

MAINTENANCE INSPECTION REPORT
DEPARTMENT OF NATURAL RESOURCES
ENGINEERING DIVISION
ROUTINE OR REHABILITATION

OPERATIONS Rehab
WORK ORDER NO. _____
DATE 5/17/93
INSPECTOR J. Johnson

PROPERTY Dunes State Park BUILDING NO. _____

BUILDING NAME & LOCATION picnic

TYPE OF REPORT Asbestos

PROJECT Asbestos Removal

REPORT

attached is a copy of the asbestos waste Shipment/
Disposal Record from Housier asbestos abatement Co.

ASBESTOS WASTE SHIPMENT/DISPOSAL RECORD

Instructions on other side

<p>1. WORK SITE Name: <u>Dunes State Park</u> Mailing <u>1600 N 25E</u> Address: <u>Chesterton IN 46304</u></p> <p>3. OPERATOR/CONTRACTOR Name: <u>Hoosier Asbestos Abatement</u> Mailing <u>P.O. Box 1031 Greenwood</u> Address: <u>Indianapolis, Indiana 46142</u></p>	<p style="text-align: center;"><u>GENERATOR</u></p> <p>2. OWNER Name: <u>Indiana DNR</u> Contact: <u>Doug Wetherstrom</u> Phone: <u>219-926-1952</u></p> <p>4. AUTHORIZED AGENT Name: <u>John Osborne</u> Phone: <u>233-3844</u></p>						
<p>5. WASTE DISPOSAL SITE (WDS) Name: <u>Caldwell Landfill</u> Mailing <u>P.O. Box 212</u> Address: <u>Co. Rd. 300 East</u> <u>Morristown, Indiana 46161</u> Location: <u>Designated Asbestos Area</u> Phone:</p>	<p style="text-align: center;"><u>WASTE</u></p> <p>6. ORIGIN OF WASTE County: <u>Porter</u> State: <u>Indiana</u></p> <p>7. RESPONSIBLE AGENCY Name: <u>Indiana Dept. Environ. Mgmt.</u> Address: <u>P.O. Box 6015</u> <u>105 South Meridian</u> <u>Indianapolis, Indiana 46206</u></p> <p>9. Containers 10. Total Quantity</p>						
<p>8. DESCRIPTION (type asbestos waste friable and/or nonfriable)</p> <p style="text-align: center;"><u>Transite Panels</u></p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">number</th> <th style="width: 20%;">type</th> <th style="width: 30%;">Cu ft. (Cu Yds.) lbs. tons</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>25 Bags</u></td> <td style="text-align: center;"><u>2 labeled Genl Bags</u></td> <td style="text-align: center;"><u>1</u></td> </tr> </tbody> </table>		number	type	Cu ft. (Cu Yds.) lbs. tons	<u>25 Bags</u>	<u>2 labeled Genl Bags</u>	<u>1</u>
number	type	Cu ft. (Cu Yds.) lbs. tons					
<u>25 Bags</u>	<u>2 labeled Genl Bags</u>	<u>1</u>					
<p>11. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION</p>							

12. 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 government regulations.

Robert Seamon VP Robert Seamon 4-28-93
 Name (printed or typed) Title Signature Date (MM/DD/YY)

<p>TRANSPORTER #1 Name: <u>Hoosier Asbestos Abatement</u> Address: <u>P.O. Box 1031 Greenwood</u> <u>Indianapolis, Indiana 46142</u> Phone: <u>881-2000</u></p>	<p style="text-align: center;"><u>13. TRANSPORTERS</u></p> <p>TRANSPORTER #2 Name: Address: Phone:</p>
<p style="text-align: center;">(acknowledge of receipt of materials)</p>	
<p> <u>Robert Seamon VP</u> <u>Robert Seamon</u> _____ Name (printed or typed) Title Signature Date </p> <p> <u>Robert Seamon</u> <u>4-30-93</u> _____ Signature Date (MM/DD/YY) Signature Date (MM/DD/YY) </p>	

WASTE DISPOSAL SITE

14. DISCREPANCY INDICATION SPACE

CCS

15. CERTIFICATION OF RECEIPT

I hereby certify that the above named material has been accepted and that to the best of my knowledge the foregoing is true except as noted above.

V. LINVILLE Scalemaster Jeckie Linville 4-30-93
 Name (printed or typed) Title Signature Date (MM/DD/YY)



ASTESCO LABORATORY, INC.

