

201 West Main Street
Post Office Box 1229
Hamlet, North Carolina 28345



Phone (910) 582-2651
Fax (910) 582-5815
www.hamletnc.us

February 27, 2019

Interested Parties:

Bids are being requested for the clearance of 1 burned structure located at 405 Cheraw Rd, Parcel ID 748103433326. The Hamlet Fire Department conducted a train burning on February 23, 2019. The existing storage building, vehicle and playground equipment are to remain on the property.

Bids should be submitted in sealed envelopes to Kim Lyerly, City of Hamlet, PO Box 1229, 201 Main St., Hamlet, NC 28345 and must be received no later than 12:00 Noon, March 13, 2019. Faxed bids **will not** be accepted.

The house was tested for asbestos prior to the Fire Department train burning and none was found. Removal can use normal techniques such as bulldozers or front-end loaders. Debris must be disposed of properly and Tracking Records presented to the City of Hamlet prior to payment.

The City of Hamlet is an Equal Opportunity Employer and encourages bidding by small, minority, and female-owned contractors; does not discriminate on the basis of handicap status; and also encourages the use of available job training programs. The City reserves the right to reject any or all bids.

Questions should be referred to Gail Strickland at 910-582-2651.

Sincerely,



Jonathan Blanton
City Manager

Attachments: Exhibit 1 – Description of Work
Exhibit 2 - Contract Provisions
Exhibit 3 – Bid Proposal
Exhibit 4 – Lot Clearing
Asbestos Report
Map of Area
Contractor's Registration Form
Independent Contractor vs. Employee Checklist

**CITY OF HAMLET
Clearance Project**

**EXHIBIT #1
DESCRIPTION OF WORK**

The Contractor agrees to provide all materials, tools, machinery, labor and supervision necessary for the demolition of the structure listed below. Refer to enclosed map.

Unit #	Location	Scope of Work
1	Structure – 405 Cheraw Rd	<p>Removal of Remaining Burned House</p> <p>The existing storage building, vehicle and playground equipment are to remain on the property.</p> <p>Normal demolition techniques such as bulldozers or front-end loaders can be used.</p> <p>Debris must be disposed of properly and Tracking Records presented to the City of Hamlet prior to payment.</p> <p>Level Lot</p>

EXHIBIT 2

CONTRACT PROVISIONS

1. The Contractor will obtain any permits from the local building official and NC HHCU prior to commencing demolition of activities, as required.
2. No asbestos was found.
3. The existing storage building, vehicle and playground equipment are to remain on the property.
4. The Contractor will contact all utility providers (water, sewer, electric, gas) prior to commencement of demolition activities to insure disconnections have been made. Contractor will also verify with local government that appropriate rodent control measures have been taken.
5. Any trees damaged by the demolition of any structures, or by machinery during clearance shall also be removed from the lot.
6. The structure(s) will be demolished within thirty (30) days of notice to proceed. The local government may assess a penalty of \$50.00 per day for each day beyond the established time period. Partial Payment for work completed to date will not be available for this project.
7. The Contractor will relieve the local Government of any and all liability for damages or failure to comply with all regulations incurred by the Contractor during the demolition of said structure(s). When adjacent property is affected or endangered by any work done, it shall be the responsibility of the Contractor to take whatever steps are necessary for the protection of the adjacent property and to notify the Owner thereof of such hazards.
8. Demolition shall include removal of all debris from the site. The existing storage building, vehicle and playground equipment are to remain on the property.
9. The Contractor agrees to the appropriate Supplemental Terms and Conditions as outlined in Contract Agreement.
10. The Asbestos report is attached.
11. The City reserves the right to delete any structures from the demolition list.
12. The Contractor must complete the Independent Contractor vs. Employee Checklist.
13. The Contractor must provide proof of liability insurance in the amount of \$500,000.00.
14. Payment will be issued after completion of all work, as delineated in the Description of Work, has been approved by the LOCAL GOVERNMENT and submission of Tracking Forms from approved landfills for the special waste and general waste. Partial Payment for work completed to date will not be available for this project

**Exhibit 3
BID PROPOSAL**

The Contractor agrees to provide all materials, tools, machinery, labor and supervision necessary for the demolition of the structure referred to on the attached Description of Work.

Unit #	Location	Total for Removal of Burned Structure and Lot Grading as Outlined in Scope of Work
1	Burned Structure – 405 Cheraw Rd. Parcel ID 748103433326 (Existing storage building, vehicle and playground equipment are to remain on the property.)	\$

The location of said structure(s) is as follows: 405 Cheraw Rd. - Refer to attached Map.

I, the undersigned contractor, have inspected the foregoing listed property and understand the extent and character of the work to be completed. I propose to furnish all labor, material, and equipment necessary to accomplish the work for the total sum of \$ _____.

