

FINAL JOB SUBMITTAL

FOR

COMMERCIAL BUILDING

7 South Main Street

ALGONQUIN, IL 60102

SUBMITTED BY:

HOGAN ENVIRONMENTAL CLEANING

**2847A BUELL DRIVE
EAST TROY, WI 53120
262-395-7796**

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

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

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

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

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

Copies of this form may be found at: www.ildceo.net/enviro

Date: _____		Illinois E-Pay Authorization Code: _____			
TYPE OF NOTIFICATION: <input checked="" type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual					
Check Type of Project Below: (Check all that apply.) <input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input checked="" type="checkbox"/> Commercial Public Building (Friable & Non-Friable)					
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer #of times revised: _____ List Section #'s being revised: _____					
1. FACILITY INFORMATION: Is this facility located in unincorporated Cook County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Facility name: Vacant Commercial Building		School Bldg ID: _____			
Location of Asbestos Containing Material (ACM) in Structure: various locations throughout					
Bldg Size:	Sq.Ft.: 2094	#Firs: 1	Age: 110		
Prior Use: Commercial		Present Use: Vacant			
Address: 7 South Main Street		City: Algonquin	County: McHenry Zip: 60102		
Contact: Nadim Badran		Phone: 847/658-2700			
2. FACILITY OWNER OR SCHOOL DISTRICT: (Tip: Complete for all projects Commercial/Public or Schools)					
Facility Owner Name: Village of Algonquin					
Address: 110 Mitchard Way		City: Algonquin	State: IL Zip: 60102		
Contact: Nadim Badran		Email: nadmbadran@algonquin.org	Phone: 847/658-2700		
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.					
3. ASBESTOS CONTRACTOR NAME: Hogan Environmental Cleaning (HEC) ID#: 500-1893					
Address: 2847A Buell Drive		City: East Troy	State: WI Zip: 53120		
Contact: Tim Holian		Email: rmandujano@hoganec.com	Phone: 262/395-7796		
4. DEMOLITION CONTRACTOR NAME:					
Address: _____		City: _____	State: _____ Zip: _____		
Contact: _____		Email: _____	Phone: _____		
5. ABATEMENT INFORMATION: Is Asbestos Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:					
Remove asbestos containing floor tile, mastic and TSI insulation					
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:					
Material will be properly wet, bagged in reinforced bags, wrapped in 2 layers of poly properly labeled for disposal					
6. Quantities:					
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II	TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):	17				17
Surface Area (Sq. Ft.):	1,290				1,290
Volume (Cu. Ft.):					
Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.					
7. ABATEMENT START DATE: 04/11/24		Finish Date: 04/15/24	Work hours: 07:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 03:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
AND/OR DEMOLITION START DATE:		Finish Date:	Work hours: AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>		
Working Weekends? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.					

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

9. INSPECTOR ID#: 100-19959 Name: Mark Dreher
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
PLM

Name of Analytical Testing Laboratory: CEI Labs

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

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

13. DISPOSAL SITE/LANDFILL NAME: GFL - Emerald Park Landfill
Address: W124S10629 124th Street Contact:
City: Muskego State: WI Zip: 53150 Phone: 414 / 529-1360

14. WASTE TRANSPORTER/NAME: GFL - Excel Disposal
Address: 5500 46th Street Contact:
City: Kenosha State: WI Zip: 53144 Phone: 262/657-0575

15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?
(If yes, a signed copy of Order must be attached.) Yes No

Government representative ordering the activity:
Title: Date of Order: Order Demolition Date:

16. FOR EMERGENCY RENOVATION:
Date and hour of emergency (mm/dd/yy): AM PM

Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.

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

Work area will be sealed off at all primary entrances and exits, put under negative pressure, post danger signs, wet wipe and HEPA contaminated areas. Notify owner and follow all EPA, State and Local rules and regulations

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

CERTIFICATE # ASR2308192327 NAME OF TRAINING COURSE Asbestos Supervisor Refresher

I certify the above information is correct.

Signature of Demolition/Abatement Contractor or the Owner Date

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).

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 CCDES: Post Mark Date: Input Into Computer:

Inspection Fee Received: Inspection Priority: Top High Low Must be Inspected:

Date(s) of Inspections:

Inspection Report Attached: Yes No Violation Copies Attached: Yes No

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

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.)

ILLINOIS SMALL BUSINESS ENVIRONMENTAL ASSISTANCE PROGRAM
www.ildceo.net/enviro
Submit this form to the appropriate agencies:

IDPH ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IL Department of Public Health
525 W. Jefferson St.
Springfield, IL 62761
(FAX: 217-785-5897)
Email: DPH.Asbestos@illinois.gov

Cook County Department of Environment & Sustainability
66 W. Washington, Suite 1900
Chicago, IL 60602-3004
cookcountyil.gov/agency/environmental-control
Fees apply as follows:
Filing\$200/bid
Inspection\$6/sf or \$2/1 (max \$2,000)
Demo Fee . .\$.750/structure

Chicago Department of Public Health
Permitting and Inspections
333 S. State St., Room 200
Chicago, IL 60604

Fees apply as follows:
Residential Unit with less than 4 units... \$300.00**
Residential Units with 4 units or more... \$450.00
Commercial/Industrial facilities... \$600.00
** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.