P.O. BOX 517 CLOVERDALE, IN 46120
(317) 795-4724 1 800-426-3891

SCHOOL INSPECTIONS
ACCREDITED INSPECTORS
MANAGEMENT PLANNERS

AIR TESTING AND EVALUATING
ASBESTOS CONSULTANTS
PROJECT MANAGEMENT

AIR SAMPLE ANALYSIS SUMMARY

CLIENT: Hoosier Asbestos

REPORT DATE: 5/3/93

PROJECT NO.: 93/116

SAMPLE DATE: 5/28/93

FACILITY: Dunes State Park

COLLECTED BY: K. Bartell

AMPLE NO.	LAB NO.	LOCATION	LITERS	F/F	F/CC
DU 01	5725	Removal Ceiling Tile Excursion <i>Pavillion Curryso</i>	66 L	7/100	.063
DU 02	5726	Removal Ceiling Tile Personal-B. Seaman	264 L	4/100	<.01
DU 001	5727	Area-Outside Containment West & East Rooms	2700 L	0/100	<.01
DU 002	5728	Final- West Room	2160 L	0/100	<.01
DU 003	5729	Final- East Room	2160 L	0/100	<.01

These membrane filters were submitted to this laboratory for analysis to determine fiber content. These samples were analyzed using phase contrast microscopy in accordance with NIOSH analytical method #7400.

Analysis Performed By: Sharon Mitchell

Sharon Mitchell

Approved By: James J. Allen

Laboratory Director

Date: 5/3/93

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

I. TYPE OF NOTIFICATION (Check One): Original Revised _____ Canceled _____

II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector and project designer)
 Owner: Indiana Department of Natural Resources
 Address: Governmental Center South Room W299
 City: Indianapolis State: IN Zip: 46204
 Contact: John Osborne Telephone #: (317) 233-3844

Removal Contractor: Hoosier Asbestos Abatement, Inc.
 Address: P.O. Box 1031
 City: Greenwood State: IN Zip: 46142
 Contact: Robert Seamon Phone #: 317-881-2088
 IN Accred #: 190920033 Expiration: 3/17/94

Demolition Contractor: N/A
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone #: _____

Inspector: Kenneth Bartell
 Address: P.O. Box 1031
 City: Greenwood State: IN Zip: 46142
 IN Accred #: 190222023 Expiration: 2/18/94
 Phone #: 317-881-2088

Project Designer: Kenneth Bartell
 Address: P.O. Box 1031
 City: Greenwood State: IN Zip: 46142
 IN Accred #: 190222023 Expiration: 2/18/94
 Phone #: 317-881-2088

III. TYPE OF OPERATION (Check One) Renovation: Demolition: _____ Emergency Renovation: _____ Ordered Demolition: _____

IV. IS ASBESTOS PRESENT? (Check One) Yes: No: _____

V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL:
Visual Inspection

VI. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1) Regulated ACM, 2) Category I non-friable ACM, 3) Category II non-friable ACM

	Regulated ACM to be removed	Nonfriable asbestos material not to be removed before demolition	
		Category I	Category II
Pipes (LnFt)	0		
Surface Area (SqFt)	750		
Total Volume RACH on or off Facility Components (CuFt)	108		

VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: 4-28-93 End: 4-29-93

VIII. SCHEDULED DATES OF DEMOLITION/RENOVATION: Start: 4-28-93 End: 4-29-93

IX. FACILITY DESCRIPTION (Include building name, floor and number of room):
 Building Name: Dunes State Park Shelter area
 Street Address: 1600 N. 25 E.
 City: Chesterton State: IN County: Porter
 Location of removal within bldg.: storage area
 Building size (SqFt): 7500 # of floors: 1 Age: 60 years
 Present use: Recreation Shelter Prior use: Recreation Shelter

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AND AFFECTED FACILITY COMPONENTS:
Remove transite panels out of grid by hand using hand tools, non friable.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES AND THE PROCEDURES TO PREVENT NONFRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

Seal off openings with 6 mil poly and put under negative air pressure. Set up three stage decon unit complete with shower. Remove panels from grid system, place in two 6 mil poly bags, label and seal air tight. Wet removal methods will be followed at all times. Take to an Indiana State Approved asbestos landfill.

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED OR REDUCED TO POWDER:

The material will not be further disturbed until it has been properly evaluated. Indiana accredited individuals(inspector, project designer,etc.)will be consulted to determine the best response action. Any stripping/removal operations needed will be designed and implemented by appropriately accredited individuals. A revised notification will be made if there will be a change in the start(or completion)date or if the amount of material exceeds the original estimate. All asbestos-containing waste materials will be disposed of in a safe and lawful manner at a properly permitted landfill.

