

EnviroScience Consultants inc.

Environmental Services ◦ Asbestos Collection & Testing ◦ Consultation

June 15, 1990

Mr. Thomas Psomas
Manager of Environmental Services
New Milford Public Schools
50 East Street
New Milford, CT 06776

RE: Designated Person for Asbestos Program
EnviroScience Consultants' Project #90-0234

BF
(cc WF.)

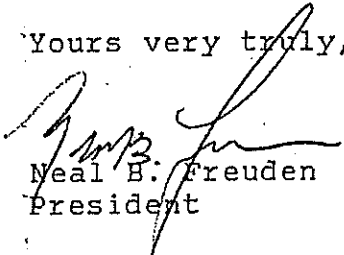
Dear Mr. Psomas,

This is to confirm your engagement of EnviroScience Consultants, Inc., to serve as the Designated Person for the New Milford Public Schools asbestos program.

Enclosed are two executed contracts. Please execute both contracts, retain one for your files, and return one to my attention. Also enclosed is a copy of our letter to you dated May 8, 1990, which will be labeled "Exhibit A" and will be an attachment to the contract.

Thank you for selecting EnviroScience Consultants for your environmental needs.

Yours very truly,


Neal B. Freuden
President

NBF:mlm

Enclosures

66 Cedar Street, Newington, Connecticut 06111

203-666-7167 .FAX. 203-665-1548

EnviroScience Consultants Inc.

Environmental Services • Asbestos Collection & Testing • Consultation

May 8, 1990

Exhibit "A"

Mr. Thomas Psomas
Manager of Environmental Services
New Milford Public Schools
50 East Street
New Milford, CT 06776

Dear Mr. Psomas,

It good talking with you again today about the AHERA management plans for the New Milford Public Schools. EnviroScience Consultants is pleased to have been able to perform the AHERA inspections and management planning for the school system and would welcome the opportunity to remain involved in your asbestos program by serving as the Designated Person.

Under AHERA, the Designated Person serves a variety of important functions for the school system. These functions can be basically divided into two broad categories: 1). Periodic surveillance/reinspection of the areas of the schools that contain asbestos, and 2). Special response actions which cannot be predicted well in advance, but which require the services of a trained person. We have provided brief descriptions for your reference of these two services:

1). Periodic surveillance requires checking known or assumed ACBM to determine if the ACBM's physical condition has changed since the last inspection or surveillance. EnviroScience will add to the Management Plans the date of the surveillance and any changes in the condition of the ACBM.

As a Designated Person, EnviroScience Consultants will, in conformity with Section 763.92 (6) AHERA 1987, perform periodic surveillances at least once every six months. The attached form will be used for each surveillance.

2). Special Response Actions: Disturbance of ACBM can cause potential fiber release epsisodes. The Designated Person should be on-site to provide guidance in potential disturbance situations as well to evaluate a setting before disturbance becomes a reality if this is possible. This type of service is required in the Operations and Maintenance portion of the AHERA Management Plan for each school.

90-245 / 90-0234
hse006

66 Cedar Street, Newington, Connecticut 06111

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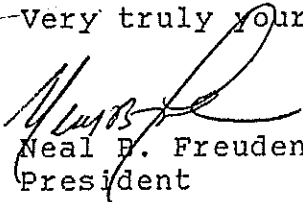
Page 2

As we discussed, our fees for the services provided by a Designated Person would be invoiced differently for each category of service. Our fee for the six month interval Periodic Surveillance service would be invoiced at a flat rate of \$ 600.00. As discussed, we arrived at this fee by estimating that it will take us a total of 12 hours to perform this inspection/reporting function at our standard billing rate of \$50.00 per hour.

Our fee for the Special Response Actions would be invoiced at \$50.00 per hour, portal to portal. We assume that as Manager of Environmental Services, you would contact us when you believed we were needed.

Thank you for the opportunity to submit this proposal.