WASTE SHIPMENT RECORD / ASBESTOS MANIFEST

For Disposal Site Use Only

Elevation _____

North _____ East _____

1-A. Special Waste Profile # <i>045</i> <i>AMRL 2021-013</i>		NESHAP Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		WSR # H 698	
1-B. Generator's Name, Contact Name and Complete Mailing Address with Zip Code <i>Village of Algonquin 110 Mitchard Way Algonquin IL 60102</i>				1-C. Generator's Phone No. <i>847 658 2700</i>	
1-D. Work Site Address <i>7 S. Main St Algonquin IL 60102</i>				1-E. 24-Hr. Response Telephone # <i>847 658 2700</i>	
2. Operator's Name and Address Hogan Environmental Cleaning 2847A Buell Drive East Troy, WI 53120				Operator's Phone No. <i>262 395 7796</i>	
3. Waste Disposal Site (WDS)		a. Emerald Park Landfill, W124 S10629 124th St, Muskego, WI 53150 (414 529 1360)		b. Mallard Ridge Landfill, W8470 State Rd 11, Delavan, WI 53115 (262 724 3257)	
		c. Zion Landfill, 701 N. Green Bay Rd, Zion, IL 60099 (847 599 5917)		d. Pheasant Run Landfill, 19414 60th St, Bristol, WI 53104 (262 857 7956)	
4. Name, Address of Responsible Agency a. Illinois Environmental Protection Agency, PO Box 19276, Springfield, IL 62794-9276 b. Asbestos Coordinator, Wisconsin Department of Natural Resources, 2300 N. Dr. Martin Luther King Jr. Drive, Milwaukee, WI 53212					
5. Description of Materials			6. Containers		7. Total Quantity
<i>FF, MASH, TSI</i>			No.	Type	(yd ³)
Friable Asbestos	Asbestos, 9 NA2212, III, RQ		<i>130</i>	<i>Bag</i>	<i>7.44</i>
Non-Friable Asbestos	Cat I _____ Cat II _____				
8. Special Handling Instructions and Additional Information: 24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL, MUST BE BURIED					
9. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipment 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 government regulations. I hereby certify that the asbestos is not contaminated with hazardous and/or any special waste.					
Printed/Typed Name & Title <i>Rafanne Mandupano Secretary</i>			Signature <i>R Mandupano</i>		Date <i>5/1/2024</i>
10. Transport 1 Company Name Hogan Environmental Cleaning 2847A Buell Drive East Troy, WI 53120 <i>262 395 7796</i>			Driver Signature <i>R Mandupano</i>		
			Printed Name <i>Rafanne Mandupano Secretary</i>		
			Date <i>5/1/2024</i>		
11. Transport 2 Company Name <i>GFL</i> Disposal Services <i>300</i> 46th Street Kenosha, WI 53144 262/657-0575			Driver Signature <i>Greg Blak</i>		
			Printed Name <i>Greg Blak</i>		
			Date <i>5/1/24</i>		
12. Discrepancy Indication Space					
13. Waste Disposal Site Owner or Operator: Special Waste Approval is issued by this signature in the case of a Generic Special Waste Decision. Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.					
Printed / Typed Name & Title <i>Ruby Blodgett - scale operator</i>			Signature <i>Ruby Blodgett</i>		Date <i>5.1.24</i>

Generator

Transporter

Disposal Site

Reorder: The Printing Factory 847-949-5400 info@thepprinting.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub International Midwest West 1411 Opus Place Suite 450 Downers Grove IL 60515	CONTACT NAME: CSU Construction PHONE (A/C, No., Ext): 630-468-5600 FAX (A/C, No): E-MAIL ADDRESS: CSUConstruction@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Hogan Environmental Cleaning, LLC 2847A Buell Drive East Troy WI 53120	HHSERVI-D1	INSURER A : Nautilus Insurance Company NAIC # 17370
		INSURER B : Great Divide Insurance Company 25224
		INSURER C : Berkley National Insurance Company 38911
		INSURER D : Key Risk Insurance Company 10885
		INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 308499802 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		ECP2033741-13	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PD DEDUCTIBLE \$ 5,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP2033725-13	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		FFX2033744-13	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	WCA2033726-13	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	POLLUTION LIAB W/ MOLD PROFESSIONAL LIABILITY LEASED/RENTED EQUIPMENT		ECP2033741-13 ECP2033741-13 MNP 1041933 - 53	12/31/2023 12/31/2023 12/31/2023	12/31/2024 12/31/2024 12/31/2024	LIMIT/PER OCC DED \$1,000,000/\$25,000 LIMIT/PER CLAIM DED \$1,000,000/\$25,000 LIMIT: \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Project: 7 South Main Street Algonquin

CERTIFICATE HOLDER Village of Algonquin 110 Mitchard Way Algonquin IL 60102	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**Illinois Department of
PUBLIC HEALTH**

EH0185172

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

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

EXPIRES 5/15/2025	CATEGORY 500	NUMBER 500-1893
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**HOGAN ENVIRONMENTAL CLEANING DBA HEC SERVICE;
ASBESTOS CONTRACTOR LICENSE
THIS LICENSE IS INVALID IF YOUR
INSURANCE CERTIFICATE IS NOT CURRENT**

02/02/2024

**HOGAN ENVIRONMENTAL CLEANING DBA HEC SE
2847A BUELL DR
EAST TROY, WI 53120**

**HOGAN ENVIRONMENTAL CLEANING
DBA HEC SERVICES
2847A BUELL DR
EAST TROY, WI 53120**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #EH-21-044

FEE RECEIPT NO.



