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:

- Surfacing 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
- * NEAL DOW ELEMENTARY SCHOOL
- * 1420 NEAL DOW AVENUE CHICO, CA 95926

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

UNIVERSIFIX OF CALIFORNIA BERKELEL

UNINERSIFY 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

Certificate number

Exam dates

Vivien Intoken
Assistant Dean
University Extension
Delale De.

Program Director Pacific Advestor Information Center

UNIVERSITY OF CALIFORNIA UNIVERSITY EXTENSION BERKELEY

This is to certify that

JAMES E. SHARP

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

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

Certificate number: 4

Valld until: December 13, 1989



Verien Sixtelen

Delotal Miresty Extension

Pacific Asbestos Information Center

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 Neal Dow Elementary School with 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 Shows

II. I, Paul B. Graves , designated person to ensure the compliance of Neal Dow Elementary School 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.

Tank & Leaves

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.

Saul D. Lanner

ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) GENERAL DATA

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

(FORM A)

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

Chico Unified School District Butte SCHOOL PHONE NUMBER SCHOOL NAME			Leaven	
SCHOOL NAME Neal Dow Identity School	· - • ·· · ·		COUNTY	
Meal Dow Riementary School (916) 891-3110 (2006) 1420 Neal Dow Avenue (2007)		strict	<u> Butte </u>	SCHOOL PHONE NUMBER
TOTAL TRAINING BY HMS, TNC. JANUARY 19, 1989 MANAGEMENT PLANNER MANAGEMENT PLANNER MANAGEMENT PLANNER MANAGEMENT PLANNER MANAGEMENT PLANNER MOCROSIA (SHARP), SR. MOCROSIA (SHA		7	•]	
1420 Nea1 Dow Avenue SCHOOL ENOCLMENT* SCHOOL ENOCLMENT* MAMBER OF SCHOOL EMPCVEES* MARKER OF SCHOOL EMPCVEES* MARKER OF SCHOOL EMPCVEES* SCHOOL STATE A44 LEA AHERA DESIGNEE MARKER Paul B. Graves GORGES (Memory) (240) (2			(Gity)	
DISCORE * 0.4 61424 6003040 SCHOOL EMPOLUMENT * NUMBER OF SCHOOL EMPLOYEES * MISSER OF SCHOOL EMPLOYEES	• • • •	10.00.4	Chico	95926
DATE RETURNED MANGE OF REVIEWER LEA AHERA DESIGNEE MANUAL PAUL B. Graves CONSESS (Number) Paul B. Graves CONSESS (Number) LEA DESIGNEE TRAINING BY HMS, INC. JANUARY 19, 1989 TOTAL TRANSINGHOURS (Ch) CONSESS (Number) CO		SCHOOL ENROLLMENT *	NUMBER OF SCHOOL EMPLOYEES	NUMBER OF BUILDINGS AT THE
MATE PAUL B. Graves PAUL B. Graves CORRESS (Number) (A306 KARThy Lane Chico PS9526 CRANING COURSE(S) AND DATE(S) LEA DESIGNEE TRAINING BY HMS, INC. JANUARY 19, 1989 MANAGEMENT PLANNER MANAGEMENT PLANNER MANAGEMENT PLANNER MANAGEMENT PLANNER JAMES E SHARP, SR. (ADDRESS (Number) (ADDRESS (Number) (ADDRESS (Number) (ADDRESS (ADDRESS (Number) (ADDRESS (ADDRESS (Number) (ADDRESS (536	44	3 5
Paul B. Graves ODRESS (PAMON) (Sheet) (City) (City				
PAUL B. Graves (Streng) (Str				PHONE NUMBER
Copy City Code) Copy City Code) Copy City Code) Copy City Code) City Code) City Code) City Code City C	•			(916) 345-8192
TRAINING COURSE(S) AND DATE(S) LEA DESIGNEE TRAINING BY HMS, INC. JANUARY 19, 1989 MANAGEMENT PLANNER MANAGEMENT PLANNER JAMES E SHARP, SR. ACCRESS P. O. BOX 6548 TRAINING AGENCY U.C. BERKELEY, P.A.I.C. DOCUMENTS ATTACHED (CHECK APPROPHILE BOXES) Record of Frisble and Non-Priable ACBM (Form B) Record of Frisble ACBM (Form B) Reinspection Plan (Form F) Parent/Employee Notification Plan (Form G) We certify that the general Local Education Agency (LEA) responsibilities, as stipulated by 40CFR Part 7 have been met or will be met, and that this submittal includes all buildings at this school. MANAGEMENT FUNNER SIGNATURE LEA SUPERINTENDENLESUARISE LEA SUPERINTENDENLESUARISE DATE DATE PRINTED NAME OF REVIEWER DATE DATE DATE DATE DATE DATE DATE DATE DATE PRINTED NAME OF REVIEWER DATE DATE DATE DATE DATE DATE DATE DATE PRINTED NAME OF REVIEWER		(Street)	(City)	(Zip Code)
