## CITY OF CHICAGO POLLUTION PREVENTION UNIT



# 2016 CERTIFICATE OF OPERATION

Rahm Emanuel Mayor

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

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

INTERVIEWED:

EXAMINED BY: Bob Szuszkiewicz

ON: 11/18/2013

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

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

Bechara Choucair, MD

Commissioner By:

Otis Omenazu Chief Air Engineer

## CITY OF CHICAGO POLLUTION PREVENTION UNIT



# 2017 CERTIFICATE OF OPERATION

Rahm Emanuel Mayor

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

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

INTERVIEWED:

EXAMINED BY: Bob Szuszkiewicz

ON: 08/17/2016

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

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

Julie Morita, MD

Commissioner By:

Otis Omenazu Chief Air Engineer



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

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5		-				

### CITY OF CHICAGO

DATE

### **DEMOLITION NOTICE OF INTENT**

FORM DM

	BL	ILDING INFORMATION	
BUILDING ADDRESS: 3501			
BUILDING TYPE: HIGH CXCOM	/ DENSITY RESIDENTI, DENSITY RESIDENTI, MERCIAL/ INDUSTRIAL	AL (4 Units or less) BUILD AL (More than 4 units)	ING SIZE: ( Length) <u>520</u> ( Width) <u>508</u> ( Heigth) <u>286</u> 500,000
<b>DEMOLITION DATE:</b> <u>5/30/</u> Any change of commencement dat	2018 <b>TO</b> e must be reported to D.	2/28/2019 <b>WO</b> O.E. at (312) 744-5272 by fax.	RK HOURS: <u>6</u> a.m. TO <u>2</u> p.m.
	0	WNER INFORMATION	
NAME: HRE Crawford	LLC	SIGNATURE:	Nal & Dawngon
ADDRESS: 5 Revere Di	rive, Suite	206	000
CITY: Northbrook	STATE: IL	ZIP: 60062	PHONE: 847-714-1288
-	CONT	RACTOR INFORMATION	$\bigcirc$
NAME: MCM MANAGEME		SIGNATURE:	ALC LAND
ADDRESS: 35980 WOOD	WARD AVE SU		(MAX FOOM)
CITY: BLOOMFIELD HI	TSTATE: MI	ZIP: 48304	PHONE: 248-932-9600
No building containing asbe notifications must also be prov	estos shall be demolisi	BESTOS INFORMATION ned in the City of Chicago wit Department of Public Health	hout first abating the asbestos. NESHAP for residential buildings 2 units and above.
DOES BUILDING CONTAIN ANY A		900 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190	
PROCEDURE USED TO DETECT Polarized Light			Staining
ILLINOIS LICENSE NUMBER OF IT	NSPECTOR: 100-0	07252	
ASBESTOS CONTENT ( Check ap	propriate boxe(s))	G 🗆 OTHER (Describe)	
AMOUNT OF ASBESTOS: 211,	000 Linear feet or	141,000 ft <sup>2</sup> or	rft³
ASBESTOS REMOVAL CONTRAC	TOR: MCM MAN	AGEMENT CORP.	
CONTRACTOR ADDRESS: 35			210
CITY: BLOOMFIELD HILLS	STATE: MI ZI	P: 48304 PHONE	248-932-9600

ASBESTOS INFORMATION CONTINUED

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

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

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

DISPOSAL FACILITY: Republic Services Newton County Landfill

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

#### REFRIGERANT INFORMATION

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

THERE ARE NO REFRIGERANTS ON SITE.

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

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

#### UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?						
□ YES						
IF ASTS / USTS ARE PRESENT: HOW MANY? CAPACITY? WHAT WAS STORED IN TANK?						
ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL?						

#### **GENERAL INFORMATION**

DUST CONTROL METHOD: ▲ WETTING A CHUTES □ BUCKETS □ OTHER(Describe)\_

METHOD OF DEMOLITION TO BE EMPLOY Dechanical cutting of buildings with water cannons for dust control

WASTE GENERATED TO BE: DISPOSED REUSED

DISPOSAL OR REPROCESSING FACILITY: ArcelorMittal

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

tomus

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

Whh Signed:

Print Name:\_\_\_\_\_\_

\_\_\_\_\_ Date April 24, 2018

Health & Safety Director

For official use only DEMOLITION CANNOT BEGIN UNTIL: SIGNATURE TITLE



CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604

Bldg Permit #\_\_\_

DATE April 18, 2018

**DEMOLITION NOTICE OF INTENT** 

FORM DM

			BUIL	DING INFORMATIO	ON			
BUILDING ADDRESS: 3501 South Pulaski Road								
BUILDING TYPE:          □ LOW DENSITY RESIDENTIAL (4 Units or less)           BUILDING SIZE: (Length) 520          □ HIGH DENSITY RESIDENTIAL (More than 4 units)           (Width) 508          ✓ COMMERCIAL/ INDUSTRIAL           (Heigth) 286          No. of Floors:          9								
DEMOLITION DATE:       5/30/18       TO       2/28/19       WORK HOURS:       6       a.m. TO       2       p.m.         Any change of commencement date must be reported to D.O.E. at (312) 744-5272       by fax.								
*****			OW	NER INFORMATIO	N			
NAME: HRE Crawf	ord, LLC	,		SIGNA	TURE:			
ADDRESS: 5 Rever	e Drive,	Suite 206						
CITY:Northbrook		STATE:	IL	ZIP: 60062		PHONE:	(847) 714-1288	
		er flese hins ister het hit sinderion en	CONTR		TION			aa daa ahaa ahaa ahaa ka mid aha dadha daa
NAME: MCM Mana	aement (	Corp		SIGNA		hin	1 /	
ADDRESS: 35980 W							PC	$\rightarrow$
CITY: Bloomfield H	Ills	STATE: N	11	ZIP: 48304		PHONE:	248-932-9600	
ASBESTOS INFORMATION No building containing asbestos shall be demolished in the City of Chicago without first abating the asbestos. NESHAP notifications must also be provided to City of Chicago Department of Public Health for residential buildings 2 units and above.								
DOES BUILDING CONT	AIN ANY AS	BESTOS?	YES		)			
PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS: Polarized Light Microscopy and Dispersion Staining (EPA-600/M4-82-020, EPA-600/R-93-116).								
ILLINOIS LICENSE NUMBER OF INSPECTOR: 100-07252								
ASBESTOS CONTENT ( Check appropriate boxe(s))								
AMOUNT OF ASBESTOS: <u>211,000</u> Linear feet or <u>141,000</u> ft <sup>2</sup> orft <sup>3</sup>								
ASBESTOS REMOVAL	CONTRAC	ror: MCM	I Manag	jement Corp.				
CONTRACTOR ADDRE	SS: 3598	30 Woodw	vard Ave	enue				
CITY: Bloomfield HI	lls s	STATE: M	I ZIP	: 48304	PHONE:	248-93	2-9600	