**Illinois Department of
PUBLIC HEALTH**

EH0183088

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

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

EXPIRES	CATEGORY	IA NUMBER
5/15/2024	500	500-1893
HOGAN ENVIRONMENTAL CLEANING DBA HEC SERVICE: ASBESTOS CONTRACTOR LICENSE THIS LICENSE IS INVALID IF YOUR INSURANCE CERTIFICATE IS NOT CURRENT		

02/16/2023

**HOGAN ENVIRONMENTAL CLEANING DBA HEC SE
2847A BUELL DR
EAST TROY, WI 53120**

**HOGAN ENVIRONMENTAL CLEANING
DBA HEC SERVICES
2847A BUELL DR
EAST TROY, WI 53120**

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FEE RECEIPT NO

April 16, 2024

Mr. Tim Holian
Hogan Environmental Cleaning, LLC
2815 Buell Drive
East Troy, Wisconsin 53120

**Subject: Asbestos Clearance Air Monitoring Report
Former Creekside Tap – 7 S. Main Street, Algonquin, Illinois 60102
True North Project No. T243223**

Dear Mr. Holian:

True North Consultants, Inc. (True North) was retained by Hogan Environmental Cleaning, LLC (Client) to provide clearance air monitoring at the completion of asbestos abatement activities performed within the former Creekside Tap located at 7 S. Main Street in Algonquin, Illinois (Site). Clearance air monitoring services were performed on April 15, 2024, by an Illinois Department of Public Health (IDPH) licensed Air Sampling Professional (Gregory Jones, License No. 100-08350).

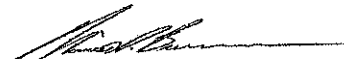
A total of eight (8) clearance air samples were collected within the regulated areas at the completion of abatement activities. Air samples were analyzed by Phase Contrast Microscopy (PCM) in accordance with National Institute for Occupational Safety and Health (NIOSH) Method 7400. The results of analysis were compared to the Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA) "clearance" level of 0.01 fibers per cubic centimeter (f/cc) of air.

Based upon the results of analysis, airborne fiber concentrations within the regulated areas were determined to be less than the EPA clearance level of 0.01 f/cc at the completion of abatement activities. Therefore, the results of analysis indicate that abatement activities have been successfully completed and the space has been cleared for re-occupancy.

This documentation should be maintained as a record of monitoring activities. Should you have any questions regarding this report, please contact me at your convenience.

Sincerely,

TRUE NORTH CONSULTANTS



Michael D. Brennan
Vice President

Enclosures: Attachment 1 – Air Sampling Data & Results
Attachment 2 – Laboratory Accreditations
Attachment 3 – Air Sampling Professional Credentials



ATTACHMENT A
Air Sampling Data and Results



AIR SAMPLING DATA SHEET PHASE CONTRAST MICROSCOPY (PCM)

CLIENT: Hogan Environmental Cleaning (HEC)
SITE NAME: 7 S. Main Street, Algonquin, IL
PROJECT NAME: Asbestos Abatement Clearance Air Monitoring

DATE: 4/15/2024
PROJECT No: T243223
DAY/SHIFT: 1

SAMPLED BY: Gregory Jones
ANALYZED BY: Gregory Jones
ANALYZED AT: On-Site / Laboratory

Magnification	400	0.00785	Field Area
Fld. Diameter	100 um	0.2	C.V.
Phase Test	X	385	EFA

SAMPLE NUMBER	SAMPLE DESCRIPTION		SAMPLE TYPE	TIME		TOTAL TIME (MIN.)	FLOW RATE (LITERS PER MIN.)			SAMPLE VOLUME (LITERS)	FIBERS	FIELDS	FIBERS / MM ²	FIBERS / CC
	ACTIVITY	SAMPLE LOCATION AND/OR EMPLOYEE NAME, DESCRIPTION OF WORK ACTIVITY		START	STOP		START	END	AVERAGE					
BLNK-01	N/A	Field Blank	FB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	< 5.5	100	< 7.0	N/A
BLNK-02	N/A	Field Blank	FB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	< 5.5	100	< 7.0	N/A
CL-0415-01	N/A	Inside Containment: Central Apartment - East Side	CL	7:15 AM	9:15 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-02	N/A	Inside Containment: Central Apartment - West Side	CL	7:16 AM	9:16 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-03	N/A	Inside Containment: Southeast Apartment - Living Room	CL	7:30 AM	9:30 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-04	N/A	Inside Containment: Southeast Apartment - Bedroom	CL	7:31 AM	9:31 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-05	N/A	Inside Containment: Main Bar Area - Center	CL	7:40 AM	9:40 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-06	N/A	Inside Containment: Bar Storage Room - Center	CL	9:15 AM	11:15 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-07	N/A	Inside Containment: Bar Cooler Room - Center	CL	9:21 AM	11:21 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002
CL-0415-08	N/A	Inside Regulated Area: Basement - Northwest End	CL	9:25 AM	11:25 AM	120	10.0	10.0	10.0	1200	< 5.5	100	< 7.0	< 0.002

Analyst: Gregory Jones (IDPH No. 100-08350)

- 1). PCM Air Samples are Analyzed by NIOSH Method 7400 "A" Counting Rules.
- 2). The Limit of Detection is 7.0 f/mm² (<LOD=Less than the Limit of Detection).
- 3). The OSHA PEL is 0.1 f/cc and the excursion limit is 1.0 f/cc.
- 4). The required Clearance Level is 0.01 f/cc in the State of Illinois.
- 5). The EPA recommended Clearance Level is 0.01 f/cc.