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MANAGEMENT PLANNER NAME JAMES E SHARP, SR. ADDRESS P. O. BOX (6848 ACCREDITATION NAMBER ACCREDITATION NAMBER TRAINING AGENCY U. C. BERKELEY, P. A. I. C. DOCUMENTS ATTACHED (CHECK APPROPRIATE BOXES) Proposed of Friable and Non- Friable ACBM (Form B) Record of Friable and Non- Friable ACBM (Form B) Parent/Employee Notification Assumed ACBM (Form C) Parent/Employee Notification Plan (Form S) Parent/Employee Program (Form D) Parent	LEA DESIGNEE TRAINING	BY HMS, INC. JANUARY 19	, 1989	
JAMES E SHARP, SR. ZOO 06848 TANING AGENCY (L.C.) Periodic Surveillar (Form D) Periodic Surveillar (Form E) Program (Form D) Periodic Surveillar (Form E) Program (Form D) Periodic Surveillar (Form E) Periodic Surveillar (Form E				
JAMES E SHARP, SR. JAMES E SHARP JAMES E SHA				PHONE NUMBER
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DOCUMENTS ATTACHED (CHECK APPROPRIATE BOXES) Record of Friable and Non- Friable ACBM (Form B) Physical and Hazard Assessment of Friable ACBM (Form B) Operations and Maintenance Program (Form D) Parent/Employee Notification Plan (Form G) Resources Needed (Form H) We certify that the general Local Education Agency (LEA) responsibilities, as stipulated by 40CFR Part 7 have been met or will be met, and that this submittal includes all buildings at this school. MANAGEMENT PLANNER SIGNATURE DATE DATE DATE OFFICE OF LOCAL ASSISTANCE USE ONLY DATE RETURNED (Resource Stand Description) DATE RESUBMITTAL RECEIVED PRINTED NAME OF RETURN PRINTED NAME OF REVIEWER	•		.I.C.	
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Reinspection Plan (Form F) We certify that the general Local Education Agency (LEA) responsibilities, as stipulated by 40CFR Part 7 have been met or will be met, and that this submittal includes all buildings at this school. MANAGEMENT PLANNER SIGNATURE DATE DATE DATE OFFICE OF LOCAL ASSISTANCE USE ONLY DATE RESUBBITITAL RECEIVED REASON(S) FOR RETURN DATE	Friable ACBM (Form B)		Program (Porm D)	· (rom c)
We certify that the general Local Education Agency (LEA) responsibilities, as stipulated by 40CFR Part 7 have been met or will be met, and that this submittal includes all buildings at this school. MANAGEMENT PLANNER SIGNATURE LEA DESIGNATURE DATE OFFICE OF LOCAL ASSISTANCE USE ONLY DATE RETURNED (Account Stated Below) DATE RESUBMITTAL RECEIVED PRINTED NAME OF REVIEWER DATE PRINTED NAME OF REVIEWER	Reinspection Plan (Form F)		Resources Needed (For	m H)
DATE DATE 3-15-89 DATE DATE DATE DATE DATE DATE DATE DATE DATE CFFICE OF LOCAL ASSISTANCE USE ONLY DATE RETURNED (Reasons States Bodin) DATE RESUBMITTAL RECEIVED PRINTED NAME OF REVIEWER DATE	We certify that the g	eneral Local Education Agency	(LEA) responsibilities, as il includes all buildings at t	stipulated by 40CFR Part 763, his school.
LEA SUPERINTENDENT SIGNATURE DATE OFFICE OF LOCAL ASSISTANCE USE ONLY DATE RETURNED (Reasons Stated Babbin) DATE RESUBBIITTAL RECEIVED PRINTED NAME OF REVIEWER DATE		0 16		Loate
DATE - 20 - 8 9 DATE - 20 - 8 9 DATE RETURNED (Researche Stated Berbw) DATE RESUBMITTAL RECEIVED PRINTED NAME OF REVIEWER DATE DATE	D	X III	2	
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DATE RETURNED (Reasons Stated Below) DATE RESUBMITTAL RECEIVED (DATE STALE) REASON(S) FOR RETURN PRINTED NAME OF REVIEWER DATE	LEA SUPERINTENDENT SIGNATURE			4-20-89
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REASON(S) FOR RETURN PRINTED NAME OF REVIEWER DATE	-	OFFICE OF LOCAL AS	SISTANCE USE ONLY	
PRINTED NAME OF REVIEWER DATE	DATE RETURNED (Research Stated Below)	DATE RESUBMITTAL RECEIVED		(ONE SIMP)
PRINTED NAME OF REVIEWER DATE				<u> </u>
	REASON(S) FOR RETURN			
				11
REVIEWER'S SIGNATURE	PRINTED NAME OF REVIEWER		DATE	
MEANEAGU 9 SYNVA LINKE	OCHEMATING OLD WAR			-
D	· ·			II .