\*

#### ASBESTOS INFORMATION CONTINUED

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

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

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

DISPOSAL FACILITY: Republic Services Newton County Landfill

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

#### **REFRIGERANT INFORMATION**

TYPE OF REFRIGERANT: HFCs (Hydrogenated Fluorocarbon) HCFCs (Hydrogenated Chlorofluorocarbon)

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

HOW MUCH REFRIGERANT WAS RECOVERED ON SITE:\_\_\_\_\_LBS BY:\_\_\_\_

#### UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?

IF ASTS / USTS ARE PRESENT: HOW MANY? \_\_\_\_\_ CAPACITY?\_\_\_\_\_ WHAT WAS STORED IN TANK? \_\_\_\_\_

#### **GENERAL INFORMATION**

DUST CONTROL METHOD: DI WETTING CHUTES DUCKETS OTHER(Describe)\_

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

WASTE GENERATED TO BE: DISPOSED

☑ REPROCESSED OR REUSED

DISPOSAL OR REPROCESSING FACILITY: Various processors

ADDRESS:

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

Date April 18, 2018 Title: Hestth and Suckety Disconter arry Thomas Signed: Print Name: For official use only DEMOLITION CANNOT BEGIN UNTIL:

SIGNATURE\_

\_\_\_\_\_\_TITLE \_\_\_\_



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

Bldg Permit #\_\_\_\_\_

#### CITY OF CHICAGO

-----

DATE

2

### **DEMOLITION NOTICE OF INTENT**

FORM DM

BUILDING INFORMATION
BUILDING ADDRESS: 3501 S. Pulaski Road.
BUILDING TYPE:          LOW DENSITY RESIDENTIAL (4 Units or less)           BUILDING SIZE: (Length) 52.0          HIGH DENSITY RESIDENTIAL (More than 4 units)          (Width) 50.8          COMMERCIAL/ INDUSTRIAL          (Heigth) 28.6          No. of Floors:          Total Square Footage of Bldg: 50.0, 00.0
DEMOLITION DATE. 5/7/2018 TO 4/1/2019 WORK HOURS: 6 a.m. TO 2 p.m. Any change of commencement date must be reported to D.O.E. at (312) 744-5272 by fax.
OWNER INFORMATION
NAME: HRE Crawford, LLC SIGNATURE: Nail & Causingon
ADDRESS: 5 Revere Drive, Suite 206
CITY: Northbrook STATE: IL ZIP: 60062 PHONE: 847-714-1288
CONTRACTOR INFORMATION
NAME: MCM MANAGEMENT CORP
ADDRESS: 35980 WOODWARD AVE SUITE 210
CITY: BLOOMFIELD HILTSTATE: MI ZIP: 48304 PHONE: 248-932-9600
ASBESTOS INFORMATION No building containing asbestos shall be demolished in the City of Chicago without first abating the asbestos. NESHAP notifications must also be provided to City of Chicago Department of Public Health for residential buildings 2 units and above.
DOES BUILDING CONTAIN ANY ASBESTOS? YES IN NO
PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS: Polarized Light Microscopy and Dispersion Staining
ILLINOIS LICENSE NUMBER OF INSPECTOR: 100-07252
ASBESTOS CONTENT ( Check appropriate boxe(s))
AMOUNT OF ASBESTOS: 211,000 Linear feet or 141,000 ft <sup>2</sup> orft <sup>3</sup>
ASBESTOS REMOVAL CONTRACTOR: MCM MANAGEMENT CORP.
CONTRACTOR ADDRESS: 35980 WOODWARD AVENUE SUITE 210
CITY: BLOOMFIELD HILLS STATE: MI ZIP: 48304 PHONE: 248-932-9600

#### ASBESTOS INFORMATION CONTINUED

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

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

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

DISPOSAL FACILITY: Republic Services Newton County Landfill

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

#### REFRIGERANT INFORMATION

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

THERE ARE NO REFRIGERANTS ON SITE

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

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

#### UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?					
	□ YES	<b>又 NO</b>			
IF ASTs / USTs ARE PRESENT: HOW MANY? CAPACITY?	WHAT WAS STORED IN TANK?				
ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL? All UST and AST installation, removal, upgrade and abandonment-in-place activit performed by an OSFM registered contractor and require a permit from the Depar	ties conducted within the City of Chicago	must be			

▲ WETTING A CHUTES □ BUCKETS □ OTHER(Describe)\_ DUST CONTROL METHOD:

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

DISPOSAL OR REPROCESSING FACILITY: ArcelorMittal

WASTE GENERATED TO BE: DISPOSED

REPROCESSED OR REUSED

thomas

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

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

ach Signed:

Date April 24, 2018 was

Print Name:\_\_\_\_\_ Larry Thomas

Health & Safety Director

DEMOLITION CANNOT BEGIN UNTIL:	For official use only	
SIGNATURE	TITLE	

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

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

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

		of this form h	nay be found				
Date:						rization Code (IEPA O	<u>.</u> ,
TYPE OF NOTIF	<u> </u>		on 🗌 renovatio	on 🗌 cancella	ation D revis	sion   ordered de	molition 🔲 annual
Check Type of Proj	ect Below: (Check	<i>all that apply.)</i>	oiect 🗖 Com	mercial Public Bu	uilding (Friable 8	Non-Friable)	
Revised by:			•		List Section #'s b		
1. FACILITY INFO				seu. L		Jeilig Tevised.	
Facility name:				Scho	ol Bldg ID:		
Location of Asbesto	s Containing Mater	rial (ACM) in Str	ucture:	00110	or blug ib.		
Bldg Size:	Sq.Ft.:	#Flrs:	Age:		Present L	lse.	
Prior Use:	04.1		, (90.		Future Us		
Address:			City:			County:	Zip:
Contact:			C			Phone:	—.p :
2. FACILITY OWN	ER OR SCHOO	DISTRICT:	(Tip: Complete	for all projects			
Facility Owner Nam			Address:				
City:	State	e: Zip:	Contact:			Phone:	
		•		g occupants and	users from the	building owner or scho	ool board shall be
submitted for IDPH pu							
3. ASBESTOS C	ONTRACTOR NA	ME:				ID#:	
Address:			City:			State:	Zip:
Contact:						Phone:	
4. DEMOLITION	CONTRACTOR N	AME:					
Address:			City:		;	State:	Zip:
Contact:						Phone:	
5. ABATEMENT I	NFORMATION:		Is Asbes	stos Present?	? 🛛 Yes	i 🗖 No	
Description of Planr	ned Demolition or Re	enovation Work a	and Methods to	be Employed I	Including Dem	olition or Renovation	n Techniques:
Description of Work	Practice(s) and Eng	gineering Contro	Is used to Preve	nt Emissions a	at the Demoliti	on or Renovation Si	te:
6. Quantities:		1		1		1	
	Regulated Asbestos Containing Material to be removed (RACM)		asbestos not to d (demolition) CAT II		ble asbestos removed CAT II		SBESTOS EMOVED
Pipes (Ln. Ft.):							
Surface Area (Sq. Ft.):							
Volume (Cu. Ft.):							
All other non-friable A	CM are considered C ategory I non-friable A probability of becomin	AT II non-friable A CM that will be or g or has become	CM. (RACM) is (a has been subject	a) friable asbest ed to sanding, o	os material, (b) grinding, cutting	or abrading, or (d) Ca	ACM that has ategory II non-friable
7. ABATEMENT S	TART DATE:		Finish Date:	V	Vork hours:		
AND/OR DEMO	LITION START D	ATE:	Finish Date:	V	Vork hours:	AM 🗆 PM 🗖	AM 🗆 PM 🗖
Working Weekends	? 🗆 Y	es □No	Working	Evenings?		🗆 Yes 🛛 No	
Tip: Ten day notificati with the US postmark faxed copies, howeve	date or date receive	d in office by com	mercial services of	or hand delivery	IEPA, City of	o the commencement Chicago, and Cook C	date. Ten days begin ounty cannot accept