8 HOUR TIME-WEIGHTED AVERAGE								
RESP. TYPE	EMPLOYEE NAME	T1	C1	T2	C2	T3	C3	TWA (f/cc)

ACTIVITY		SAMPLE TYPE		RESPIRATOR TYPE	
PREP - Site Preparation	CLN - Cleaning	BK - Background	ENV - Environmental	APR - Air Purifying Respirator	
REM - Gross Removal	O&M - Patch & Repair	PRS - Personal	IC - Inside Containment	PAPR - Powered Air Purifying Respirator	
GLBG - Glovebag Removal	NF - Non-Friable Removal	EX - Excursion	OC - Outside Containment	SA - Supplied Air	
		CL - Clearance	FB - Field Blank	N/A - None	



ATTACHMENT B
Laboratory Accreditations



IHPAT Round 236
Proficiency Testing Performance for Participant ID: PAT-207437

Page 1 of 2
Report Issue Date: 02/15/2024

True North Consultants, Inc.
1000 E Warrenville Rd
Naperville, IL 60563-1867

This report contains your organization's IHPAT Proficiency Analytical Testing results for **IHPAT Round 236**. It is the participant's responsibility to thoroughly review the information in this final report and to immediately contact the AIHA Proficiency Analytical Testing Programs, in writing, if any errors are found.

IHPAT Results

The final report is comprised of two sections relating to IHPAT Round 236. The first section contains your organization's results listed per analyte, per sample. The second section contains your current performance and performance from the two previous rounds, respectively (where applicable). Summary results for all participants for IHPAT Round 236 are located in a separate report.

Testing Results for IHPAT Round 236

This part of the report contains your organization's results listed per analyte, per sample.

Contaminant	Unit	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Asbestos (ASB)	f/mm ²	1	267	241	135	377	0.7	A
	f/mm ²	2	417	385	209	615	0.5	A
	f/mm ²	3	192	135	80	203	2.9	A
	f/mm ²	4	145	137	78	213	0.4	A

Statistical Analysis Interpretation Note:

Reference value is the mean of the reference group.

Lower limit = reference value - 3 standard deviations; Upper limit = reference value + 3 standard deviations

z-Score = (reported result - reference value)/standard deviation. Note: z-Scores indicate how far a particular score is away from the mean. A - Acceptable* Analysis; U - Unacceptable Analysis; E - Excused Absence

Fiber data are positively skewed therefore transformations are used to obtain approximately normal distributions. Both the assigned values and acceptance limits are based on consensus of the reference group.

*The acceptability of reported results is based on upper and lower acceptance limits. A reported result may appear acceptable/unacceptable according to z-Score, but be identified as an outlier based upon the acceptance limits. Any non-participation or non-reporting of PAT data will result in unacceptable results (see PAT Programs Participation Policies, Section 2.1.6.2.).

Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Technical Comment:

Silica Sample 1 did not pass scoring acceptance criteria and was not scored.

Overall Performance Summary Concluding with IHPAT Round 236

The following table contains your organization's current and two previous test rounds performance respectively (where applicable). For more information in regard to the determination of proficiency, please visit: www.aihapat.org.

Analyte Class	Round	Round Score	Round Performance	Proficiency Status - Three Round Score
Asbestos	234	4/4	PASS	
	235	4/4	PASS	
	236	4/4	PASS	PROFICIENT

Interpretation Notes:

The denominators represent the total number of samples analyzed. The numerators represent the number of acceptable results.

Pass: Round Score greater than or equal to 75%

Fail: Round Score less than 75%

P - Proficient; NP - Non-proficient; I - Indeterminate (not enough rounds to determine proficiency)

A participant is rated proficient for the applicable IHPAT analyte group if the participant has a passing score for the applicable IHPAT analyte group in two (2) of the last three (3) consecutive PT rounds. A participant is rated non-proficient for the applicable PT analyte group if the participant has failing scores for the associated PT analyte group in two (2) of the last three (3) consecutive PT rounds.

Additional information on the following items are available in the IHPAT Scheme Plan:

Procedures used to statistically analyze the data, establish the assigned value and standard deviation for proficiency assessment, or other criteria for evaluation; details of the metrological traceability and measurement uncertainty of the assigned value; information about design and implementation of PT scheme. The Industrial Hygiene Scheme Plan is available in the PAT Portal. Measurement uncertainty of any assigned value is also available on the respective certificate of analysis for the round.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report. AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

IHPAT samples are generated, verified, packaged, and shipped by RTI International under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

Authorized by:

David Clawson

Senior Manager, Technical and Quality

AIHA PAT Programs

dclawson@aiha.org



ATTACHMENT C

Air Sampling Professional Credentials



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

GREGORY J JONES
 408 RIDGE ROAD, UNIT # 22-3
 EVANSTON, IL 60202

3/20/2023



ASBESTOS PROFESSIONAL LICENSE ID NUMBER: 08350

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		TC EXPIRES	
ID NUMBER 100 - 08350			ISSUED 3/20/2023		EXPIRES 05/15/2024		INSPECTOR 3/3/2024	
GREGORY J JONES 408 RIDGE ROAD UNIT # 22-3 EVANSTON, IL 60202 Environmental Health					PROJECT MANAGER 1/4/2024 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



RCM LABORATORIES, INC.

certifies that

Greg Jones

has successfully completed training in

AIR SAMPLING AND FIBER COUNTING

(NIOSH 582 Equivalent)

Sampling and Evaluating Airborne Asbestos Dust
Certificate No. 0300 AFC

Friday, April 11, 1997



Thomas Marlin President



Tianbao Bai Laboratory Director

HOGAN ENVIRONMENTAL CLEANING

DAILY LOG/ACTIVITY REPORT

DATE: 4/11/2024

DAY OF WEEK: M T W **TH** F S SU
(CIRCLE ONE)