STATE OF CAUFORNI DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

RECORD OF FRIABLE AND NONFRIABLE ACBM (FORM B)

OLA/EPA-B (NEW 6-88)

			COS CODE	
			04 61424 6003040	
SCHOOL			SCHOOL PHONE NUMBER	
NEAL DOW ELEME	NTARY	İ	(916) 891 3110	
ADDRESS (Number)	(Street)	(City)	(Zip Code)	
1420 NEAL DOW	AVENUE	CHICO	95926	

-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).

: <u></u>			IECK O	NE	CHECK ONE			
LINE	BUILDING NAME & FUNCTIONAL SPACE				ACBM		ASSUMED ACBM	
	(Indicate Address if Different From Above)	SURFAC- ING	TSI	MISC.	FRIABLE	NON- FRIABLE	FRIABLE	NON- FRIABLE
1.	A-ADMINISTRATION, CLASSROOMS, HALL			х	·	X		
2.	A-NURSE'S OFFICE			X		Х		
3.	A-ATTIC OF ADMINISTRATION		Х		X			
4.	A-ADMINISTRATION HALLWAY ATTIC		X			X		
5.	A-ADMINISTRATION HALLWAY ATTIC		Х		X			
6.	A-BOILER ROOM		Х			х		
7.	A-BOILER ROOM			х		X		
8.	B-ROUNDHOUSE QUAD			х	X			
9.	B-ROUNDHOUSE QUAD CENTER	Х				X		
10.	B-ATTIC		X			X		
11.	C-KINDERGARTEN			х		х		
12.	C-CENTER OF BUILDING	X				Х		
13.	A-EXTERIOR PANELS			х		i		Х
14.	B-EXTERIOR PANELS			x				X
15.	C-EXTERIOR PANELS			х				Х
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