Very truly yours,



Neal B. Freuden, M.A., M.B.A.
President

NBF/ef
enclosures

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: New Milford High School

NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Vetreno Environmental Consultant

SURVEILLANCE DATE	LOCATION OF ACBM OR SUSPECTED ACBM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACBM OR SUSPECTED ACBM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	1962 PIPE TUNNELS	A(2)	ACM FITTINGS / AIRCELL UNDER AUDITORIUM STAGE	West tunnel debris cleaned / disposed No other changes noted.
	1970 Building	A(3)	Fitting Insulation Above Drop Ceiling	NONE
	1970 PIPE TUNNELS	A(4)	FITTING INSULATION	NONE
	1962 SECTION Classroom 148	C(4)	Transite Lab Hood	NONE
	Throughout School	C(5)	Floor Tile	NONE

SIGNATURE OF PERSON COMPLETING REPORT: Joseph Vetreno

TOWN/REGION NAME	FACILITY NAME AND ADDRESS	DATE OF AMP UPDATE
NEW MILFORD	HIGH SCHOOL	4-2-91

General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

1. Asbestos Containing Area: 1962 PIPE TUNNELS

2. Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation: Duct Breaching Tank
Other (specify) PIPE FITTING INSULATION

3. ACM Previously Identified ACM Newly Identified Basis S A

4. Amount of ACM: 440 sq. ft.

5. Friability: High Moderate Low Non-friable

6. Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) Damaged Areas limited to specific areas noted on Amp, however, the debris in the west tunnel entrance has been cleaned.

7. Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only

8. Date for Implementation As Soon as Possible

9. Rationale for Abatement/Remediation Method (Response Action) selected:

Existing conditions require operation + maintenance only.

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>HIGH SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

1. Asbestos Containing Area: 1970 PIPE TUNNELS

2. Type of ACM: Sprayed-on___ Troweled-on___ Boiler Lagging___
Pipe Insulation___ Duct___ Breaching___ Tank___
Other (specify) FITTINGS

3. ACM Previously Identified ACM Newly Identified___ Basis S___ A___

4. Amount of ACM: 126 sq. ft.

5. Friability: High___ Moderate___ Low Non-friable___

6. Condition:
Water Damage High___ Moderate___ Low None___
Physical Damage High___ Moderate___ Low None___

Additional Comments (provide description) No noted damage to the material

7. Abatement/Remediation Method (Response Action)
Removal___ Enclosure___ Encapsulation___
Operation and Maintenance Only

8. Date for Implementation As Soon As Possible

9. Rationale for Abatement/Remediation Method (Response Action) selected:
No damage noted, area only requires O + M.

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>HIGH SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1970 Addition, Classroom Areas
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) ACM FITTINGS
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 91 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) No damage noted.

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation As Soon As Possible
- Rationale for Abatement/Remediation Method (Response Action) selected:
O + M to continue as long as present undamaged conditions exist.

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>HIGH SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

1. Asbestos Containing Area: 1962, ROOM 148 CHEMISTRY ROOM

2. Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) TRANSVERSE HOOD

3. ACM Previously Identified ACM Newly Identified Basis S A

4. Amount of ACM: 50 sq. ft.

5. Friability: High Moderate Low Non-friable

6. Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) _____

7. Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only

8. Date for Implementation AS SOON AS POSSIBLE

9. Rationale for Abatement/Remediation Method (Response Action) selected:
PER MARCH 1990 AMP

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>HIGH SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

1. Asbestos Containing Area: THROUGHOUT SCHOOL BUILDING

2. Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE

3. ACM Previously Identified ACM Newly Identified Basis S A

4. Amount of ACM: 67,245 sq. ft.

5. Friability: High Moderate Low Non-friable

6. Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) _____

7. Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only

8. Date for Implementation AS SOON AS POSSIBLE

9. Rationale for Abatement/Remediation Method (Response Action) selected:

PER MARCH 1990 AMP

ANNUAL ASBESTOS MANAGEMENT
PLAN UPDATE

10-070
10/87
Regulatory Ref. Section 10-292a-7
Regulations of Connecticut State Agencies

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?