SHIFT TIMES: START TIME: _____ STOP TIME: _____

JOB NAME: Vacant Building TRUCK NO.: 4

JOB LOCATION: 7 S. Main St. Algonquin, IL

WEATHER: CLEAR _____ CLOUDY _____ RAIN _____ SNOW _____ TEMP _____

TOTAL #: GF _____ SF _____ FA _____ J _____ TD _____ A _____

LEGEND: GF-GENERAL FOREMAN SF-FOREMAN FA-FIELD ADMINISTRATION
J-JOURNEYMAN TD-TRUCK DRIVER A-APPRENTICE

DESCRIPTION OF WORK DONE: Regulated & Set up work areas

Started removing multi-layer floor, ^{glove bagged} loaded bags

CRAFTSMAN & EQUIPMENT EMPLOYED: Ladder, traps, saw, sander,

Airless, generator, hand tools

SUB-CONTRACTORS ON JOB: no

INSPECTIONS MADE: visual

TESTS PERFORMED: osha

RESPIRATORY PROTECTION: 1/2 MASK x PAPR _____ TYPE-C _____

UNUSUAL CONDITIONS OR PROBLEMS: _____

STATUS AT QUITTING TIME: ongoing

VEHICLE INSPECTION: good

HYGIENIST: _____

BY: [Signature]

HOGAN ENVIRONMENTAL CLEANING

DAILY LOG/ACTIVITY REPORT

DATE: 4/12/2021

DAY OF WEEK: M T W TH **FR** S SU
(CIRCLE ONE)

SHIFT TIMES: START TIME: _____ STOP TIME: _____

JOB NAME: Vacant Building TRUCK NO.: 4, 13

JOB LOCATION: 75 Main St. Algonquin, IL

WEATHER: CLEAR ___ CLOUDY ___ RAIN ___ SNOW ___ TEMP ___

TOTAL #: GF ___ SF ___ FA ___ J ___ TD ___ A ___

LEGEND: GF-GENERAL FOREMAN SF-FOREMAN FA-FIELD ADMINISTRATION
J-JOURNEYMAN TD-TRUCK DRIVER A-APPRENTICE

DESCRIPTION OF WORK DONE: finished removing flooring, cleaned,
locked down, loaded bags

CRAFTSMAN & EQUIPMENT EMPLOYED: Shaver, Tapp, Vanc,
Saw, hand tools

SUB-CONTRACTORS ON JOB: no

INSPECTIONS MADE: visual

TESTS PERFORMED: OSHA

RESPIRATORY PROTECTION: 1/2 MASK x PAPR ___ TYPE-C ___

UNUSUAL CONDITIONS OR PROBLEMS: no

STATUS AT QUITTING TIME: ongoing

VEHICLE INSPECTION: Good

HYGIENIST: _____

BY: AT

HOGAN ENVIRONMENTAL CLEANING

DAILY LOG/ACTIVITY REPORT

DATE: 4/15/2024

DAY OF WEEK: M T W TH F S SU
(CIRCLE ONE)

SHIFT TIMES: START TIME: _____ STOP TIME: _____

JOB NAME: _____ Vacant Building _____ TRUCK NO.: 13

JOB LOCATION: _____ 7 S Main St Algonquin, IL 60102 _____

WEATHER: CLEAR _____ CLOUDY _____ RAIN _____ SNOW _____ TEMP _____

TOTAL #: GF _____ SF _____ FA _____ J _____ TD _____ A _____

LEGEND: GF-GENERAL FOREMAN SF-FOREMAN FA-FIELD ADMINISTRATION
J-JOURNEYMAN TD-TRUCK DRIVER A-APPRENTICE

DESCRIPTION OF WORK DONE: Touched up, tore down,
loaded truck

CRAFTSMAN & EQUIPMENT EMPLOYED: Shower, traps, vac,
ladder

SUB-CONTRACTORS ON JOB: no

INSPECTIONS MADE: visual

TESTS PERFORMED: clearances

RESPIRATORY PROTECTION: 1/2 MASK _____ PAPR _____ TYPE-C _____

UNUSUAL CONDITIONS OR PROBLEMS: no

STATUS AT QUITTING TIME: complete

VEHICLE INSPECTION: Good

HYGIENIST: Greg Jones w/ Truworth

BY: [Signature]



ASBESTOS
PROFESSIONAL
LICENSE

ID NUMBER
100 - 19196

ISSUED
2/1/2024

EXPIRES
05/15/2025

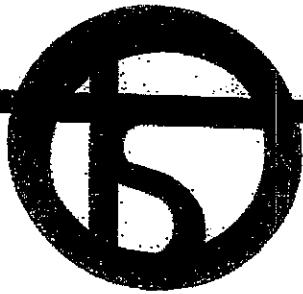
CASEY A ZAMASTIL
9615 MARCI LANE
HEBRON, IL 60034



Environmental Health

7233 S. Adams Street | Willowbrook, IL 60527
(630) 655-3900 | www.otssafety.com

2023



OCCUPATIONAL TRAINING & SUPPLY, INC.

Asbestos Abatement Supervisor Refresher

Occupational Training & Supply, Inc. certifies that

Casey Zamastil

has successfully completed the Asbestos Abatement Supervisor Refresher course and has passed the competency exam with a minimum score of 70%. The course is accredited by the Illinois Department of Public Health and Indiana Department of Environmental Management for purposes of accreditation in accordance with EPA 40 CFR 763, Asbestos Hazard Emergency response Act (AHERA) and TSCA Title II.

