



PO Box – E * Pawtucket, RI * Office (401)-727-4941 *
Email: emeryenvironmental@icloud.com

ASBESTOS ABATEMENT SPECIFICATION BATHROOM RENOVATION PROJECT

PROJECT LOCATION:

PAWTUCKET HOUSING AUTHORITY
KENNEDY MANOR
175 BROAD STREET
PAWTUCKET, RI. 02860

CLIENT:

MS. ALISSA STIPA
CAPITAL PROJECTS COORDINATOR
PAWTUCKET HOUSING AUTHORITY
KENNEDY MANOR
175 BROAD ST
PAWTUCKET, RI 02862-1303

REPORT PREPARED BY.

MR. PATRICK A. EMERY
EMERY ENVIRONMENTAL ASSOCIATES
P.O. BOX - E
PAWTUCKET, RI 02861

A handwritten signature in black ink, appearing to read "Patrick A. Emery", is written over a light blue rectangular background.

DATE: 1.31.2026

PATRICK A. EMERY
RIDOH: ASB. PROJECT DESIGNER– AI0505

EEA PROJECT #: 260122-A / 260130-A

***Environmental Consulting and Mitigation Contractors
Lead Paint * Asbestos * Mold * Indoor Air Quality***

TABLE OF CONTENTS

***APPENDIX – A: ASBESTOS ABATEMENT SPECIFICATION /
RIDOH ASB-16, ASB-16A & ASB-16B ASBESTOS
ABATEMENT APPLICATION FORMS***

APPENDIX – B: ANALYTICAL SAMPLE RESULTS

APPENDIX – C: ASBESTOS CONSULTANT LICENSURE

APPENDIX – D: ASBESTOS TESTING LABORATORY LICENSURE

APPENDIX – E: ASBESTOS PROJECT DRAWING(S)

APPENDIX – A:

***ASBESTOS ABATEMENT SPECIFICATION /
RIDOH ASB-16, ASB-16A & ASB-16B ASBESTOS
ABATEMENT APPLICATION FORMS***

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

HOUSING AUTHORITY OF
THE CITY OF PAWTUCKET, RI

2. Application Prepared By:

MR. PATRICK A. EMERY

R.I. Certification No. AAC-505 PD

Telephone No.: (401)-641-0074
(Area Code, No., Ext.)

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

Street: 214 ROOSEVELT AVE.

City/Town: PAWTUCKET

Zip: 02860

Telephone No.: 401-721-6000
(Area Code, No., Ext.)

4. Person to be contacted regarding this application:

Name: MS. ALISSA STIPA

Telephone No.: 401-721-6044
(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name: (if applicable) KENNEDY MANOR

Street: 175 BROAD STREET

City/Town: PAWTUCKET ZIP: 02860

6. Is this application being submitted in response to a "Notice of Requirement to Submit an Asbestos Abatement Plan"?

() YES (X) NO

If yes, what is the due date for submittal of Abatement Plan? _____
(Mo.) (Day) (Yr.)

Evaluation Number on the Notice: _____

7. Contractor who will be performing abatement work (if selected):

Name: TO BE SELECTED R.I. License No.: LAC-_____

8. Estimated Starting Date of Abatement Work: 3 1 2026
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: 3 1 2027
(Month) (Day) (Year)

10. Type of Asbestos Abatement: (Check all that apply)

- Removal Enclosure
 Encapsulation Demolition
 Operations and Maintenance Only
 Other: (Specify) _____

11. Type of Building: School
 Privately Owned Building
 Publicly Owned Building
 Residence
 Other: (Specify) Public Housing

12. Building Access: Public Access ($\geq 25\%$ of Building Area)
 Limited Public Access (< 25 % of Building Area)
 No Public Access

13. Bulk Sample Collection and Analysis:

A. Person collecting bulk samples:

Name: PATRICK EMERY R.I. Certification No.: AAC- 00505

B. Sampling Methodology:

- EPA AHERA Sampling Requirements (40 CFR 763.86).
 EPA's Asbestos Containing Material in School Buildings: A Guidance Document (EPA-450/2-78-014) or
Guidance for Controlling Asbestos Containing Materials - 1985 Edition (EPA-560/5-85-024).
 Other (Specify) _____

C. Laboratory performing the analysis of the bulk samples:

Name: ASBESTOS IDENTIFICATION LAB R.I. Certification No.: PLM00121

D. Analytical Methodology:

- EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples (PLM method only).
 Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis:

A. Person collecting pre-abatement air samples:

Name: _____ Affiliation: ***EMERY ENVIRONMENTAL ASSOCIATES***

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

Name: ***EMERY ENVIRONMENTAL ASSOC.*** R.I. Certification No.: ***PCM00146***

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

NIOSH Method 7400 (Most Current Revision)

OSHA 29 CFR 1926.58 - Appendix A & B

Other (Specify) _____

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

TO BE PROVIDED BY CONTRACTOR

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

TO BE PROVIDED BY CONTRACTOR

16. Person designated as compliance monitor for abatement work. **(NOT REQUIRED)**

Name: _____

Affiliation: ***EMERY ENVIRONMENTAL ASSOCIATES***

17. In-Process & Clearance Air Sampling: ***(SEE ATTACHMENT #1)***

A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.

B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.

C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.

D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded during final clearance testing.

18. A separate and fully completed Form ASB-16A must be submitted for each area to be abated. List below the entry in Item 1 from each attached ASB-16A.

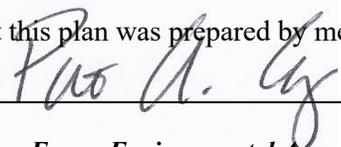
- CONTROL AREA - #1 / INTERIOR - FLOOR - A / UNIT # A12 BATHROOM**
- CONTROL AREA - #2 / INTERIOR - FLOOR - A / UNIT # A13 BATHROOM**
- CONTROL AREA - #3 / INTERIOR - FLOOR - B / UNIT # B12 BATHROOM**
- CONTROL AREA - #4 / INTERIOR - FLOOR - B / UNIT # B13 BATHROOM**
- CONTROL AREA - #5 / INTERIOR - FLOOR - C / UNIT # C12 BATHROOM**
- CONTROL AREA - #6 / INTERIOR - FLOOR - C / UNIT # C13 BATHROOM**
- CONTROL AREA - #7 / INTERIOR - FLOOR - D / UNIT # D12 BATHROOM**
- CONTROL AREA - #8 / INTERIOR - FLOOR - D / UNIT # D13 BATHROOM**
- CONTROL AREA - #9 / INTERIOR - FLOOR - E / UNIT # E12 BATHROOM**
- CONTROL AREA - #10 / INTERIOR - FLOOR - E / UNIT # E13 BATHROOM**
- CONTROL AREA - #11 / INTERIOR - FLOOR - F / UNIT # F12 BATHROOM**
- CONTROL AREA - #12 / INTERIOR - FLOOR - F / UNIT # F13 BATHROOM**
- CONTROL AREA - #13 / INTERIOR - FLOOR - G / UNIT # G12 BATHROOM**
- CONTROL AREA - #14 / INTERIOR - FLOOR - G / UNIT # G13 BATHROOM**
- CONTROL AREA - #15 / INTERIOR - FLOOR - H / UNIT # H12 BATHROOM**
- CONTROL AREA - #16 / INTERIOR - FLOOR - H / UNIT # H13 BATHROOM**

- CONTROL AREA - #17 / INTERIOR - FLOOR - A / UNIT # A14 BATHROOM**
- CONTROL AREA - #18 / INTERIOR - FLOOR - A / UNIT # A15 BATHROOM**
- CONTROL AREA - #19 / INTERIOR - FLOOR - B / UNIT # B14 BATHROOM**
- CONTROL AREA - #20 / INTERIOR - FLOOR - B / UNIT # B15 BATHROOM**
- CONTROL AREA - #21 / INTERIOR - FLOOR - C / UNIT # C14 BATHROOM**
- CONTROL AREA - #22 / INTERIOR - FLOOR - C / UNIT # C15 BATHROOM**
- CONTROL AREA - #23 / INTERIOR - FLOOR - D / UNIT # D14 BATHROOM**
- CONTROL AREA - #24 / INTERIOR - FLOOR - D / UNIT # D15 BATHROOM**
- CONTROL AREA - #25 / INTERIOR - FLOOR - D / UNIT # D18 BATHROOM**
- CONTROL AREA - #26 / INTERIOR - FLOOR - D / UNIT # D19 BATHROOM**

NOTE: SEE PROJECT DRAWINGS – ATTACHED / APPENDIX - E

CONSULTANT CERTIFICATION

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

Signature:  Date: 1 / 31 / 2026
 (Month) (Day) (Year)

Affiliation: Emery Environmental Associates

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- Operations & Maintenance Only \$ 75
- Up to One (1) NESHAP Unit \$ 75
- Between One (1) & Ten (10) NESHAP Units \$ 300
- Between Ten (10) & Fifty (50) NESHAP Units \$ 600
- Over Fifty (50) NESHAP Units \$ 900
- AMENDMENT FEE \$ 150

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #1 / INTERIOR - FLOOR - A / UNIT #A12 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) PROPOSED REMEDIES: (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
 YES NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

YES NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

YES NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

YES NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #2 / INTERIOR - FLOOR - A / UNIT #A13 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) PROPOSED REMEDIES: (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
 YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
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- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES (X) NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES (X) NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

(X) YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

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APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #3 / INTERIOR - FLOOR - B / UNIT #B12 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

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APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
(X) YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
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- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?
() YES (X) NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

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SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

CONTROL AREA - #4 / INTERIOR - FLOOR - B / UNIT #B13 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

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APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
(X) YES () NO

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: *KENNEDY MANOR*
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #5 / INTERIOR - FLOOR - C / UNIT #C12 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

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SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

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- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #6 / INTERIOR - FLOOR - C / UNIT #C13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #7 / INTERIOR - FLOOR - D / UNIT #D12 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
(X) YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES (X) NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES (X) NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

(X) YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #8 / INTERIOR - FLOOR - D / UNIT #D13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #9 / INTERIOR - FLOOR - E / UNIT #E12 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #10 / INTERIOR - FLOOR - E / UNIT #E13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #11 / INTERIOR - FLOOR – F / UNIT #F12 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX – E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #12 / INTERIOR - FLOOR - F / UNIT #F13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #13 / INTERIOR - FLOOR - G / UNIT #G12 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #14 / INTERIOR - FLOOR - G / UNIT #G13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #15 / INTERIOR - FLOOR - H / UNIT #H12 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #16 / INTERIOR - FLOOR - H / UNIT #H13 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #17 / INTERIOR - FLOOR – A / UNIT #A14 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX – E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #18 / INTERIOR - FLOOR - A / UNIT #A15 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: *KENNEDY MANOR*
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #19 / INTERIOR - FLOOR - B / UNIT #B14 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #20 / INTERIOR - FLOOR - B / UNIT #B15 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #21 / INTERIOR - FLOOR - C / UNIT #C14 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #22 / INTERIOR - FLOOR - C / UNIT #C15 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #23 / INTERIOR - FLOOR - D / UNIT #D14 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

F) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

G) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

H) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**

175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #24 / INTERIOR - FLOOR - D / UNIT #D15 BATHROOM

(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING

APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)

B.8.2 & B.8.4 (ENCAPSULATION): _____

B.8.2 & B.8.5 (ENCLOSURE): _____

B.8.6 (DEMOLITION): _____

B.8.7 (GLOVEBAG): _____

B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: **KENNEDY MANOR**
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #25 / INTERIOR - FLOOR – D / UNIT #D18 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX – E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Division of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: *KENNEDY MANOR*
175 BROAD STREET; PAWTUCKET, RI 02860

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

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

CONTROL AREA - #26 / INTERIOR - FLOOR - D / UNIT #D19 BATHROOM
(SEE ATTACHMENT #2 & ATTACHED DRAWINGS FOR EXACT LOCATIONS)

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

SEE ATTACHMENT #2

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. If the location of the decontamination chamber is known, it should be so indicated on the appropriate drawing(s).

SEE PROJECT DRAWING
APPENDIX - E (ATTACHED)

(4) **PROPOSED REMEDIES:**

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

SEE ATTACHMENT #3

(4) **PROPOSED REMEDIES:** (Cont.)

B) Will any portion of this area be abated by use of B.8 work procedures?
() YES () NO

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

- B.8.2 & B.8.3 (REMOVAL): THE ASBESTOS CONTRACTOR SHALL BE REQUIRED TO ABATE ALL ASBESTOS CONTAINING MATERIALS AS DEFINED WITHIN ATTACHMENT – 2 OF THE ATTACHED SPECIFICATION. ALL ASBESTOS REMOVAL OPERATIONS MUST BE CONDUCTED IN ACCORDANCE WITH THE WORK REQUIREMENTS OF SECTIONS 1.14.2 & 1.14.3 OF THE CURRENT RIDOH ASBESTOS CONTROL REGULATIONS, IN ADDITION TO ALL APPLICABLE WORK REQUIREMENTS AS DEFINED WITHIN ATTACHMENTS #1 - #4 (ATTACHED)
- B.8.2 & B.8.4 (ENCAPSULATION): _____
- B.8.2 & B.8.5 (ENCLOSURE): _____
- B.8.6 (DEMOLITION): _____
- B.8.7 (GLOVEBAG): _____
- B.8.8 (ASPHALT ROOFING): _____

C) Are you requesting any waivers to the above selected B.8 procedures for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D) Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

() YES () NO

If Yes, attach a detailed description of the alternative procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E) Will any **accessible** RACM remain in this structure after abatement?

() YES () NO

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

All remaining ACM within this area and the entire structure at the completion of the project shall be maintained by the building owner in accordance with a site specific O&M plan as developed by the building owner.

AGENCY USE ONLY

ATTACHMENT # 1

IN-PROCESS AIR MONITORING / CONTROL AREAS #1 - #26:

During the scheduled abatement operations, the building owner's asbestos consultant will collect air sample(s) outside the asbestos control area, periodically for the duration of the asbestos removal project. The compliance air samples shall be collected at random locations adjacent to the control areas (i.e., control area barriers or where the project representative determines, during the performance of the project.

If there is a deviation in proper procedures on the part of the asbestos abatement contractor during the set-up, the removal of the final clean up, the selected project monitor shall be notified immediately. These deviations include inadequate on-site paperwork, deviations in outlined work procedures, or if compliance air sampling outside the work area indicate fiber concentrations in excess of 0.01 f/cc, the on-site project monitor shall determine the extent of the contamination, and the asbestos abatement contractor shall be responsible for extending containment / control area to include the containment and initiating the cleanup.

CLEARANCE AIR MONITORING REQUIREMENTS / INTERIOR: CONTROL AREAS #1 - #26:

A visual clearance inspection within the asbestos abatement work area(s) shall be performed prior to the performance of clearance air sampling. The visual inspection will include an inspection of all vertical and horizontal surfaces within the control area, (as applicable). The on-site project monitor shall determine the cleanliness of the work area. After the containment area has passed the on-site project monitors visual clearance inspection(s), the asbestos monitor shall collect the following air samples within the control area:

Upon the successful completion of the visual inspection, the on-site project monitor shall collect an appropriate number of PCM clearance air samples from within each separate containment / control area(s), as determined by the project monitor at the time of the clearance air testing. These samples shall be collected in accordance with the guidelines of the section 1.14.2 P., of the current RIDOH Asbestos Control Regulation [216-RICR-50-15-1].

NOTE: If clearance air monitoring results in fiber concentrations in excess of the criteria as specified within section B.8.2 (p) of the current RIDOH Asbestos Control Regulation [R 23-24.5-ASB], The asbestos abatement contractor shall be responsible for the re-cleaning (i.e., wet-wiping, HEPA vacuuming...etc.) and re-encapsulating of the work area. A period of no fewer 24 hours shall elapse prior to the collection of the next set of clearance samples. This process shall be repeated until the air sample fiber concentrations are equal to or less than 0.01 f/cc.

