State Form 35034

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

PROPERTY Dunes State Park
BUILDING NAME & LOCATION

TYPE OF REPORT Abatement
PROJECT Asbestos Removal

OPERATIONS Rehab
WORK ORDER NO.
DATE 5/17/73
INSPECTOR

---

REPORT

Attached is a copy of the asbestos waste shipment/Diagram Record from House Asbestos abatement.

MAINTENANCE REPORT 1971
# ASBESTOS WASTE SHIPMENT/DISPOSAL RECORD

**1. WORK SITE**
- **Name:** Painesville Park
- **Mailing Address:** Box 250
- **Address:** Chardon, OH 44024

**2. GENERATOR**
- **Name:** Indiana DNR
- **Contact:** Phone: 216-644-3142

**3. OPERATOR/CONTRACTOR**
- **Name:** Hoosier Asbestos Abatement
- **Mailing Address:** Box 431
- **Address:** Indianapolis, IN 46242

**4. OWNER**
- **Name:** John Osborne
- **Phone:** 233-3844

**5. WASTE DISPOSAL SITE (WDS)**
- **Name:** Caldwell Landfill
- **Mailing Address:** P.O. Box 212
- **Address:** Co. Rd. 300 East
- **Location:** Morrisstown, IN 46161

**6. ORIGIN OF WASTE**
- **County:** Porter
- **State:** Indiana

**7. RESPONSIBLE AGENCY**
- **Name:** Indiana Dept. Environ. Mgmt.
- **Address:** P.O. Box 6015
- **Address:** Indianapolis, Indiana 46206

**8. DESCRIPTION (type asbestos waste, friable and/or nonfriable)**
- Transite Panels

<table>
<thead>
<tr>
<th>number</th>
<th>type</th>
<th>Cu tons/Cu Yds</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Bag</td>
<td>1</td>
</tr>
</tbody>
</table>

**9. Containers**

**10. Total Quantity**

**11. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION**

**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.

- **Name:** Robert Seaman
- **Title:** VIP
- **Signature:**
- **Date:** 2/28/93

**13. TRANSPORTERS**

**TRANSPORTER #1**
- **Name:**
- **Address:** Indianapolis, IN 46242
- **Phone:** 216-233-3844

<table>
<thead>
<tr>
<th>Name (printed or typed)</th>
<th>Title</th>
<th>Date (MM/DD/YY)</th>
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</thead>
<tbody>
<tr>
<td><strong>Robert Seaman</strong></td>
<td>VIP</td>
<td>2/28/93</td>
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</tbody>
</table>

**TRANSPORTER #2**
- **Name:**
- **Address:**
- **Phone:**

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<tbody>
<tr>
<td><strong>Robert Seaman</strong></td>
<td>3/5/93</td>
</tr>
</tbody>
</table>

**14. DISCREPANCY INDICATION SPACE**

**15. CERTIFICATION OF RECEPTION**

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.

- **Name:** V. Linville
- **Title:** Scalemaster
- **Signature:**
- **Date:** 4/30/93

---
# AIR SAMPLE ANALYSIS SUMMARY

**CLIENT:** Hoosier Asbestos  
**FACILITY:** Dunes State Park

<table>
<thead>
<tr>
<th>SAMPLE NO.</th>
<th>LAB NO.</th>
<th>LOCATION</th>
<th>LITERS</th>
<th>F/F</th>
<th>F/CC</th>
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<tbody>
<tr>
<td>DU 01</td>
<td>5725</td>
<td>Removal Ceiling Tile Excursion</td>
<td>66 L</td>
<td>7/100</td>
<td>.963</td>
</tr>
<tr>
<td>DU 02</td>
<td>5726</td>
<td>Removal Ceiling Tile Personal-B. Seaman</td>
<td>264 L</td>
<td>4/100</td>
<td>&lt; .01</td>
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<tr>
<td>DU 001</td>
<td>5727</td>
<td>Area Outside Containment West &amp; East Rooms</td>
<td>2700 L</td>
<td>0/100</td>
<td>&lt; .01</td>
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<tr>
<td>DU 002</td>
<td>5728</td>
<td>Final West Room</td>
<td>2160 L</td>
<td>0/100</td>
<td>&lt; .01</td>
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<tr>
<td>DU 003</td>
<td>5729</td>
<td>Final East Room</td>
<td>2160 L</td>
<td>0/100</td>
<td>&lt; .01</td>
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</tbody>
</table>

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: [Signature]  
Approved By: [Signature]  
Date: 5/3/93
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Contact: John Osborne

State: IN

Zip: 46204

Telephone #: (317) 233-3844

Removal Contractor: Hoosier Asbestos Abatement, Inc.