8. PROJECT DESIGNER ID#: 100-	Name:					
Complete Project Designer Name and License ID# if this project was designed by a Designer.						
9. INSPECTOR ID#: 100-	Name:					
Tip: If procedure utilized is visual inspection, the inspector ID# must be provided. 10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS						
Name of Analytical Testing Laboratory:	D#- 100	NI-				
11. ASBESTOS PROJECT MANAGER II 12. AIR SAMPLING PROFESSIONAL II			me:			
	D#: 100-	INA	me:			
13. DISPOSAL SITE/LANDFILL NAME:		Contact:				
Address:	State:		Phone:			
City: 14. WASTE TRANSPORTER/NAME:	Sidie.	Zip:	FIIOIIE.			
Address:		Contact:				
	Otata		Dhanai			
City:	State:	Zip:	Phone:			
<b>15. IS DEMOLITION ORDERED BY A G</b> ( <i>If yes, a signed copy of Order must be attache</i>	ed.)	☐ Yes	□ No			
Government representative ordering the activity	•					
	Date of Order:	Order	r Demolition Date:			
16. FOR EMERGENCY RENOVATION:			1			
Date and hour of emergency (mm/dd/yy): Describe sudden unplanned event. ( example: I	boiler explosion) Explain how th	AM D PM D				
failure or an unreasonable financial burden.						
I certify that at least one representative train renovation, having in his or her possession for	ed in the provisions of 40 CFF					
	-					
CERTIFICATE # I certify the above information is correct.	_ NAME OF TRAINING COUL	RSE				
Signature of Demolition/Abatement Contractor or the Owner         Date           Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).           Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.						
For Cook County Departmental Use Only.						
Date Received CCDEC:	Post Mark Date:		Input Into Computer:			
· · · · · · · · · · · · · · · · · · ·	pection Priority: Top 🔲 High		Must be Inspected:			
Date(s) of Inspections:		lialation Ocasion A				
Inspection Report Attached: Yes No Violation Copies Attached: Yes No The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.						
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	Submit this appropriate		<b>PUBLIC</b> <b>PUBLIC</b> <b>IL Department of Public Health</b> 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)			
IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)		ections om 200	Fees apply as follows: Residential Unit with less than 4 units \$300.00** Residential Units with 4 units or more \$450.00 Commercial/Industrial facilities \$600.00 ential buildings with fewer than two dwelling units are ments.			

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

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

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

	Copies of	of this form m	ay be found	at: www.ien	nconnect.con	n/enviro	
Date: April 18, 2	2016			Illino	ois E-Pay Authori	zation Code (I	EPA Only):
TYPE OF NOTIF	ICATION: Origin	al 🔲 demolitio	n 🛛 renovatio	n 🗖 cancella	ation 🛛 revisi	on 🛛 order	ed demolition
Check Type of Proj		all that apply.)					
	ject 🔲 Non-Friable Sc				uilding (Friable &	Non-Friable)	
	Contractor Owner	Project Designe	r #of times revis	sed: L	List Section #'s be	eing revised:	#7
1. FACILITY INFO	ORMATION:						
Facility name: For	mer NRG Crawford	Generation S	tation	Scho	ool Bldg ID:		
Location of Asbest	os Containing Materi	al (ACM) in Stru	cture: Throug	h out the ma	ain building in	basement	and boiler house
Bldg Size:	Sq.Ft.: 500,0	00 #Flrs: 9	Age: 50	+	Present Us	se: Vacant	
Prior Use: Power	Generation Station	1			Future Use	e (demo) De	evelopement
Address: 3501 So	uth Pulaski Road		City: Cl	hicago	С	ounty: Cool	Zip: 60623
Contact: Larry Th	iomas				Р	hone: 313-	549-0067
2. FACILITY OWI	NER OR SCHOOL	DISTRICT: (	Tip: Complete	for all projects	s Commercial/F	Public or Sch	ools)
Facility Owner Nam	e: HRE Crawford,	LLC	Address:		ana na ang panta kana ang Kalin tahun pinang kanala dipantipat		
City: NORTHBRO	OOK State	: IL Zip: 600	62 Contact:	John Tschar	ntz	Pho	one: 312-690-7228
		verification certification	ation to all building				or school board shall be
3. ASBESTOS CONTRACTOR NAME: MCM ENVIRONMENTAL SERVICES, LLC ID#: 500-1861						500-1861	
the second se	WOODWARD AVE		and the second	oomfield Hill		tate: MI	Zip: 48304
	iomas, Health & Sa					hone: 313-5	
	CONTRACTOR N/		ANAGEMEN	T CORP			
	Noodward Avenue			loomfield Hill		tate: MI	Zip: 48034
	tch, Vice President		Oity. D			hone: 248-6	we want the second s
5. ABATEMENT			Is Asbes	stos Present			00 0112
	ned Demolition or Re	novation Work a					ovation Techniques:
	ng of buildings with	·····			<u> </u>		
	ug or ounoings win	Water Califion	LIOI OUSECOIL	100			
Description of Work	Practice(s) and Eng	ineering Control	s used to Preve	nt Emissions a	at the Demolitio	n or Renova	tion Site:
	r truck will be utilize						i a da da la composi de como esta da la companya de companya de la companya de la companya de la companya de co
engineering contr			a of along the	r moung ma		(Maoninos)	as a social g
6. Quantities:							
	Regulated Asbestos	Non-friable a	sbestos not to	Non-frial	ble asbestos		
	Containing Material to be removed (RACM)		(demolition) CAT II	to be CAT I	e removed CAT II		OTAL ASBESTOS
Pipes (Ln. Ft.):	211,000	CALL		UALI			211,000
Surface Area (Sq. Ft.):	141,000			25,000			141,000
Volume (Cu. Ft.):	141,000			20,000			111,000
	e ACM are asbestos-co	ntaining resilient	l floor coverinas (v	invl asbestos til	le (VAT), asphalt	roofina produ	cts. packing and gaskets.
All other non-friable A become friable, (c) C ACM that has a high	Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.						
7. ABATEMENT S	START DATE: 05/0	7/18	Finish Date:	05/01/19 v	Work hours: 06:	00 am 🔀 Pi	02:00 AM 🗆 PM 🛛
AND/OR DEMO	<b>OLITION START DA</b>	TE: 05/30/18	Finish Date:	02/28/19 V	Work hours: 06:	00 AM 🛛 PI	M 🗖 02:00 AM 🗖 PM 🛛
Working Weekends	? 🛛 Ye	es 🛛 No	Working	Evenings?	Ľ	Yes 🛛	No
with the US postman	tion requires at minimun k date or date received ver, IDPH will accept fax	in office by comr	nercial services of	or hand delivery	y. IEPA, City of C	the commenc hicago, and (	ement date. Ten days begin Cook County cannot accept
IL532-1296 APC 430	0 Rev. 1/2013						