ATTACHMENT #2 CHART OF ACM:

***NOTE: THE TSI QUANTITY AS REPORTED FOR EACH SEPARATE ASBESTOS CONTROL AREA IS ESTIMATED AS THE ACM MATERIAL IS ENCLOSED INSIDE PIPE UTILITY CHASES + WALLS + CEILING AREAS AT CURRENTLY OCCUPIED RESIDENTIAL UNITS.**

CONTROL AREA #1:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - A / Unit #A12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #2:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - A / Unit #A13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #3:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - B / Unit #B12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #4:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - B / Unit #B13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>



CONTROL AREA #5:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - C / Unit #C12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #6:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - C / Unit #C13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #7:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #8:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #9:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - E / Unit #E12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #10:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - E / Unit #E13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>



CONTROL AREA #11:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - F / Unit #F12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #12:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - F / Unit #F13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #13:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - G / Unit #G12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #14:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - G / Unit #G13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #15:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - H / Unit #H12</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #16:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - H / Unit #H13</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>



CONTROL AREA #17:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - A / Unit #A14</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #18:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - A / Unit #A15</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #19:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - B / Unit #B14</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #20:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - B / Unit #B15</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #21:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - C / Unit #C14</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #22:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - C / Unit #C15</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>



CONTROL AREA #23:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D14</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #24:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D15</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #25:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D18</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

CONTROL AREA #26:			
**LOCATION	*ACM QUANTITY	TYPE / DESCRIPTION OF ACM/PACM MATERIAL(S) TO BE REMOVED.	ASBESTOS CONTENT
<i>Floor - D / Unit #D19</i>	<i>*10 Linear Feet (Estimated)</i>	<i>Thermal Pipe Insulation</i>	<i>30% Chrysotile</i>

ATTACHMENT #3

INTERIM AND ON-GOING OPERATIONS AND MAINTENANCE PROGRAM:

The building owner representatives, maintenance personnel, building staff, outside contracting personnel, and other building occupants have been or will be made aware of the presence, amount, location, and condition, of the asbestos-containing building materials within this area of the building. These people have been or will be educated and advised not to disturb the asbestos-containing materials due to the potential health effects if asbestos fibers become airborne.

EMPLOYEE NOTIFICATIONS:

The building owner as well as outside contractors have been or will be notified as to the presence of asbestos containing building materials within the interior areas of **(Kennedy Manor; 175 Broad Street; Pawtucket, RI)**. All outside contractor(s) will sign a document stating that he has been made aware of the presence and location of the asbestos-containing materials within this areas. Also, the building owner representative(s) are responsible for presenting information to the building occupants of any asbestos abatement activities being conducted. This will be accomplished by posting memo's and/or posting of caution / warning signs at all the entrances to the building during such activities.

ACCIDENTAL DISTURBANCE OF ASBESTOS-CONTAINING MATERIALS:

The building owner was, [at the time of the inspection] made aware of the presence of asbestos materials within the interior and exterior areas of **(Kennedy Manor; 175 Broad Street; Pawtucket, RI)**. Due to the presence of the presumed asbestos-containing materials. The building owner will institute the following procedures in an event of an accidental asbestos fiber release within the building prior to the start of the asbestos abatement project.

If an asbestos-containing material becomes disturbed within the criteria of a minor fiber release (less than 10 linear feet of 25 square feet of ACBM), a trained " R.I. Competent Person" may perform the cleanup, removal, encapsulation, or enclosure abatement activities utilizing spot removal/repair techniques. During these spot abatement techniques, access to the area shall be restricted to only those trained individuals, signs shall be posted, and HVAC (if applicable) shall be shut down and locked out. If a major fiber release occurs(greater than 10 linear feet or 25 square feet of ACM), the clean up, removal, encapsulation, or enclosure abatement activities must be completed by a RI Department of Health (RIDOH) certified asbestos abatement contractor. Regardless of the amount of asbestos to be abated, the effected area must be isolated and entry to the area restricted to only those trained/ certified personnel.

EMPLOYEE TRAINING:

Any employee of the company, firm, agency, or other organization as well as any outside contractor employed by the building owner who, as a consequence of their work activities, disturbs asbestos-containing building materials must be properly trained and certified by the R.I. Department of Health as a "R.I. Competent Person" in accordance with the R.I. Rules and Regulations for Asbestos Control.

ATTACHMENT #4

SPECIFIC WORK REQUIREMENTS:

During the asbestos mitigation operations the selected asbestos contractor shall be responsible for the work to be conducted in accordance with **all** applicable asbestos control regulations: USEPA – AHERA 40 CFR 763, USEPA – NESHAP 40 CFR Part 61, US OSHA 29 CFR 1926.1101 & US OSHA 29 CFR 1910.1001 and the RIDOH Asbestos Control Regulation [216-RICR-50-15-1]. The building owner (Housing Authority of the City of Pawtucket, RI), and/or the selected asbestos consultant (Emery Environmental Associates) will stop the work at any time violations of any asbestos control regulations are observed. In addition to the above referenced asbestos control regulations, the selected asbestos contractor shall be required to comply with the following additional work requirements.

ASBESTOS CONTROL AREAS #1 - #26:

PROJECT SUBMITTALS: Prior to the start of any asbestos work operations, the selected asbestos contractor shall be required to submit copies of the following items for review and approval. **NOTE:** *Additional submittals not requested at this time may be required for submittal and approval in the future.* No asbestos work operations may begin on site until the following items are submitted and approved in writing by the building owner (Housing Authority of the City of Pawtucket, RI and/or Emery Environmental Associates).

1. *Copy of RIDOH 10 day written start work notification for this project,*
2. *Copies of the written notification(s) to the Pawtucket, RI police and fire departments,*
3. *Copy of contractors current insurance certificate,*
4. *Copy of contractor's current written health and safety program,*
5. *Copy of contractors current written asbestos respirator program,*
6. *Copies of MSDS sheet for the polyethylene sheeting, proposed for use,*
7. *Copies of MSDS sheet for the duct tape, proposed for use,*
8. *Copies of MSDS sheet for the final spray encapsulant, proposed for use,*
9. *Copies of MSDS sheet for duct tape, proposed for use,*
10. *Copies of MSDS sheet for protective suits, proposed for use,*
11. *Copy of manufactures efficiency report for each "HEPA vacuum system" proposed for use*
12. *Copies of licensure for the waste landfill, proposed for use,*
13. *Copies of RIDOH Asbestos licensure, training certification, medical information, fit test, First Aid / CPR card(s), for each worker proposed for use on the project site,*
14. *Copies of RIDOH certification for laboratory used to analyze the contractors daily OSHA personal air samples.*

MOVABLE OBJECTS: It is the responsibility of the asbestos contractor to wet clean, HEPA vacuum and remove all moveable non-asbestos objects from the work area prior to the start of any asbestos mitigation operations.

COVERING OF NON-ASBESTOS BUILDING MATERIALS: The asbestos contractor shall be responsible for the covering of all materials, objects within each work area that is not scheduled for asbestos abatement with two (2) layers of polyethylene sheeting. All items scheduled to be covered must be pre-cleaned first using wet-methods and HEPA vacuuming prior to covering. This shall include fiberglass pipe, asbestos pipe insulation, non-asbestos doors, walls, light fixtures, HVAC duct insulation, etc. All items not covered and not decontaminated at the completion of the work shall be considered asbestos contaminated and must be cleaned or disposed of as asbestos containing building material.

NOTE: When covering painted wall surface areas or painted trim the asbestos contractor shall be required to protect these existing painted surface areas with painters tape prior to the use of waterproof tape. Also, the contractor shall be prohibited from using spray adhesives during the installation of the containment system (i.e. wall covering), unless approved by the owner.

COVERING OF CEILING AREA(S): The selected asbestos contractor shall be required to install a ceiling area at each separate area of abatement (asbestos control area). Minimum requirement for the ceiling barrier - is that it must be installed using with at least two (2) layers of four (4) mil polyethylene sheeting, installed in a manner that it creates an air tight seal between the work area and uncontaminated surface areas within the defined asbestos work area and it covers all materials / surface areas not defined for removal as specified in Attachment #2 of this project specification.

NEGATIVE PRESSURE CONTAINMENT REQUIREMENTS: The asbestos abatement contractor shall set-up and maintain negative pressure ventilation units with HEPA filtration, in sufficient number, dependent upon the abatement areas, to provide one (1) work-place air change every fifteen minutes. These units shall operate continuously (24 hours per day) from the time of barrier construction through the time of successful final visual inspection by the building owners selected consultant.

Local exhaust filtered air will be evacuated to the outside of the building at all times away from public access areas and building ventilation intake vents. HEPA filters will be leak proof and the ventilation unit will maintain a minimum pressure differential of -0.02 inches of water column relative to the adjacent areas of the building. Documentation of negative pressure shall be monitored by a manometer with printed reading. A printed reading of the containment pressure reading / "log" documented on a daily basis. The reading shall be dated and referenced to the project location and control area. The manometer readings shall be printed signed by the project supervisor and forwarded to the building owner (Housing Authority of the City of Pawtucket, RI) and/or Emery Environmental Associates on a daily basis. If the printed readings indicate adequate negative pressure has not been maintained. The asbestos contractor shall increase the number of units until proper negative pressure can be established. **NOTE:** If the opening (exterior door, window, skylight, vent, etc.) used to exhaust air from the containment area or interior area of the structure - to the ambient air at the exterior of the structure requires the installation / erection of ridged barriers (i.e. plywood) or any other security measures to protect the structure - as determined applicable by the general contractor or the owner, it shall be the responsibility of the asbestos contractor to provide these security controls at no additional cost to the general contractor, building owners representative or the building owner.

LOCKOUT / TAG OUT: The asbestos contractor shall be responsible for the lock-out / tag-out of any and all gas or electric service and/or equipment operating within the asbestos control area(s). (This shall include electric service within wall and ceiling surface areas, generators, boiler system equipment, hot water heaters, etc.) In addition, the asbestos contractor shall be responsible for the isolation and lock-out / tag-out of all electrical service(s) within the asbestos control area(s).

SMOKE DETECTOR / FIRE DETECTOR PROTECTION DURING WORK OPERATIONS: The selected asbestos contractor shall be responsible for the protection and covering of all fire system alarms, fire system detector(s) and smoke detectors within the area of renovation / during the performance of the project (as applicable by the requirements of this project). Protection must be conducted using methods approved by current RI fire codes.

RESTRICTED USE OF SPRAY GLUE AND PROTECTION OF PAINTED WALLS: The asbestos contractor must take steps to protect any/all painted wall and ceiling surface areas within the work area prior to the establishment of any engineering controls, isolation of critical barriers and/or covering of wall / ceiling surface areas. The owner shall require the asbestos contractor to take steps to protect painted surface areas using a painter / masking tape or a plastic film (or equivalent) and applied to a painted surface area where waterproof tape may be applied on top of the painter or masking tape. In addition, the asbestos contractor shall not apply a spray adhesive directly at or upon a painted surface area within the asbestos control area (at any time). Any damages to the existing painted surface areas upon the completion of the asbestos response action and determined to be caused by tape or spray glue used for the installation of a containment barrier shall be the financial responsibility of the asbestos contractor to be repaired. Final cost(s) for any applicable repair cost(s) shall be determined by the owner.

HOURS OF WORK OPERATION: Standard allowable work time for this project shall be 7:00 – 16:30 Monday – Friday (not including holidays as determined by the owner). Any work planned to be conducted outside of these days / hours shall be allowed only by the owner.

LEAD PAINT /OSHA: All workers coming into contact with the painted walls, ceilings, window frame(s) and door frames(s) shall be required to comply with all worker protection requirements of the current OSHA lead regulation 29 CFR 1926.62.

FINAL CLEANING: The selected contractor shall be responsible for the complete cleaning of all surface areas within the asbestos control area using wet methods and HEPA vacuuming prior to the completion of the project.

POST-ABATEMENT FINAL CLEANING: Upon completion of the project the selected asbestos contractor shall be responsible for the removal of all asbestos contaminated polyethylene sheeting and any associated water proof tape used as part of the containment system. In addition, the contractor shall be responsible for the following:

- *Cleaning of all tape residue from light fixtures, wall / ceiling and floor surface areas,*
- *Removal of any/all tack staples used during the project,*
- *Cleaning of any/all residues left from mastic removal products on floor or wall surface area(s),*
- *Cleaning of any/all paint chips that has been dislodged during the containment removal operations*

REMOVAL OF ASBESTOS THERMAL PIPE INSULATION: It is currently known and/or should be assumed that asbestos thermal insulation has the potential to be present within all existing wall surface areas, ceiling surface areas and utility chases at each apartment unit throughout the Kennedy Manor housing structure. For this Bathroom Renovation project, the selected asbestos contractor shall be responsible for the complete removal of any/all discovered... impact damaged, water damaged or compromised asbestos thermal system insulation (TSI and debris) ... and/or TSI that MAY reasonably become impacted or damaged or may create an asbestos exposure to individuals in execution of current planned building renovation work operations for this project at each separate floor / apartment unit (as defined on the attached ASB-16A forms for each separate asbestos control area #1 - #26). Currently Asbestos TSI is known or assumed to be enclosed within all utility chases (soffits) walls and ceiling areas. The planned removal of asbestos TSI removal may only be conducted only by an entity who is a RIDOH licensed asbestos contractor. Removal of asbestos TSI shall only be conducted using work practices (as defined on the attached ASB-16A forms for each separate asbestos control area #1 - #26) of the current RIDOH asbestos control regulation [216-RICR-50-15-1]. **Removal using work practice in accordance with section 1.15 of the current RIDOH asbestos control regulation [216-RICR-50-15-1], is currently NOT an approved asbestos response action for this project unless approved by the building owners asbestos consultant. The general contractor in charge of this planned renovation must take care when opening any wall, ceiling or utility chase area and should not be allowed to impact ANY enclosed asbestos TSI or existing TSI debris from a compromised / delaminated pipe insulation materials due to water damages and should take steps to avoid impact to this material. (Refer to photographs in Attachment #5 of this specification)**

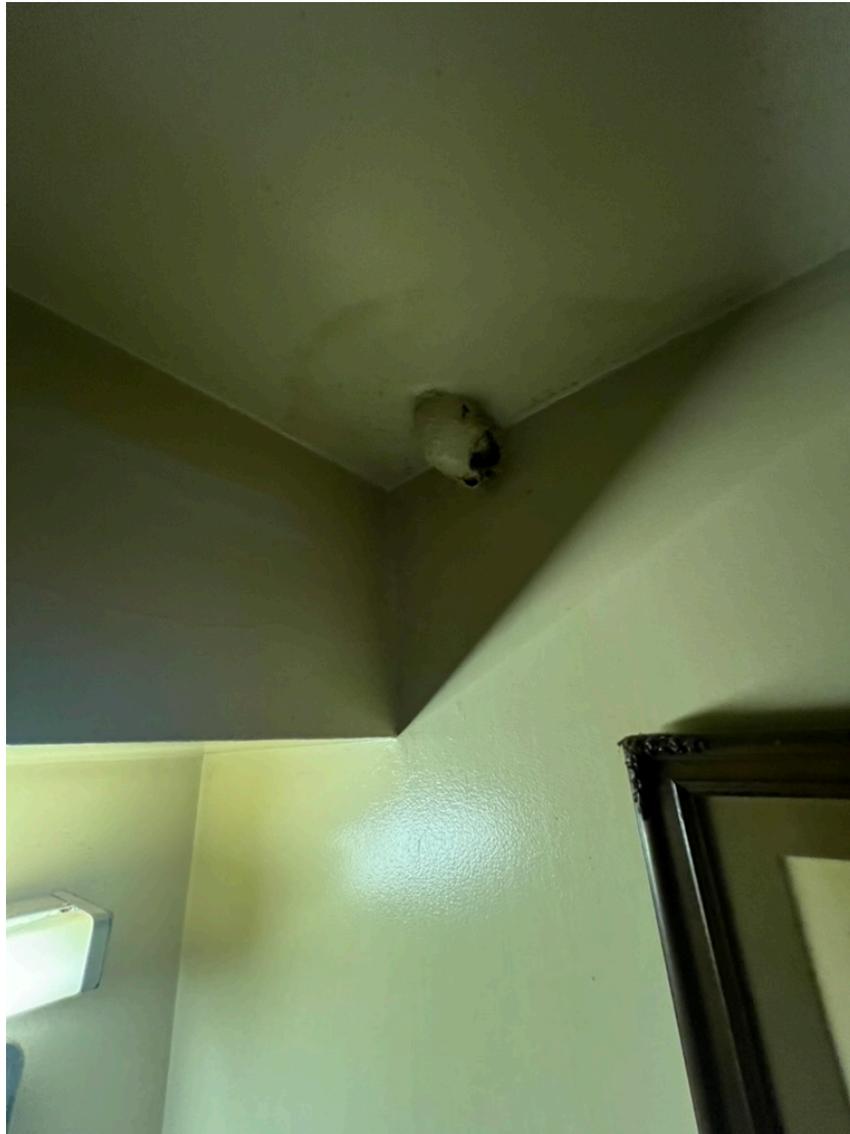
ATTACHMENT #5



Photograph - 1: Photo depicts typical water damage at utility pipe chase / soffit, positioned within each Apartment unit bathroom currently planned for renovation. Condition of water damage vary from unit to unit & floor to floor. Currently it is assumed that asbestos TSI is present within each utility chase (soffit) at each living unit (apartment) planned for renovation, for this project. Condition of TSI material in these utility chases is currently unknown.



