



## Addendum 1

IRFQ #2011-1158-2005

August 5, 2010

City of Newport News Office of the Purchasing Director

2400 Washington Avenue

Newport News, VA 23607

Phone: (757) 926-8032 Fax: (757) 926-8493

[mngov.com/purchasing](http://mngov.com/purchasing)

### Abatement 1<sup>st</sup> Floor Ceiling Area of Doris Miller Recreation Center, 2814 Wickham Ave.

Quotations, subject to the conditions and instructions contained herein, will be received at the above office of the Purchasing Agent, 4th Floor, City Hall, 2400 Washington Avenue, Newport News, Virginia, until the due date and hour shown below (local prevailing time), for furnishing the following described equipment, materials, and/or services, for delivery and/or performance F.O.B. NEWPORT NEWS, VIRGINIA.

**It is agreed and understood that the information below will constitute addendum #1, and shall be made part of the IRFQ document. Acknowledgement showing receipt and acceptance of the changes is to be returned with your submittal.**

**Note the following changes: Removal of hard GWB ceiling areas for access to the ductwork above bathrooms and Office #2 is allowed. Contractors shall remove ceiling areas in a neat and uniform workmanship manner to aid in replacement by City Forces.**

**2' x 2' ceiling tiles under the existing ductwork shall be HEPA vac'd and re-installed by the contractor prior to completion of the project.**

Q. What is the quantity of asbestos in ductwork?

**A. Approximately 170 linear feet of various sizes of ductwork wrapped with asbestos-containing material known as aircell insulation comprising of 50-75 % chrysotile asbestos.**

Q. Where can we review assessment report?

**A. Assessment report is in the Engineering Office.**

Q. What is the estimate for this project?

**A. Estimate is less than \$25,000.**

Q. What is the approximate amount of asbestos to be removed?

**A. Approximately 170 linear feet of asbestos-containing aircell insulation.**

**Quotation Due: August 10, 2010 @ Close of Business**

Contract Officer: Shari D. Colvin

Shari D. Colvin, CPPB, VCO, Deputy Director, [scolvin@mngov.com](mailto:scolvin@mngov.com)

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This Form Must Be Signed*