ADDITIONAL MANAGEMENT PLAN DATA

SAMPLING PROTOCOL

Where <u>friable surfacing materials</u> were encountered, the following sampling protocol was followed.

- 1. The homogeneous sampling area was divided into nine equal areas.
- 2. Random numbers were taken from a source (EPA's Sampling Strategy Booklet).
- 3. Three samples were collected at or near the center of the selected areas which totaled less than 1,000 square feet, five for 1,000 to 5,000 square feet, and seven or more for friable homogeneous areas greater than 5,000 square feet.

Where non-friable samples were collected, the following sampling protocol was followed:

- 1. <u>Surfacing</u> three or more samples were collected, generally in non-conspicuous locations from each homogeneous material.
- 2. <u>TSI</u> three or more samples were taken from homogeneous materials.
- 3. <u>Miscellaneous</u> one or more samples were taken from miscellaneous materials in a manner sufficient to determine the asbestos content of each homogeneous material.

In some cases materials were <u>assumed</u> to contain asbestos. This was done with materials which <u>always</u> contain asbestos (transite or aircell insulation) or with materials which had been identified as ACBM in a previous survey.

MANAGEMENT PLAN

FOR

- **★** CHICO UNIFIED SCHOOL DISTRICT
- DISTRICT ADMINISTRATION OFFICE
- **★** 1163 EAST 7TH STREET, CHICO 95928

LEA Superintendent: ROBERT W. PURVIS

LEA AHERA Designee: PAUL B. GRAVES

PREPARED BY:

Management Planner (accreditation attached)
Hazard Management Services, Inc.

P. O. Box 7012

Modesto, CA 95355-7012 (209) 577-8209

UNIVERSITY OF CALIFORNIA

SERKELEY SERVENES

UNINERSILL EXTENSION

This is to certify that

James E Sharp

has attended and satisfactorily passed the exam

for the course

Building Inspection and Management Planning for Asbestos

November 16-20, 1987

This certification is valid until:

November 20, 1988

November 18 and 20, 1987

Exam dates

Certificate number



Viviein Sutcher Assistant Dean University Extension

Program Director Pacific Asbestos Information Center

UNIVERSITY OF CALIFORNIA UNIVERSITY EXTENSION BERKELEY

This is to certify that

JAMES E. SHARP

for building inspectors and management planners, has attended the refresher course

Advanced Topics in Building Inspection and Management Planning December 13, 1988

University Extension

Descript Deli-

Pacific Ashestos information Center

Valld until: December 13, 1989

Cerifficate number: 4

MANAGEMENT PLANNER'S STATEMENT OF

SUFFICIENCY OF RESOURCES

I, James E Sharp, accredited Management Planner, do hereby certify that I have examined the budget requirements for compliance with the AHERA regulations and find them sufficiently accurate to successfully implement the provisions of this plan.

James & Sharp

Hazard Management Services, Inc.

P. O. Box 7012

Modesto, CA 95355-7012

1. I, Paul B. Graves , designated person to ensure the compliance of C.U.S.D. Administration Buildingwith the requirements of AHERA, do hereby certify that the school's responsibilities as stated in Federal Register 40CFR 763.84 have been, or will be, met within the mandated timeframe.

Faul D. Shane

II. I, Paul B. Graves , designated person to ensure the compliance of C.U.S.D Administration Building with the requirements of AHERA, do hereby certify that, with respect to persons who inspected for ACBM and who will design or carry out response actions, except for operations and maintenance, with reference to ACBM, the school has used and will use only persons who have been accredited by an EPA-approved course under sections 206 (c) of Title II of the Act.

Faul & Lennes

III. The School has addressed the possible conflicts of interests which could exist between parties providing service to the School to assist in AHERA compliance. After thorough review, we have determined that each compliance action shall be independently acquired.

Ful D. Shower

ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) GENERAL DATA

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

(FORM A)
OLAEPA-A (NEW 5-44)

