Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	 Submit this form to the appropriate agencies:	 IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)	
 IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	 Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604	Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities. \$600.00	
** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.			

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA (\$150) Attach Illinois E-Pay receipt if paid electronically.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago): All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County (\$200). A Cook County Revision Form must be used to cancel an asbestos permit.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.ienconnect.com/enviro

Date: April 23, 2018		Illinois E-Pay Authorization Code (IEPA Only):			
TYPE OF NOTIFICATION: <input checked="" type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual					
Check Type of Project Below: (Check all that apply.)					
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input checked="" type="checkbox"/> Commercial Public Building (Friable & Non-Friable)					
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer # of times revised: List Section #'s being revised:					
1. FACILITY INFORMATION:					
Facility name: Former NRG Crawford Generation Station		School Bldg ID:			
Location of Asbestos Containing Material (ACM) in Structure: Through out the main building in basement and boiler house					
Bldg Size:	Sq.Ft.: 500,000	#Flrs: 9	Age: 50+ Present Use: Vacant		
Prior Use: Power Generation Station		Future Use (demo) Development			
Address: 3501 South Pulaski Road		City: Chicago	County: Cook Zip: 60623		
Contact: Larry Thomas		Phone: 313-549-0067			
2. FACILITY OWNER OR SCHOOL DISTRICT: (Tip: Complete for all projects Commercial/Public or Schools)					
Facility Owner Name: HRE Crawford, LLC		Address:			
City: NORTHBROOK	State: IL	Zip: 60062	Contact: John Tschantz Phone: 312-690-7228		
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.					
3. ASBESTOS CONTRACTOR NAME: MCM ENVIRONMENTAL SERVICES, LLC ID#: 500-1861					
Address: 35980 WOODWARD AVENUE		City: Bloomfield Hills	State: MI Zip: 48304		
Contact: Larry Thomas, Health & Safety Director		Phone: 313-549-0067			
4. DEMOLITION CONTRACTOR NAME: MCM MANAGEMENT CORP					
Address: 35980 Woodward Avenue		City: Bloomfield Hills	State: MI Zip: 48034		
Contact: Aaron Fitch, Vice President		Phone: 248-660-6772			
5. ABATEMENT INFORMATION: Is Asbestos Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:					
(Mechanical cutting of buildings with water cannon for dust control)					
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:					
5000 gallon water truck will be utilized for dust control along with misting machines (Snow Machines) as a secondary engineering control.					
6. Quantities:					
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II	TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):	211,000				211,000
Surface Area (Sq. Ft.):	141,000			25,000	141,000
Volume (Cu. Ft.):					
Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.					
7. ABATEMENT START DATE: 05/07/18		Finish Date: 02/28/19	Work hours: 08:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 04:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
AND/OR DEMOLITION START DATE: 05/07/18		Finish Date: 4 / 1 / 19	Work hours: 08:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 04:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
Working Weekends? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.					

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA (**\$150**) Attach Illinois E-Pay receipt if paid electronically.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago): All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County (**\$200**). A Cook County Revision Form must be used to cancel an asbestos permit.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.iencconnect.com/enviro

Date: April 23, 2018 Illinois E-Pay Authorization Code (IEPA Only):

TYPE OF NOTIFICATION: original demolition renovation cancellation revision ordered demolition annual

Check Type of Project Below: (Check all that apply.)

Friable School Project Non-Friable School Floor Tile Project Commercial Public Building (Friable & Non-Friable)

Revised by: Contractor Owner Project Designer #of times revised: List Section #'s being revised:

1. FACILITY INFORMATION:

Facility name: Former NRG Crawford Generation Station

School Bldg ID:

Location of Asbestos Containing Material (ACM) in Structure: Through out the main building in basement and boiler house

Bldg Size: Sq.Ft.: 500,000 #Flrs: 9 Age: 50+ Present Use: Vacant

Prior Use: Power Generation Station Future Use (demo) Development

Address: 3501 South Pulaski Road City: Chicago County: Cook Zip: 60623

Contact: Larry Thomas Phone: 313-549-0067

2. FACILITY OWNER OR SCHOOL DISTRICT: (Tip: Complete for all projects Commercial/Public or Schools)

Facility Owner Name: HRE Crawford, LLC

Address:

City: NORTHBROOK

State: IL

Zip: 60062

Contact: John Tschantz

Phone: 312-690-7228

Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.