Photograph - 2: Photo depicts typical water damage at utility pipe chase / soffit, positioned within each Apartment unit bathroom currently planned for renovation. Condition of water damage vary from unit to unit & floor to floor. Currently it is assumed that asbestos TSI is present within each utility chase (soffit) at each living unit (apartment) planned for renovation, for this project. Condition of TSI material in these utility chases is currently unknown.

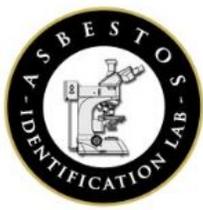


Photograph - 3: Photo depicts the typical location of asbestos pipe insulation within living unit(s) of Kennedy Manor. Position / location and quantity of Asbestos TSI vary from unit to unit & floor to floor. Currently it is assumed that asbestos TSI is present in each utility chase (soffit) at each living unit (apartment) bathroom as planned for renovation.

END OF SPECIFICATION

APPENDIX – B:

ANALYTICAL SAMPLE RESULTS



Asbestos Identification Laboratory

165 New Boston St., Ste 227
Woburn, MA 01801
781-932-9600

Web: www.asbestosidentificationlab.com
Email: mikemanning@asbestosidentificationlab.com



Batch: 260128019

Patrick Emery
Emery Environmental Associates
PO Box- E
Pawtucket, RI 2861

Project Information
260130-A
*PHA - Kennedy Manor -
Handicap Bathroom
Renovation*

*Method: PLM Bulk, EPA 600/R-
93/116*

Dear Patrick Emery,

Asbestos Identification Laboratory has completed the analysis of the samples from your office for the above referenced project. The Analysis Method is PLM Bulk. The information and analysis contained in this report have been generated using the EPA 600/R-93/116 Method for the Determination of Asbestos in Bulk Building Materials. Materials or products that contain more than 1% of any kind or combination of asbestos are considered as asbestos containing building material as determined by the EPA. This Polarized Light Microscope (PLM) technique may be performed either by visual estimation or point counting. Point counting provides a determination of the area percentage of asbestos in a sample. If the asbestos is estimated to be less than 10% by visual estimation of friable material, the determination may be repeated using the point counting technique. The report may not be used by the customer to claim product endorsement by NVLAP or any other U.S. Government Agency.

The EPA recommends you should assume vermiculite contains asbestos and not to disturb it. Airborne asbestos fibers present a health risk through inhalation, so the first step is to not disturb the material, which could release fibers into the air. If you disturb the insulation, you may inhale some asbestos fibers. The degree of health risk depends on how much and how often this occurred. If you choose to remove the vermiculite insulation, this work should be done by a trained and accredited asbestos abatement contractor that is separate and independent from the company that performed the assessment of the vermiculite insulation to avoid any conflict of interest. <https://www.epa.gov/asbestos/my-attic-has-vermiculite-insulation-it-am-i-risk-should-i-take-it-out> | US EPA.

Laboratory results represent the analysis of samples as submitted by the customer. Information regarding sample location, description, area, volume, etc., was provided by the customer. Information provided by the customer can affect the validity of results. Asbestos Identification Laboratory is not responsible for sample collection activities or analytical method limitations. Unless notified in writing to return samples, Asbestos Identification Laboratory discards customer samples after 30 days. Samples containing subsamples or layers will be analyzed separately when applicable. Reports are kept at Asbestos Identification Laboratory for three years. All customer information will be maintained in confidentiality. This report shall not be reproduced, except in full, without the written consent of Asbestos Identification Laboratory.

- NVLAP Lab Code: 200919-0
- Massachusetts Certification License: AA000208
- State of Connecticut, Department of Public Health Approved Environmental Laboratory Registration Number: PH-0142
- State of Maine, Department of Environmental Protection Asbestos Analytical Laboratory License Number: LB-0078(Bulk) LA-0087(Air)
- State of Rhode Island and Providence Plantations. Department of Health Certification: AAL-121
- State of Vermont, Department of Health Environmental Health License AL934461

Thank you Patrick Emery for your business.

Michael Manning
Owner/Director
781-932-9600

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Page 1 of 11

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA1-1	Vinyl Cove Molding Gray	Floor A/Unit #A14 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-001					
260130 HA1-2	Vinyl Cove Molding Gray	Floor A/Unit #A15 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-002					
260130 HA1-3	Vinyl Cove Molding Gray	Floor B/Unit #B14 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-003					
260130 HA1-4	Vinyl Cove Molding Gray	Floor B/Unit #B15 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-004					
260130 HA1-5	Vinyl Cove Molding Gray	Floor C/Unit #C14 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-005					
260130 HA1-6	Vinyl Cove Molding Gray	Floor C/Unit #C15 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-006					
260130 HA1-7	Vinyl Cove Molding Gray	Floor D/Unit #D14 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-007					
260130 HA1-8	Vinyl Cove Molding Gray	Floor D/Unit #D15 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-008					
260130 HA1-9	Vinyl Cove Molding Gray	Floor D/Unit #D18 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-009					
260130 HA1-10	Vinyl Cove Molding Gray	Floor D/Unit #D19 Lav.	Gray	Non-Fibrous 100	None Detected
260128019-010					
260130 HA2-1	Vinyl Cove Molding Glue	Floor A/Unit #A14 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-011					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA2-2	Vinyl Cove Molding Glue	Floor A/Unit #A15 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-012					
260130 HA2-3	Vinyl Cove Molding Glue	Floor B/Unit #B14 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-013					
260130 HA2-4	Vinyl Cove Molding Glue	Floor B/Unit #B15 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-014					
260130 HA2-5	Vinyl Cove Molding Glue	Floor C/Unit #C14 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-015					
260130 HA2-6	Vinyl Cove Molding Glue	Floor C/Unit #C15 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-016					
260130 HA2-7	Vinyl Cove Molding Glue	Floor D/Unit #D14 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-017					
260130 HA2-8	Vinyl Cove Molding Glue	Floor D/Unit #D15 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-018					
260130 HA2-9	Vinyl Cove Molding Glue	Floor D/Unit #D18 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-019					
260130 HA2-10	Vinyl Cove Molding Glue	Floor D/Unit #D19 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-020					
260130 HA3-1	GWB	Floor A/Unit #A14 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-021					
260130 HA3-2	GWB	Floor A/Unit #A15 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-022					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA3-3	GWB	Floor B/Unit #B14 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-023					
260130 HA3-4	GWB	Floor B/Unit #B15 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-024					
260130 HA3-5	GWB	Floor C/Unit #C14 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-025					
260130 HA3-6	GWB	Floor C/Unit #C15 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-026					
260130 HA3-7	GWB	Floor D/Unit #D14 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-027					
260130 HA3-8	GWB	Floor D/Unit #D15 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-028					
260130 HA3-9	GWB	Floor D/Unit #D18 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-029					
260130 HA3-10	GWB	Floor D/Unit #D19 Lav.	Gray	Cellulose 10 Non-Fibrous 90	None Detected
260128019-030					
260130 HA4-1	Joint Compound	Floor A/Unit #A14 Lav.	White	Non-Fibrous 100	None Detected
260128019-031					
260130 HA4-2	Joint Compound	Floor A/Unit #A15 Lav.	White	Non-Fibrous 100	None Detected
260128019-032					
260130 HA4-3	Joint Compound	Floor B/Unit #B14 Lav.	White	Non-Fibrous 100	None Detected
260128019-033					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

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 Elaina Maxwell

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Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA4-4	Joint Compound	Floor B/Unit #B15 Lav.	White	Non-Fibrous 100	None Detected
260128019-034					
260130 HA4-5	Joint Compound	Floor C/Unit #C14 Lav.	White	Non-Fibrous 100	None Detected
260128019-035					
260130 HA4-6	Joint Compound	Floor C/Unit #C15 Lav.	White	Non-Fibrous 100	None Detected
260128019-036					
260130 HA4-7	Joint Compound	Floor D/Unit #D14 Lav.	White	Non-Fibrous 100	None Detected
260128019-037					
260130 HA4-8	Joint Compound	Floor D/Unit #D15 Lav.	White	Non-Fibrous 100	None Detected
260128019-038					
260130 HA4-9	Joint Compound	Floor D/Unit #D18 Lav.	White	Non-Fibrous 100	None Detected
260128019-039					
260130 HA4-10	Joint Compound	Floor D/Unit #D19 Lav.	White	Non-Fibrous 100	None Detected
260128019-040					
260130 HA5-1	1x1 VCT (White w/ Gray)	Floor A/Unit #A14 Lav.	Multi	Non-Fibrous 100	None Detected
260128019-041					
260130 HA5-2	1x1 VCT (White w/ Gray)	Floor A/Unit #A15 Lav.	Multi	Non-Fibrous 100	None Detected
260128019-042					
260130 HA5-3	1x1 VCT (White w/ Gray)	Floor B/Unit #B14 Lav.	Multi	Non-Fibrous 100	None Detected
260128019-043					
260130 HA5-4	1x1 VCT (White w/ Gray)	Floor B/Unit #B15 Lav.	Multi	Non-Fibrous 100	None Detected
260128019-044					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA5-5 260128019-045	1x1 VCT (White w/ Gray)	Floor C/Unit #C14 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA5-6 260128019-046	1x1 VCT (White w/ Gray)	Floor C/Unit #C15 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA5-7 260128019-047	1x1 VCT (White w/ Gray)	Floor D/Unit #D14 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA5-8 260128019-048	1x1 VCT (White w/ Gray)	Floor D/Unit #D15 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA5-9 260128019-049	1x1 VCT (White w/ Gray)	Floor D/Unit #D18 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA5-10 260128019-050	1x1 VCT (White w/ Gray)	Floor D/Unit #D19 Lav.	Multi	Non-Fibrous 100	None Detected
260130 HA6-1 260128019-051	1x1 VCT Glue Black	Floor A/Unit #A14 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-2 260128019-052	1x1 VCT Glue Black	Floor A/Unit #A15 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-3 260128019-053	1x1 VCT Glue Black	Floor B/Unit #B14 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-4 260128019-054	1x1 VCT Glue Black	Floor B/Unit #B15 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-5 260128019-055	1x1 VCT Glue Black	Floor C/Unit #C14 Lav.	Black	Non-Fibrous 100	None Detected

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA6-6 260128019-056	1x1 VCT Glue Black	Floor C/Unit #C15 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-7 260128019-057	1x1 VCT Glue Black	Floor D/Unit #D14 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-8 260128019-058	1x1 VCT Glue Black	Floor D/Unit #D15 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-9 260128019-059	1x1 VCT Glue Black	Floor D/Unit #D18 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA6-10 260128019-060	1x1 VCT Glue Black	Floor D/Unit #D19 Lav.	Black	Non-Fibrous 100	None Detected
260130 HA7-1 260128019-061	Stone Wall Tile White	Floor A/Unit #A14 Lav.	White	Non-Fibrous 100	None Detected
260130 HA7-2 260128019-062	Stone Wall Tile White	Floor A/Unit #A15 Lav.			Not submitted
260130 HA7-3 260128019-063	Stone Wall Tile White	Floor B/Unit #B14 Lav.	White	Non-Fibrous 100	None Detected
260130 HA7-4 260128019-064	Stone Wall Tile White	Floor B/Unit #B15 Lav.	White	Non-Fibrous 100	None Detected
260130 HA7-5 260128019-065	Stone Wall Tile White	Floor C/Unit #C14 Lav.	White	Non-Fibrous 100	None Detected
260130 HA7-6 260128019-066	Stone Wall Tile White	Floor C/Unit #C15 Lav.	White	Non-Fibrous 100	None Detected

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA7-7	Stone Wall Tile White	Floor D/Unit #D14 Lav.	White	Non-Fibrous 100	None Detected
260128019-067					
260130 HA7-8	Stone Wall Tile White	Floor D/Unit #D15 Lav.	White	Non-Fibrous 100	None Detected
260128019-068					
260130 HA7-9	Stone Wall Tile White	Floor D/Unit #D18 Lav.	White	Non-Fibrous 100	None Detected
260128019-069					
260130 HA7-10	Stone Wall Tile White	Floor D/Unit #D19 Lav.	White	Non-Fibrous 100	None Detected
260128019-070					
260130 HA8-1	Unsanded Grout @ Wall Tile White	Floor A/Unit #A14 Lav.	White	Non-Fibrous 100	None Detected
260128019-071					
260130 HA8-2	Unsanded Grout @ Wall Tile White	Floor A/Unit #A15 Lav.			Not submitted
260128019-072					
260130 HA8-3	Unsanded Grout @ Wall Tile White	Floor B/Unit #B14 Lav.	White	Non-Fibrous 100	None Detected
260128019-073					
260130 HA8-4	Unsanded Grout @ Wall Tile White	Floor B/Unit #B15 Lav.	White	Non-Fibrous 100	None Detected
260128019-074					
260130 HA8-5	Unsanded Grout @ Wall Tile White	Floor C/Unit #C14 Lav.	White	Non-Fibrous 100	None Detected
260128019-075					
260130 HA8-6	Unsanded Grout @ Wall Tile White	Floor C/Unit #C15 Lav.	White	Non-Fibrous 100	None Detected
260128019-076					
260130 HA8-7	Unsanded Grout @ Wall Tile White	Floor D/Unit #D14 Lav.	White	Non-Fibrous 100	None Detected
260128019-077					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA8-8 260128019-078	Unsanded Grout @ Wall Tile White	Floor D/Unit #D15 Lav.	White	Non-Fibrous 100	None Detected
260130 HA8-9 260128019-079	Unsanded Grout @ Wall Tile	Floor D/Unit #D18 Lav.	White	Non-Fibrous 100	None Detected
260130 HA8-10 260128019-080	Unsanded Grout @ Wall Tile	Floor D/Unit #D19 Lav.	White	Non-Fibrous 100	None Detected
260130 HA9-1 260128019-081	Tan Glue @ Wall Tile	Floor A/Unit #A14 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-2 260128019-082	Tan Glue @ Wall Tile	Floor A/Unit #A15 Lav.			Not submitted
260130 HA9-3 260128019-083	Tan Glue @ Wall Tile	Floor B/Unit #B14 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-4 260128019-084	Tan Glue @ Wall Tile	Floor B/Unit #B15 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-5 260128019-085	Tan Glue @ Wall Tile	Floor C/Unit #C14 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-6 260128019-086	Tan Glue @ Wall Tile	Floor C/Unit #C15 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-7 260128019-087	Tan Glue @ Wall Tile	Floor D/Unit #D14 Lav.	Tan	Non-Fibrous 100	None Detected
260130 HA9-8 260128019-088	Tan Glue @ Wall Tile	Floor D/Unit #D15 Lav.	Tan	Non-Fibrous 100	None Detected