8. PROJECT DESIGNER ID#: 100- Name:					
	ner Name and License ID# if this project was d	lesigned by a Designer.			
9. INSPECTOR ID#: 100- 07252	Name: Matthew D. Aigner				
Tip: If procedure utilized is visual inspection <b>10. PROCEDURE, INCLUDING ANALYTIC</b> Polorized Light Microscopy		RESENCE OF ASBESTOS			
Name of Analytical Testing Laboratory: ERM	Services 200 South Wacker Drive, Suite 2	2575, Chicago, IL. 60606			
11. ASBESTOS PROJECT MANAGER ID		me:			
12. AIR SAMPLING PROFESSIONAL ID	#: 100- Na	me:			
13. DISPOSAL SITE/LANDFILL NAME: Re	public Services Newton County Landfill				
Address: 2266 E. 500 S.	Contact:				
City: Brook	State: IL Zip: 47922	Phone:			
14. WASTE TRANSPORTER/NAME: Repu	ublic Service				
Address: 2351 S. Lafin St.	Contact:				
City: Chicago	State: IL Zip: 60608	Phone: 312-226-1226			
15. IS DEMOLITION ORDERED BY A GO (If yes, a signed copy of Order must be attached		No No			
Government representative ordering the activity					
Title:	Date of Order: Order	r Demolition Date:			
16. FOR EMERGENCY RENOVATION:					
Date and hour of emergency (mm/dd/yy):	AM 🖸 PM 🗖				
Describe sudden unplanned event. ( example: b failure or an unreasonable financial burden.	oiler explosion) Explain now the event caused	unsate conditions or would cause equipment			
<b>17.</b> Description of procedures to be follower material becomes crumbled, pulverized or i	reduced to powder.				
Stop work Keep Wet, Contact District Offi	ce/Local Air Authority. Evacuate Area. De	marcate Area, Contact Licensed			
Abatment Contractor I certify that at least one representative traine renovation, having in his or her possession fo	d in the provisions of 40 CFR Part 61, Subpar	rt M, shall be on site during demolition or ng has been accomplished.			
CERTIFICATE # CSI3549	NAME OF TRAINING COURSE CSI 40-0				
I certify the above information is correct.		Price 18,2018			
Signature of Demolition/Abatement Contra		Date			
Any person who knowingly makes a false, fict Class 4 felony. A second or subsequent offer					
Tip: All notification forms must be hand signed and dated. H	이 방법에 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이다. 이 것이 있는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 있는 것이 같이 있는 것이 없는 것이 없 같이 없는 것이 없다. 것이 없 것이 없는 것이 없다. 것이 없는 것이 않는 것이 없는 것이 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없 않이				
accept photocopies. <u>All notifications submitted to IEPA, City</u>					
For Cook County Departmental Use Only.					
Date Received CCDEC:	Post Mark Date:	Input Into Computer:			
	ction Priority: Top 🗌 High 🗋 Low 🗋	Must be Inspected:			
Date(s) of Inspections:		Harbards Mar D No D			
	lo Violation Copies A				
The Illinois EPA is authorized to require, and you shall disclose, the Failure to disclose the requisite information on this Agency form ma					
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	Submit this form to the appropriate agencies:	Minois Department of <b>PUBLIC</b> <b>HEALTH</b> IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)			
IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 ** except that asbestos abatement in resid not subject to the notice and fee required	Fees apply as follows: Residential Unit with less than 4 units\$300.00** Residential Units with 4 units or more\$450.00 Commercial/Industrial facilities\$600.00 ential buildings with fewer than two dwelling units are ments.			

8. PROJECT DESIGNER ID#: 100-	Name:		
Complete Project Desig	ner Name and License ID# if	this project was c	lesigned by a Designer.
9. INSPECTOR ID#: 100- 07252	Name: Matt	hew D. Aigner	
Tip: If procedure utilized is visual inspection <b>10. PROCEDURE, INCLUDING ANALYTIC</b> Polorized Light Microscopy			RESENCE OF ASBESTOS
Name of Apolytical Testing Laboratory, CDM	Comisso 200 Couth Mask	an Dairea, Cruita (	DEZE Objecte II COCOC
Name of Analytical Testing Laboratory: ERM 11. ASBESTOS PROJECT MANAGER ID			
12. AIR SAMPLING PROFESSIONAL ID			me:
13. DISPOSAL SITE/LANDFILL NAME: Re			me.
Address: 2266 E. 500 S.	public del vices riewion o	Contact:	
City: Brook	State: IL	Zip: 47922	Phone:
14. WASTE TRANSPORTER/NAME: Rep		Zip. 47022	r none.
Address: 2351 S. Lafin St.		Contact:	
City: Chicago	State: IL	Zip: 60608	Phone: 312-226-1226
15. IS DEMOLITION ORDERED BY A GO	OVERNMENT AGENCY?	☐ Yes	X No
(If yes, a signed copy of Order must be attache			
Government representative ordering the activity			
	Date of Order:	Orde	r Demolition Date:
16. FOR EMERGENCY RENOVATION:			1
Date and hour of emergency (mm/dd/yy): Describe sudden unplanned event. ( example: b failure or an unreasonable financial burden.	ooiler explosion) Explain how t	AM PM AM PM AM PM AM PM AM PM	
17. Description of procedures to be followe material becomes crumbled, pulverized or	d in the event that unexpect reduced to powder.	ted asbestos is	found or previously non-friable asbestos
Stop work Keep Wet, Contact District Off Abatment Contractor	ice/Local Air Authority, Eva	icuate Area, De	emarcate Area, Contact Licensed
I certify that at least one representative trainer renovation, having in his or her possession for	ed in the provisions of 40 CFF or inspection, evidence that th	R Part 61, Subpa e requisite trainir	rt M, shall be on site during demolition or ng has been accomplished.
CERTIFICATE # CSI3549	NAME OF TRAINING COU	RSE CSI 40-0	CFR PART 763 (AHERA)
I certify the above information is correct.			Λ Ω
All Jona		n fan de ferste en ander en de ferste en de fe	- Amel 23,2018
Signature of Demolition/Abatement Contra Any person who knowingly makes a false, fic		statement orally	or in writing to the Illinois EPA commits a
Class 4 felony. A second or subsequent offer	nse after conviction is a Class	3 felony. (415 IL	.CS 5/44(h)).
Tip: All notification forms must be hand signed and dated. H	land stamps are not acceptable. IEPA	and Cook County requ	re original signatures on their notification forms. IDPH will
accept photocopies. <u>All notifications submitted to IEPA. City</u>	of Chicago, & Cook County must be a	ccompanied by the ap	ppropriate fee. There is no fee for notification to IDPH.
For Cook County Departmental Use Only.			
Date Received CCDEC:	Post Mark Date:		Input Into Computer:
Inspection Fee Received: Insp	ection Priority: Top 🛛 High		Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached: Yes 🛛 I	No 🗆 🛛 🗤	iolation Copies A	ttached: Yes 🗆 No 🗖
The Illinois EPA is authorized to require, and you shall disclose, the Failure to disclose the requisite information on this Agency form m	information requested on this Agency forr ay result in your notification being denied	n utilizing this form pursi I, and/or penalties being	uant to the Illinois Environmental Protection Act (Act), 415 ILCS 5 i imposed as provided for in the Act, 415 ILCS 5/42-45.
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	Submit this appropriate		<b>II.</b> Department of Public Health 525 W. Jefferson St. 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)
IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)		ections om 200	Fees apply as follows: Residential Unit with less than 4 units\$300.00** Residential Units with 4 units or more\$450.00 Commercial/Industrial facilities\$600.00 ential buildings with fewer than two dwelling units are ments.