3. ASBESTOS CONTRACTOR NAME: MCM ENVIRONMENTAL SERVICES, LLC

ID#: 500-1861

Address: 35980 WOODWARD AVENUE

City: Bloomfield Hills

State: MI

Zip: 48304

Contact: Larry Thomas, Health & Safety Director

Phone: 313-549-0067

4. DEMOLITION CONTRACTOR NAME: MCM MANAGEMENT CORP

Address: 35980 Woodward Avenue

City: Bloomfield Hills

State: MI

Zip: 48034

Contact: Aaron Fitch, Vice President

Phone: 248-660-6772

5. ABATEMENT INFORMATION:

Is Asbestos Present? Yes No

Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:

(Mechanical cutting of buildings with water cannon for dust control)

Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:

5000 gallon water truck will be utilized for dust control along with misting machines (Snow Machines) as a secondary engineering control.

6. Quantities:

	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition)		Non-friable asbestos to be removed		TOTAL ASBESTOS TO BE REMOVED
		CAT I	CAT II	CAT I	CAT II	
Pipes (Ln. Ft.):	211,000					211,000
Surface Area (Sq. Ft.):	141,000			25,000		141,000
Volume (Cu. Ft.):						

Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.

7. ABATEMENT START DATE: 05/07/18

Finish Date: 02/28/19

Work hours: 08:00 AM PM 04:00 AM PM

AND/OR DEMOLITION START DATE: 05/07/18

Finish Date: 05/01/19

Work hours: 08:00 AM PM 04:00 AM PM

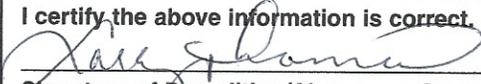
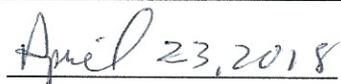
Working Weekends?

Yes No

Working Evenings?

Yes No

Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100- 07252		Name: Matthew D. Aigner	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS Polarized Light Microscopy			
Name of Analytical Testing Laboratory: ERM Services 200 South Wacker Drive, Suite 2575, Chicago, IL. 60606			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME: Republic Services Newton County Landfill			
Address: 2266 E. 500 S.		Contact:	
City: Brook	State: IL	Zip: 47922	Phone:
14. WASTE TRANSPORTER/NAME: Republic Service			
Address: 2351 S. Lafin St.		Contact:	
City: Chicago	State: IL	Zip: 60608	Phone: 312-226-1226
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.			
Stop work Keep Wet, Contact District Office/Local Air Authority, Evacuate Area, Demarcate Area, Contact Licensed Abatement Contractor			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # <u>CSI3549</u>		NAME OF TRAINING COURSE <u>CSI 40-CFR PART 763 (AHERA)</u>	
I certify the above information is correct.			
 Signature of Demolition/Abatement Contractor or the Owner			 Date
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			

For Cook County Departmental Use Only.			
Date Received CCDEC:	Post Mark Date:	Input Into Computer:	
Inspection Fee Received:	Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	Must be Inspected:	
Date(s) of Inspections:			
Inspection Report Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Violation Copies Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	 Submit this form to the appropriate agencies:	 IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)
 IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	 Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.	Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities. \$600.00

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA **(\$150)** Attach Illinois E-Pay receipt if paid electronically.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago): All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County **(\$200)**. A Cook County Revision Form must be used to cancel an asbestos permit.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.ienconnect.com/enviro