OLA/EPA-C (NEW 6-88)		CDS	CODE	
		0	<u>4 61424</u> 6003	040
SCHOOL NEAT DOLL HE ENCENTARY			OOL PHONE NUMBER	
NEAL DOW ELEMENTARY		(9	16) 891 3110)
ADDRESS (Number) (Street)		(City)	(Zip Cod	je)
1420 NEAL DOW AVENUE	CHIC		<u>95926</u>	
BUILDING NAME		INSF	PECTION DATE	
UNIT A FUNCTIONAL SPACE			3/29/88	
ADMINISTRATION ATTIC		INDI	ICATE LINE NO. FROM FO	DRM B
TYPE OF FRIABLE ACBM			3	
SURFACING X TSI	MISCELLANEOL	JS		
1. CONDITION OF ACBM (Overall Rating)				
GOOD X DAMAGED (Fair)	SIGNIFICANTLY	DAMAGED (Poo	or)	
2. POTENTIAL FOR DISTURBANCE (Overall Rating)				
CHECK APPROPRIATE BOX X LOW MODERATE damage) (Potential for damage)	HIGH Cant da	al for signifi-		
3. HAZARD ASSESSMENT (Combine Ratings from Items1 and A		· · · · · · · · · · · · · · · · · · ·		
]	POTENTIAL FOR D	DISTURBANCE	
CONDITION OF ACBM	Low	MODERA		HIGH
GOOD	1	2	3	THEIR
DAMAGED	4 X	5	6	···
SIGNIFICANTLY DAMAGED	7	7	7	
4. RECOMMENDED RESPONSE ACTION(S) AND COST(S)	A 10 - 100 - 1 - 100 - 1			
RESPONSE ACTION			ESTIMATED COST	s
A. OPERATION AND MAINTENANCE	_	. \$		
X B. REPAIR				
X B. REPAIR		· _ \$ 50.	.00	
C. ENCAPSULATION		\$		
D. ENCLOSURE		. \$		
X E. REMOVAL		·	0.00	
		Ť		
	TOTAL	\$ 150	0.00	
5. NARRATIVE OF RECOMMENDED RESPONSE ACTIONS (Attack	ch Additional Chapte if No	ocessor'	SCHE	DULE
to the state of th	ar mudiuoriai Sileets II NE	wessary)	START	COMPLETE
Describe process to be used for each response listed in item 4.			-	
B. REPAIR TSI PATCHING WITH WETTABLE CLOTH.			1989	1989
E. REMOVE PATCHING TSI ACCORDING TO OLA SPEC	TFTCATTONS.		1989	1989

HAZARD MANAGEMENT SERVICES, INC.

DISTRICT	Inspection	Form I-1	Page	of
CHOOL NEAL DOW		· 	Date 3/2	29/88
Building UNIT A		Ins	pector JE	<u> </u>
Location <u>ADMIN. ATT</u> (functional are			нмs <i>-<u>До</u>ш</i>	//_
Material: Surfacing Description PATOHING ON	TSI Misc.	*	Asbestos	2 <i>5-</i> 30
Amount of Material(NF / F)	1/1	(ft ² /(lf) Ass	umed ACM:	# of Y / N sample
CONDITION: % damage	<u>:d</u> :		Extent of o	damage:/
0% <1% 1 - 10% 11	-25% >25%	none	local	distributed
Type damage: air; deteri	oration; wat	er; physica	l; flaking	e e
DESCRIPTION:				
POTENTIAL FOR DISTURBANCE:		PREVENTA	TIVE MEASUI	RES:
Accessibility: H M L Vibration: H M L ir Erosion: H M L water: H M L		Do not D روَعَ	water conta CSG ffix signs,	
COLUMN 15 ·			MEDIAL ACT	<u>cons</u> epair/cleanup
		enclos	e	encapsulate
		remove		O&M
ACBM	Condition - 2	Assessment		
 Poor (Significant damage)	Fair	(Go little or m	ood no damage)
Hazard	(Damaged))		
<u>Rank 1 </u>		P	otential Di	sturbance
Potential Damage High Moderate Potential Potential ignificant Damage Damage Hazard Hazard	<u> </u>	High Potential Significant Damage	Moderate Potential Damage	Low Hazard
	Rank 4	Rank 5	Rank 6	Rank 7