MUST BE TYPED AND SUBMITTED WITH EACH SCHOOL MANAGEMENT PLAN * SEE REVERSE FOR CLARIFICATION OF TERMS

| LOCAL EDUCATION AGENCY | | COUNTY | |
|---|---|--|--|
| Chico Unified School I |)1strict | Butte | SCHOOL PHONE NUMBER |
| District Administration | n Office | | (916) 891-3000 |
| ADDRESS (Number) | (Street) | (City) | (Zip Cade) |
| 1163 East 7th Street | (| Chico | 95928 |
| COS CODE • | SCHOOL ENROLLMENT * | NUMBER OF SCHOOL EMPLOYEES | * NUMBER OF BUILDINGS AT THE |
| 04 61424 0000000 | | 49 | school 2 |
| | | | |
| LEA AHERA DESIGNEE | | | •- |
| NAME | | | PHONE NUMBER |
| Paul B. Graves | | · | (916) 345-8192 |
| ADDRESS (Number) | (Street) | (Cily) | (Zip Code) |
| 4306 Kathy Lane | | Chico | 95926 |
| TRAINING COURSE(S) AND DATE(S) | | | |
| AHERA DESIGNEE T | TRAINING COURSE BY | • | TOTAL TRAINING HOURS |
| - · · · · · · · · · · · · · · · · · · · | NT SERVICES, INC JANUA | ARY 19, 1989 | 6 HOURS |
| | | | o nocks |
| MANAGEMENT PLANNER | | | |
| NAME | | | PHONE NUMBER |
| JAMES E SHARP, SR. | • | | (209) 577-8209 |
| ADDRESS (Number) | (Street) | (City) | (Zip Code) |
| P.O. BOX 6848 | | MODESTO | 95355 |
| ACCREDITATION NUMBER | TRAINING AGENCY | | |
| PAIC 4 | PACIFIC ASB | ESTOS INFORMATION C | ENTER, UC BERKELEY |
| DOCUMENTS ATTACHED (CHECK APPROPRIAT | E BOXES) | | |
| Record of Friable and Non- Friable ACBM (Form B) | Physical and Hazard Assessment of Friable ACBM or Friable Assumed ACBM (Form C) | Operations and Maintena Program (Form D) | Periodic Surveillance Plan (Form E) |
| X Reinspection Plan (Form F) | Parent/Employee Notification Plan (Form G) | X Resources Needed (Form | n H) |
| We certify that the g | eneral Local Education Agency ill be met, and that this submittal | (LEA) responsibilities, as : I includes all buildings at ti | stipulated by 40CFR Part 763, his school. |
| | | | DATE |
| MANAGEMENT PLANNER SIGNATURE | - Il fan | فندوا | 3-15-89 |
| LEA DESIGNEE SIGNATURE | , , , , , | | DATE |
| D SOLUTION | 18 2 | | 4/20/89 |
| LEA SUPERINTENDENT SIGNATURE | | | DATE |
| | en la de la | | 1/20/89 |
| | OFFICE OF LOCAL ASS | SISTANCE USE ONLY | |
| DATE RETURNED (Reasons Stated Below) | DATE RESUBMITTAL RECEIVED | | (OATE STANT) |
| REASON(S) FOR RETURN | | | 1 |
| | | | 11 |
| | | | |
| | | | |
| | | | |
| | | | |
| <u> </u> | | | -{ |
| PRINTED NAME OF REVIEWER | | DATE | |
| REVIEWER'S SIGNATURE | | | 4 |
| D WEARING 2 STOUT LOVE | | | |
| Later | | | 1.1 |

STATE OF CALIFORM DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

RECORD OF FRIABLE AND NONFRIABLE ACBM (FORM B)

OLA/EPA-B (NEW 6-88)

| 24 0000000 |
|------------|
| MBER |
| 000 |
| (Zip Code) |
| 95928 |
| |

-IMPORTANT-

Each building and functional space with friable ACBM or friable assumed ACBM listed on this form requires completion of <u>FORM C</u> (PHYSICAL AND HAZARD ASSESSMENT OF FRIABLE ACBM OR FRIABLE ASSUMED ACBM). Indicate location of material on blueprint, diagram or narrative in square or linear feet, and attach a copy (Sec. 763.93).

| | Indicate location of material on blueprint, diagram | | | | li 166t, and a | | | |
|------|---|----------------|--------|---------|----------------|-----------------|---------|-----------------|
| | | Cł | HECK O | NE T | | CHEC | KONE | |
| LINE | BUILDING NAME & FUNCTIONAL SPACE | | | | AC | ВМ | ASSUME | D ACBM |
| | (Indicate Address if Different From Above) | SURFAC- ING | TSI | MISC. | FRIABLE | NON- FRIABLE | FRIABLE | NON- FRIABLE |
| 1. | UNIT A/B CRAWL SPACE | | X | | X- | | | |
| 2. | UNIT A/B COMPUTER ROOM OFFICE | | | х | | Х | | |
| 3. | | у. | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | : : | |
| 8. | | | | | | | ! | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | • | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | } |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
| 17. | | | | | | | | |
| 18. | | | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |

PHYSICAL AND HAZARD ASSESSMENT OF FRIABLE ACBM OR FRIABLE ASSUMED ACBM (FORM C) (SEC. 763.93)