Date: <input style="width: 150px;" type="text"/>		Illinois E-Pay Authorization Code (IEPA Only): <input style="width: 100px;" type="text"/>			
TYPE OF NOTIFICATION: <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual					
Check Type of Project Below: <i>(Check all that apply.)</i>					
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)					
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer		#of times revised: _____ List Section #'s being revised: _____			
1. FACILITY INFORMATION:					
Facility name: _____		School Bldg ID: _____			
Location of Asbestos Containing Material (ACM) in Structure: _____					
Bldg Size: _____	Sq.Ft.: _____	#Flrs: _____	Age: _____ Present Use: _____		
Prior Use: _____		Future Use (demo) _____			
Address: _____		City: _____	County: _____ Zip: _____		
Contact: _____		Phone: _____			
2. FACILITY OWNER OR SCHOOL DISTRICT: <i>(Tip: Complete for all projects Commercial/Public or Schools)</i>					
Facility Owner Name: _____		Address: _____			
City: _____	State: _____	Zip: _____	Contact: _____ Phone: _____		
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.					
3. ASBESTOS CONTRACTOR NAME:			ID#: _____		
Address: _____		City: _____	State: _____ Zip: _____		
Contact: _____		Phone: _____			
4. DEMOLITION CONTRACTOR NAME:					
Address: _____		City: _____	State: _____ Zip: _____		
Contact: _____		Phone: _____			
5. ABATEMENT INFORMATION:		Is Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:					
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:					
6. Quantities:					
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II	TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):					
Surface Area (Sq. Ft.):					
Volume (Cu. Ft.):					
<i>Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.</i>					
7. ABATEMENT START DATE:		Finish Date: _____	Work hours: _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
AND/OR DEMOLITION START DATE:		Finish Date: _____	Work hours: _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Working Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.</i>					

8. PROJECT DESIGNER ID#: 100- Name: _____
 Complete Project Designer Name and License ID# if this project was designed by a Designer.

9. INSPECTOR ID#: 100- Name: _____
Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.

10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS

Name of Analytical Testing Laboratory: _____

11. ASBESTOS PROJECT MANAGER ID#: 100- Name: _____

12. AIR SAMPLING PROFESSIONAL ID#: 100- Name: _____

13. DISPOSAL SITE/LANDFILL NAME: _____
 Address: _____ Contact: _____
 City: _____ State: _____ Zip: _____ Phone: _____

14. WASTE TRANSPORTER/NAME: _____
 Address: _____ Contact: _____
 City: _____ State: _____ Zip: _____ Phone: _____

15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? Yes No
(If yes, a signed copy of Order must be attached.)
 Government representative ordering the activity: _____
 Title: _____ Date of Order: _____ Order Demolition Date: _____

16. FOR EMERGENCY RENOVATION:
 Date and hour of emergency (mm/dd/yy): _____ AM PM
 Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.

17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.

I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.

CERTIFICATE # _____ **NAME OF TRAINING COURSE** _____
 I certify the above information is correct. *Antigo Puroin* 5/30/2018
Signature of Demolition/Abatement Contractor or the Owner **Date**

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).
Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.

For Cook County Departmental Use Only.

Date Received CCDEC: _____ Post Mark Date: _____ Input Into Computer: _____
 Inspection Fee Received: _____ Inspection Priority: Top High Low Must be Inspected: _____
 Date(s) of Inspections: _____
 Inspection Report Attached: Yes No Violation Copies Attached: Yes No

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 <p>Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee</p>	 <p>Submit this form to the appropriate agencies:</p>	 <p>IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)</p>
 <p>IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)</p>	 <p>Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</p>	<p>Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities. \$600.00</p>

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA (\$150) Attach Illinois E-Pay receipt if paid electronically.

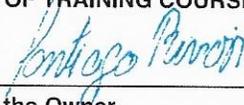
Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq./ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago): All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County (\$200). A Cook County Revision Form must be used to cancel an asbestos permit.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.ienconnect.com/enviro