Please write out your bid total below:

_____ Dollars (\$ _____).

Contractor

Signature

Date

I, the undersigned contractor, will dispose of all debris including blocks, bricks, and concrete at _____.

Estimated tons of blocks, bricks, and concrete _____.

Completed Tracking Forms and/or Tipping Receipts generated by all landfills must be submitted to the City of Hamlet prior to any payment to the Contractor.

Contractor

Signature

Date

RETURN IN SEALED ENVELOPE

PLEASE RETURN BOTH PAGES OF THE BID PROPOSAL, EXHIBIT 3, BOTH PAGES OF THE CONTRACTOR'S REGISTRATION FORM AND THE INDEPENDENT CONTRACTOR VS. EMPLOYEE CHECKLIST IN A SEALED ENVELOPE.

Exhibit 4
Lot Clearance

1. Lot Clearance. All basements or partial basements shall be filled with soil and leveled with existing lot. No trash or building materials shall be buried on site.

The sites shall be cleared of stones and raked smooth.

Asbestos Inspection Report

Prepared For: City of Hamlet

Attention; Gail Strickland

For the Dwelling Located at;
405 Old Cheraw Hwy
Hamlet, NC 28345

Prepared by:
Howard F. Campbell
NC Asbestos Inspector # 12296

Date Of Inspection: July 10, 2018

Date Of Report: July 29, 2018

Campbell Environmental Inspections, Inc.
1037 Sandhill Road
Rockingham, NC 28379



EMSL Analytical, Inc.

706 Gralin Street Kernersville, NC 27284
Tel/Fax: (336) 992-1025 / (336) 992-4175
<http://www.EMSL.com/greensborolab@emsl.com>

EMSL Order: 021805054
Customer ID: CEIN62
Customer PO:
Project ID:

Attention: Howard Campbell
Campbell Environmental Inspections
1037 Sandhill Road
Rockingham, NC 28379
Phone: (910) 331-0801
Fax: (910) 895-4746
Received Date: 07/20/2018 9:15 AM
Analysis Date: 07/21/2018
Collected Date: 07/10/2018
Project: City of Hamlet, Property Reference: 405 Cheraw Rd., Hamlet, NC

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
C-1 021805054-0001	Roofing Material Shingles	Gray/Black Fibrous Heterogeneous	8% Glass	92% Non-fibrous (Other)	None Detected
C-2 021805054-0002	Roofing Material Felt	Black Fibrous Homogeneous	65% Cellulose	35% Non-fibrous (Other)	None Detected
C-3 021805054-0003	Kitchen Floor Tile 12x12	Brown/Tan/Beige Non-Fibrous Homogeneous		20% Quartz 80% Non-fibrous (Other)	None Detected
C-4 021805054-0004	Kitchen Counter Top Material	Brown/Tan Fibrous Homogeneous	55% Cellulose	45% Non-fibrous (Other)	None Detected
C-5 021805054-0005	Ceiling Tile 12x12	Brown/White/Black Fibrous Homogeneous	98% Cellulose	2% Non-fibrous (Other)	None Detected
C-6-Flooring 021805054-0006	Bathroom Linoleum	Tan/Beige Fibrous Heterogeneous	30% Cellulose 1% Glass	69% Non-fibrous (Other)	None Detected
C-6-Mastic 021805054-0006A	Bathroom Linoleum	Tan Non-Fibrous Homogeneous	<1% Cellulose	100% Non-fibrous (Other)	None Detected
C-7 021805054-0007 Only sheetrock present	Sheetrock/Joint Compound**COMPO SITE	Brown/Gray Fibrous Heterogeneous	15% Cellulose 1% Glass	84% Non-fibrous (Other)	None Detected

Analyst(s)

Nicole Shutts (8)

Stephen Bennett, Laboratory Manager
or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. The above analyses were performed in general compliance with Appendix E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method"), but augmented with procedures outlined in the 1993 ("final") version of the method. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. All samples received in acceptable condition unless otherwise noted. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. EMSL recommends gravimetric reduction for all non-friable organically bound materials prior to analysis. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. Kernersville, NC NVLAP Lab Code 102104-0, CA ELAP 2689, Virginia 3333-000228, West Virginia LT000321

Initial report from: 07/23/2018 08:52:35

Campbell Environmental Inspections, Inc.

1037 Sandhill Road * Rockingham, NC 28379 * Phone: 910-331-0801

July 29, 2018

Subject: Asbestos Containing Building Material Survey,
Single Family Home; 405 Old Cheraw Hwy, NC 28345 Attn: Gail Strickland

Campbell Environmental Inspections conducted an Asbestos Containing Building Material Survey (ACBM)

The purpose of this survey is to identify materials that contain asbestos that may be disturbed during proposed demolition. Bulk samples of suspect materials were taken.