XIII. WASTE TRANSPORTER

Name: Hoosier Asbestos Abatement, Inc.
Address: P.O. Box 1031
City: Greenwood State: IN Zip: 46142
Contact: Robert Seamon Phone #: 317-881-2088

XIV. WASTE DISPOSAL SITE

Name: Caldwell State Approved Landfill
Address: P.O. Box 212
City: Morristown State: IN Zip: 46161
Contact: Dave Klene Phone #: 317-763-1238

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM

Name: N/A Title: Date ordered to begin:
Authority: Date of Order:

XVI. FOR EMERGENCY RENOVATIONS:

Date and Time of emergency: N/A

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage:

XVII. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA ACCREDITED WORKERS AND PROJECT SUPERVISORS TO IMPLEMENT THIS ASBESTOS PROJECT. I HAVE READ 326 IAC 14-10; 40 CFR PART 61, SUBPART M (AS AMENDED) 11/20/90; AND INDIANAPOLIS REGULATION XIII AND I UNDERSTAND THE REQUIREMENTS OF THOSE REGULATIONS.

Signature of Owner/Operator Robert F. Seamon II

April 15, 1993

Date

FOR OFFICE USE ONLY

POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:
OPERATOR #:	NOTIFICATION #:	LOGGED:	CC TO:

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/14/93

PRODUCER

Republic Insurance Services, Inc.
723 South Wells
Chicago, Illinois 60607

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

(312) 360-9866

COMPANY LETTER **A**

Credit General Insurance Company

INSURED

Hoosier Asbestos Abatement, Inc.
P. O. Box 1031
Greenwood, Indiana 46142

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

(317) 881-2088

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY					
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	AAB 100 205 00	2/15/93	2/15/94	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
X	Includes Asbestos Abatement				
AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	GARAGE LIABILITY				
EXCESS LIABILITY					
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					
					STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Indiana Dunes, 1600 N. 25 East, Chesterton, Indiana

CERTIFICATE HOLDER

Dept. of Natural Resources
402 W. Washington St. Room W299
Indianapolis, In. 46204

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Attention: John Osborn

AUTHORIZED REPRESENTATIVE

Jerome J. Weiland

JJW/ljs

Evan Bayh, Governor

John C. Bailey, M.D., State Health Commissioner

Indiana State Department of Health
1330 West Michigan Street
P.O. Box 1964
Indianapolis, IN 46206-1964
317/633-0100 Fax: 317/633-0776



Indiana State Department of Health

An Equal Opportunity Employer

April 27, 1993

34-60
Mr. John Osborne
Department of Natural Resources
Division of Engineering, Room 299
402 West Washington Street
Indianapolis, IN 46204-2716

Dear Mr. Osborne:

This is a letter report of the analytical results on the bulk samples taken from the Dunes State Park, on March 29, 1993, and submitted by you for asbestos analysis.

The three bulk samples were analyzed by polarized light microscopy and by x-ray diffraction. The Industrial Hygiene Laboratory reported that asbestos was not detected in ceiling tile bulk sample #1A taken from the Second Floor Pavilion, linoleum bulk sample #1B taken from the Office, and vinyl tile bulk sample #2C taken from the Office.

If you have any questions, please call Mr. Conrado R. Cansino, of my staff on AC 317/633-0147.

Sincerely,

John H. Ruyack
JOHN H. RUYACK, DIRECTOR
DIVISION OF INDUSTRIAL HYGIENE
AND RADIOLOGICAL HEALTH
AC 317/633-0147

Copy went to property + Dave Williams

MAINTENANCE INSPECTION REPORT
DEPARTMENT OF NATURAL RESOURCES
ENGINEERING DIVISION
ROUTINE OR REHABILITATION

OPERATIONS Rehab
WORK ORDER NO. _____
DATE 4/19/95
INSPECTOR J. [unclear]

PROPERTY Dunes

BUILDING NO. _____

BUILDING NAME & LOCATION Pavilion

TYPE OF REPORT Asbestos Inspection

PROJECT Asbestos Removal

REPORT

*Asbestos was removed from the two
rooms at the pavilion. This is the copy of the
Insurance for the Co.*

REPUBLIC INSURANCE SERVICES, INC.

Insurance and Bonding Specialists

723 South Wells Street
Chicago, Illinois 60607
(312) 360-9866
FAX (312) 360-9910

RECEIVED
APR 15 1993
DNR ENGINEERING

Gentlemen:

We enclose the original certificate of insurance for our insured,
per your recent request.

If you have any questions regarding the enclosure, please feel free
to contact our office.