Date: 6/07/2018		Illinois E-Pay Authorization Code (IEPA Only):				
TYPE OF NOTIFICATION: <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input checked="" type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual						
Check Type of Project Below: <i>(Check all that apply.)</i>						
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input checked="" type="checkbox"/> Commercial Public Building (Friable & Non-Friable)						
Revised by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer #of times revised: 2 List Section #'s being revised: 1 and 2						
1. FACILITY INFORMATION:						
Facility name: Crawford Generation Plant			School Bldg ID:			
Location of Asbestos Containing Material (ACM) in Structure: Boiler Room, basement of turbine room. Bsmt - 8th Floor						
Bldg Size:	Sq.Ft.:	#Flrs: 8	Age: 1926	Present Use: Industrial		
Prior Use: Industrial			Future Use (demo)			
Address: 3501 S Pulaski Rd		City: Chicago		County: Cook	Zip: 60623	
Contact: John Tschantz			Phone: (847) 501-0843			
2. FACILITY OWNER OR SCHOOL DISTRICT: <i>(Tip: Complete for all projects Commercial/Public or Schools)</i>						
Facility Owner Name: HRC Crawford LLC.			Address: 5 Revere Dr.			
City: Northbrook		State: IL	Zip: 60062	Contact: John Tschantz Phone: (847) 501-0843		
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.						
3. ASBESTOS CONTRACTOR NAME: BB Construction Enterprise				ID#: 500-0676		
Address: 1821 W 51st St.		City: Chicago		State: IL	Zip: 60609	
Contact: Santiago Rivoir			Phone: (773) 436-9830			
4. DEMOLITION CONTRACTOR NAME:						
Address:		City:		State:	Zip:	
Contact:			Phone:			
5. ABATEMENT INFORMATION: Is Asbestos Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:						
119,600 SF of TSI from Switch house, turbine RM, boiler RM, & crib house. Remove 850 SF Duct Insulation from 4th fl air handler r, boiler rm, boiler house - 2nd Fl locker rm. Remove Boiler insulation: Boiler 5 & 6 4,680 SF, Boiler 7 130,000 SF, boiler 8 157,000 SF. Ash hopper Insulation 9,000 Sf Boiler 8. Condenser Housing Insulation Bsmt Turbine rm 9000 SF.						
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:						
Regulate all work areas. Full enclosure. Adequately wet acm material. Negative air machines. All waste shall be double bagged.						
6. Quantities:						
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II		TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):						
Surface Area (Sq. Ft.):	430,130					430,130
Volume (Cu. Ft.):						
<i>Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.</i>						
7. ABATEMENT START DATE: 06/13/18		Finish Date: 04/15/19		Work hours: 06:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 06:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
AND/OR DEMOLITION START DATE:		Finish Date:		Work hours: 07:00 AM <input type="checkbox"/> PM <input type="checkbox"/> 05:00 AM <input type="checkbox"/> PM <input type="checkbox"/>		
Working Weekends? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.</i>						

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100- 07252		Name: Mathew D. Aigner	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS			
The analytical method used to detect the presence of asbestos is by sampling the suspect area and testing it using polarized light microscopy per EPA protocol			
Name of Analytical Testing Laboratory: EMSL Analytical Inc.			
11. ASBESTOS PROJECT MANAGER ID#: 100- 09827		Name: Julian Ramirez	
12. AIR SAMPLING PROFESSIONAL ID#: 100- 09827		Name: Julian Ramirez	
13. DISPOSAL SITE/LANDFILL NAME: Laraway Recycling and Disposal Facility			
Address: 2133 W Laraway Road		Contact: Doug Hopkins	
City: Joliet	State: IL	Zip: 60436	Phone: 866-909-4458
14. WASTE TRANSPORTER/NAME: Homewood Disposal Service Inc.			
Address: 1501 175th ST		Contact: Greg Piersma	
City: Homewood	State: IL	Zip: 60430	Phone: 708-332-0273
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.			
Work will stop, acm adequately wet, HEPA Vac as needed, full enclosure as needed.			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # <u>1403CSr18</u>		NAME OF TRAINING COURSE <u>Asbestos Supervisor Refresher</u>	
I certify the above information is correct.			
		<u>06-7-2018</u>	
Signature of Demolition/Abatement Contractor or the Owner		Date	
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
For Cook County Departmental Use Only.			
Date Received CCDEC:		Post Mark Date:	
Inspection Fee Received:		Input Into Computer:	
Date(s) of Inspections:		Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Must be Inspected:	
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 <p>Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee</p>	 <p>Submit this form to the appropriate agencies:</p>	 <p>IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)</p>
 <p>IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)</p>	 <p>Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604</p>	<p>Fees apply as follows: Residential Unit with less than 4 units... \$300.00** Residential Units with 4 units or more... \$450.00 Commercial/Industrial facilities... \$600.00</p> <p><small>** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</small></p>