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Copies of this form may be found at: www.ienconnect.com/enviro								
Date: April 23,						tion Code (IEPA	11 Locason	
	ect Below: (Check		renovatio	on 🗌 cancellatio	n 🛛 revision	ordered d	emolition	🗆 annual
1	ject Delow: (Check		ot MCom	mercial Public Buildi	na (Eriabla & Ma	n Frichlo)		
	Contractor Owner	,			Section #'s bein			an a
1. FACILITY INFO		1 10/00( D 00/g/10/				9 1041500.		
	mer NRG Crawford	Generation Sta	ation	School	3lda ID:			
	os Containing Mater				~	asement and	boiler hou	ISE
Bldg Size:	Sq.Ft.: 500,0		Age: 50		Present Use			
Prior Use: Power	Generation Station		ÿ		Future Use (	demo) Develo	pement	
Address: 3501 So	uth Pulaski Road		City: C	hicago		inty: Cook	Zip: 6	0623
Contact: Larry Th	iomas				Pho	one: 313-549-0	0067	
2. FACILITY OW	NER OR SCHOOL	DISTRICT: (TI	p: Complete	for all projects C	ommercial/Pu	blic or Schools)	)	
	e: HRE Crawford,		Address			and an and a second		
City: NORTHBRC	OOK State	: IL Zip: 6006	2 Contact:	John Tschantz		Phone:	312-690-1	7228
Copies of abatement submitted for IDPH pu	permission and written Iblic and private school	verification certification facilities as required	on to all buildin by Section 855	g occupants and us 5.350 of the IDPH As	ers from the bui bestos Code.	lding owner or scl	hool board s	shall be
3. ASBESTOS CONTRACTOR NAME: MCM ENVIRONMENTAL SERVICES, LLC ID#: 500-1861								
Address: 35980 V	VOODWARD AVE	NUE	City: B	loomfield Hills	Stat	te: MI	Zip: 4	8304
Contact: Larry Th	iomas, Health & Sa	fety Director			Pho	ne: 313-549-0	)067	
4. DEMOLITION	CONTRACTOR N	ME: MCM MA	NAGEMEN	T CORP				
Address: 35980 \	Noodward Avenue		City: B	loomfield Hills	Stat	te: MI	Zip: 4	8034
Contact: Aaron Fi	tch, Vice President				Pho	ne: 248-660-6	3772	
5. ABATEMENT	INFORMATION:		Is Asbe	stos Present?	X Yes	D No		
Description of Plan	ned Demolition or Re	novation Work and	d Methods to	be Employed Incl	uding Demoliti	on or Renovatio	on Techniq	ues:
(Machanical cutti	ng of buildings with	water cannon f	or dust cont	rol)				
	Practice(s) and Eng							
5000 gallon wate engineering contr	r truck will be utilize ol.	ed for dust contr	ol along wit	h misting machi	nes (Snow M	lachines) as a	i seconda	ary
6. Quantities:								
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asb be removed (d CAT I		Non-friable a to be rem CAT I			ASBESTOS REMOVED	
Pipes (Ln. Ft.):	211,000						1,000	
Surface Area (Sq. Ft.):	141,000			25,000			1,000	
Volume (Cu. Ft.):								
Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.								
	TART DATE: 05/07		Finish Date:					
	LITION START DA		Finish Date4				)4:00 AM	
Working Weekends		and a second		Evenings?				
with the US postman	ion requires at minimun < date or date received er, IDPH will accept fax	in office by comme	rcial services (	or hand delivery. IE	PA. City of Chie	a commencement cago, and Cook (	date. Ten c County can	lays begin not accept
		The second s					And in the owner of the owner	Construction of the local division of the lo