Sincerely Yours,

Linda S. Burch

Linda S. Burch
Office Manager

LSB: encl.



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/14/93

PRODUCER

Republic Insurance Services, Inc.
723 South Wells
Chicago, Illinois 60607

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COMPANIES AFFORDING COVERAGE

(312) 360-9866

COMPANY LETTER **A**

Credit General Insurance Company

INSURED

Hoosier Asbestos Abatement, Inc.
P. O. Box 1031
Greenwood, Indiana 46142

COMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

(317) 881-2088

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AAB 100 205 00	2/15/93	2/15/94	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Includes Asbestos Abatement				FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Indiana Dunes, 1600 N. 25 East, Chesterton, Indiana

CERTIFICATE HOLDER

Dept. of Natural Resources
402 W. Washington St. Room W299
Indianapolis, In. 46204

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Attention: John Osborn

AUTHORIZED REPRESENTATIVE

Jerome J. Weiland

JJW/lsh

Evan Bayh, Governor
John C. Bailey, M.D., State Health Commissioner

Indiana State Department of Health
1330 West Michigan Street
P.O. Box 1964
Indianapolis, IN 46206-1964
317/633-0100 Fax: 317/633-0776



An Equal Opportunity Employer

March 16, 1993

John Osborne
Department of Natural Resources
Division of Engineering, Room 299
402 West Washington Street
Indianapolis, IN 46204-2716

Dear Mr. Osborne:

This is a letter report of the analytical results on the bulk samples taken from the Dunes Park, on March 2, 1993, and submitted by you for asbestos analysis.

The four bulk samples were analyzed by polarized light microscopy and by x-ray diffraction. The Industrial Hygiene Laboratory reported that asbestos was not detected in all four bulk samples taken from the pavilion. The samples were pipe chase sample #1 taken from the Women Rest Room, pipe chase sample #2 taken from the Men Rest Room, sample #3 taken from the Receiving Room, and hot water heater elbow line sample #4 taken from the Receiving Room.

If you have questions, please call Mr. Conrado R. Cansino, of my staff, on AC 317/633-0147.

Sincerely,

John H. Ruyack
JOHN H. RUYACK, DIRECTOR
DIVISION OF INDUSTRIAL HYGIENE
AND RADIOLOGICAL HEALTH
AC 317/633-0147

RECEIVED
MAR 17 1993
DNR

MAINTENANCE INSPECTION REPORT
DEPARTMENT OF NATRUAL RESOURCES
ENGINEERING DIVISION
ROUTINE OR REHABILITATION

OPERATIONS Rehab
WORK ORDER NO. _____
DATE 3-17-93
INSPECTOR J. D. Johnson

PROPERTY Dunes BUILDING NO. _____

BUILDING NAME & LOCATION Pavilion

TYPE OF REPORT Asbestos Inspection

PROJECT pipe Insulation

REPORT

All of the samples came back neg. All that needs to be done in pipe chas is clean up by the Park employees.

JUSTIFICATION FOR
EMERGENCY
PROCUREMENT
State Form 34380 (R4/7-87)

Department of Administration
PUBLIC WORKS DIVISION
510 State Office Building
100 N. Senate Ave., Indianapolis IN 46204

Job Number <i>E3# 3127</i>	Account Number <i>159-545.354E3-909 ASBESTOS REMOVAL (Gen.R&R)</i>
Facility Institution / Office <i>DNR Indiana Dunes State Park</i>	Requesting Agency Head or Designee <i>David K. Williams</i>
Contractor Selected <i>P & M Enterprises, Inc.</i>	Purchase Amount <i>\$13,232.00</i>

Description of Repair
Labor and materials to remove, and dispose of off-site, asbestos-containing ceiling panels from three (3) campground showerhouses, and the beach pavilion bathhouse.

This purchase was based on a threat to:
 public health or safety necessary governmental operations

Explain the specific threat in detail, including why other alternatives were not available.
Numerous panels are in friable condition posing an unsafe condition for the public.

Contractors selected to bid on the repair (Note: If less than three (3), explain why)

- | | | |
|---------------------------------|--|--------------------|
| Name of Contractor | | |
| 1. <i>P & M Enterprises</i> | | <i>\$13,232.00</i> |
| Address of Contractor | <i>768 State Rd. 46, Terre Haute, In 47803</i> | |
| Name of Contractor | | |
| 2. <i>CMC</i> | | <i>\$55,016.00</i> |
| Address of Contractor | <i>2000 Dombey Road, Portage, In 46368</i> | |
| Name of Contractor | | |
| 3. <i>Delta Environmental</i> | | |
| Address of Contractor | <i>PO Box 11320 Merrillville, In 46410</i> | |

if less than three (3), explain why.
Sent opportunity to bid. Called 3 times. No response.

