

Asbestos O&M Repair/Removal and/or Non-Friable Removal Report

Site:

Wiley Elementary School
1602 S. Anderson Street
Urbana, Illinois 61801

Client:

Urbana S.D. 116
205 N. Race Street
Urbana, Illinois 61802

Completion Date:

June 13, 2019

Ideal Number:

22600A



Asbestos Project Checklist

Project: **Operations and maintenance (O&M) non-friable removal of a total of less than 3 square feet accessible interior door caulk from three main entry doors at Wiley Elementary School, 1601 S. Anderson Street, Urbana, Illinois.**

JOB START DATE: 06/13/2019 JOB COMPLETION DATE: 06/13/2019 IDEAL JOB#: 22600A

- PROPOSED WORK-SEE ABOVE
- LOCATION OF WORK-SEE ABOVE
- ASBESTOS CONTRACTOR IDPH LICENSE
- ASBESTOS SUPERVISOR(S) IDPH LICENSE AND TRAINING CERTIFICATE
- ASBESTOS WORKER(S) IDPH LICENSE AND TRAINING CERTIFICATE
- WASTE DISPOSAL MANIFEST
- AIR SAMPLE ANALYSIS RESULTS/ACCREDITATION-UPON REQUEST

General Comments:

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The scope of work presented in this report was based on an understanding between IDEAL and client, whether the understanding was from verbal conversation or written document(s). The scope of work and report shall be deemed accepted by client unless client advises to the contrary in writing to IDEAL within 10 days of the date the report is sent.

Thomas Wilson
IDPH-License# 100-18936
Asbestos Project Supervisor





**Illinois Department of
PUBLIC HEALTH**

EH0144960

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DIVISION OF ENVIRONMENTAL HEALTH
ASBESTOS PROGRAM**

Issued under the authority of
the Illinois Department of
Public Health

5/15/2020	CA# 500	500-0277
IDEAL ENVIRONMENTAL ENGINEERING, INC. ASBESTOS CONTRACTOR LICENSE THIS LICENSE IS INVALID IF YOUR INSURANCE CERTIFICATE IS NOT CURRENT		

03/12/2019
IDEAL ENVIRONMENTAL ENGINEERING, INC.
2904 TRACTOR LANE
BLOOMINGTON, IL 61704

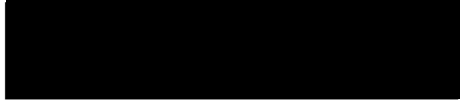
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #5518554



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

THOMAS J WILSON

2/21/2019






ASBESTOS PROFESSIONAL LICENSE ID NUMBER: 18936

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

COPY OF THE ASBESTOS PROFESSIONAL LICENSE

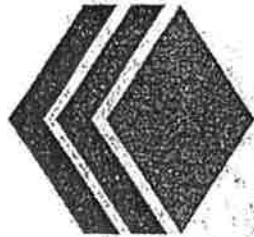
Front of License

Back of License

		ASBESTOS PROFESSIONAL LICENSE		ENDORSEMENTS SUPERVISOR/WORKER INSPECTOR	TC EXPIRES 11/12/2019 11/13/2019
ID NUMBER 100 - 18936	ISSUED 2/21/2019	EXPIRES 05/15/2020			
THOMAS J WILSON  Environmental Health		PROJECT MANAGER 11/12/2019 AIR SAMPLING PROFESSIONAL Alteration of this license shall result in legal action This license issued under authority of the State of Illinois Department of Public Health This license is valid only when accompanied by a valid training course certificate.			

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

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



M·E·T·A

Mayhew Environmental Training Associates

INCORPORATED

Certificate # ME1E40EF8504D04EB

Thomas Wilson

has on 11/12/2018, in Bloomington, IL
completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15.U.S.C 2646

Asbestos Abatement Contractor/Supervisor Refresher

as approved by the IDPH and the US EPA under 40 CFR 763 (AHERA)
from 11/12/2018 to 11/12/2019 and passed the associated exam on 11/12/2018
with a score of at least 70%



Thomas Mayhew
Instructor

Thomas Mayhew
President

SSN: XXX-XX-1710

Expiration: 11/12/2019

P.O. Box 786

Lawrence, KS 66044

800.444.6382

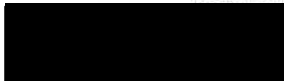
www.metaenvironmental.net



**ASBESTOS
WORKER LICENSE**

WORKER ID	ISSUED	EXPIRES
057321547	4/11/2019	2/1/2020

JOSEPH R. FITZWATER



Environmental Health
See Reverse for Endorsements



does hereby certify that

Joey Fitzwater

has successfully completed course work, and has satisfactorily passed an examination (with at least 70%) which meets all criteria for the TSCA Title II, EPA Model Course accredited by the Illinois Department of Public Health for the following course:

Asbestos Abatement Contractor/Supervisor Initial

Conducted by:
Ideal Environmental Engineering, Inc.

Certificate Number: SI-03252919-02

Course Dates: 3/25/2019 - 3/29/2019

Examination Date: 3/29/2019

Expiration Date: 3/29/2020

Course Location:
Ideal Environmental Engineering, Inc.
2904 Tractor Lane
Bloomington, IL 61704

2904 Tractor Lane
Bloomington, IL 61704-9163
(309)828-4259 or (800) 535-0964

Course Director:

A handwritten signature in black ink, appearing to read "Pete Altieri", written over a horizontal line.

Pete Altieri

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: Wiley Elementary School J#22600A 1602 S. Anderson Street Urbana, Illinois 61801 f. Phone:217-384-3636			e. Generator's Mailing Address: Urbana S.D. 116 205 N. Race Street Urbana, Illinois 61802 g. Phone:217-384-3636			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
41221817071	3/8/20	F Asbestos RQ, NA2212, Asbestos, 9, PG III				Cyds
41221817072	3/8/20	NF Asbestos RQ, NA2212, Asbestos, 9, PG III	1	bag	.075	Cyds


GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <i>Thomas Wilson</i>	q. Signature 	r. Date 6-13-19
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I' TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Ideal Environmental Engineering, Inc. 2904 Tractor Lane Bloomington IL 61704 b. Phone: 309-828-4259		
c. Driver Name (Print) <i>Derek Stephens</i>	d. Signature 	e. Date 7-15-19

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Sangamon Valley LF 2565 Sandhill Road Springfield, Illinois 62707 b. Phone: 217-528-9256		c. US EPA Number 1678220037	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) <i>LORETA BUNTER</i>	f. Signature 	g. Date 7/15/19	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Ideal Environmental Engineering 2904 Tractor Ln Bloomington IL 61704 b. Phone: 309 828 4259		c. Responsible Agency Name and Address: IEPA 1021 N. Grand Avenue East Springfield, Illinois 62706 d. Phone:217-782-3397	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable 100 % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) <i>Thomas Wilson</i>	h. Signature 	i. Date 6-13-19	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			