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

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Date: April 23,	2018 Copies	of this form n	hay be lound			rization Code (IEF	PA Only).
And the second se	ICATION: Origin		on 🗖 renovativ				
Check Type of Pro	ject Below: (Check	all that apply.)					demolition
	ject D Non-Friable So		oiect 🗖 Com	mercial Public Bu	uilding (Friable 8	Non-Friable)	
	Contractor DOwner				ist Section #'s I		
1. FACILITY INFO						ing totiood.	
Facility name: For	mer NRG Crawford	Generation S	Station	Scho	ol Bldg ID:		
	os Containing Mater					n basement an	d hoiler house
Bldg Size:	Sq.Ft.: 500,0		Age: 50			Jse: Vacant	
Prior Use: Power	Generation Station			-		se (demo) Dev	elonement
	outh Pulaski Road		City: C	hicago		County: Cook	Zip: 60623
Contact: Larry Thomas				incage		Phone: 313-54	
	NER OR SCHOOL	DISTRICT	(Tin: Complete	for all projects			
	ne: HRE Crawford,		Address:		oonninercial		15)
City: NORTHBRO		: IL Zip: 600		John Tschar	ntz	Phone	e: 312-690-7228
	permission and written						
submitted for IDPH pu	ublic and private school	facilities as require	ed by Section 855	5.350 of the IDPH	Asbestos Cod	le.	SCHOOL DUALG SHAIL DE
3. ASBESTOS CONTRACTOR NAME: MCM ENVIRONMENTAL SERVICES, LLC ID#: 500-1861						500-1861	
Address: 35980 V	City: B	loomfield Hills	s :	State: MI	Zip: 48304		
Contact: Larry Th	iomas, Health & Sa	afety Director			I	Phone: 313-549	9-0067
4. DEMOLITION	CONTRACTOR N	AME: MCM N	ANAGEMEN	T CORP			
Address: 35980 Woodward Avenue City:				loomfield Hill	s s	State: MI	Zip: 48034
Contact: Aaron Fi	tch, Vice President	1				Phone: 248-660	
5. ABATEMENT	INFORMATION:		Is Asbe	stos Present?	Yes	□ No	
Description of Plan	ned Demolition or Re	novation Work a					ation Techniques:
	ng of buildings with				ÿ		
<u>`</u>	J J						
					-		
Description of Work	Practice(s) and Eng	ineering Control	s used to Preve	nt Emissions a	at the Demoliti	on or Renovation	n Site:
5000 gallon water	r truck will be utilize	ed for dust cor	ntrol along with	n misting mad	chines (Snov	v Machines) as	s a secondary
engineering contr	ol.					······	
6. Quantities:							
	Regulated Asbestos		sbestos not to		le asbestos		
	Containing Material to be removed (RACM)	CAT I	l (demolition) CAT II	CAT I	removed CAT II		AL ASBESTOS BE REMOVED
Pipes (Ln. Ft.):	211,000			) )			211,000
Surface Area (Sq. Ft.):	141,000			25,000			141,000
Volume (Cu. Ft.):							
Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.							
	TART DATE: 05/07		Finish Date: (	)2/28/19 W	/ork hours:08	:00 AM 🛛 PM 🖸	04:00 AM 🗖 PM 🕱
	LITION START DA		Finish Date: (	05/01/19 W	ork hours: 08	:00 AM 🔀 PM 🖸	] 04:00 AM 🗖 PM 🕱
Working Weekends				Evenings?		🗆 Yes 🛛 🕅 No	)
with the US postmark	on requires at minimun date or date received er, IDPH will accept fax	in office by comm	nercial services (	or hand delivery	IEPA City of (	the commencem Chicago, and Coo	ent date. Ten days begin k County cannot accept

8. PROJECT DESIGNER ID#: 100-	Name:		
	igner Name and License ID# if	this project was	designed by a Designer.
9. INSPECTOR ID#: 100- 07252	Name: Matt	hew D. Aigner	· · · · · · · · · · · · · · · · · · ·
Tip: If procedure utilized is visual inspection <b>10. PROCEDURE, INCLUDING ANALYT</b> Polorized Light Microscopy	ion, the inspector ID# must be p ICAL METHOD, USED TO D	rovided. DETECT THE P	PRESENCE OF ASBESTOS
Name of Analytical Testing Laboratory: ERM	Services 200 South Wack	ar Drive Suite	2575 Chicago II 60606
11. ASBESTOS PROJECT MANAGER			ame:
12. AIR SAMPLING PROFESSIONAL			ame:
13. DISPOSAL SITE/LANDFILL NAME: R			
Address: 2266 E. 500 S.		Contact:	
City: Brook	State: IL	Zip: 47922	Phone:
14. WASTE TRANSPORTER/NAME: Re			
Address: 2351 S. Lafin St.	I	Contact:	
City: Chicago	State: IL	Zip: 60608	Phone: 312-226-1226
15. IS DEMOLITION ORDERED BY A G (If yes, a signed copy of Order must be attached	OVERNMENT AGENCY?	☐ Yes	X No
Government representative ordering the activit		WWW IN A REPORT OF THE TAXABLE PARTY OF	
Title:	Date of Order:	Orde	er Demolition Date:
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):			]
Describe sudden unplanned event. ( example:	boiler explosion) Explain how th	e event caused	unsafe conditions or would cause equipment
failure or an unreasonable financial burden.			
17. Description of procedures to be follow material becomes crumbled, pulverized or	ed in the event that unexpec	ted asbestos is	s found or previously non-friable asbestos
Stop work Keep Wet, Contact District Of		cuate Area De	emarcate Area, Contact Licensed
Abatment Contractor			
I certify that at least one representative train renovation, having in his or her possession f	ned in the provisions of 40 CFR for inspection, evidence that the	Part 61, Subpa requisite traini	rt M, shall be on site during demolition or ng has been accomplished.
CERTIFICATE # CSI3549	NAME OF TRAINING COUF	SF CSI 40-	CFR PART 763 (AHERA)
I certify the above information is correct.			Λ
Xais Shoma			Amel 23,2018
Signature of Demolition/Abatement Contr	ractor or the Owner		Date
Any person who knowingly makes a false, fit	ctitious, or fraudulent material s	statement, orally	or in writing, to the Illinois EPA commits a
Class 4 felony. A second or subsequent offe	ense after conviction is a Class	3 felony. (415 IL	_CS 5/44(h)).
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For Cook County Departmental Use Only.			
Date Received CCDEC:	Post Mark Date:		Input Into Computer:
Inspection Fee Received: Insp	pection Priority: Top 🗖 High 🕻	Low 🗆	Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached: Yes	No 🗆 V	iolation Copies A	ttached: Yes 🗆 No 🗖
The Illinois EPA is authorized to require, and you shall disclose, the Failure to disclose the requisite information on this Agency form r	e information requested on this Agency form may result in your notification being denied,	utilizing this form purs and/or penalties being	uant to the Illinois Environmental Protection Act (Act), 415 ILCS 5 g imposed as provided for in the Act, 415 ILCS 5/42-45.
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	Submit this f		IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)
IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	Chicago Department Permitting and Inspe 333 S. State St., Roor Chicago, IL 60604 ** except that asbesto not subject to the ne	<b>ctions</b> n 200 s abatement in resid	Fees apply as follows: Residential Unit with less than 4 units\$300.00** Residential Units with 4 units or more\$450.00 Commercial/Industrial facilities\$600.00 ential buildings with fewer than two dwelling units are ments.