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

OLAPPA-C (NEW 8-88)		04 61	E 424 6003040	
SCHOOL			PHONE NUMBER	
NEAL DOW ELEMENTARY			891 3110	
ADDRESS (Number) (Street)	CII	(City) ICO	(Zip Code) 95926	
1420 NEAL DOW AVENUE	Сп	INSPECTI		
UNIT A		i	RCH 29, 1988	,
FUNCTIONAL SPACE			LINE NO. FROM FORM B	
ATTIC OF HALLWAY			5	
TYPE OF FRIABLE ACBM SURFACING X TSI	MISCELLANEO	US		
1. CONDITION OF ACBM (Overall Rating)			· · · · · · · · · · · · · · · · · · ·	
CHECK APPROPRIATE BOX X GOOD DAMAGED (Fair)	SIGNIFICANTL	Y DAMAGED (Poor)		
2. POTENTIAL FOR DISTURBANCE (Overall Rating)				
CHECK APPROPRIATE BOX LOW X MODERATE (Potential for damage)	HIGH Cant da	ial for signifi- ımage)	, , ₁ , , ₁ ,	
3. HAZARD ASSESSMENT (Combine Ratings from Items1 and	d 2 and Check Appropi	riate Box)		
CONDITION OF ACBM		POTENTIAL FOR DISTU	IRBANCE	
	LOW	MODERATE	HIG	H
GOOD	1	2 X	3	-
DAMAGED	4	5	6	
SIGNIFICANTLY DAMAGED	7	7	7	
4. RECOMMENDED RESPONSE ACTION(S) AND COST(S)				
A. OPERATION AND MAINTENANCE		_ \$	ESTIMATED COSTS	
X B. REPAIR		- \$ 10	0.00	
C. ENCAPSULATION		\$		•
D. ENCLOSURE		\$		
E. REMOVAL		\$ 12,50	0.00	
	TOTAL	\$ 12,60	0.00	
5. NARRATIVE OF RECOMMENDED RESPONSE ACTIONS (Att	tach Additional Shoots if N	Occordant)	SCHEDULE	
Describe process to be used for each response listed in item 4.	adi Additional Sheets II IV	ewessary)	START (COMPLETE
B. REPAIR SMALL AREA OF DAMAGE WITH WETTABL	LE CLOTH.		1989 1	1989
E. REMOVE ALL TSI IN THIS AREA ACCORDING TO	OLA SPECIFICAT	IONS	1991 1	1991

HAZARD MANAGEMENT SERVICES, INC.

DI CORDI CO	Inspection		_	(5)
DISTRICT 1/50/ Do. 1			igeof	
SCHOOL NEAL NOW			ite <u>3/29/88</u>	
Building UNIT A		Inspect	cor <i>JES</i>	
Location ATT/C H. (functional a	ALL WAY area)	H	ns- <u>Dow</u> - <u>/3</u>	
Material: Surfacing Description PIPE w	TSI Misc.	* Asbe	estos 35-40	
Amount of Material(NF /	F)//	(ft ² /lf) Assumed	l ACM: Y / N	# of sample
CONDITION:	ged:	Exte	ent of damage	:
0% (1%) 1-10%	11-25% >25%	none]	ocal dist:	ributed
Type damage: air; dete	rioration; wat	er; physical;	flaking	
DESCRIPTION:	Very minor	damage -	small ten-	
	of about	one linear	foot.	
POTENTIAL FOR DISTURBANC	<u>E</u> :	PREVENTATIVE	MEASURES:	
		1. Fix Leaks 2. Prevent wate 3. Do not DCSG 4. Do not affix 5. Avoid contact	signs/deco's	s
Do not contact	this TSI.	REMEDI isolate/restri	AL ACTIONS ct repair/o	cleanup
		enclose	encaps	sulate
		remove	O&M	
AC	BM Condition -	Assessment		
Poor (Significant damage)	Fair	(litt	 Good le or no dama	age)
Hazard Rank 1	(Damaged	1)		
		Poter	tial Disturba	ance
Potential Damage			T	$\overline{}$
High Moderate Potential Potential ignificant Damage Damage	Low	Potential Po	<u>derate</u> tential mage	Low
Hazard Hazard Rank 2 Rank 3	Hazard Rank 4		I	Hazard Rank 7