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

| DLAEPA-C (NEW 8-88) | | CDS CO | 0E 61424 0000000 |
|---|-----------------------------|-------------------------|---------------------------------------|
| DISTRICT ADMINISTRATION OFFICE | | li li | PHONE NUMBER |
| ADDRESS (Number) (Sired) | | (916) | (Zip Code) |
| 1163 EAST 7TH STREET | | HICO | 95928 |
| JILDING NAME | | į. | ION DATE |
| UNIT A/B UNCTIONAL SPACE | | | 1/88 |
| BASEMENT CRAWL SPACE | | INDICAT | E LINE NO. FROM FORM B |
| PE OF FRIABLE ACBM SURFACING X TSI | MISCELLANEOU | S | |
| CONDITION OF ACBM (Overall Rating) | | | |
| GOOD X DAMAGED (Fair) | SIGNIFICANTLY | DAMAGED (Poor) | |
| POTENTIAL FOR DISTURBANCE (Overall Rating) | | | V |
| HECK APPROPRIATE BOX LOW MODERATE damage) MODERATE damage) | X HIGH (Potential | l for signifi- nage) | |
| HAZARD ASSESSMENT (Combine Ratings from Items1 and | 2 and Check Appropria | ate Box) | |
| CONDITION OF ACBM | | POTENTIAL FOR DIST | URBANCE |
| | LOW | MODERATE 2 | HIGH |
| OOD | ' | - | 3 |
| AMAGED | 4 | 5 | 6 X |
| GNIFICANTLY DAMAGED | 7 | 7 | 7 |
| RECOMMENDED RESPONSE ACTION(S) AND COST(S) | | | |
| SPONSE ACTION A. OPERATION AND MAINTENANCE | | \$ | ESTIMATED COSTS |
| B. REPAIR | | \$ | |
| C. ENCAPSULATION | | \$ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| D. ENCLOSURE | | \$ | . " |
| E. REMOVAL | | \$ 15,50 | 00.00 |
| | TOTAL | \$ 15,50 | 00.00 |
| NARRATIVE OF RECOMMENDED RESPONSE ACTIONS (Atta | | | SCHEDULE |
| - ITALITATIVE OF RECOMMENDED RESPONSE ACTIONS (Ana | un Additional Sheets if Nei | ccessary) | START COMPLET |

E. DUE TO SUBSTANTIAL DEBRIS AND POOR CONDITION OF PIPEWRAP, REMOVAL IS ONLY OPTION. REMOVE TSI AND CLEAN UP DEBRIS ACCORDING TO OLA SPECIFICATIONS.

HAZARD MANAGEMENT SERVICES, INC.

| ~ | Tam 7 1 |
|---|---|
| DISTRICT Chico Chiled | on Form I-1 Page 7 of 7 |
| HOOL DISTRICT CALICE | Date <u>4-/-8</u> 2 |
| Building Main | Inspector MCS |
| Location Rasement Camil S (functional area) | |
| Material: Surfacing (TSI) Mis Description Air cell Pipe lagging | ed modded Toints |
| Amount of Material (NF / F) 350/5 | o (ft ² /lf) Assumed ACM: Y / N samples |
| CONDITION: % damaged: | Extent of damage: |
| 0% <1% 1-10% (1-25%) >25% | none local distributed |
| Type damage: air; deterioration; | water; physical; flaking |
| DESCRIPTION: Aboutmed houts | Apperently pipe is crawled |
| POTENTIAL FOR DISTURBANCE: | PREVENTATIVE MEASURES: |
| Commension: H M L | Fix Leaks Prevent water contact Do not DCSG Do not affix signs/deco's Avoid contact |
| STAY OUT OF AREA! | REMEDIAL ACTIONS isolate/restrict repair/cleanup |
| | enclose encapsulate |
| | remove |
| ACRM Condition | n - Assessment |
| Poor (Significant damage) Fa | Good |
| Hazard (Dam | aged) |
| Rank 1 | Potential Disturbance |
| Potential Damage | |
| igh Moderate Low otential Potential Significant Damage Damage | High Moderate Low Potential Potential Significant Damage Damage |
| Hazard Rank 4 | Hazard Hazard Hazard Rank 5 Rank 6 Rank 7 |

OPERATIONS AND MAINTENANCE PROGRAM (FORM D)

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OF RCE OF LOGAL ASSISTANCE

DISTRICT ADMINISTRATION OFFICE (916 891-3000 ADDRESS (Name) (Same) (Cay) (Cay)

For each area where friable ACBM is present, assumed to be present, or is about to become present, write an operations and maintenance (O & M) program.