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA9-9	Tan Glue @ Wall Tile	Floor D/Unit #D18 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-089					
260130 HA9-10	Tan Glue @ Wall Tile	Floor D/Unit #D19 Lav.	Tan	Non-Fibrous 100	None Detected
260128019-090					
260130 HA10-1	1x1 VCT Green	Unit B25 Lav.			Not submitted
260128019-091					
260130 HA11-1	VCT Pink 2nd Layer	Floor B/Unit B25 Lav Clo	Pink	Non-Fibrous 98	Detected Chrysotile 2
260128019-092					
260130 HA11-2	VCT Pink 2nd Layer	Floor B/Unit B25 Lav			Not analyzed
260128019-093					
260130 HA12-1	Black Glue @ HA11-1	Floor B/Unit B25 Lav	Black	Non-Fibrous 100	None Detected
260128019-094					
260130 HA12-2	Black Glue @ HA11-2	Floor B/Unit B25 Lav Clo	Black	Non-Fibrous 100	None Detected
260128019-095					
260130 HA13-1	White-Tan Plaster @ Ceiling (Concrete)	Ceiling @ Unit B25 Lav	White	Non-Fibrous 100	None Detected
260128019-096					
260130 HA13-2	White-Tan Plaster @ Ceiling (Concrete)	Floor B Unit #B25 @ Lav	White	Non-Fibrous 100	None Detected
260128019-097					
260130 HA13-3	White-Tan Plaster @ Ceiling (Concrete)	Floor B Unit #B25 @ Lav	White	Non-Fibrous 100	None Detected
260128019-098					
260130 HA13-4	White-Tan Plaster @ Ceiling (Concrete)	Floor B Unit #B25 @ Bedroom Adj. to Lav	White	Non-Fibrous 100	None Detected
260128019-099					

Sampled: January 27, 2026

Received: January 28, 2026

Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Page 10 of 11

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260130 HA13-5 260128019-100	White-Tan Plaster @ Ceiling (Concrete)	Floor A Hallway - Ceiling @ Unit A13	White	Non-Fibrous 100	None Detected
260130 HA13-6 260128019-101	White-Tan Plaster @ Ceiling (Concrete)	Floor C Hallway - Ceiling @ Unit C12	White	Non-Fibrous 100	None Detected
260130 HA13-7 260128019-102	White-Tan Plaster @ Ceiling (Concrete)	Floor D Hallway - Ceiling @ Unit D12	Multi	Non-Fibrous 100	None Detected
260130 HA13-8 260128019-103	White-Tan Plaster @ Ceiling (Concrete)	Floor E Hallway - Ceiling @ Unit E12	Multi	Non-Fibrous 100	None Detected
260130 HA13-9 260128019-104	White-Tan Plaster @ Ceiling (Concrete)	Floor F Hallway - Ceiling @ Unit F12	Multi	Non-Fibrous 100	None Detected
260130 HA13-10 260128019-105	White-Tan Plaster @ Ceiling (Concrete)	Floor G Hallway - Ceiling @ Unit G12	Multi	Non-Fibrous 100	None Detected
260130 HA14-1 260128019-106	2x2 Ceiling Tile w/ Recess	Floor B/ Unit B25 @ Lav	Gray	Fiberglass 40 Cellulose 40 Non-Fibrous 20	None Detected
260130 HA14-2 260128019-107	2x2 Ceiling Tile w/ Recess	Floor B/ Unit B25 @ Lav	Gray	Fiberglass 40 Cellulose 40 Non-Fibrous 20	None Detected
260130 HA 260128019-108	Joint Compound	Floor B/ Unit B25 @ Lav	White	Non-Fibrous 100	None Detected
260130 HA 260128019-109	Joint Compound	Floor B/ Unit B25 @ Lav	White	Non-Fibrous 100	None Detected

Sampled: January 27, 2026

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Analyzed: 01/28/2026

Report Date: January 29, 2026

Analyzed by:
 Elaina Maxwell

Elaina Maxwell

Batch: 260128019

Page 11 of 11

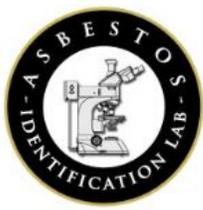
Lab ID# (Batch #) Proceeds all Lab IDs		Temp in Celsius =	Stereomicroscope					Optical Properties							Non-Asbestos Percentage (%)										
Field ID/ (Client Reference)	Material / Location		% of Asbestos	Color	Homogeneity	Texture	Friable								RI										
								Asbestos Minerals	Asbestos %	Morphology	Extinction	Sign of Elongation	Birefringence	Pleochroism		⊥	Fiberglass	Mineral Wool	Cellulose	Hair	Synthetic	Other	Non-Fibrous		
026	260130 HA3-6							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																	
025	260130 HA3-5							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																	
024	260130 HA3-4							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																	
023	260130 HA3-3							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																	
022	260130 HA3-2							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																	

Lab ID# (Batch # Proceeds all Lab IDs)	Field ID/ (Client Reference)	Temp in Celsius =	Material / Location	Stereomicroscope					Asbestos Minerals	Optical Properties						Non-Asbestos Percentage (%)					
				% of Asbestos	Color	Homogeneity	Texture	Friable		Asbestos %	Morphology	Extinction	Sign of Elongation	Birefringence	Pleochroism	RI	Fiberglass	Mineral Wool	Cellulose	Hair	Synthetic
036	260130 HA 4.6		Material JOINT COMPOUND Location FLOOR C/ UNIT # C15 NW	0	3	2	g	5	Chrysotile												100
035	260130 HA 4.5		Material JOINT COMPOUND Location FLOOR C/ UNIT # C14 NW	0	3	2	g	5	Chrysotile												100
034	260130 HA 4.4		Material JOINT COMPOUND Location FLOOR B/ UNIT B15 NW	0	3	2	g	5	Chrysotile												100
033	260130 HA 4.3		Material JOINT COMPOUND Location FLOOR B/ UNIT # B14 NW	0	3	2	g	5	Chrysotile												100
032	260130 HA 4.2		Material JOINT COMPOUND Location FLOOR A/ UNIT A15 NW	0	3	2	g	5	Chrysotile												100

Lab ID# (Batch #) Proceeds all Lab IDs)		Temp in Celsius =	Stereomicroscope					Optical Properties										Non-Asbestos Percentage (%)					
Field ID/ (Client Reference)	Material / Location		% of Asbestos	Color	Homogeneity	Texture	Friable	Asbestos Minerals	Asbestos %	Morphology	Extinction	Sign of Elongation	Birefringence	Pleochroism	RI	Fiberglass	Mineral Wool	Cellulose	Hair	Synthetic	Other	Non-Fibrous	
051	260130 HA 6-1																						
	Material: IX1 VCT Location: BLUE - BLACK FLOOR - A UNIT A14 LAV.																						
050	260130 HA 5-10																						
	Material: IX1 VCT Location: (WHITE w/ GREY) FLOOR D/ UNIT A D19 LAV.																						
049	260130 HA 5-9																						
	Material: IX1 VCT Location: (WHITE w/ GREY) FLOOR D/ UNIT D18 LAV.																						
048	260130 HA 5-8																						
	Material: IX1 VCT Location: (WHITE w/ GREY) FLOOR D/ UNIT D15 LAV.																						
047	260130 HA 5-7																						
	Material: IX1 VCT Location: (WHITE w/ GREY) FLOOR - D/ UNIT D14 LAV.																						

Lab ID# (Batch #) Proceeds all Lab IDs)		Temp In Celsius =	Stereomicroscope					Optical Properties										Non-Asbestos Percentage (%)													
Field ID/ (Client Reference)	Material / Location		% of Asbestos	Color	Homogeneity	Texture	Friable	Asbestos Minerals										Asbestos %	Morphology	Extinction	Sign of Elongation	Birefringence	Pleochroism	RI	Fiberglass	Mineral Wool	Cellulose	Hair	Synthetic	Other	Non-Fibrous
076	260130 HA8-6							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																							
	Material UNSAWOOD GROUT - W/WRU TILE Location FLOOR - B/ UNH # C 15 LAV.		0	3	2	9	2																								
075	260130 HA8-5							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																							
	Material UNSAWOOD GROUT - W/WRU TILE Location FLOOR - C/ UNH # C 14 LAV.		0	3	2	8	2																								
074	260130 HA8-4							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																							
	Material UNSAWOOD GROUT - W/WRU TILE Location FLOOR - B/ UNH # B 15 LAV.		0	3	2	9	2																								
073	260130 HA8-3							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																							
	Material UNSAWOOD GROUT - W/WRU TILE Location FLOOR - B/ UNH # B 14 LAV.		0	3	2	8	2																								
072	260130 HA8-2							Chrysotile Amosite Crocidolite Tremolite Anthrophyllite Actinolite																							
	Material UNSAWOOD GROUT - W/WRU TILE Location FLOOR - A/ UNH # A 15 LAV.																														

no sample



Asbestos Identification Laboratory

165 New Boston St., Ste 227
Woburn, MA 01801
781-932-9600

Web: www.asbestosidentificationlab.com
Email: mikemanning@asbestosidentificationlab.com



Batch: 260123022

Patrick Emery
Emery Environmental Associates
PO Box- E
Pawtucket, RI 2861

Project Information
260122-A

Method: *PLM Bulk, EPA 600/R-93/116*

*PHA - Kennedy Manor,
175 Broad St.,
Pawtucket, RI*

Dear Patrick Emery,

Asbestos Identification Laboratory has completed the analysis of the samples from your office for the above referenced project. The Analysis Method is PLM Bulk. The information and analysis contained in this report have been generated using the EPA 600/R-93/116 Method for the Determination of Asbestos in Bulk Building Materials. Materials or products that contain more than 1% of any kind or combination of asbestos are considered as asbestos containing building material as determined by the EPA. This Polarized Light Microscope (PLM) technique may be performed either by visual estimation or point counting. Point counting provides a determination of the area percentage of asbestos in a sample. If the asbestos is estimated to be less than 10% by visual estimation of friable material, the determination may be repeated using the point counting technique. The report may not be used by the customer to claim product endorsement by NVLAP or any other U.S. Government Agency.

The EPA recommends you should assume vermiculite contains asbestos and not to disturb it. Airborne asbestos fibers present a health risk through inhalation, so the first step is to not disturb the material, which could release fibers into the air. If you disturb the insulation, you may inhale some asbestos fibers. The degree of health risk depends on how much and how often this occurred. If you choose to remove the vermiculite insulation, this work should be done by a trained and accredited asbestos abatement contractor that is separate and independent from the company that performed the assessment of the vermiculite insulation to avoid any conflict of interest. <https://www.epa.gov/asbestos/my-attic-has-vermiculite-insulation-it-am-i-risk-should-i-take-it-out> | US EPA.

Laboratory results represent the analysis of samples as submitted by the customer. Information regarding sample location, description, area, volume, etc., was provided by the customer. Information provided by the customer can affect the validity of results. Asbestos Identification Laboratory is not responsible for sample collection activities or analytical method limitations. Unless notified in writing to return samples, Asbestos Identification Laboratory discards customer samples after 30 days. Samples containing subsamples or layers will be analyzed separately when applicable. Reports are kept at Asbestos Identification Laboratory for three years. All customer information will be maintained in confidentiality. This report shall not be reproduced, except in full, without the written consent of Asbestos Identification Laboratory.

- NVLAP Lab Code: 200919-0
- Massachusetts Certification License: AA000208
- State of Connecticut, Department of Public Health Approved Environmental Laboratory Registration Number: PH-0142
- State of Maine, Department of Environmental Protection Asbestos Analytical Laboratory License Number: LB-0078(Bulk) LA-0087(Air)
- State of Rhode Island and Providence Plantations. Department of Health Certification: AAL-121
- State of Vermont, Department of Health Environmental Health License AL934461

Thank you Patrick Emery for your business.

Michael Manning
Owner/Director
781-932-9600

Sampled: January 22, 2026

Received: January 23, 2026

Analyzed: 01/23/2026

Report Date: January 27, 2026

Analyzed by:
David Thomas

David Thomas

Batch: 260123022

Page 1 of 4

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260122 HA1-1 260123022-001	Skim Plaster-White	Floor H-Apt H12-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-2 260123022-002	Skim Plaster-White	Floor H-Apt H13-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-3 260123022-003	Skim Plaster-White	Floor G-Unit G12-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-4 260123022-004	Skim Plaster-White	Floor G-Unit G13-Bathroom	Multi	Non-Fibrous 100	None Detected
260122 HA1-5 260123022-005	Skim Plaster-White	Floor F-Unit F12-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-6 260123022-006	Skim Plaster-White	Floor F-Unit F13-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-7 260123022-007	Skim Plaster-White	Floor E-Unit E13-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-8 260123022-008	Skim Plaster-White	Floor E-Unit E12-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-9 260123022-009	Skim Plaster-White	Floor D-Unit D13-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-10 260123022-010	Skim Plaster-White	Floor D-Unit D12-Bathroom	White	Non-Fibrous 100	None Detected
260122 HA1-11 260123022-011	Skim Plaster-White	Floor C-Unit C13-Bathroom	White	Non-Fibrous 100	None Detected

Sampled: January 22, 2026

Received: January 23, 2026

Analyzed: 01/23/2026

Report Date: January 27, 2026

Analyzed by:
 David Thomas

David Thomas

Batch: 260123022

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260122 HA1-12	Skim Plaster-White	Floor C-Unit C12-Bathroom	White	Non-Fibrous 100	None Detected
260123022-012					
260122 HA1-13	Skim Plaster-White	Floor B-Unit B12-Bathroom	White	Non-Fibrous 100	None Detected
260123022-013					
260122 HA1-14	Skim Plaster-White	Floor B-Unit B13-Bathroom	White	Non-Fibrous 100	None Detected
260123022-014					
260122 HA1-15	Skim Plaster-White	Floor A-Unit A12-Bathroom	White	Non-Fibrous 100	None Detected
260123022-015					
260122 HA1-16	Skim Plaster-White	Floor A-Unit A13-Bathroom	White	Non-Fibrous 100	None Detected
260123022-016					
260122 HA2-1	Base Plaster-Gray	Floor H-Unit H12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-017					
260122 HA2-2	Base Plaster-Gray	Floor H-Unit H13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-018					
260122 HA2-3	Base Plaster-Gray	Floor G-Unit G12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-019					
260122 HA2-4	Base Plaster-Gray	Floor G-Unit G13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-020					
260122 HA2-5	Base Plaster-Gray	Floor F-Unit F12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-021					
260122 HA2-6	Base Plaster-Gray	Floor F-Unit F13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-022					

Sampled: January 22, 2026

Received: January 23, 2026

Analyzed: 01/23/2026

Report Date: January 27, 2026

Analyzed by:
 David Thomas

David Thomas

Batch: 260123022

Field ID LabID	Material	Location	Color	Non-Asbestos %	Asbestos %
260122 HA2-7	Base Plaster-Gray	Floor E-Unit E13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-023					
260122 HA2-8	Base Plaster-Gray	Floor E-Unit E12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-024					
260122 HA2-9	Base Plaster-Gray	Floor D-Unit D13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-025					
260122 HA2-10	Base Plaster-Gray	Floor D-Unit D12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-026					
260122 HA2-11	Base Plaster-Gray	Floor C-Unit C13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-027					
260122 HA2-12	Base Plaster-Gray	Floor C-Unit C12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-028					
260122 HA2-13	Base Plaster-Gray	Floor B-Unit B12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-029					
260122 HA2-14	Base Plaster-Gray	Floor B-Unit B13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-030					
260122 HA2-15	Base Plaster-Gray	Floor A-Unit A12-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-031					
260122 HA2-16	Base Plaster-Gray	Floor A-Unit A13-Bathroom	Gray	Non-Fibrous 100	None Detected
260123022-032					
260122 HA3-1	Thermal Insulation at Pipe-Gray	Floor G-Unit G13-Bathroom	Gray	Fiberglass 15 Cellulose 20 Non-Fibrous 35	Detected Chrysotile 30
260123022-033					

Sampled: January 22, 2026

Received: January 23, 2026

Analyzed: 01/23/2026

Report Date: January 27, 2026

Analyzed by:
 David Thomas

David Thomas

Batch: 260123022

Lab ID# (Lab Use Only)		Field ID/ (Client Reference)	Temp in Celcius = _____	Stereomicroscope					Optical Properties																		
Material / Location				% of Asbestos	Color	Homogeneity	Texture	Friable	Asbestos Minerals					Asbestos %	Morphology	Extinction	Sign of Elongation	Birefringence	Pleochroism	RI	Non-Asbestos Percentage (%)						
								Chrysotile	Amosite	Crocidolite	Tremolite	Anthrophyllite	Actinolite							Fiberglass	Mineral Wool	Cellulose	Hair	Synthetic	Other	Non-Fibrous	
004	260122	MAT-4		Material SKIM PAPER- WHITE	Location FLOOR-G/ UNIT 613/BATHROOM	0	M	N	9	Y																	
005	260122	MAT-5		Material SKIM PAPER- WHITE	Location FLOOR-F UNIT E12/BATHROOM	0	W	Y	9	Y																	
006	260122	MAT-6		Material SKIM PAPER- WHITE	Location FLOOR-F UNIT E13/BATHROOM	0	W	Y	9	Y																	
007	260122	MAT-7		Material SKIM PAPER- WHITE	Location FLOOR-E/ UNIT E13/BATHROOM	0	W	Y	9	Y																	
008	260122	MAT-8		Material SKIM PAPER- WHITE	Location FLOOR-E/ UNIT E12/BATHROOM	0	W	Y	9	Y																	

APPENDIX – C:

ASBESTOS PROJECT CONSULTANT LICENSURE



State of Rhode Island
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM
CERTIFICATION

Pursuant to the Asbestos Abatement Act, Chapter 24.5 of Title 23 of the General Laws entitled "Health and Safety" as amended, and the Rules and Regulations for Asbestos Control, this Certificate is hereby issued as designated below. This Certificate is subject to all applicable rules, regulations, orders and notices of the Department of Health now or hereafter in effect and to any conditions specified below.