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Deter		of this form n	hay be found				
Date:					-	rization Code (IEPA O	
			on 🛛 renovatio	on 🗌 cancella	ation 🗌 revis	sion   ordered de	molition 🔲 annual
Check Type of Proj	ect Below: (Check ect $\Box$ Non-Friable So	<i>all that apply.)</i>		mercial Public Bu	uilding (Eriphle 8	Non-Friable)	
	ontractor Owner				ist Section #'s b		
1. FACILITY INFO						Jeilig Tevised.	
Facility name:				Scho	ol Bldg ID:		
	os Containing Mater	ial (ACM) in Str	ucture:	00110	or blug ib.		
Bldg Size:	Sq.Ft.:	#Flrs:	Age:		Present L	lse.	
Prior Use:	oq		, igo.		Future Us		
Address:			City:			County:	Zip:
Contact:			0.191			Phone:	p.
	NER OR SCHOO		Tip: Complete	for all projects			
Facility Owner Nam			Address:				
City:	State	e: Zip:	Contact:			Phone:	
		•		g occupants and	users from the	building owner or scho	ool board shall be
submitted for IDPH pu							
3. ASBESTOS C	ONTRACTOR NA	ME:				ID#:	
Address:			City:		;	State:	Zip:
Contact:						Phone:	
4. DEMOLITION	CONTRACTOR N	AME:					
Address:			City:		:	State:	Zip:
Contact:						Phone:	
5. ABATEMENT I	NFORMATION:		Is Asbes	stos Present?	y □ Yes	□ No	
Description of Planr	ned Demolition or Re	enovation Work a	and Methods to	be Employed I	ncluding Dem	olition or Renovatior	n Techniques:
Description of Work	Practice(s) and Eng	gineering Control	Is used to Preve	nt Emissions a	at the Demoliti	on or Renovation Si	te:
6. Quantities:						1	
	Regulated Asbestos Containing Material to be removed (RACM)		asbestos not to d (demolition) CAT II		le asbestos removed CAT II		SBESTOS EMOVED
Pipes (Ln. Ft.):							
Surface Area (Sq. Ft.):							
Volume (Cu. Ft.):							
All other non-friable A become friable, (c) Ca ACM that has a high	CM are considered C. ategory I non-friable A	AT II non-friable A CM that will be or g or has become o	CM. (RACM) is (a has been subject	a) friable asbesto ed to sanding, g	os material, (b) grinding, cutting	t roofing products, pac Category I non-friable or abrading, or (d) Ca e forces expected to a	ACM that has ategory II non-friable
7. ABATEMENT S	TART DATE:		Finish Date:	V	Vork hours:		
AND/OR DEMO	LITION START DA	ATE:	Finish Date:	V	Vork hours:	AM 🗖 PM 🗖	
Working Weekends	? 🗆 Y	es 🗆 No	Working	Evenings?		🗆 Yes 🛛 No	
Tip: Ten day notificati with the US postmark faxed copies, howeve	date or date received	d in office by comi	mercial services of	or hand delivery	. IEPA, City of	o the commencement Chicago, and Cook C	date. Ten days begin ounty cannot accept

8. PROJECT DESIGNER ID#: 100-	Name:		
Complete Project Desig	gner Name and License ID# if	this project was o	designed by a Designer.
9. INSPECTOR ID#: 100-	Name:		
Tip: If procedure utilized is visual inspectio 10. PROCEDURE, INCLUDING ANALYTIC			RESENCE OF ASBESTOS
Name of Analytical Testing Laboratory:	-		
11. ASBESTOS PROJECT MANAGER II			ime:
12. AIR SAMPLING PROFESSIONAL	D#: 100-	Na	ime:
13. DISPOSAL SITE/LANDFILL NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
14. WASTE TRANSPORTER/NAME:		•	
Address:		Contact:	
City:	State:	Zip:	Phone:
<b>15. IS DEMOLITION ORDERED BY A GO</b> (If yes, a signed copy of Order must be attached)	ed.)	☐ Yes	□ No
Government representative ordering the activity			
Title:	Date of Order:	Orde	r Demolition Date:
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy): Describe sudden unplanned event. ( example: b	oilor ovologion) Evolgin how t		
failure or an unreasonable financial burden.	oner explosion) Explain now i	le event caused	unsale conditions of would cause equipment
<b>17.</b> Description of procedures to be followe material becomes crumbled, pulverized or		ted asbestos is	found or previously non-friable asbestos
I certify that at least one representative trainer renovation, having in his or her possession for			
CERTIFICATE #	NAME OF TRAINING COU	RSE	
I certify the above information is correct.	1 m		
-	priloco l'unon		5/30/2018
Signature of Demolition/Abatement Contra	actor or the Owner		Date
Any person who knowingly makes a false, fic			
Class 4 felony. A second or subsequent offe		•	
Tip: All notification forms must be hand signed and dated. All notifications submitted to IEPA, City			
For Cook County Departmental Use Only.			
Date Received CCDEC:	Post Mark Date:		Input Into Computer:
Inspection Fee Received: Insp	ection Priority: Top 🔲 High	Low 🗆	Must be Inspected:
Date(s) of Inspections:			
Inspection Report Attached: Yes	No 🗆 🛛 🕔	iolation Copies A	ttached: Yes 🗆 No 🗖
The Illinois EPA is authorized to require, and you shall disclose, the Failure to disclose the requisite information on this Agency form m			
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900	Submit this	form to the	IL Department of Public Health
Chicago, IL 60602-3004 \$200 filing fee	And the second s		HEALTH         Springfield, IL 62761 (FAX: 217-785-5897)
IL Environmental Protection Agency P.O. Box 19276 MC 41	Chicago Departmen Permitting and Inspe		Fees apply as follows: Residential Unit with less than 4 units\$300.00**
1021 N. Grand Ave East	333 S. State St., Roo		Residential Units with 4 units or more \$450.00
Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay	Chicago, IL 60604	a abatament in a sti	Commercial/Industrial facilities
receipt if paid electronically.)		os abatement in resid	ential buildings with fewer than two dwelling units are ments.