This O & M program must be developed for the entire school. The program must describe worker protection, initial and additional cleaning programs, building occupant protection (access control, signs, control of air movement, work practices, area cleaning, disposal methods), design and performance of other than small-scale, short-duration maintenance activities, and activities associated with minor and major fiber release episodes (Sec. 763.91).

IMPORTANT

Use Forms E through H to describe specific elements of this program. Use additional sheets when necessary.

FOR EACH AREA LISTED ON FORM C WHERE TRIBLE ACEM IS PRESENT, OR IS ABOUT TO BECOME PRESENT, THE DISTRICT HAS ADOPTED THE FOLLOWING POLICIES WITH RESPECT TO WORKER PROTECTION, INITIAL AND SUBSEQUENT CLEANING, BUILDING OCCUPANT PROTECTION (ACCESS CONTROL, SIGNS, CONTROL OF AIR MOVEMENT, WORK PRACTICES, AREA CLEANING, DISPOSAL METHODS), DESIGN AND PERFORMANCE OF ALL ABATEMENT ACTIVITIES AND THOSE ACTIONS ASSOCIATED WITH MINOR AND MAJOR FIBER RELEASE EPISODES.

WORKER PROTECTION:

ALL MAINTENANCE AND CUSTODIAL WORKERS WILL RECEIVE A 2-HOUR ASBESTOS AWARENESS TRAINING WHICH WILL INCLUDE INFORMATION ON ASBESTOS, ITS USES, ITS PRODUCTS, WHERE IT WAS FOUND IN THE SCHOOL, HOW TO RECOGNIZE FRIABLE ASBESTOS AND DAMAGE AND WHO WILL TAKE CARE OF INCIDENTS AND QUESTIONS RELATING TO ASBESTOS, AND WHERE A COPY OF THE INSPECTION REPORT AND MANAGEMENT PLAN WILL BE KEPT.

CLEANING ACTIVITIES:

STEAM CLEANING OF CARPETS AND FLOORS WILL BE ALLOWED BY SCHOOL PERSONNEL WHO HAVE RECEIVED THE 2-HOUR TRAINING. ALL OTHER CLEANING EXERCISES WILL BE CONDUCTED BY EPA-ACCREDITED CONTRACTORS OR DISTRICT MAINTENANCE PERSONNEL UNDER THE DIRECTION OF THE DESIGNEE OR AN AHERA-ACCREDITED PROJECT DESIGNER.

BUILDING OCCUPANT PROTECTION:

ALL LOCAL, STATE AND FEDERAL REGULATIONS WILL BE FOLLOWED DURING CLEANING (OTHER THAN STEAM CLEANING) OR ABATEMENT PROJECTS. SECURITY OF THE AREA WILL BE PROVIDED, REQUIRED SIGNS WILL BE POSTED, AIR SYSTEMS WILL BE SHUT DOWN, SEALED OFF AND THE CONTAINMENT AREA WILL HAVE A NEGATIVE PRESSURE ESTABLISHED. WORK PRACTICES WILL BE AS REQUIRED BY STATE AND FEDERAL REGULATIONS AND DISPOSAL OF ASBESTOS WASTE WILL FOLLOW EPA AND CALIFORNIA DEPARTMENT OF HEALTH SERVICES REGULATIONS.

ABATEMENT AND FIBER RELEASE EPISODES:

ALL ABATEMENT PROJECTS AND ACTIVITIES RELATING TO FIBER RE-LEASE EPISODES WILL BE DESIGNED BY EPA-ACCREDITED PROJECT DESIGNERS MANAGED BY AN ASBESTOS PROJECT MANAGER AND AIR SAMPLES WILL BE TAKEN BY AN AIR SAMPLING PROFESSIONAL BE-FORE REOCCUPANCY IS ALLOWED. THE ABATEMENT CONTRACTOR WILL UTILIZE EPA-ACCREDITED COMPETENT PERSONS AND WORKERS AND THE CONTRACT SHALL FOLLOW THE GUIDELINES IN OLA'S "MODEL CONTRACT SPECIFICATIONS' WHERE APPLICABLE. CLEARANCE AIR SAMPLES, TAKEN BEFORE REOCCUPANCY, WILL COMPLY WITH AHERA STANDARDS.