<u>Sample #</u>	<u>Sample Taken</u>	<u>% of Asbestos</u>
C-1	Roofing Material /shingles	None Detected
C-2	Roofing Material /felt	None Detected
C-3	Kitchen floor tile	None Detected
C-4	Kitchen countertop material	None Detected
C-5	Ceiling tile 12x12	None Detected
C-6	Bathroom linoleum	None Detected
C-6A	Bathroom linoleum mastic	None Detected
C-7	Sheetrock wall joint/sheetrock-compound composite	None Detected

*None of the samples tested contained Asbestos above the standards.
(1% or above is considered ACBM)

The NESHAP regulations dated Tuesday, November 20, 1990, Part III Environmental Protection Agency, 40 CFR Part 61, require that any building being demolished be inspected for asbestos containing materials.

An asbestos inspection is based on a survey being conducted by sampling substances known to contain asbestos, or by sampling materials suspected of containing asbestos.

Campbell Environmental Inspections or its inspectors assume no liability for asbestos materials that are not included in an asbestos inspection due to the materials being inaccessible, concealed, or not considered suspect ACBM. Campbell Environmental Inspections or its inspectors assume no liability for the condition of the building or building materials before, during, or after the inspection.

Sincerely,

Howard F. Campbell



NC Asbestos Inspector # 12296

Richmond County GIS



CONTRACTOR'S REGISTRATION FORM- PAGE 1

NAME OF FIRM _____ TAX # _____

Individual _____ S.S. # _____

Mailing Address _____

Telephone Number – Business _____ Home _____

Time to Contact – Business _____ Home _____

TYPE OF BUSINESS (Check all that apply)

General Contractor _____	License # _____
Carpenter _____	License # _____
Electrical _____	License # _____
Plumbing _____	License # _____

LEAD – BASED PAINT TRAINING – Attach copies of all certificates for successfully completed training courses.

Insurance: (check one)

Do you carry bodily injury insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry property damage insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your workers covered by workman's compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

BANK:

Name _____	Contact Person _____
Mailing Address _____	Phone Number _____

MATERIALS SUPPLIER:

Name _____	Contact Person _____
Mailing Address _____	Phone Number _____

MATERIALS SUPPLIER:

Name _____	Contact Person _____
Mailing Address _____	Phone Number _____

CUSTOMER:

Name _____	Contact Person _____
Mailing Address _____	Phone Number _____

CONTRACTOR'S REGISTRATION FORM – PAGE 2

CUSTOMER:

Name _____ Contact Person _____
Mailing Address _____ Phone Number _____

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true complete to the best of the undersigned's knowledge and belief.

Signature

Title

Date

Named Insured:

INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST:

Whenever any public entity retains an independent contractor who does not carry workers' compensation insurance and the owner or an employee of that contractor is injured, a determination must be made as to whether the injured worker is truly an independent contractor or, in fact, is an employee of the public entity and, thereby, eligible for worker's compensation benefits through the entity. The NC Industrial Commission and NC Courts have used the following tests to make this determination. Please complete the information below for each independent contractor that has NOT provided you with a Certificate of Insurance for Workers Compensation (proof of Workers' Compensation policy). Name of Independent Contractor:

Type of Work Performed:

Type of Business: D Individual, Sole Proprietor, Partnership, LLC, D Incorporated

Duration of Contract:

How many total employees does the contractor employ (excluding owner)?

- | | Yes | No |
|---|-------|-------|
| (a) Is the person/business employed engaged in an independent business or occupation? | _____ | _____ |
| (b) Does the person/business employed have a Federal Tax ID number? | _____ | _____ |
| (c) Does the person/business employed perform similar work for any other business/individual? | _____ | _____ |
| (d) Does the person/business doing the work have the right to hire or fire any employee/helper of the business doing the work? | _____ | _____ |
| (e) Does the person/business employed have control over such employees/helpers? | _____ | _____ |
| (f) Does the person/business employed select their own time to perform work?
(for example, your entity does not tell the person to work specific hours during the day) | _____ | _____ |
| (g) Does the person/business employed have the independent use of his special skill, knowledge or training in the execution of the work? | _____ | _____ |
| (h) Is the person/business employed paid for the job in a lump sum amount (not paid by the hour)? | _____ | _____ |

(i) Does the person/business employed have the freedom to use their method of doing the work rather than another and is not subject to discharge because they adopt one method over another method?

_____ _____

(j) Is the person/business employed furnished tools or equipment owned by you?

_____ _____

None of these factors is controlling, but each is to be considered in determining the relationship between the parties, The essential issue is whether the alleged employer has the right to control the method and means by which the "employee" (business performs their work. RMS will attempt to determine whether an employment relationship exists for insurance purposes only.

Signature of Person/Business doing the work

Date

3/12/2008 Edition Date