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

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

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

Date: 6/07/20		of this form m	ay be found			<b>Venviro</b> zation Code (IEPA	Only):
and a state of the second s	ICATION: C origin	al 🗆 demolition	n 🗆 renovatio			on 🗆 ordered o	
Check Type of Proj		all that apply.)					
Friable School Pro	ject 🔲 Non-Friable Sc	hool Floor Tile Proj	ject 🛛 🖾 Com	mercial Public B	uilding (Friable & I	Non-Friable)	
Revised by: 🛛 🕻	Contractor 🛛 Owner [	] Project Designer	#of times revi	sed: 2 l	List Section #'s be	ing revised: 1 an	d 2
1. FACILITY INFO	ORMATION:						
Facility name: Cra	wford Generation I	Plant		Scho	ool Bldg ID:		
Location of Asbest	os Containing Mater	al (ACM) in Stru	cture: Boiler F	Room, basen	nent of turbine	room. Bsmt -	8th Floor
Bldg Size:	Sq.Ft.:	#Flrs: 8	Age: 192	26	Present Us	e: Industrial	
Prior Use: Industri	al				Future Use	(demo)	
Address: 3501 S I	Pulaski Rd		City: C	hicago	C	ounty: Cook	Zip: 60623
Contact: John Tso	Contact: John Tschantz				P	hone: (847) 50	1-0843
2. FACILITY OW	NER OR SCHOOL	DISTRICT: (7	Tip: Complete	for all projects	s Commercial/P	ublic or Schools	)
Facility Owner Nam	e: HRC Crawford I	LC.	Address:	5 Revere D	r.		
City: Northbrook	State	: IL Zip: 6006	62 Contact:	John Tschar	ntz	Phone:	(847) 501-0843
Copies of abatement submitted for IDPH pu	permission and written ublic and private school	verification certifica facilities as require	tion to all buildin d by Section 855	g occupants and 5.350 of the IDPI	d users from the b H Asbestos Code.	uilding owner or so	chool board shall be
3. ASBESTOS C	ONTRACTOR NAM	IE: BB Constru	uction Enterp	rise		ID#: 500	0-0676
Address: 1821 W	51st St.		City: C	hicago	St	ate: IL	Zip: 60609
Contact: Santiago	Rivoir				PI	none: (773) 436	5-9830
4. DEMOLITION	CONTRACTOR NA	AME:					
Address:			City:		St	ate:	Zip:
Contact: Phone:							
5. ABATEMENT	<b>NFORMATION:</b>		Is Asbe	stos Present?	? 🛛 Yes	🗆 No	
Description of Plan	ned Demolition or Re	novation Work ar	nd Methods to	be Employed I	Including Demol	ition or Renovati	on Techniques:
119,600 SF of TS	I from Switch hous	e, turbine RM,	boiler RM &	crib house.	Remove 850	SF Duct Insula	ation from 4th fl air
handler r, boiler ri	m, boiler house - 2	nd FI locker rm	. Remove Be	oiler insulatio	on: Boiler 5 & 6	34.680 SF. Bo	iler 7 130.000 SF.
	SF. Ash hopper In						
	Practice(s) and Eng						
Regulate all work	areas. Full enclos	ure. Adequate	ely wet acm n	naterial. Neg	gative air mach	nines. All wast	e shall be double
bagged.							
6. Quantities:				T			
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asl be removed ( CAT I			ole asbestos removed CAT II		ASBESTOS REMOVED
Pipes (Ln. Ft.):							1
Surface Area (Sq. Ft.):	430,130					43	30,130
Volume (Cu. Ft.):							
become friable, (c) Ca ACM that has a high the course of demoliti	ACM are asbestos-co CM are considered CA ategory I non-friable AC probability of becoming on or renovation opera	M in non-triable AC M that will be or h or has become cr tions.	M. (HACM) is (a las been subject rumbled, pulveriz	a) friable asbeste ed to sanding, g red or reduced t	os material, (b) C grinding, cutting o to powder by the	ategory I non-friab r abrading, or (d) forces expected to	le ACM that has Category II non-friable act on the material in
	TART DATE: 06/13		Finish Date:				06:00 am 🗖 pm 🖾
	LITION START DA		Finish Date:				05:00 AM 🗆 PM 🗖
Working Weekends				Evenings?	X	Yes 🗆 No	
with the 05 postmark	on requires at minimum date or date received er, IDPH will accept fax	in office by comm	ercial services d	or hand delivery	IFPA City of Ch	he commencemen licago, and Cook	t date. Ten days begin County cannot accept

8. PROJECT DESIGNER ID#: 100-	Name:			
	igner Name and License ID# if		esigned by a Designer.	
9. INSPECTOR ID#: 100- 07252		new D. Aigner		
Tip: If procedure utilized is visual inspection <b>10. PROCEDURE, INCLUDING ANALYTI</b> The analytical method used to detect the polarized light microscopy per EPA proto	CAL METHOD, USED TO I	DETECT THE PR	RESENCE OF ASBESTOS	
Name of Analytical Testing Laboratory: EMS				
11. ASBESTOS PROJECT MANAGER I		Nan	ne: Julian Ramirez	
12. AIR SAMPLING PROFESSIONAL			ne: Julian Ramirez	
13. DISPOSAL SITE/LANDFILL NAME: La				
Address: 2133 W Laraway Road		Contact: Dou	ug Hopkins	
City: Joliet	State: IL	Zip: 60436	Phone: 866-909-4458	
14. WASTE TRANSPORTER/NAME: Hor	mewood Disposal Service I	ıc.		
Address: 1501 175th ST		Contact: Gre	eg Piersma	
City: Homewood	State: IL	Zip: 60430	Phone: 708-332-0273	
<b>15. IS DEMOLITION ORDERED BY A G</b> (If yes, a signed copy of Order must be attached)	OVERNMENT AGENCY?	☐ Yes	🛛 No	
Government representative ordering the activit	y:			
Title:	Date of Order:	Order	Demolition Date:	
16. FOR EMERGENCY RENOVATION:				
Date and hour of emergency (mm/dd/yy):	·····			
Describe sudden unplanned event. ( example: failure or an unreasonable financial burden.	boller explosion) Explain now ti	ie event caused ut	nsate conditions or would cause equipme	ent
<ol> <li>Description of procedures to be followed material becomes crumbled, pulverized or Work will stop, acm adequately wet, HEF</li> </ol>	reduced to powder.			tos
I certify that at least one representative train renovation, having in his or her possession for	ed in the provisions of 40 CFF or inspection, evidence that the	Part 61, Subpart e requisite training	M, shall be on site during demolition or has been accomplished.	
CERTIFICATE # 1403CSr18	NAME OF TRAINING COUL	Asbestos S	Supervisor Refresher	
I certify the above information is correct.				
	pontiogo Pino	171	06-7-2018	
Signature of Demolition/Abatement Contr	actor or the Owner		Date	-
Any person who knowingly makes a false, fic	titious, or fraudulent material	statement, orally o	r in writing, to the Illinois EPA commits a	а
Class 4 felony. A second or subsequent offe				
Tip: All notification forms must be hand signed and dated. I accept photocopies. <u>All notifications submitted to IEPA, Cit</u>	Pand stamps are not acceptable. IEPA a v of Chicago, & Cook County must be a	nd Cook County require companied by the appr	original signatures on their notification forms. IDPH v opriate fee. There is no fee for notification to IDPH.	vill
For Cook County Departmental Use Only.				_
Date Received CCDEC:	Post Mark Date:	1	nput Into Computer:	
Inspection Fee Received: Insp	ection Priority: Top 🗖 High [	Low 🗆	Must be Inspected:	
Date(s) of Inspections:				
		iolation Copies Atta		
The Illinois EPA is authorized to require, and you shall disclose, the Failure to disclose the requisite information on this Agency form m	information requested on this Agency form nay result in your notification being denied,	utilizing this form pursuar and/or penalties being in	nt to the Illinois Environmental Protection Act (Act), 415 IL posed as provided for in the Act, 415 ILCS 5/42-45.	.CS 5.
Cook Co. Dept. of Env. Control 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 \$200 filing fee	Submit this t appropriate		<b>PUBLIC</b> <b>PUBLIC</b> <b>PUBLIC</b> <b>PUBLIC</b> <b>S25</b> W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)	alth
IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)	Chicago Department Permitting and Inspe 333 S. State St., Roor Chicago, IL 60604 ** except that asbesto not subject to the no	ctions n 200	Fees apply as follows: Residential Unit with less than 4 units \$300.00* Residential Units with 4 units or more \$450.00 Commercial/Industrial facilities \$600.00 ial buildings with fewer than two dwelling units are nts.	*