OPERATION AND MAINTENANCE PROGRAM (FORM D CONTINUED)

RECORDKEEPING

All recordkeeping will be entered into the Management Plan at the District Office and each affected site within 30 days of occurrence. Recordkeeping will include:

- 1. <u>Training Sessions</u> All training received by maintenance, custodial or designees, etc. will be documented in the Management Plan.
- 2. Fiber Release Episodes All data accumulated during minor or major fiber release episodes will be entered into the Management Plan. This will include what happened, where it happened, who was present and documentation of remedial actions.
- 3. Abatement Projects All abatement projects will be documented. This will include records of project design, contractor documents and clearance sample results as well as evidence of compliance with all regulatory requirements.
- 4. <u>Periodic Surveillance</u> All data collected during scheduled or unscheduled observations of ACBM will be recorded in the plan. This includes 3-year accredited reinspection data.
- 5. Outside Service Contractors All service contractors will receive notices that ACBM may be present in areas where they may be providing services. Data will be recorded in the plan showing that these personnel have been advised of the presence of ACBM.
- 6. <u>Miscellaneous</u> Any other data produced which involves asbestos within our district will be included in the Management Plan.
- 7. Record of Remaining ACBM As part of his recordkeeping function, the LEA designated person shall maintain the list of ACBM and assumed ACBM in an on-going current status by indicating on the Homogeneous Materials Record the removal of any ACBM or assumed ACBM. Thus, the list of ACBM and assumed ACBM will indicate at all times which materials remain after response actions are undertaken and completed.
- 8. <u>Location of Management Plan</u> Inspection Reports and Management Plans for each site are located in the administrative offices of each school and a complete set is kept at the District.
- 9. Other Records Records of all cleaning, preventative measures, annual notifications and work authorization will also become a part of the file.
- 10. Record Retention All records will be kept on file at the district and at each site where ACBM is located and for three years after it has been removed.

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

PERIODIC SURVEILLANCE PLAN (FORM E)

QLA/EPA-E (NEW 6-88)

| | | • | COSC | ODE |
|--------|-------------------------|-----------|--------|--------------------|
| | | | | 04 61424 0000000 |
| CHOOL, | | | SCHOO | OL PHONE NUMBER |
| | DISTRICT ADMINISTRATION | ON OFFICE | (910 | 6) 891–3000 |
| DORESS | (Number) | (Sireet) | (City) | (Zip Code) |
| | 1163 EAST 7TH STREET | • | CHICO | 95928 |

This plan must include a periodic surveillance of each building with friable ACBM and nonfriable ACBM at least every six months. The person performing periodic surveillance must receive two hours general training and 14 hours of additional training if work performed might disturb asbestos. The person will record the date, the area of inspection, the inspector's name, the description of any changes of the materials, and also visually inspect the areas (Sec. 763.92).

EACH BUILDING MATERIAL IDENTIFIED OR ASSUMED TO BE ASBESTOS IN THE ORIGINAL INSPECTION REPORTS PROVIDED BY HAZARD MANAGEMENT SERVICES, INC. (HMS, INC.) WILL BE RE-EVALUATED ON A REGULAR SIX-MONTH BASIS. THESE INSPECTIONS WILL BE CARRIED OUT BY PERSONNEL WHO HAVE RECEIVED, AT LEAST, THE MANDATORY TWO-HOUR AWARENESS TRAINING. IN ADDITION, HMS, INC. HAS INFORMED US TO BE AWARE DURING RECONSTRUCTION OR MAJOR MAINTENANCE ACTIVITIES THAT ACBM MAY BE UNCOVERED. SCHOOL PERSONNEL WILL INSPECT ANY SUSPECT MATERIALS AND REQUEST ASSISTANCE FROM AN EPA-ACCREDITED PERSON, AS APPROPRIATE.

DURING THE SIX-MONTH EVALUATIONS, THE CONDITION OF EACH OF THE MATERIALS WILL BE NOTED AND ANY CHANGES WILL BE DOCUMENTED. THE PERSON CONDUCTING THIS SURVEILLANCE WILL RECORD THE DATE, HIS/HER NAME AND THE INSPECTION REPORT WILL BE MADE A PART OF THE MANAGEMENT PLAN FILE WITHIN 30 DAYS BY THE DISTRICT DESIGNEE. DURING THE COURSE OF THEIR REGULAR DUTIES, CUSTODIAL AND MAINTENANCE PERSONNEL WILL REPORT TO THE DESIGNEE ANY DETECTED CHANGES IN CONDITIONS OF ACBM. THESE REPORTS WILL ALSO BECOME A PART OF THE MANAGEMENT PLAN RECORDS WITHIN 30 DAYS.

SURVEILLANCE REPORTS FROM TEACHERS AND OTHER STAFF WILL ALSO BE SOLICITED AND ENCOURAGED SO THAT EARLY REACTIONS TO DAMAGED OR DETERIORATING MATERIALS WILL BE POSSIBLE. THESE REPORTS SHOULD BE GIVEN TO THEIR SUPERVISORS OR DIRECTLY TO THE DISTRICT DESIGNEE.