Certificate Holder: PATRICK A EMERY
Address: EMERY ENVIRONMENTAL ASSOCIATES
PO BOX E
PAWTUCKET RI 02861

Certification Number: AI00505
Type of Certification: Asbestos Inspector
Expiration Date: 04/30/2026

Except as specifically provided otherwise in this Certificate, Certificate holders shall conduct their program in accordance with statements, procedures and representations contained in the documents, including any enclosures, listed below. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the Certificate Holder's application and correspondence are more restrictive than the regulations.



State of Rhode Island
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM
CERTIFICATION

Pursuant to the Asbestos Abatement Act, Chapter 24.5 of Title 23 of the General Laws entitled "Health and Safety" as amended, and the Rules and Regulations for Asbestos Control, this Certificate is hereby issued as designated below. This Certificate is subject to all applicable rules, regulations, orders and notices of the Department of Health now or hereafter in effect and to any conditions specified below.

Certificate Holder: PATRICK A EMERY
Address: EMERY ENVIRONMENTAL ASSOCIATES
PO BOX E
PAWTUCKET RI 02861

Certification Number: APD00505
Type of Certification: Asbestos Project Designer
Expiration Date: 04/30/2026

Except as specifically provided otherwise in this Certificate, Certificate holders shall conduct their program in accordance with statements, procedures and representations contained in the documents, including any enclosures, listed below. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the Certificate Holder's application and correspondence are more restrictive than the regulations.



State of Rhode Island
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM
CERTIFICATION

Pursuant to the Asbestos Abatement Act, Chapter 24.5 of Title 23 of the General Laws entitled "Health and Safety" as amended, and the Rules and Regulations for Asbestos Control, this Certificate is hereby issued as designated below. This Certificate is subject to all applicable rules, regulations, orders and notices of the Department of Health now or hereafter in effect and to any conditions specified below.

Certificate Holder: PATRICK A EMERY
Address: EMERY ENVIRONMENTAL ASSOCIATES
PO BOX E
PAWTUCKET RI 02861

Certification Number: AMP00505
Type of Certification: Asbestos Management Planner
Expiration Date: 04/30/2026

Except as specifically provided otherwise in this Certificate, Certificate holders shall conduct their program in accordance with statements, procedures and representations contained in the documents, including any enclosures, listed below. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the Certificate Holder's application and correspondence are more restrictive than the regulations.

APPENDIX – D:

ASBESTOS TESTING LABORATORY LICENSURE



State of Rhode Island
DEPARTMENT OF HEALTH
CENTER FOR HEALTHY HOMES & ENVIRONMENT – ASBESTOS PROGRAM

ASBESTOS ANALYTICAL SERVICES CERTIFICATION

Pursuant to the Asbestos Abatement Act, Chapter 24.5 of Title 23 of the Rhode Island General Laws, and Regulation 216-RICR-50-15-1 – Asbestos Control, this license is hereby issued as designated below. This license is subject to all applicable rules, regulations, orders and notices of the Department of Health now or hereafter in effect and to any conditions delineated below.

Certificate Holder: ASBESTOS IDENTIFICATION LABORATORY

Address: 165 M NEW BOSTON STREET
SUITE 227
WOBURN MA 01801

Certification Number: PLM00121

Expiration Date: 05/31/2026

Type of Certification: Analytical Service - PLM

Except as specifically provided otherwise in this Certificate, Certificate Holders shall conduct their program in accordance with statements, procedures and representations contained in their application, including any attachments. Regulation 216-RICR-50-15-1 - Asbestos Control shall govern unless the statements representations and procedures in the Certificate Holder's application and documentation are more restrictive than the Regulation.



State of Rhode Island
DEPARTMENT OF HEALTH
CENTER FOR HEALTHY HOMES & ENVIRONMENT – ASBESTOS PROGRAM

ASBESTOS ANALYTICAL SERVICES CERTIFICATION

Pursuant to the Asbestos Abatement Act, Chapter 24.5 of Title 23 of the Rhode Island General Laws, and Regulation 216-RICR-50-15-1 – Asbestos Control, this license is hereby issued as designated below. This license is subject to all applicable rules, regulations, orders and notices of the Department of Health now or hereafter in effect and to any conditions delineated below.

Certificate Holder: EMERY ENVIRONMENTAL ASSOCIATES
Address: 241 GROTTO AVE
UNIT D6
PAWTUCKET RI 02860

Certification Number: PCM00146
Expiration Date: 10/31/2026
Type of Certification: Analytical Service - PCM

Except as specifically provided otherwise in this Certificate, Certificate Holders shall conduct their program in accordance with statements, procedures and representations contained in their application, including any attachments. Regulation 216-RICR-50-15-1 - Asbestos Control shall govern unless the statements representations and procedures in the Certificate Holder's application and documentation are more restrictive than the Regulation.

APPENDIX – E:

ASBESTOS PROJECT DRAWING(S)

Renovations to: Kennedy Manor Bathrooms

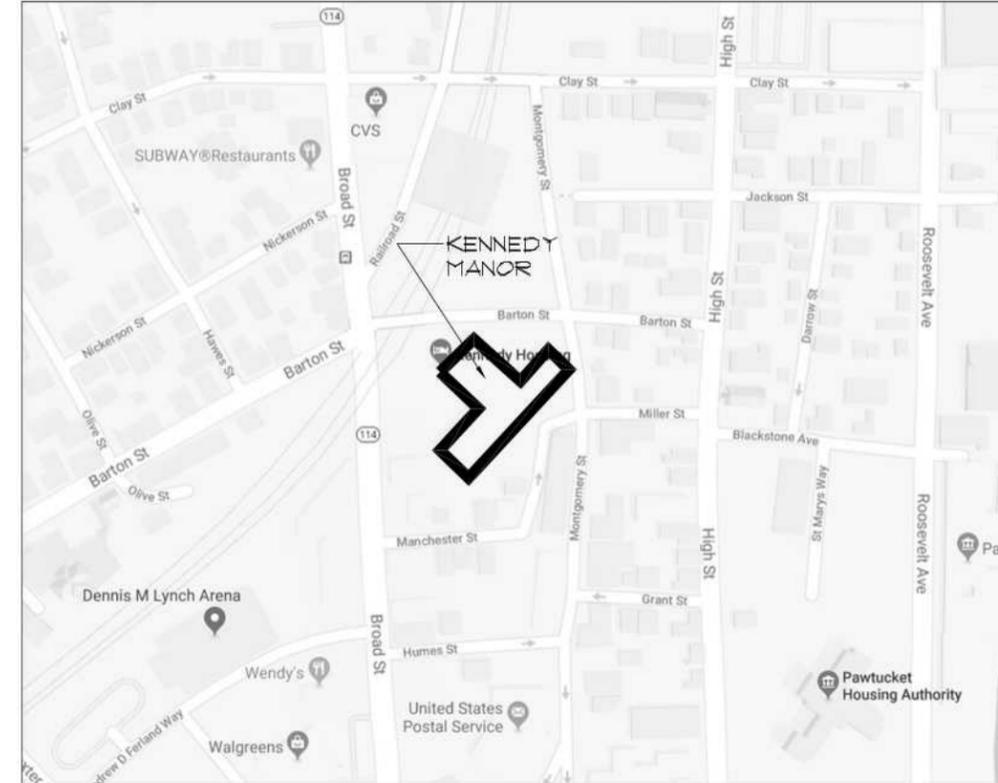
175 BROAD STREET
PAWTUCKET, RI 02860

Date: January 5, 2026
Issued for Construction

DRAWINGS:

ARCHITECTURAL

- D-1: Enlarged Bathroom Demolition Plan
- D-2: Enlarged Bathroom Demolition Plan
- A-1: Enlarged Bathroom Proposed Plan
- A-2: Enlarged Bathroom Proposed Plan
- A-3: Interior Elevations
- A-4: Interior Elevations
- A-5: Schedules
- A-6: Schedules

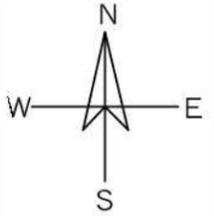


LOCUS MAP

NTS

ARCHITECT
Ed Wojcik, Architect, Ltd.
One Richmond Square, Suite 100K
Providence, RI 02906
P: 401-861-7139

Ed Wojcik
architect, ltd
One Richmond Square
Providence, RI 02906
401-861-7139



Renovations to:
**Kennedy Manor
Bathrooms**
175 Broad Street
Pawtucket, RI 02860

CONSTRUCTION DOCUMENTS - JANUARY 5, 2026

SHEET CONTENTS:
Drawing List
Locus Map

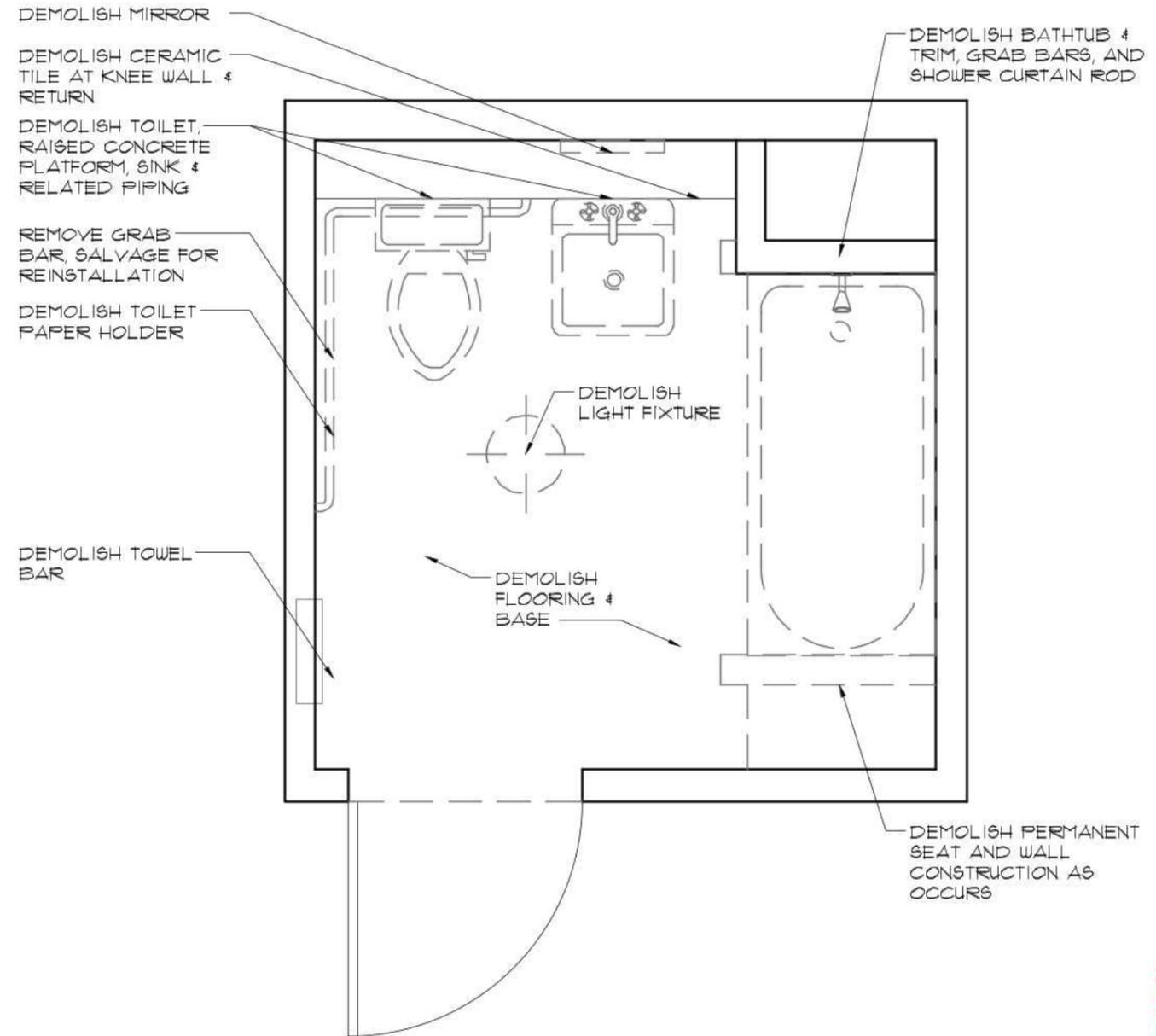
PROJECT # 5325

DATE: 1/5/2026
REVISED DATE:

CVR

GENERAL DEMOLITION NOTES:

- A. ALL DEMOLITION WORK SHALL BE PERFORMED IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. SECURE REQUIRED DEMOLITION PERMITS. ARRANGE WITH OWNER AND/OR APPROPRIATE UTILITIES FOR SERVICE SHUTOFFS BEFORE BEGINNING DEMOLITION OPERATIONS. IDENTIFY ALL EXISTING ITEMS OR WORK, HARDWARE AND DEVICES SCHEDULED TO REMAIN, OR TO BE SALVAGED FOR REUSE.
- B. BUILDING MAY BE OCCUPIED DURING DEMOLITION OPERATIONS. COORDINATE ALL DEMOLITION OPERATIONS WITH OWNER FOR SHUTDOWN PERIODS AND SEQUENCE OF WORK. PROVIDE TEMPORARY DUST PARTITIONS, BARRICADES AND PROTECTIVE ENCLOSURES REQUIRED TO PROPERLY SECURE AND ISOLATE AREAS OF WORK AND TO ASSURE CONTINUING FACILITY OPERATION.
- C. REMOVE ALL DEMOLISHED MATERIALS NOT SCHEDULED FOR SALVAGE AND REUSE OR THOSE TO BECOME PROPERTY OF THE OWNER AND DISPOSE OF IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. CONFIRM ALL ITEMS TO BE SALVAGED FOR REUSE AND ALL ITEMS TO BE SALVAGED AND RETURNED TO THE OWNER. DEMOLITION CONTRACTOR SHALL PROTECT ALL ITEMS SCHEDULED FOR SALVAGE AND SHALL REPLACE ANY SUCH ITEMS WHICH HAVE BECOME DAMAGED AS A RESULT OF DEMOLITION OPERATIONS.
- D. REUSE OF SALVAGED MATERIALS, NOT SPECIFICALLY SCHEDULED, WILL BE AT THE SOLE DISCRETION OF THE OWNER. IN NO CASE SHALL SALVAGED MATERIALS BE INCORPORATED IN THE WORK THAT DO NOT MEET MINIMUM REQUIREMENTS OF STATE AND LOCAL CODES AND REGULATIONS.
- E. IT IS NOT THE INTENT TO SHOW EVERY PIECE OR ITEM TO BE REMOVED IN DEMOLITION WORK. MECHANICAL, ELECTRICAL, AND OTHER WORK RELATED TO A WALL OR AREA SCHEDULED FOR DEMOLITION AND REMOVAL, SHALL BE PERFORMED WHETHER SO NOTED OR NOT. PROTECT ALL ITEMS INTENDED FOR SALVAGE AND REUSE, OR SCHEDULED TO REMAIN.
- F. DEMOLITION SHALL BE COORDINATED WITH DRAWINGS FOR NEW CONSTRUCTION AND THE BOUNDARIES INDICATED ON THIS DEMOLITION PLAN.
- G. PATCH/REPAIR/REFINISH ALL SURFACES EXPOSED BY DEMOLITION WORK AND MATCH/ALIGN WITH EXISTING ADJACENT SURFACES SCHEDULED TO REMAIN. PREP SURFACES TO RECEIVE ALL LABOR AND MATERIALS REQUIRED TO RENDER SUBSTRATES ACCEPTABLE TO RECEIVE NEW FINISHES SPECIFIED IN ACCORDANCE WITH MANUFACTURERS' WRITTEN RECOMMENDATIONS.
- H. DEMOLITION CONTRACTOR SHALL VISIT THE SITE TO VERIFY EXISTING CONDITIONS PRIOR TO THE START OF WORK TO BE FULLY AWARE OF ALL EXISTING CONDITIONS.