Address: P.O. Box 1031

City: Greenwood

Contact: Robert Seamon

IN Accred #: 190920033

Exp: 3/17/94

Demolition Contractor: N/A

Address: 

City: 

State: IN

Zip: 

Contact: 

Exp: 

IN Accred #: 

Exp: 

Project Designer: Kenneth Bartell

Address: P.O. Box 1031

City: Greenwood

Contact: 

IN Accred #: 190222023

Exp: 2/18/94

Phone #: 317-881-2088

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

IV. IS ASBESTOS PRESENT? (Check One) Yes: x 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

<table>
<thead>
<tr>
<th>Component</th>
<th>Regulated ACM to be removed</th>
<th>Nonfriable asbestos material not to be removed before demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipes (Lft)</td>
<td>0</td>
<td>Category I:</td>
</tr>
<tr>
<td>Surface Area (Sqft)</td>
<td>750</td>
<td>Category II:</td>
</tr>
<tr>
<td>Total Volume ACM on or off Facility Components (Cuft)</td>
<td>108</td>
<td></td>
</tr>
</tbody>
</table>

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

page 1 of 2
I. 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.

II. 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.

III. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CUMBLED, 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 status 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

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

IV. 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: N/A Date ordered to begin: N/A Date of Order: N/A

V. 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:

VII. 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 XXXIII AND I UNDERSTAND THE REQUIREMENTS OF THOSE REGULATIONS.

Signature of Owner/Operator Robert F. Seamon Jr

Date April 15, 1993

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ FOR OFFICE USE ONLY ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ACORD CERTIFICATE OF INSURANCE

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

(312) 360-9866

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

(317) 881-2088

COMPANIES AFFORDING COVERAGE

<table>
<thead>
<tr>
<th>COMPANY LETTER</th>
<th>NAME</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Credit General Insurance Company</td>
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<td>B</td>
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<td>C</td>
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<td>D</td>
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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.

<table>
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<th>POLICY NUMBER</th>
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<tr>
<td>X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>AAB 100 205 00</td>
<td>2/15/93</td>
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<td>CLAIMS MADE X OCCUR.</td>
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<td>OWNER'S &amp; CONTRACTOR'S PROT.</td>
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<td>X</td>
<td>Includes Asbestos Abatement</td>
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<th>OTHER THAN UMBRELLA FORM</th>
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<tr>
<th>WORKER'S COMPENSATION</th>
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<th>EMPLOYERS' LIABILITY</th>
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<tr>
<th>OTHER</th>
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</table>

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

Attention: John Osborn

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.

AUTHORIZED REPRESENTATIVE

Jerome J. Weiland

ACORD 25-S (7/90)
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

"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."
Disraeli
<table>
<thead>
<tr>
<th>BUILDING NAME OR DESCRIPTION</th>
<th>SAMPLE NUMBER</th>
<th>SAMPLE IDENTIFICATION</th>
<th>X-RAY</th>
<th>MICROSCOPE</th>
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<tbody>
<tr>
<td>Pavilion 2nd</td>
<td>#1</td>
<td>Ceiling Tile</td>
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<td></td>
</tr>
<tr>
<td>Office</td>
<td>#1</td>
<td>Pinoleum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#2</td>
<td>Vinyl Tile</td>
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</tr>
</tbody>
</table>

AND ADDRESS OF PERSON TO RECEIVE RESULTS:

John Osborne, Assistant, Hartford

Department of Environmental Health, City of Hartford, 5th Fl., 662 Main St., Hartford, Conn. 06103
REPORT

Asbestos was removed from the two rooms at the pavilion. This is the copy of the

Form 35024
MAINTENANCE INSPECTION REPORT
DEPARTMENT OF NATRUAL RESOURCES
ENGINEERING DIVISION
ROUTINE OR REHABILITATION

PROPERTY: Dunes
BUILDING NAME & LOCATION: pavilion
TYPE OF REPORT: Asbestos Inspection
PROJECT: Asbestos Removal

OPERATIONS: Rehab
WORK ORDER NO.: 35024
DATE: 4/14/85
INSPECTOR: Material

MAINTENANCE REPORT 1971
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
Office Manager

LSB: encl.
# Certificate of Insurance

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

(312) 360-9866

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

(317) 881-2088

**Issue Date:** 4/14/93

## Coverage

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

<table>
<thead>
<tr>
<th>Company Letter</th>
<th>Company Name</th>
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<tr>
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<td>Credit General Insurance Company</td>
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## 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.