THE FIRST SIX-MONTH REINSPECTION WILL TAKE PLACE SIX MONTHS AFTER IMPLEMENTATION OF THE MANAGEMENT PLAN BUT, IN NO CASE, WILL THE FIRST PERIODIC SURVEILLANCE OCCUR MORE THAN SIX MONTHS AFTER JULY 9, 1989.

PERIODIC SURVEILLANCE WILL BE PROVIDED BY DISTRICT PERSONNEL WHO HAVE RECEIVED, AT LEAST, THE TWO HOUR AWARENESS TRAINING. IF FRIABLE ASBESTOS MATERIALS MUST BE CONTACTED, THE INSPECTIONS WILL BE CONDUCTED BY PERSONNEL WHO HAVE RECEIVED THE ADDITIONAL 14 HOUR TRAINING AS REQUIRED BY AHERA.

REINSPECTION PLAN (FORM F) OLAMEPA-F (NEW 8-88)

| | | | 4 | CDS CODE 04 61424 0000000 |
|---------|-------------------------|----------|--------|--|
| OOL. | DISTRICT ADMINISTRATION | N OFFICE | | SCHOOL PHONE NUMBER (916) 891-3000 |
| ADDRESS | (Number) | (Street) | (City) | (Zip Code) |
| | 1163 EAST 7TH STREET | | CHICO | 95928 |

The plan must meet the reinspection requirements of Section 763.85. This plan will include a reinspection every three years by an accredited inspector.

OUR DISTRICT WILL USE ONLY EPA-ACCREDITED AHERA INSPECTORS TO PERFORM THE THREE-YEAR REINSPECTIONS. THE DATA FROM THESE REINSPECTIONS WILL BECOME A PART OF THE MANAGEMENT PLAN WITHIN 30 DAYS. THE DATE, NAME OF THE INSPECTOR, ACCREDITATION DATA AND HIS/HER SIGNATURE WILL BE A PART OF THE REPORT. OUR FIRST THREE YEAR ACCREDITED REINSPECTION WILL OCCUR IN SEPTEMBER OF 1991.

PARENT/EMPLOYEE NOTIFICATION PROGRAM (FORM G)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF LOCAL ASSISTANCE

| | | C | 04 61424 0000000 |
|--------|---------------------------------------|-------|-----------------------------|
| a. | DISTRICT ADMINISTRATION OFFICE | • 1. | 916) 891-3000 |
| OORESS | (Auror) (Street) 1163 EAST 7TH STREET | CHICO | (Zip Code) 95928 |

In the discussion section of this form, information should be included that describes steps taken to inform workers and building occupants, or their legal guardians, about inspections, response actions, and post response action activities, including periodic reinspection and surveillance activities that are planned or in progress. Notifications must be made once each school year (Sec. 763.84).

FOLLOWING IS A NOTICE THAT WILL BE PROVIDED TO INFORM WORKERS, BUILDING OCCUPANTS AND PARENTS OF THE ITEMS REQUIRED IN THE ASBESTOS HAZARD EMERGENCY RESPONSE ACT.

"TO: PARENTS, PTA, TEACHERS, STAFF

FROM: AHERA DESIGNEE

RE: SCHOOL ASBESTOS INSPECTIONS AND MANAGEMENT PLANS

OUR DISTRICT HAS HIRED HAZARD MANAGEMENT SERVICES, INC. (HMS, INC.), A CONSULTING COMPANY, TO COMPLETE THE EPA REQUIREMENTS TO REINSPECT ITS SCHOOL(S) FOR ASBESTOS AND PRODUCE A MANAGEMENT PLAN FOR THE CONTROL OF ITS ASBESTOS. THE MANAGEMENT PLAN INCLUDES THE INSPECTIONS, RESPONSE ACTIONS, POST RESPONSE ACTION ACTIVITIES AND PERIODIC REINSPECTION AND OPERATIONS AND MAINTENANCE ACTIVITIES. IT WILL ALSO INCLUDE THE NAMES OF THE INSPECTOR, THE MANAGEMENT PLANNER, OLA'S MANAGEMENT PLAN REQUIRED FORMS AND THE DOCUMENTATION OF ALL SIGNIFICANT EVENTS INCLUDING ANY FIBER RELEASE EPISODES. ALL DATA RELATING TO ASBESTOS ACTIVITIES WILL BE ENTERED INTO THE PLAN WITHIN 30 DAYS OF THE EVENT.