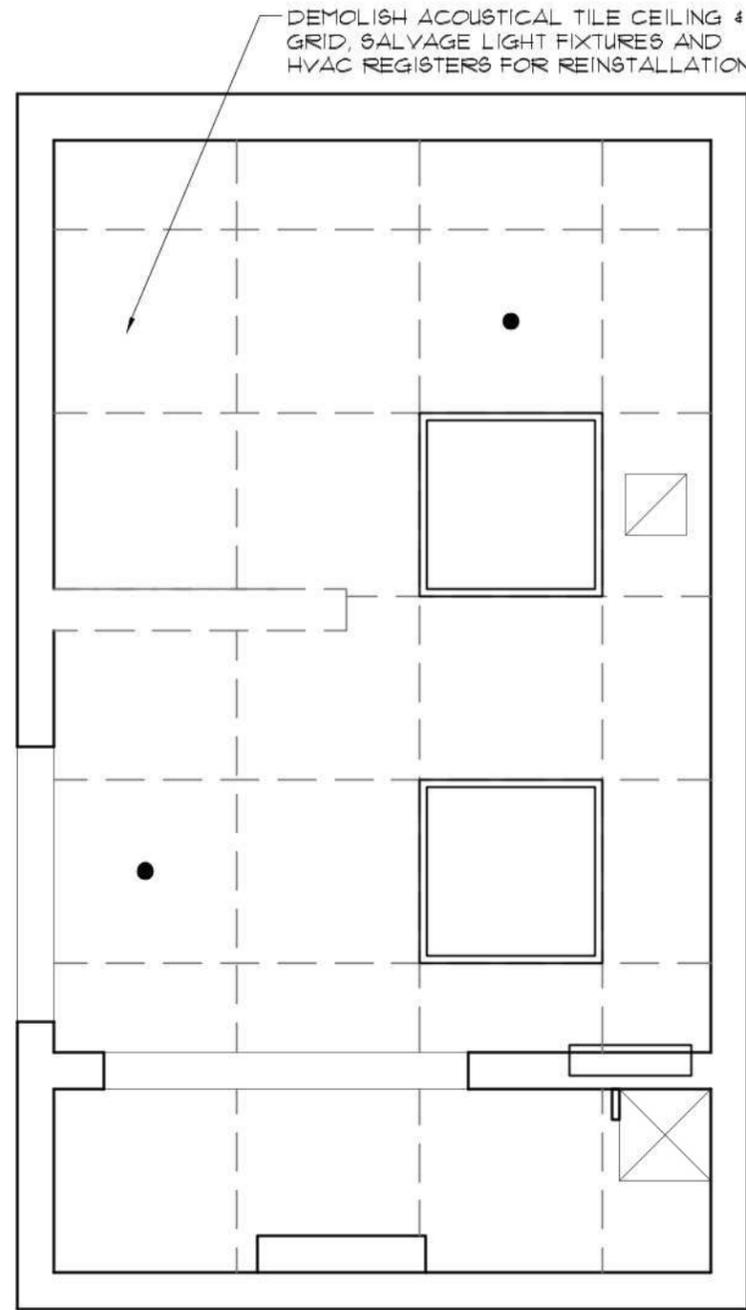
**ENLARGED BATHROOM
DEMOLITION PLAN** 1 1/2" = 1'-0"
UNITS A14, A15, B14, B15, C14, C15, D14, D15, D18, & D19

This drawing is copyrighted. Unauthorized use is prohibited.

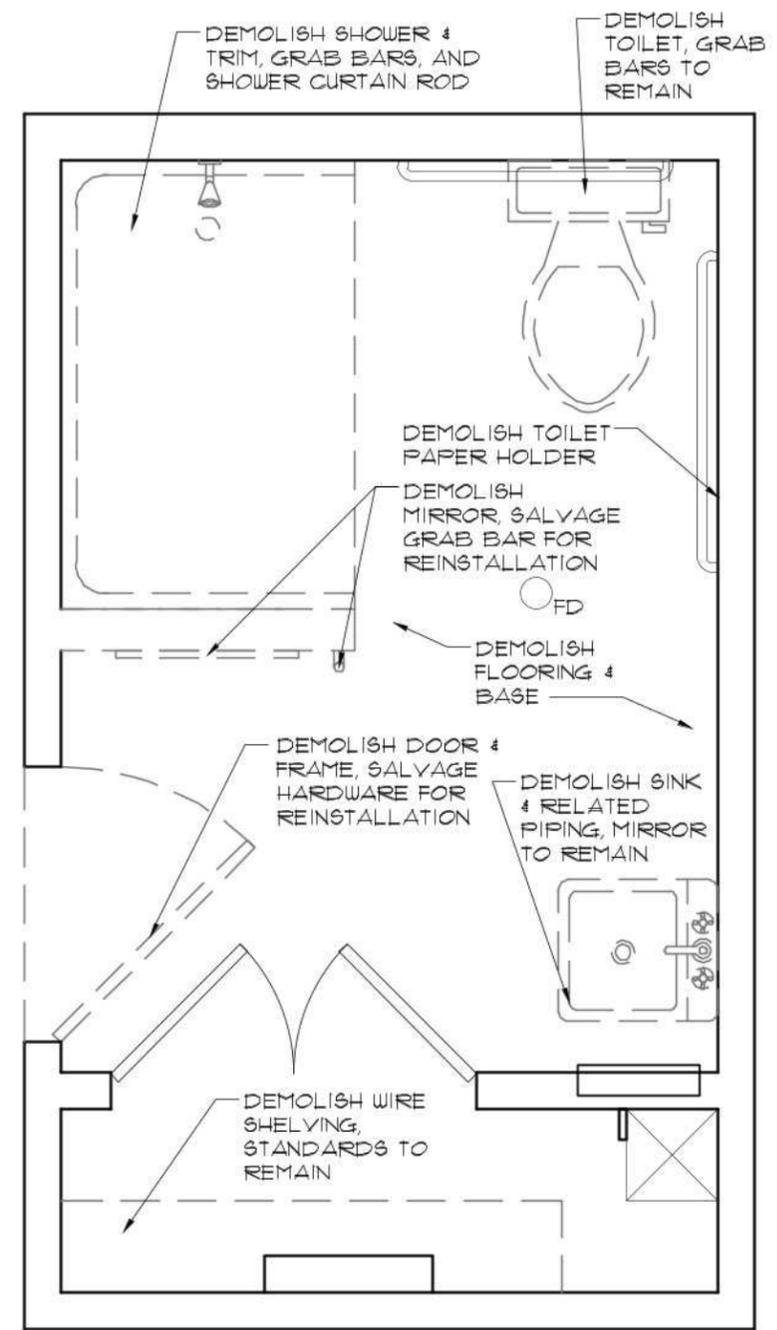
PRELIMINARY - NOT FOR CONSTRUCTION

GENERAL DEMOLITION NOTES:

- A. ALL DEMOLITION WORK SHALL BE PERFORMED IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. SECURE REQUIRED DEMOLITION PERMITS. ARRANGE WITH OWNER AND/OR APPROPRIATE UTILITIES FOR SERVICE SHUTOFFS BEFORE BEGINNING DEMOLITION OPERATIONS. IDENTIFY ALL EXISTING ITEMS OR WORK, HARDWARE AND DEVICES SCHEDULED TO REMAIN, OR TO BE SALVAGED FOR REUSE.
- B. BUILDING MAY BE OCCUPIED DURING DEMOLITION OPERATIONS. COORDINATE ALL DEMOLITION OPERATIONS WITH OWNER FOR SHUTDOWN PERIODS AND SEQUENCE OF WORK. PROVIDE TEMPORARY DUST PARTITIONS, BARRICADES AND PROTECTIVE ENCLOSURES REQUIRED TO PROPERLY SECURE AND ISOLATE AREAS OF WORK AND TO ASSURE CONTINUING FACILITY OPERATION.
- C. REMOVE ALL DEMOLISHED MATERIALS NOT SCHEDULED FOR SALVAGE AND REUSE OR THOSE TO BECOME PROPERTY OF THE OWNER AND DISPOSE OF IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. CONFIRM ALL ITEMS TO BE SALVAGED FOR REUSE AND ALL ITEMS TO BE SALVAGED AND RETURNED TO THE OWNER. DEMOLITION CONTRACTOR SHALL PROTECT ALL ITEMS SCHEDULED FOR SALVAGE AND SHALL REPLACE ANY SUCH ITEMS WHICH HAVE BECOME DAMAGED AS A RESULT OF DEMOLITION OPERATIONS.
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- E. IT IS NOT THE INTENT TO SHOW EVERY PIECE OR ITEM TO BE REMOVED IN DEMOLITION WORK. MECHANICAL, ELECTRICAL, AND OTHER WORK RELATED TO A WALL OR AREA SCHEDULED FOR DEMOLITION AND REMOVAL, SHALL BE PERFORMED WHETHER SO NOTED OR NOT. PROTECT ALL ITEMS INTENDED FOR SALVAGE AND REUSE, OR SCHEDULED TO REMAIN.
- F. DEMOLITION SHALL BE COORDINATED WITH DRAWINGS FOR NEW CONSTRUCTION AND THE BOUNDARIES INDICATED ON THIS DEMOLITION PLAN.
- G. PATCH/REPAIR/REFINISH ALL SURFACES EXPOSED BY DEMOLITION WORK AND MATCH/ALIGN WITH EXISTING ADJACENT SURFACES SCHEDULED TO REMAIN. PREP SURFACES TO RECEIVE ALL LABOR AND MATERIALS REQUIRED TO RENDER SUBSTRATES ACCEPTABLE TO RECEIVE NEW FINISHES SPECIFIED IN ACCORDANCE WITH MANUFACTURERS' WRITTEN RECOMMENDATIONS.
- H. DEMOLITION CONTRACTOR SHALL VISIT THE SITE TO VERIFY EXISTING CONDITIONS PRIOR TO THE START OF WORK TO BE FULLY AWARE OF ALL EXISTING CONDITIONS.



ENLARGED BATH DEMOLITION RCP
 UNIT B25
 2 1/2" = 1'-0"



ENLARGED BATH DEMOLITION PLAN
 UNIT B25
 1 1/2" = 1'-0"

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PRELIMINARY - NOT FOR CONSTRUCTION

Ed Wojcik
 architect, ltd
 One Richmond Square
 Providence, RI 02906
 401-861-7139

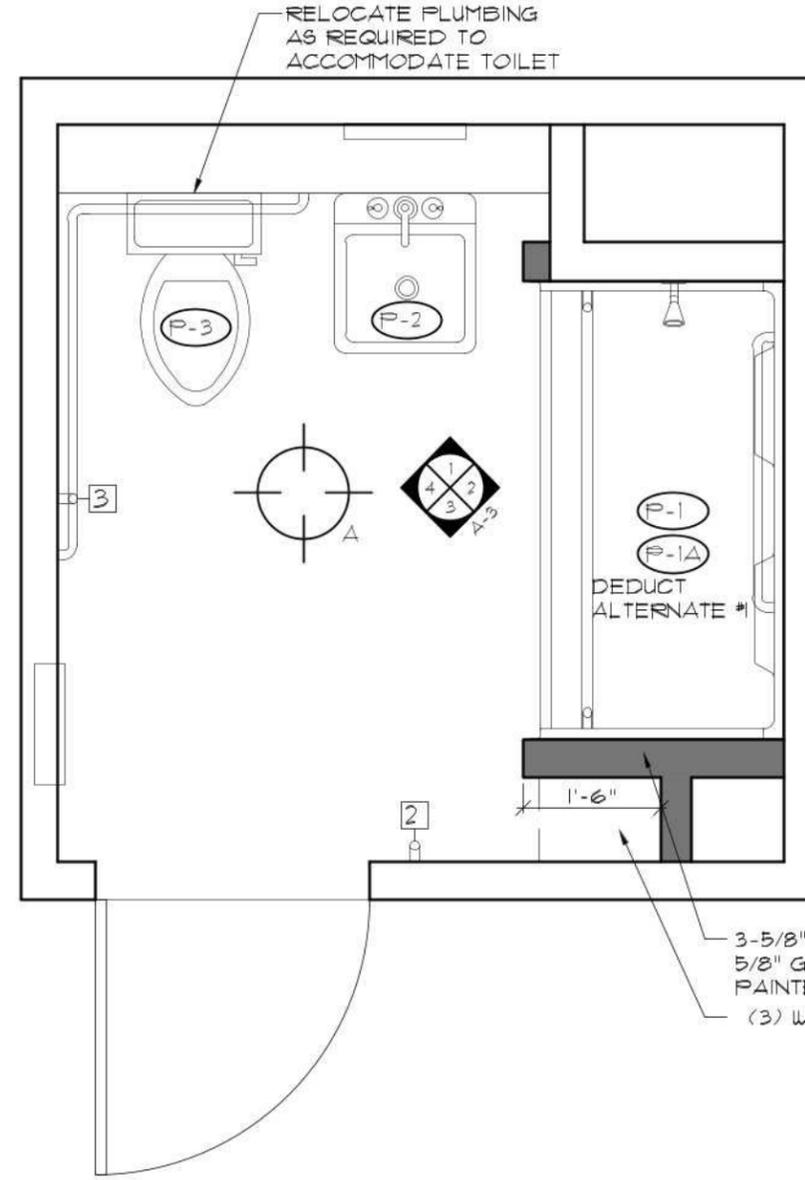
Renovations to:
**Kennedy Manor
 Bathrooms**
 175 Broad Street
 Pawtucket, RI 02860

SHEET CONTENTS:
 Enlarged Bathroom
 Demolition Plan

PROJECT # 5325

DATE: 12/12/2025
 REVISED DATE:

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ENLARGED BATHROOM PROPOSED PLAN

UNITS A14, A15, B14, B15, C14, C15, D14, D15, D18, & D19

1 1/2" = 1'-0"