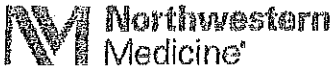
Course Date: 8/19/2023

Exam Date: 8/19/2023

Expiration Date: 8/19/2024

Certificate Number: ASR2308192327

Kristina Miczek, Training Manager



Northwestern Medicine Occupational Health

4309 Medical Center Drive
Mc Henry, IL 60050-8419
Phone: (833) 622-6333

WORK CLEARANCE

Hogan Environmental Cleaning LLC
2847 Buelle Dr, #A
East Troy, WI 53120

PATIENT NAME Casey A. Zamastil DOB 08/25/89

was examined on 01/04/24 for a:

- Post Offer Physical
- Renewal Physical
- Annual Physical
- Periodic Physical
- Exit Physical
- DOT Physical
- School Bus Driver Physical
- Asbestos Physical with respirator certification
- Respirator Certification
- Return to Work Physical
- Fit for Duty Physical
- Silica Physical with respirator certification

For the position of _____ and was found to be:

- FIT FOR DUTY Without Restrictions/Accommodations**
- NOT FIT FOR DUTY
- JUDGEMENT DEFERRED; Awaiting one or more of the following:
 - Personal Physician Response/Labs/Tests/Medical Records
 - Other: _____

- FIT FOR DUTY With the following restrictions/accommodations:
 - Permanently
 - Until Further Notice

- Needs hearing aide at work
- Corrective lenses needed for
 - Far work
 - Near work

M Peters
Physician Signature

Michael I. Peters, MD
Physician Printed Name

01/18/2024
Date

HEC (Hogan Environmental Cleaning)

2847A Buell Drive
East Troy, WI 53120

Qualitative Fit Test

Method

Irritant Smoke Test

Name Lacey Zamastel

I acknowledge that I have undergone an irritant smoke qualitative fit test for my personal issued respirator.

RESPIRATOR:

BRAND NORTH X 3M PAPR X
MODEL 7700 X 7800 X
SIZE SMALL _____ MEDIUM _____ LARGE X

T.C. NUMBER (FILTER)

T.C. 84A-0592 _____ T.C. 21C-530 _____ P-100 X

FIT TEST PROCEDURE:

- | | | | |
|---------------------|-------|-------------------|-------|
| 1. GROSS LEAK CHECK | _____ | 5. NOD HEAD | _____ |
| 2. BREATHE NORMALLY | _____ | 6. REPEAT PASSAGE | _____ |
| 3. BREATHE DEEPLY | _____ | 7. JOG IN PLACE | _____ |
| 4. TURN HEAD | _____ | 8. BREATHE NORMAL | _____ |

I understand the components below as being part of the complete respirator program of Hogan Environmental Cleaning (HEC). I have been instructed in and understand each of these subjects.

RESPIRATOR PROGRAM COMPONENTS

TYPES OF RESPIRATORS: Air Purifying
Powered Air Purifying
Type "C"

PROPER USES OF EACH TYPE
LIMITATIONS OF RESPIRATORS
HAZARDS OF MISUSE

FIT TESTING
MEDICAL EVALUATION
EMERGENCY SITUATIONS

CLEANING AND MAINTENANCE PROCEDURES

I have been successfully fitted and tested to properly wear the respirators listed above.
I have been issued and have in my possession a copy of HEC's Respiratory Protection Program
I understand the contents and agree to follow all rules and regulations of its contents.

I have read and understand everything contained in this affidavit and sign the document freely and under no distress.

EMPLOYEE SIGNATURE [Signature] DATE 3/15/2024

WITNESS [Signature]



**ASBESTOS
WORKER LICENSE**

WORKER ID
057318804

ISSUED
2/23/2024

EXPIRES
2/1/2025

KYLE A. KIRBY
6814 Hiawatha Drive
Wonder Lake, IL 60097



Environmental Health
See Reverse for Endorsements



OCCUPATIONAL TRAINING & SUPPLY, INC.
7233 S. Adams Street | Willowbrook, IL 60527 (630) 655-3900 | www.otssafety.com

2024

Asbestos Abatement Supervisor Initial

Occupational Training & Supply, Inc. certifies that

Kyle A. Kirby

has successfully completed the Asbestos Abatement Supervisor Initial course and has passed the competency exam with a minimum score of 70%. The course is accredited by the Illinois Department of Public Health and Indiana Department of Environmental Management for purposes of accreditation in accordance with EPA 40 CFR 763, Asbestos Hazard Emergency response Act (AHERA) and TSCA Title II.

Course Date: 1/22/2024 - 1/26/2024

Exam Date: 1/26/2024

Expiration Date: 1/26/2025

Certificate Number: AS2401260265

A handwritten signature in cursive script that reads "Kristina Miczek".

Kristina Miczek, Training Manager

WORK CLEARANCE

Hogan Environmental Cleaning LLC

2847 Buell Dr, #A

East Troy, WI 53120

PATIENT NAME Kyle A. Kirby DOB 06/27/96

was examined on 02/02/24 for a:

- Post O er Physical Renewal Physical Annual Physical Periodic Physical Exit Physical
 DOT Physical School Bus Driver Physical
 Asbestos Physical with respirator cer ca on Respirator Cer ca on
 Return to Work Physical Fit for Duty Physical
 Silica Physical with respirator certification

For the posi on of laborer- asbestos removal and was found to be:

- FIT FOR DUTY Without Restric ons/Accommoda ons
 NOT FIT FOR DUTY
 JUDGEMENT DEFFERED; Awa ng one or more of the following:
 Personal Physician Response/Labs/Tests/Medical Records
 Other: _____

FIT FOR DUTY With the following restric ons/accommoda ons:

- Permanently Un l Further No ce

- Needs hearing aide at work
 Correc ve lenses needed for Far work Near work

Regina Foster, APN

Physician Signature

Regina Foster, APN

Physician Printed Name

02/02/2024

Date

HEC (Hogan Environmental Cleaning)

2847A Buell Drive
East Troy, WI 53120

Qualitative Fit Test

Method

Irritant Smoke Test

Name Kyle Kirby

I acknowledge that I have undergone an irritant smoke qualitative fit test for my personal issued respirator.