A COPY OF THE DISTRICT'S ENTIRE PLAN IS AVAILABLE IN THE DISTRICT OFFICE AT THE OFFICE OF THE DESIGNEE. INDIVIDUAL PLANS ARE AVAILABLE AT THE PRINCIPAL'S OFFICE AT EACH SITE."

THE INITIAL NOTIFICATION WILL BE MADE WHEN OUR MANAGEMENT PLAN IS COMPLETED AND SUBMITTED TO THE STATE. ANNUAL NOTIFICATIONS WILL WILL BE MADE, THEREAFTER, IN OCTOBER OF EACH YEAR.

THE MANAGEMENT PLAN(S) WILL BE AVAILABLE FOR REVIEW DURING REGULAR BUSINESS HOURS. A NOMINAL DUPLICATING FEE MAY BE CHARGED FOR THOSE WHO WISH TO OBTAIN COPIES OF THE PLANS.

EVALUATION OF RESOURCES NEEDED (FORM H) OLAEPA-H (NEW 6-84)

| | | | | 04 61424 0000000 |
|------------|---|-----------|-----------------|--|
| CHOOL | DISTRICT ADMINISTRATI | ON OFFICE | | SCHOOL PHONE NUMBER (916) 891-3000 |
| AODRESS | (Number) 1163 EAST 7TH STREET | (Street) | (City) CHICO | (Zip Code) 95928 |
| STIMATED T | OTAL COST OF RESPONSE ACTIONS 17,500.00 | \$ 262.50 | ESTIMATE \$ | ED TOTAL COST OF MANAGEMENT PLAN 262.50 |

Discussion should include such information as funding required, equipment, facilities, support personnel (Sec. 763.93).

THE FIGURE FOR ESTIMATED TOTAL COST FOR RESPONSE ACTIONS INCLUDES COSTS FOR REMOVAL, ENCAPSULATION, ENCLOSURE, REPAIRS, AND OPERATIONS AND MAINTENANCE ACTIVITIES THAT PROTECT HUMAN HEALTH AND THE ENVIRONMENT FROM FRIABLE ACBM. OPERATIONS AND MAINTENANCE INCLUDES A PROGRAM OF WORK PRACTICES, INCLUDING PERIODIC SURVEILLANCE, TO MAINTAIN ACBM IN GOOD CONDITION, ENSURE CLEAN-UP OF FIBERS PREVIOUSLY RELEASED, AND TO PREVENT FURTHER RELEASE BY MINIMIZING AND CONTROLLING FIBER RELEASES.

COSTS: FOLLOWING ARE THE ITEMS FIGURED INTO THE ESTIMATE FOR RESPONSE ACTIONS - ADMINISTRATION, MAINTENANCE, PERIODIC SURVEILLANCE, CLEANING REPAIRS, ABATEMENT, REINSPECTION.*

INSPECTIONS: COSTS ARE ONE-HALF THE TOTAL CHARGED BY HAZARD MANAGEMENT SERVICES, INCORPORATED (HMS, INC.) FOR THE INSPECTION AND MANAGEMENT PLAN.

MANAGEMENT PLANS: COSTS ARE ONE-HALF THE TOTAL CHARGED BY HMS, INC. FOR THE INSPECTION AND MANAGEMENT PLANS.

*WHERE NO OTHER RESPONSE ACTIONS ARE REQUIRED (NO FRIABLE MATE-RIALS),), THE "ESTIMATE FOR RESPONSE ACTIONS" INCLUDE CALCULATED COSTS FOR FIVE NON-ACCREDITED AND ONE ACCREDITED RE-INSPECTIONS.

HAZARD MANAGEMENT SERVICES, INC.

| Inspection (| n Form I-1 |
|---|---|
| DISTRICT Chico Unified | Page <u>6</u> of <u>7</u> |
| HOOL District Office | Date <u>4-/-88</u> |
| Building <u>Main</u> | Inspector |
| Location Computer Room Office (functional area) | HMS- <u>DO-06</u> TNO ON LY |
| Material: Surfacing TSI Misc Description VFT-9"-Beige 4 | Backing # of |
| Amount of Material(NF / F) 100/0 | (ft ²)lf) Assumed ACM: Y / N samples |
| CONDITION: % damaged: | Extent of damage: |
| Q <1% 1-10% 11-25% >25% | mone local distributed |
| Type damage: air; deterioration; wa | ater; physical; flaking |
| DESCRIPTION: | |
| | |
| POTENTIAL FOR DISTURBANCE: | PREVENTATIVE MEASURES: |
| Accessibility: A M L ibration : H M A Water : H M A C COMMENTS: | Fix Leaks Prevent water contact Do not DCSG Do not affix signs/deco's Avoid contact |
| | REMEDIAL ACTIONS isolate/restrict repair/cleanup |
| | enclose encapsulate |
| | remove O&M |
| ACBM Condition Poor (Significant damage) Fair | Good |
| | |
| Hazard (Damag | Potential Disturbance |
| Potential Damage Igh | High Moderate Low Potential Potential Significant Damage Damage Hazard Hazard Rank 5 Rank 6 Rank 7 |