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LOCAL ASSISTANCE

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

OLA/EPA-C (NEW 6-88)				CDS CODE	61424 600	3040
SCHOOL NEAL DOW ELEMENTARY		The second secon	······································	SCHOOL F (916)	PHONE NUMBER 891 3110	7
ADDRESS (Number) (S 1420 NEAL DOW AVENUE	Sireal)	CHI	City)		(Zip Cod	•
BUILDING NAME	· · · · · · · · · · · · · · · · · · ·	Спі		INSPECTIO	95926 ON DATE	
UNIT B					29, 1988	
FUNCTIONAL SPACE		W-12			LINE NO. FROM FO	RM B
ROUNDHOUSE QUAD TYPE OF FRIABLE ACBM		· =:			8	
SURFACING TSI		MISCELLANEOU	s			
1. CONDITION OF ACBM (Overall Rating)						
CHECK APPROPRIATE BOX X GOOD DAMAGED (Fair)		SIGNIFICANTLY	DAMAGED	(Poor)	•	
2. POTENTIAL FOR DISTURBANCE (Overall Rating	7)					
I I I COM I XI MADEDATE '	ential for [HIGH (Potential	for signii nage)	7-		
3. HAZARD ASSESSMENT (Combine Ratings from	tems1 and 2 ar	nd Check Appropria	ate Box)		`	
CONDITION OF ACBM			POTENTIAL	FOR DISTU	RBANCE	
		LOW	+	DERATE		HIGH
GOOD	1		2	X	3	
DAMAGED	4		5		6	
SIGNIFICANTLY DAMAGED	7		7	•	7	
4. RECOMMENDED RESPONSE ACTION(S) AND C	OST(S)					
RESPONSE ACTION X A. OPERATION AND MAINTENANCE			\$	300	ESTIMATED COST.	\$
B. REPAIR			\$			
X C. ENCAPSULATION			\$	4,500	.00	
D. ENCLOSURE			\$	****		···
E. REMOVAL			\$	350	.00	
		TOTAL	\$	5,150.	.00	
E MARDATUS OF PROMISSION OF PR			1 .	.,	SCHE	DULÉ
5. NARRATIVE OF RECOMMENDED RESPONSE AC	CTIONS (Attach A	dditional Sheets if Ned	∝essary)		START	COMPLETE
Describe process to be used for each response listed in item 4. A. FIX WATER LEAKS SO THAT NO FURTH	ER DAMAGE O	CCURS.			1989	1989
C. REMOVE DAMAGED PANELS AND ENCAPSE	ULATE ALL RI	EMAINING PANE	LS.		1991	1991
E. REMOVE DAMAGED PANELS.					1989	1989