<table>
<thead>
<tr>
<th>Co LTR</th>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YY)</th>
<th>Policy Expiration Date (MM/DD/YY)</th>
<th>Limits</th>
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<td>Worker's Compensation</td>
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<td>And</td>
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<td>Employers' Liability</td>
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<td></td>
<td>Other</td>
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</tbody>
</table>

## 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

Attention: John Osborn

## 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.

**Authorized Representative:**

Jerome J. Weiland

©ACORD CORPORATION 1990
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
REPORT

All of the samples came back negative. All that's left to do is line in pipe chase to clean. Up by the post employees.
## ASBESTOS STUDY WORKSHEET

**LOCATION:** Dunes City Park  
**SURVEYOR:** John Osborne  
**DATE:** 3/2/93  
**RESULTS TO:** John Osborne  
**LOG NO.:** 

<table>
<thead>
<tr>
<th>BUILDING NAME OR DESCRIPTION</th>
<th>SAMPLE NUMBER</th>
<th>SAMPLE IDENTIFICATION</th>
<th>X-RAY</th>
<th>MICROSCOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>pavilion</td>
<td># 1</td>
<td>Paper Chute Window</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># 2</td>
<td>Paint Room</td>
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<td>Pipe Chute Store</td>
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<td>Reception Room</td>
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<td>Outside Window Paint</td>
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**NAME AND ADDRESS OF PERSON TO RECEIVE RESULTS:**  
John Osborne, State of Martin Husford  
17th West Washington St  
Room 299  
Department of Natural Resources  
Blk 183 Pk 232-4150
Facility Institution/Office: DNR Indiana Dunes State Park

Contractor Selected: P & M Enterprises, Inc.

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: XX 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)

1. P & M Enterprises  $13,232.00
   Address of Contractor: 768 State Rd. 46, Terre Haute, In 47803

2. CMC  $55,016.00
   Address of Contractor: 2000 Dombey Road, Portage, In 46368

3. Delta Environmental  Sent opportunity to bid. Called 3 times. No response.
   Address of Contractor: PO Box 11320, Merrillville, In 46410

If less than three (3), explain why.

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.

Account Number: 159-545,354 E3-909 ASBESTOS REMOVAL (Gen.R&R)

Account Number: 3127

Date of Justification: 11 Mar 92

Signature of Agency Head or Designee: [Signature]

Date of Justification: 11 Mar 92

Signature of Superintendent, Director, or their Assistant: [Signature]

Signature of Agency Head or Designee: [Signature]

Date of Justification: 11 Mar 92

Signature of Agency Head or Designee: [Signature]
CONFIRMING FOR EMERGENCY EXPENDITURE  DAPW

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

Agency: DNR  Date Approved: 3-11-92

Institution: DNR, Resource Mgt.  Person Reporting: H. Pedigo

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

Contractor/Vendor to be used: P&M Enterprises

Amount: $13,232.00

Approved by:

R. McVey  3-11-92
MOM  3-13-92

1. When did the breakdown start? Over the year

2. When did the breakdown occur? Over the year

3. Has preventive maintenance or periodic inspection been performed on this equipment? No  By whom?

4. What is the effect of the breakdown if not repaired immediately? Airborne asbestos particles

5. How does the breakdown effect the health, safety or welfare of the Institution? Panels have deteriorated over the year and are shedding particles.

6. Is this equipment involved in a future or ongoing project? No

7. List at least three contractors that have been contacted to make repairs?

   1. CMC  #55,816.80
   2. Delta Environmental  No Bid

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

<table>
<thead>
<tr>
<th>Sample</th>
<th>X-ray</th>
<th>Microscopic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunes State Park Comfort Station 1</td>
<td>N.D.*</td>
<td>Chrysotile</td>
</tr>
<tr>
<td>Dunes State Park Comfort Station 2</td>
<td>Chrysotile</td>
<td>Chrysotile</td>
</tr>
<tr>
<td>Dunes State Park Comfort Station 3</td>
<td>Chrysotile</td>
<td>Chrysotile</td>
</tr>
<tr>
<td>Partition (partition, Rest Room, Women's)</td>
<td>N.D.*</td>
<td>Chrysotile</td>
</tr>
<tr>
<td>Spring Mill Inn Boiler Room</td>
<td>N.D.*</td>
<td>N.D.*</td>
</tr>
</tbody>
</table>

*N.D. = None Detected

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

Sincerely,

JOHN H. RUYACK  
INDUSTRIAL HYGIENE ADMINISTRATOR  
INDUSTRIAL HYGIENE LABORATORY  
DIVISION OF INDUSTRIAL HYGIENE  
AND RADIATIONAL HEALTH  
AC 317/633-0692

"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

--Disraeli
DEPARTMENT MEMORANDUM

TO: Bill Walters  
Division Director

FROM: David K. Williams  
Dunes  
Property Manager

DATE: December 20, 1984

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 cannot 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 Pavilion and Campground Bathhouses as being asbestos panels.

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

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

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

Respectfully Submitted,

David K. Williams