| ************************************** | | | | 17HOMMAZ. doc | | | | | |
|--|--|---|---|---------------------------------------|----------------|----------------|-----------------|--|-------------|
| | N-HAZARDOUS STE MANIFEST | 1. Generator's US | S EPA ID No. | Manifest Doc. No. | 2. Page 1 | | 208 | <u></u> | |
| | MANY Mailing Address [EAST 47 ST, CHICO 530-891-3191 | DIST 8 | rr: CHICO U | | | (| <u>C(</u> | OP' | Y |
| | COMPANIONATION | | 6.CAL USEPA | Distumber 7 5 | A. Trans | porter's Pbo | inis 96 | 9-9200 | • |
| 7. Transporter 2 (| Company Name | | 8. US EPA | ID Number | B. Trans | porter's Pho | one | | |
| 9. Designated Fall | LANDETLE DAY NETGENERAL Site Address LLE, CA 95687 | | 10. US EPA | ID Number | C. Facility | - | 07 45 | 1-3276 | _ |
| 11. Wa ១ស្វាម៉ឺសុ ip ជាស្ | Displace and Areachingon | | | · · · · · · · · · · · · · · · · · · · | | 12. Contair | | 13. Total | <u> </u> |
| a. | | | | | | | Туре | Quantity | ٧ |
| b. | | | | | • | 0 - 4 | C.24 (| 600 <u>0</u> | <u>></u> |
| C. | | | | | | | · | | 1 |
| 4 | | | · | | | | | | |
| d. | | | | | | | | <u></u> | |
| EAACMI | criptions for Materials Listed ALCON CRACTION, 1015- CITON TX 2, 939 ELLIS STRE | EET. S.F., C | | s har white the th | arttaly 3/8 | | Company Section | | |
| 15. Special Handli | ng msudduons and Addisonal i | imomaton | | | | | | | |
| 15. Special Handlii | ну півнаснопо апа Асанова і | momador | | | | NUL | 2 7 20 | 002 | |
| 15. Special Handlii | ny mandenona and Additional I | | | | i.i. | JUN | 2 7 20 | 002 | |
| , | 'S CERTIFICATION: I certify the | | ove on this manifest are n Signature | ot subject to federal regul | | porting proper | | | |
| 16. GENERATOR Printed/Typed 17. Transporter 1 / Printed/Typed | 'S CERTIFICATION: I certify the Name Acknowledgement of Receipt c | ne materials described ab | Signature | ot subject to federal regul | | porting proper | disposal | of Hazardous W | y - } |
| 16. GENERATOR Printed/Typed 17. Transporter 1 / Printed/Typed | 'S CERTIFICATION: I certify the Name Acknowledgement of Receipt of Name Acknowledgement of Receipt of Acknowledgement of Receipt of Acknowledgement of Receipt of R | ne materials described ab | Signature | ot subject to federal regul | | porting proper | disposal | of Hazardous W Month Da | y y |
| 16. GENERATOR Printed/Typed 17. Transporter 1 / Printed/Typed 18. Transporter 2 / Printed/Typed | 'S CERTIFICATION: I certify the Name Acknowledgement of Receipt of Name Acknowledgement of Receipt of Name | ne materials described ab | Signature | ot subject to federal regul | | porting proper | disposal | of Hazardous W Month Da Month Da | y y |
| 16. GENERATOR Printed/Typed 17. Transporter 1 / Printed/Typed 18. Transporter 2 / Printed/Typed 19. Discrepancy In | 'S CERTIFICATION: I certify the Name Acknowledgement of Receipt of Name Acknowledgement of Receipt of Name | ne materials described ab of Materials of Materials | Signature Signature Signature | | ations for rep | porting proper | disposal | of Hazardous W Month Da Month Da | y y |
| 16. GENERATOR Printed/Typed 17. Transporter 1 / Printed/Typed 18. Transporter 2 / Printed/Typed 19. Discrepancy In | 'S CERTIFICATION: I certify the Name Acknowledgement of Receipt of Name Acknowledgement of Receipt of Name Indication Space Or Operator: Certification of receipt of the Name | ne materials described ab of Materials of Materials | Signature Signature Signature | | ations for rep | porting proper | disposal | of Hazardous W Month Da Month Da | y y y |