CONSTRUCTION DOCUMENTS - JANUARY 5, 2026

Renovations to:
**Kennedy Manor
Bathrooms**
175 Broad Street
Pawtucket, RI 02860

SHEET CONTENTS:
Enlarged Bathroom
Proposed Plan

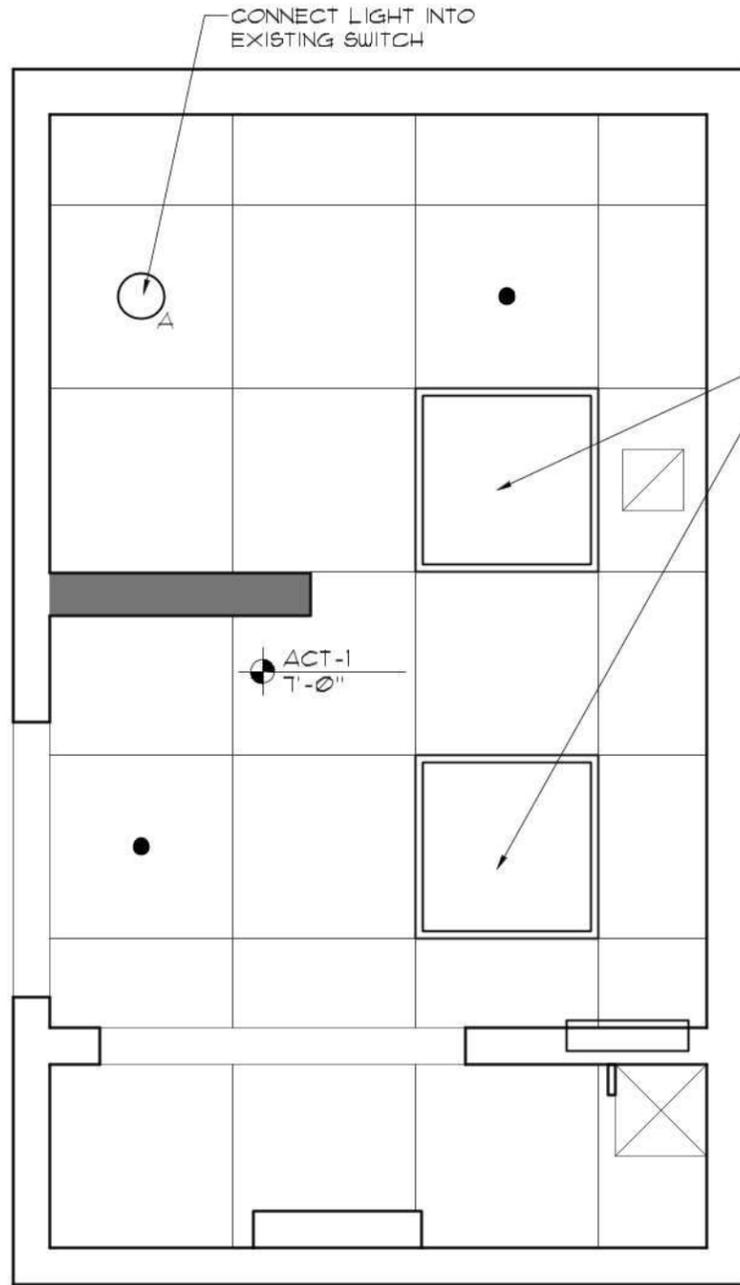
PROJECT # 5325

DATE: 1/5/2026
REVISED DATE:

A-1

Ed Wojcik
architect, ltd
One Richmond Square
Providence, RI 02906
401-861-7139

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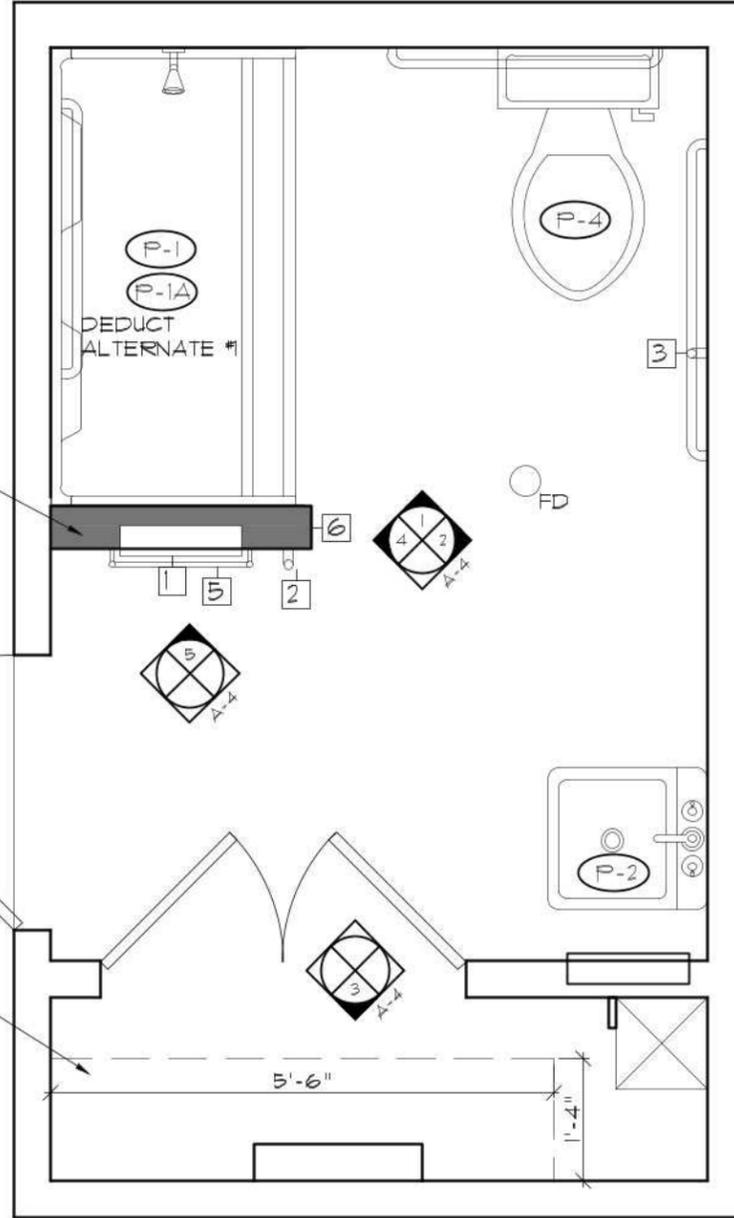
ENLARGED BATHROOM PROPOSED RCP

2 1/2" = 1'-0"

REINSTALL SALVAGED LIGHT FIXTURES

3-5/8" STEEL STUD @ 16" O.C. W/ 5/8" GYP. BD. ON BOTH SIDES, PAINTED

(3) 16" DEEP WIRE SHELVES, CUT AROUND WALL BUMP-OUT



ENLARGED BATHROOM PROPOSED PLAN

1 1/2" = 1'-0"

CONSTRUCTION DOCUMENTS - JANUARY 5, 2026

Renovations to:
**Kennedy Manor
Bathrooms**
175 Broad Street
Pawtucket, RI 02860

SHEET CONTENTS:
Enlarged Bathroom
Proposed Plan

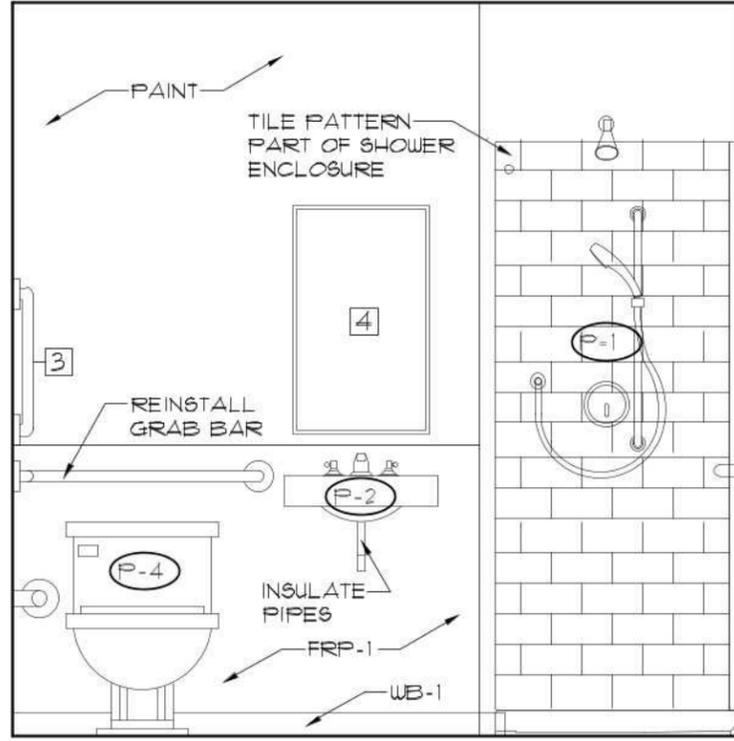
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DATE: 1/5/2026
REVISED DATE:

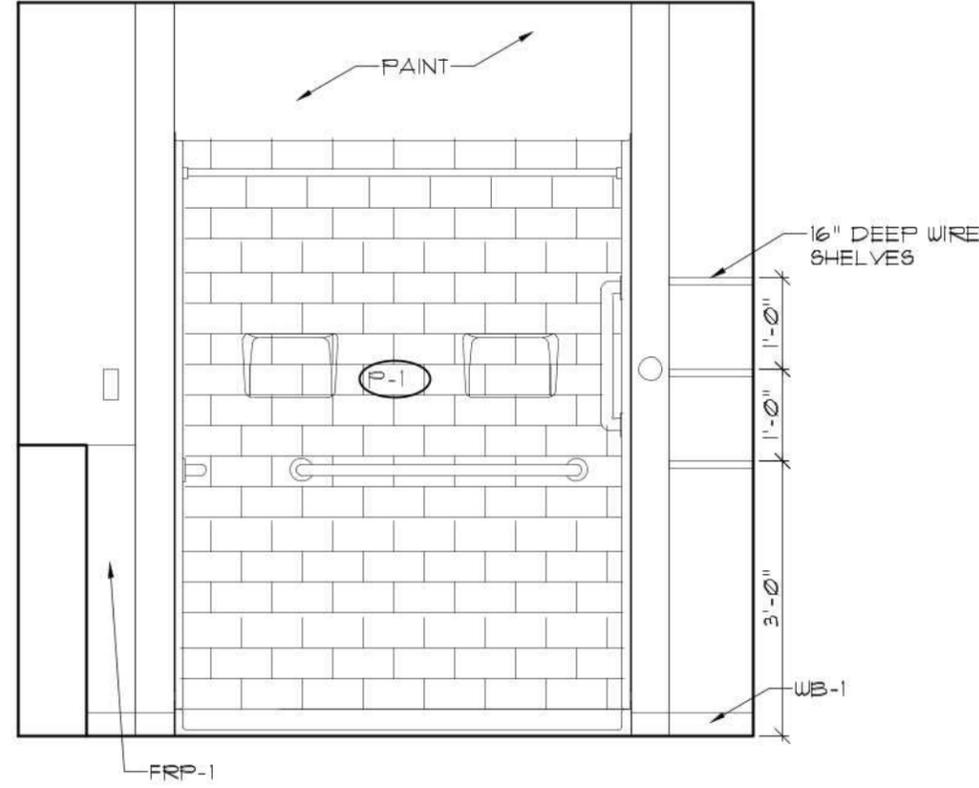
A-2

Ed Wojcik
architect, ltd
One Richmond Square
Providence, RI 02906
401-861-7139

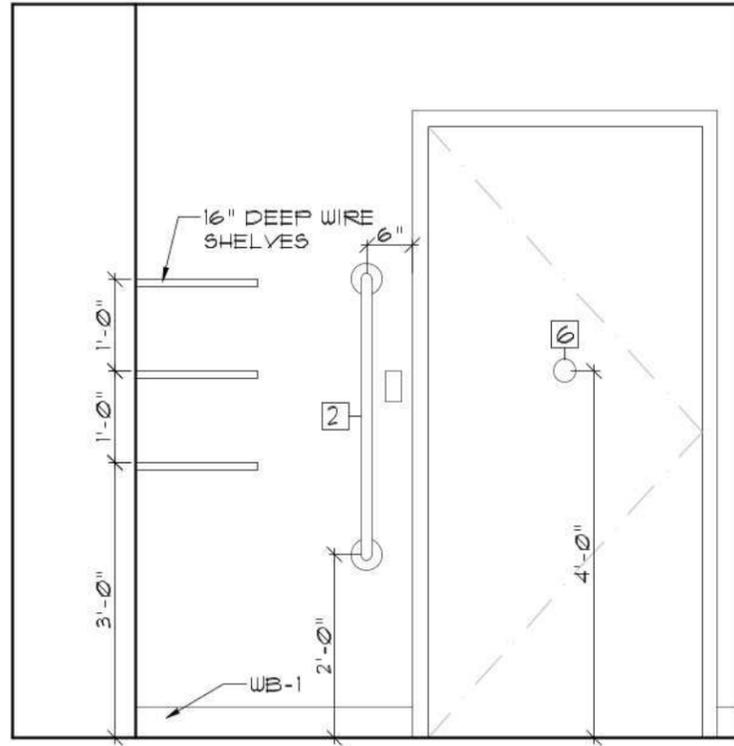
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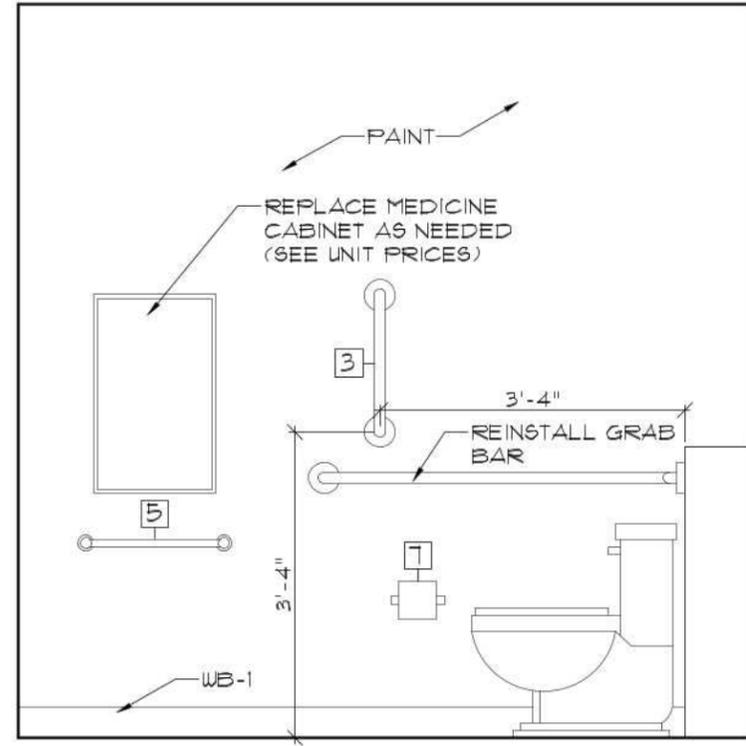
ELEVATION ① 1/2" = 1'-0"



ELEVATION ② 1/2" = 1'-0"



ELEVATION ③ 1/2" = 1'-0"



ELEVATION ④ 1/2" = 1'-0"