RESPIRATOR:

BRAND NORTH X 3M PAPR X
MODEL 7700 X 7800 X
SIZE SMALL _____ MEDIUM _____ LARGE X

T.C. NUMBER (FILTER)

T.C. 84A-0592 _____ T.C. 21C-530 _____ P-100 _____

FIT TEST PROCEDURE:

- | | | | |
|---------------------|-------|-------------------|-------|
| 1. GROSS LEAK CHECK | _____ | 5. NOD HEAD | _____ |
| 2. BREATHE NORMALLY | _____ | 6. REPEAT PASSAGE | _____ |
| 3. BREATHE DEEPLY | _____ | 7. JOG IN PLACE | _____ |
| 4. TURN HEAD | _____ | 8. BREATHE NORMAL | _____ |

I understand the components below as being part of the complete respirator program of Hogan Environmental Cleaning (HEC). I have been instructed in and understand each of these subjects.

RESPIRATOR PROGRAM COMPONENTS

TYPES OF RESPIRATORS: Air Purifying
Powered Air Purifying
Type "C"

PROPER USES OF EACH TYPE
LIMITATIONS OF RESPIRATORS
HAZARDS OF MISUSE

FIT TESTING
MEDICAL EVALUATION
EMERGENCY SITUATIONS

CLEANING AND MAINTENANCE PROCEDURES

I have been successfully fitted and tested to properly wear the respirators listed above.
I have been issued and have in my possession a copy of HEC's Respiratory Protection Program
I understand the contents and agree to follow all rules and regulations of its contents.

I have read and understand everything contained in this affidavit and sign the document freely and under no distress.

EMPLOYEE SIGNATURE [Signature] DATE 3-5-24

WITNESS [Signature]

ADPH

ASBESTOS
PROFESSIONAL
LICENSE

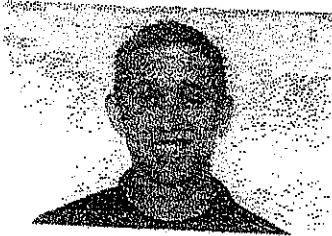
ID NUMBER	ISSUED	EXPIRES
100-20881	2/11/2024	2/11/2025

TRATE WINEUMAN
2412 ELK DRIVE
SPRING GROVE, IL 60081

Environmental Health

Milwaukee Lead/Asbestos Information Center

A division of Midwest Certified Training, Inc.
3495 North 124th Street, Brookfield, WI 53005 Phone: 414-481-9070



Tate W. Neuman

Has successfully completed a course and passed the examination on August 17, 2023 with a minimum score of 70 percent, that meets all criteria for the State of Illinois and the State of Wisconsin Recertification as an

Asbestos Supervisor Refresher Course - English

Date of Course: August 17, 2023

Date Issued: August 17, 2023

Date of Expiration: August 17, 2024

Certification Number: ASR23081768356

Location: Milwaukee Lead/Asbestos Information Center,
3495 North 124th Street, Brookfield, WI 53005

DCQ Course ID #: 9605

Rocky Everly

Rocky Everly, Director of Milwaukee Lead/Asbestos Information Center, Inc.
3495 North 124th Street
Brookfield, WI 53005
414-481-9070

This training course complies with the requirements of TSCA Title II and is accredited by the State of Illinois Department of Health and is accredited by the State of Wisconsin Department of Health Services under ch. DHS 159, Wis. Admin. Code.



**Respiratory Protection Program
 Recommendation For Respirator Use**

Employer: Hogan Environmental

Review based on:

- Questionnaire
- Exam
- PFT

The above individual has been evaluated for respirator clearance. Information regarding the type of respirator and work conditions has been reviewed. Based upon this evaluation we find:

- No limitation on use of respirator
- No limitation on use of respirator except SCBA
- Additional medical evaluation is recommended:
 - Medical examination
 - PFT
- Negative pressure respirator should not be used: powered air-purifying respirator should be provided.
- Other limitations or comments:

A copy of this recommendation has been provided to the employee.

Re-evaluation is recommended if there are changes in work conditions, change in style or type of respirator used, type of respirator used, or health status of the employee.

<u>Kate Scott APNP</u>	<u>5/1/23</u>	<u>1520</u>	<u>Katie Scott APNP</u>
Provider Signature	Date	Time	PRINT NAME

Amended recommendation when additional evaluation is performed.

- Medical Exam Pulmonary Function Test Date _____
- No limitation on use of respirator
- No limitation on use of a respirator except SCBA
- Negative pressure respirator should not be used: PAPR should be provided
- Other limitations or comments: _____

Provider Signature	Date	Time	PRINT NAME



HEC (Hogan Environmental Cleaning)

2847A Buell Drive
East Troy, WI 53120

Qualitative Fit Test

Method

Irritant Smoke Test

Name Tate Newman

I acknowledge that I have undergone an irritant smoke qualitative fit test for my personal issued respirator.

RESPIRATOR:

BRAND NORTH X 3M PAPR X
MODEL 7700 X 7800 X
SIZE SMALL _____ MEDIUM _____ LARGE X

T.C. NUMBER (FILTER)

T.C. 84A-0592 _____ T.C. 21C-530 _____ P-100 X

FIT TEST PROCEDURE:

1. GROSS LEAK CHECK	_____	5. NOD HEAD	_____
2. BREATHE NORMALLY	_____	6. REPEAT PASSAGE	_____
3. BREATHE DEEPLY	_____	7. JOG IN PLACE	_____
4. TURN HEAD	_____	8. BREATHE NORMAL	_____

I understand the components below as being part of the complete respirator program of Hogan Environmental Cleaning (HEC). I have been instructed in and understand each of these subjects.