Explain in detail why the selected contractor was chosen, i.e., lowest bidder, sole source, warranty period in effect, etc.

P & M Enterprises-Low Bid.

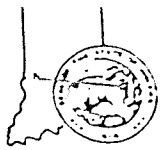
Accepted by a specific call to the Public Works Director on (Date mo., day, yr) _____ at (Time a.m. or p.m.) _____

Signature of Facility Institution / Office Head
[Signature] *3/11/92*

Signature of Superintendent, Director, or their Assistant

Signature of Agency Head or Designee
David K. Williams

Date of Justification
11 MAR 92



CONFIRMING FOR EMERGENCY EXPENDITURE

DA PW

EMERGENCY REQUISITION# E3-3127 Account No. 159-545.354

Agency: DNR Date Approved: 3-11-92

Institution: Ind. Dunes St. PK. Person Reporting: H. Pedigo

Emergency Work: Labor + material to remove asbestos containing ceiling panels from 4 bldgs.

Contractor/Vendor to be used: P+M Enterprises

Amount: \$ 13,232.00

Approved by:

R. M. Udey 3-11-92
Date

Jay D. McManis MAR 11 1992
Commissioner Date

[Signature] 3-13-92
Director/Public Works Date

- When did the breakdown start? Over the year
- When did the breakdown occur? " " "
- Has preventive maintenance or periodic inspection been performed on this equipment? No By whom?
- What is the effect of the breakdown if not repaired immediately?
Airborne asbestos particles
- How does the breakdown effect the health, safety or welfare of the Institution?
Panel have deteriorated over the year and are shedding particles.
- Is this equipment involved in a future or ongoing project? No

- List at least three contractors that have been contacted to make repairs?
 -
 - CMC #55,816.00
 - Delta Environmental - No bid

8. Is there a backup system to the system involved in the breakdown? No

RECEIVED IN D.O.A
GENERAL COUNSEL
MAR 17 1992
RECORD # 242

EVAN BAYH, GOVERNOR
WOODROW A. MYERS, JR., M.D., STATE HEALTH COMMISSIONER

INDIANA STATE BOARD OF HEALTH
1330 WEST MICHIGAN STREET
P.O. BOX 1964
INDIANAPOLIS, IN 46206-1964



INDIANA STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

October 18, 1989

John Osbourne
Department of Natural Resources
Room 614
State Office Building
Indianapolis, IN 46204

Dear Mr. Osbourne:

The samples you submitted were analyzed for asbestos by polarized light microscopy and x-ray diffraction.

The results are as follows:

<u>Sample</u>	<u>X-ray</u>	<u>Microscopic</u>
Dunes State Park Comfort Station 1	N.D.*	Chrysotile
Dunes State Park Comfort Station 2	Chrysotile	Chrysotile
Dunes State Park Comfort Station 3	Chrysotile	Chrysotile
Partition <i>(pavilion Rest Room Women's men cost men west)</i>	N.D.*	Chrysotile
Spring Mill Inn Boiler Room	N.D.*	N.D.*

*N.D. = None Detected

If I can be of further assistance, please feel free to contact me.

Sincerely,

JOHN H. RUYACK
INDUSTRIAL HYGIENE ADMINISTRATOR
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DIVISION OF INDUSTRIAL HYGIENE
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mkt

State of Indiana
DEPARTMENT OF NATURAL RESOURCES
Indianapolis

DEPARTMENT MEMORANDUM

DATE December 20, 1984

TO: Bill Walters
Division Director

FROM: David K. Williams, Dunes
Property Manager

SUBJECT: *Friable Asbestos*

Dear Bill,

In response to your memo of December 12th, enclosed you will find two samples of ceiling panels, and one sample of attic insulation which we find to be questionable as to the existence of friable asbestos. We can not locate any records in our files that identify Johns Mansville as the installer, or that the materials were manufactured by John Mansville. We did find specifications on several sets of prints that identify the perforated ceiling panels used at the Pavillion and Campground Bathhouses as being asbestos panels.

Sample #1 - Concession Dining Area - Pavillion - 5,300 Sq. Ft.

Sample #2 - Assistant Managers Residence - Ceiling Insulation - 1,232 Sq. Ft.

Sample #3 - Pavillion Bathhouse, Service Rooms, Concession - 7,440 Sq. Ft.
Campground Comfort Stations (3) Ceilings - 2964 Sq. Ft.

Respectfully Submitted,


David K. Williams