Ed Wojcik
architect, ltd
One Richmond Square
Providence, RI 02906
401-861-7139

Renovations to:
**Kennedy Manor
Bathrooms**
175 Broad Street
Pawtucket, RI 02860

PRELIMINARY - NOT FOR CONSTRUCTION

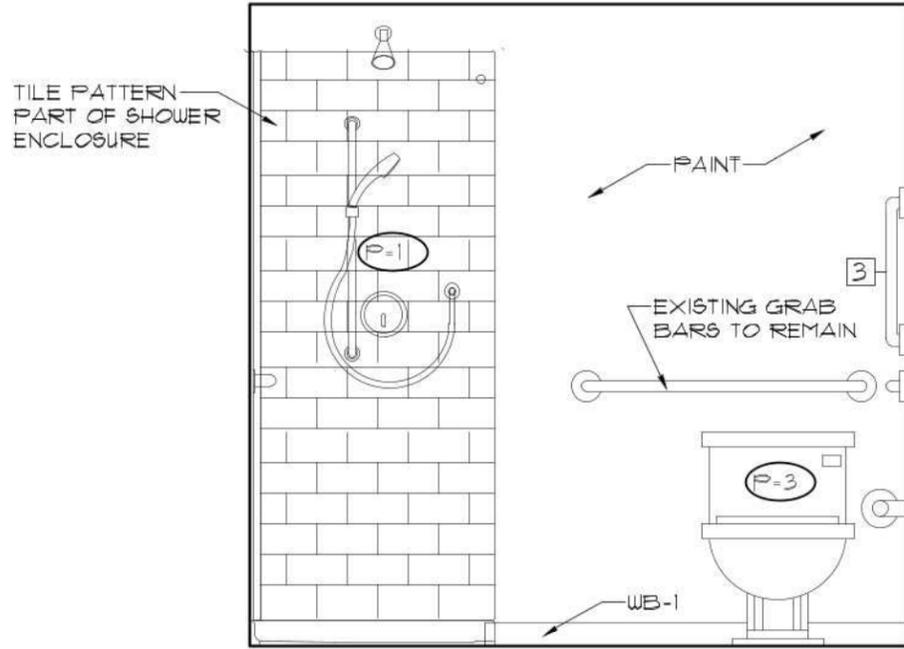
SHEET CONTENTS:
Interior Elevations

PROJECT # 5325

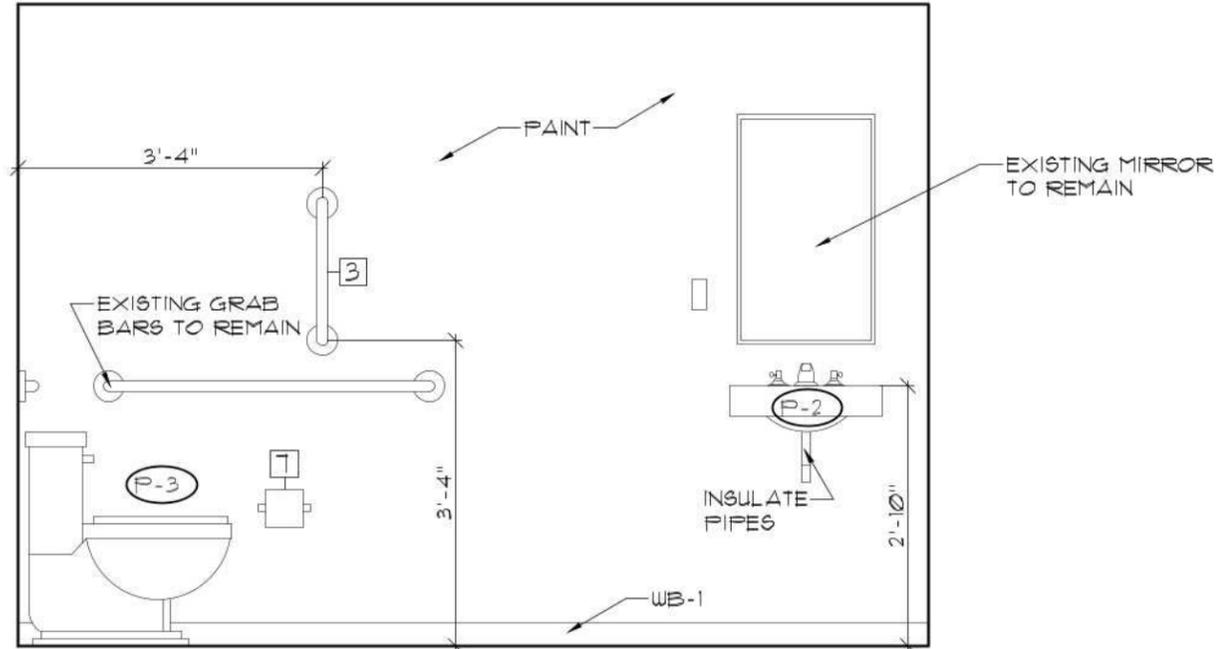
DATE: 12/12/2025
REVISED DATE:

A-3

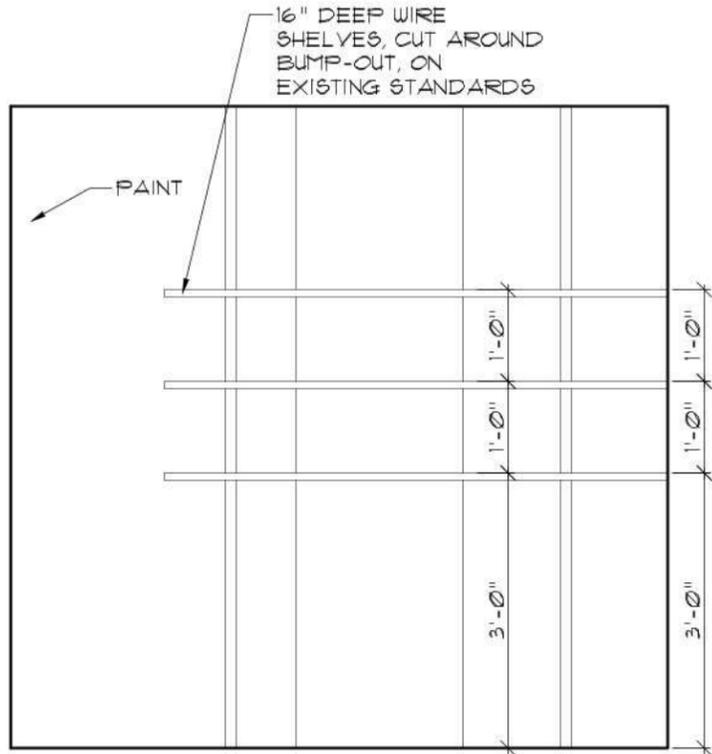
This drawing is copyrighted. Unauthorized use is prohibited.



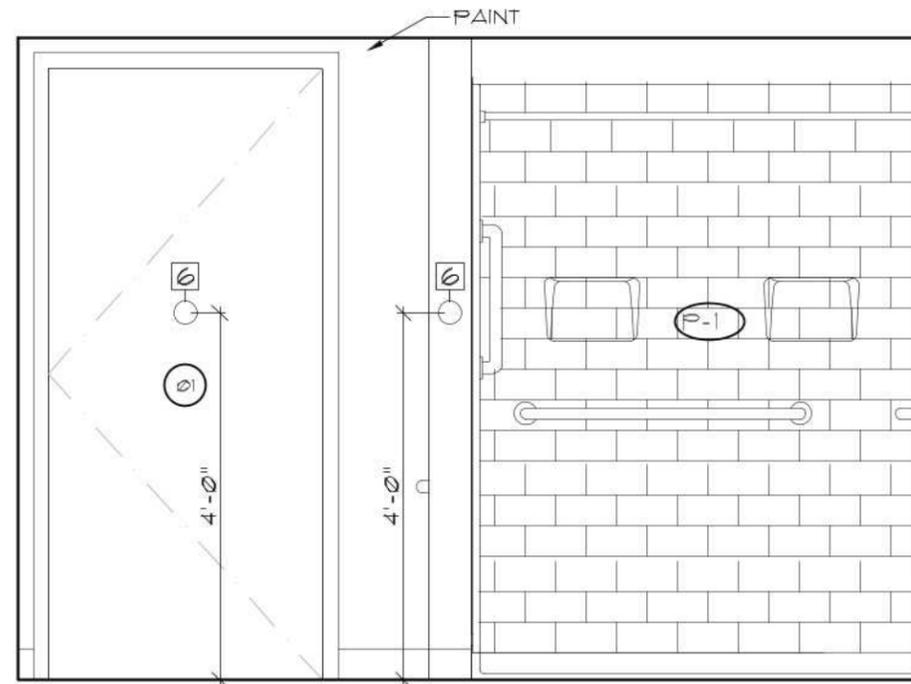
ELEVATION 1 1/2" = 1'-0"



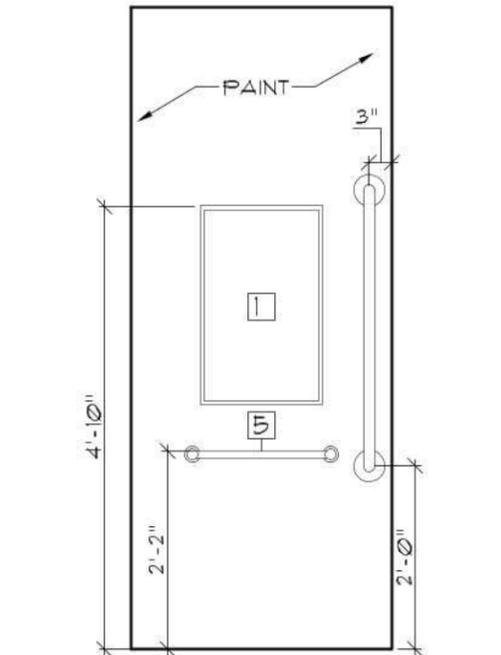
ELEVATION 2 1/2" = 1'-0"



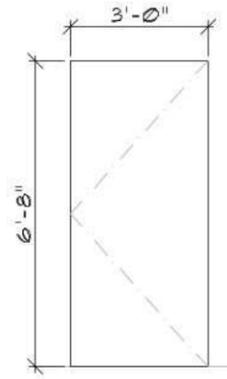
ELEVATION 3 1/2" = 1'-0"



ELEVATION 4 1/2" = 1'-0"



ELEV. 5 1/2" = 1'-0"



TYPE A

DOOR ELEVATION

① 1/4" = 1'-0"

DOOR SCHEDULE

KEY	UNIT	LOCATION	DOOR			FRAME		HARDWARE	REMARKS
			TYPE	MATERIAL	SIZE (WxH)	TYPE	MATERIAL		
FIRST FLOOR									
01	B25	BATH	A	WOOD	3'-0" x 6'-8"	1	WOOD	SALVAGED PRIVACY LEVER LOCKSET	

FINISH SCHEDULE

ROOM	FLOORING	WALLS	CEILING	BASE	REMARKS
BATH A14, A15, B14, B15, C14, C15, D14, D15, D18, D19	SF-1	P-1, FRP-1 @ PLUMBING KNEE WALL	P-2	WB-1	
BATH B25	SF-1	P-1	ACT-1	WB-1	

FINISH LEGEND:

ACT-1: ACOUSTICAL CEILING TILE
 MANUFACTURER: ARMSTRONG
 PRODUCT: CERAMAGUARD FINE FISSURED PERFORATED
 SIZE: 24" X 24" X 5/8"
 GRID: 15/16" PRELUDE PLUS XL ALUMINUM

FRP-1: FIBER REINFORCED PANEL
 MANUFACTURER: PANOLAM
 PRODUCT: CLASSIC COLLECTION
 COLOR: TBD

P-1: PAINT
 MANUFACTURER: SHERWIN WILLIAMS
 COLOR: SW 1050 USEFUL GRAY
 SHEEN: SEMI-GLOSS

P-1: PAINT
 MANUFACTURER: SHERWIN WILLIAMS
 COLOR: CEILING WHITE
 SHEEN: SEMI-GLOSS

SF-1: SHEET FLOORING
 MANUFACTURER: ARMSTRONG
 PRODUCT: ZENSCAPE W/ DIAMOND 10 TECHNOLOGY
 DESIGN: AURORA
 COLOR: TBD
 WELD ROD: TBD
 SUBFLOOR LEVELER SYSTEM LS-40
 @ SHOWER THRESHOLD

WB-1: WALL BASE
 MANUFACTURER: JOHNSONITE
 STYLE: COVE
 COLOR: TBD
 SIZE: 4"

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PLUMBING SCHEDULE

KEY	TYPE	MANUF.	DESCRIPTION	MODEL *
	SHOWER	BEST BATH	BARRIER FREE SHOWER	5LR626032B75FTB.V3
(P-1)	ACCESSORIES:	BEST BATH	(1) 36" GRAB BAR, (1) 24" GRAB BAR, (1) 18" GRAB BAR (VERTICAL), CURTAIN ROD BRACKETS, CURTAIN & ROD, MIXING VALVE, PRESSURE-BALANCING, LEVER HANDLE, PRE-PLUMBED TREE TO SUPPLY ELBOW, TRENCH GRATE & NO CAULK BRASS DRAIN	
	SHOWER - DEDUCT ALTERNATE #1	BEST BATH	BARRIER FREE SHOWER	5LBS6030ET5B L/R
(P-1)	ACCESSORIES:	BEST BATH	(1) 36" GRAB BAR, (1) 24" GRAB BAR, (1) 18" GRAB BAR (VERTICAL), CURTAIN ROD BRACKETS, CURTAIN & ROD, MIXING VALVE, PRESSURE-BALANCING, LEVER HANDLE, PRE-PLUMBED TREE TO SUPPLY ELBOW, & NO CAULK BRASS DRAIN	
	ACCESSORIES:	GORDON GLASS CO.	WHEELCHAIR SHOWER ENTRY THRESHOLD - ROLL-IN ACCESSIBLE RAMP W/ NEOPRENE SEAL	60 INCH
	LAVATORY	AMERICAN STANDARD	DECORUM 20" X 18-1/4" WALL-HUNG LAVATORY WITH EVERCLEAN	9024.004EC
(P-2)	FAUCET:	WOLVERINE	ENCORE TWO HANDLE CHROME LAVATORY FAUCET	EC00330 - CANOPY WRISTBLADE HANDLES
(P-3)	TOILET	KOHLER	BARRINGTON TWO-PIECE ELONGATED TOILET, 1.0 GPF	K-3578
(P-4)	TOILET	KOHLER	HIGHLINE TWO-PIECE ELONGATED TOILET, 1.0 GPF	K-5298=RA

ACCESSORY SCHEDULE ALL FIXTURES TO BE MOUNTED IN COMPLIANCE WITH ANSI 117.1

KEY	TYPE	MANUFACTURER	MODEL #	SIZE	COLOR/FINISH	REMARKS
1	MEDICINE CABINET	SEASONS	1626-R	16" X 26"		MOUNT AT 4'-10" ABOVE FLOOR TO TOP
2	GRAB BAR - VERTICAL	BOBRICK	B-5806.99	3'-0"	STAIN STAINLESS STEEL, PEENED	MOUNT @ 33"-36" ABOVE FLOOR TO TOP OF BAR
3	GRAB BAR- VERTICAL	BOBRICK	B-5806.99	18"	STAIN STAINLESS STEEL, PEENED	MOUNT @ 39"-41" ABOVE FLOOR TO BOTTOM OF BAR, MOUNT 39"-41" FROM CORNER
4	MIRROR	BOBRICK	B-293 1830	18x30	STAINLESS STEEL	MOUNT @ 40" ABOVE FLOOR TO BOTTOM OF REFLECTIVE SURFACE
5	TOWEL BAR	GATCO	#5071	18"	CHROME	MOUNT AT 26" ABOVE FLOOR TO TOP
6	DOUBLE ROBE HOOK	GATCO	#5076		CHROME	MOUNT AT 4'-0" ABOVE FLOOR ON INSIDE OF BATHROOM DOOR & SHOWER WING WALL
7	TOILET PAPER DISPENSER	BOBRICK	B-685	N/A	POLISHED STAINLESS STEEL	MOUNT @ 15" MIN. ABOVE FLOOR & 1 1/2" MIN BELOW GRAB BAR TO TOP, 7"-9" IN FRONT OF THE TOILET

* PROVIDE WOOD BLOCKING IN WALLS FOR ALL ACCESSORIES AS REQUIRED BY MANUFACTURER

LIGHTING SCHEDULE

KEY	FIXTURE TYPE	MANUFACTURER	MODEL #	SIZE	TEMP	BULB
A	SURFACE MOUNT LIGHT FIXTURE	COMMERCIAL ELECTRIC	BRUSHED NICKEL SELECTABLE CCT COLOR CHANGING LED ROUND CEILING FLUSH MOUNT LIGHT FIXTURE, MODEL #JU301IL-2/BN	13 IN.		INTEGRATED LED
B	RECESSED LIGHT FIXTURE	GOTHAM DOWNLIGHTING	EV06VR 3 3/8 WRAMP ND FOL MVOLT GZ10	6" DIAM.	3500K	INTEGRATED LED

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PRELIMINARY - NOT FOR CONSTRUCTION

Renovations to:
**Kennedy Manor
Bathrooms**
175 Broad Street
Pawtucket, RI 02860

SHEET CONTENTS:
Schedules

PROJECT # 5325

DATE: 12/12/2025
REVISED DATE:

A-6

Ed Wojcik
architect, ltd
One Richmond Square
Providence, RI 02906
401-861-7139