RESPIRATOR PROGRAM COMPONENTS

TYPES OF RESPIRATORS: Air Purifying
Powered Air Purifying
Type "C"

PROPER USES OF EACH TYPE
LIMITATIONS OF RESPIRATORS
HAZARDS OF MISUSE

FIT TESTING
MEDICAL EVALUATION
EMERGENCY SITUATIONS

CLEANING AND MAINTENANCE PROCEDURES

I have been successfully fitted and tested to properly wear the respirators listed above.
I have been issued and have in my possession a copy of HEC's Respiratory Protection Program
I understand the contents and agree to follow all rules and regulations of its contents.

I have read and understand everything contained in this affidavit and sign the document freely and under no distress.

EMPLOYEE SIGNATURE Tate Newman DATE 3/5/24

WITNESS [Signature]



ASBESTOS
PROFESSIONAL
LICENSE

ID NUMBER	ISSUED	EXPIRES
100 - 20392	2/1/2024	05/15/2025

BRANDON M POPE
7712 UTILITY STREET
SPRING GROVE, IL 60081



Environmental Health

7233 S. Adams Street | Willowbrook, IL 60527
(630) 655-3900 | www.otssafety.com

2023



OCCUPATIONAL TRAINING & SUPPLY, INC.

Asbestos Abatement Supervisor Refresher

Occupational Training & Supply, Inc. certifies that

Brandon M. Pope

has successfully completed the Asbestos Abatement Supervisor Refresher course and has passed the competency exam with a minimum score of 70%. The course is accredited by the Illinois Department of Public Health and Indiana Department of Environmental Management for purposes of accreditation in accordance with EPA 40 CFR 763, Asbestos Hazard Emergency response Act (AHERA) and TSCA Title II.

Course Date: 8/19/2023

Exam Date: 8/19/2023

Expiration Date: 8/19/2024

Certificate Number: ASR2308192324

Kristina Miczek, Training Manager



PROHEALTH CARE

PROHEALTH OCCUPATIONAL HEALTH SERVICES
PHONE NUMBER (262) 928-5900

Respiratory Protection Program
Recommendation For Respirator Use

Employer: Hogan Environmental

Review based on:

- Questionnaire
- Exam
- PFT

The above individual has been evaluated for respirator clearance. Information regarding the type of respirator and work conditions has been reviewed. Based upon this evaluation we find:

- No limitation on use of respirator
- No limitation on use of respirator except SCBA
- Additional medical evaluation is recommended:
 - Medical examination
 - PFT
- Negative pressure respirator should not be used: powered air-purifying respirator should be provided.
- Other limitations or comments:

A copy of this recommendation has been provided to the employee.

Re-evaluation is recommended if there are changes in work conditions, change in style or type of respirator used, type of respirator used, or health status of the employee.

<u>Kate Scott APNP</u>	<u>5/2/23</u>	<u>1526</u>	<u>Kate Scott APNP</u>
Provider Signature	Date	Time	PRINT NAME

Amended recommendation when additional evaluation is performed.

- Medical Exam Pulmonary Function Test Date _____
- No limitation on use of respirator
- No limitation on use of a respirator except SCBA
- Negative pressure respirator should not be used: PAPR should be provided
- Other limitations or comments: _____

Provider Signature	Date	Time	PRINT NAME

PROHEALTH OCCUPATIONAL HEALTH SERVICES
ORIGINAL - Medical Records



643



RECEIVED

Pope, Brandon 5/02/23 MUK, ANCILLARY AC85337473	M 1/31/1994 MUKOCCHTLH Phcpw 400593229
--	---



HEC (Hogan Environmental Cleaning)

2847A Buell Drive
East Troy, WI 53120

Qualitative Fit Test

Method

Irritant Smoke Test

Name Bambur Fox

I acknowledge that I have undergone an irritant smoke qualitative fit test for my personal issued respirator.

RESPIRATOR:

BRAND NORTH 3M 3M PAPR X
MODEL 7700 7800 7800 X
SIZE SMALL _____ MEDIUM _____ LARGE X

T.C. NUMBER (FILTER)

T.C. 84A-0592 _____ T.C. 21C-530 _____ P-100 X

FIT TEST PROCEDURE:

- | | | | |
|---------------------|-------|-------------------|-------|
| 1. GROSS LEAK CHECK | _____ | 5. NOD HEAD | _____ |
| 2. BREATHE NORMALLY | _____ | 6. REPEAT PASSAGE | _____ |
| 3. BREATHE DEEPLY | _____ | 7. JOG IN PLACE | _____ |
| 4. TURN HEAD | _____ | 8. BREATHE NORMAL | _____ |

I understand the components below as being part of the complete respirator program of Hogan Environmental Cleaning (HEC). I have been instructed in and understand each of these subjects.

RESPIRATOR PROGRAM COMPONENTS

TYPES OF RESPIRATORS: Air Purifying
Powered Air Purifying
Type "C"

PROPER USES OF EACH TYPE
LIMITATIONS OF RESPIRATORS
HAZARDS OF MISUSE

FIT TESTING
MEDICAL EVALUATION
EMERGENCY SITUATIONS

CLEANING AND MAINTENANCE PROCEDURES

I have been successfully fitted and tested to properly wear the respirators listed above.
I have been issued and have in my possession a copy of HEC's Respiratory Protection Program
I understand the contents and agree to follow all rules and regulations of its contents.

I have read and understand everything contained in this affidavit and sign the document freely and under no distress.

EMPLOYEE SIGNATURE Bambur Fox DATE 3/5/24

WITNESS [Signature]