HAZARD MANAGEMENT SERVICES, INC. Inspection Form I-1 DISTRICT Page ECHOOL NEAL DOW Date < 10.4 Building UNIT 3 Inspector TES Location KOUND HOUSE (QUAD)
(functional area) HMS-DOW - 04-Material: Surfacing TSI Misc Description 244 (EILING PANEL % Asbestos 5-/♥ Material: # of Amount of Material (NF / F) 9340 $(ft^2)/1f$) Assumed ACM: Y / N samples CONDITION: Extent of damage: % damaged: 0% <1% (1-10%) 11-25% >25% (local) distributed none Type damage: air; deterioration; water; physical; flaking A few panels exhibit water damage - most DESCRIPTION: are in excellent condition. POTENTIAL FOR DISTURBANCE: PREVENTATIVE MEASURES: Accessibility: H 1. Fix Leaks Vibration : H 2. Prevent water contact ir Erosion H Do not DCSG Water Do not affix signs/deco's (5) Avoid contact COMMENTS: REMEDIAL ACTIONS isolate/restrict repair/cleanup contact with support wires encapsulate enclose remove M&O ACBM Condition - Assessment Poor Good (Significant damage) Fair (little or no damage) Hazard (Damaged) Rank 1 Potential Disturbance Potential Damage High Moderate Low High <u>Moderate</u> <u>Low</u> Potential Potential Potential Potential Significant Damage ignificant Damage Damage Damage Hazard Hazard Hazard Hazard Hazare Hazard Rank 2 Rank 3 Rank 4 Rank 5 Rank 7

OPERATIONS AND MAINTENANCE PROGRAM (FORM D)

STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES OF FIGE OF LOCAL ABSISTANCE

				0461424 6003040
SCHOOL	NEAL DOW ELEMENTARY			916 891-3110
ADDRESS	(Niversityer)	(Street)	(City)	(Zip Code)
	1420 Neal Dow Ave.		Chico	95926

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 PRIBLE 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 PIBER RE-LEASE EPISODES WILL BE DESIGNED BY EPA-ACCREDITED PROJECT DESIGNERS MANAGED BY AN ACCREDITED PROJECT

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 BEFORE REOCCUPANCY IS ALLOWED. THE ABATEMENT CONTRACTOR WILL UTILIZE EPA-ACCREDITED COMPETENT PERSONS AND WORKERS AND THE CONTRACT SHALL FOLLOW THE CUIDELINES 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)

RECORDREEPING

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. <u>Fiber Release Episodes</u> 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. <u>Abatement Projects</u> 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.

PERIODIC SURVEILLANCE PLAN (FORM E) OLAEPA-E (NEW 9-98)

	•	•	CDS C	ODE
	•	·	04	61424 6003040
CHOOL.				OL PHONE NUMBER
NEAL DOW ELE	MENTARY	•	(9 16) 891 3110
ADDRESS (Num	> >r)	(Street)	(City)	(Zip Code)
1420 NEAL DO	W AVENUE		CHICO	95926

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) OLAYEPA-F (NEW 8-98)

	w.		CDS CODE 04 61424 6003040
OOL			SCHOOL PHONE NUMBER
NEAL DOW ELEMENTARY			(9 16) 891 3110
ADDRESS (Number)	(Street)	(City)	(Zip Code)
1420 NEAL DOW AVENUE		CHICO	95926

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

MEPA-G (NEW 6-46)		35 COOE 4 61424 6003,040
WHAT DOLL ET EMENEADY		916 891 3110
NEAL DOW ELEMENTARY	(Ch)	(Zip Code)
1420 NEAL DOW AVENUE	CHICO	95926

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 AS-BESTOS 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 6-88)

			COS CODE 04 61424 6003040
HOOL		<u></u>	SCHOOL PHONE NUMBER
NEAL DOW ELEMENTARY			(916) 891 3110
ADDRESS (Number)	(Street)	(City)	(Zip Code)
1420 NEAL DOW AVENUE		CHICO	95926
ESTIMATED TOTAL COST OF RESPONSE ACTIONS	ESTIMATED TOTAL COST OF INSPECTIONS	ESTIMATED TOTAL COST OF MANAGEMENT PLAN	
\$ 21,500.00	\$ 982.90	\$	982.90

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.