a. Monitor Physical Condition of ACH	Yes ___	No ___
b. Education of Building Staff and Occupants, Labeling	Yes ___	No ___
c. Minimize Fiber Release	Yes ___	No ___
d. Minimize Potential Human Exposure	Yes ___	No ___
e. Emergency Repair Procedures	Yes ___	No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 86-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: NEW MILLENNIUM MAINTENANCE BUILDING
 NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Vekans Environmental Consultant

SURVEILLANCE DATE	LOCATION OF ACEM OR SUSPECTED ACEM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	Boiler Room	A(2)	Boiler Flue Insulation.	NONE
4-2-91	BASEMENT	A(3)	AIRCELL Insulation Fitting Insulation	NONE

SIGNATURE OF PERSON COMPLETING REPORT:

Joseph Vekans

Section: 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS NEW MILFORD MAINTENANCE BLDG.	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BOILER ROOM
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) _____
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 125 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:

REFER TO MARCH 1990 AMP

Section 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2210, Hartford, CT 06145

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>MAINTENANCE BLDG</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BASEMENT
- Type of ACM: Sprayed-on___ Troweled-on___ Boiler Lagging___
Pipe Insulation: Duct___ Breeching___ Tank___
Other (specify) _____
- ACM Previously Identified ACM Newly Identified___ Basis S___ A___
- Amount of ACM: 450 Linear ft.
- Friability: High___ Moderate Low___ Non-friable___
- Condition:
Water Damage High___ Moderate Low___ None___
Physical Damage High___ Moderate Low___ None___
Additional Comments (provide description) No Changes

- Abatement/Remediation Method (Response Action)
Removal___ Enclosure___ Encapsulation___
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP.

ANNUAL ASBESTOS MANAGEMENT
PLAN UPDATE

ED-076
New 10/87
Statutory Ref. Section 10-292a-7
Regulations of Connecticut State Agencies

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACH Yes ___ No ___
 - b. Education of Building Staff and Occupants, Labeling Yes ___ No ___
 - c. Minimize Fiber Release Yes ___ No ___
 - d. Minimize Potential Human Exposure Yes ___ No ___
 - e. Emergency Repair Procedures Yes ___ No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 86-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

EnviroScience Consultants inc.

Environmental Services • Asbestos Collection & Testing • Consultation

Mr. Thomas Psomas
Manager of Environmental Services
New Milford Public Schools
50 East Street
New Milford, CT 06776

November 30, 1990

RE: Designated Person for Asbestos Program
EnviroScience Consultants Project #90-0234 PC2

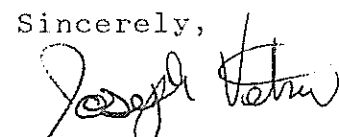
Dear Mr. Psomas:

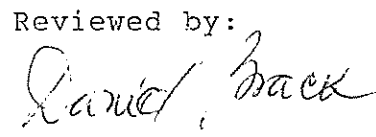
Enclosed is the report generated from the asbestos reinspections carried out on October 30, 1990. The necessary forms are filled out for each school. The Superintendent of Schools must fill out and sign the ED-076 form pertaining to each school. This is the form with the space provided at the bottom for the Superintendent's signature.

Regarding the state memo dated September 25, 1990, the memo was probably sent because the state had not yet begun to review the Asbestos Management Plans for the New Milford Public School System. They become fairly backed-up with paperwork to review, and they continue to send out notices for "outstanding" school systems even though the paperwork may be in their building. If you have proof of AMP submittal, no further action is necessary. If you do not have proof, the management plans should be resent.

With regard to your question about verification that newly damaged ACBM found by the designated person was indeed repaired, there are work order forms at the end of the Asbestos Management Plans for each school. The necessary forms should be completed and filed. There should be a permanent file on hand at each school documenting all updates and revisions for the State to review, if necessary.

I hope this has answered all of your questions. Should you have any other problems regarding this matter, please do not hesitate to contact us.

Sincerely,

Joseph Vetrano
Environmental Consultant

Reviewed by:

Daniel Brack, IHIT, CHCM
Director of Technical Services

66 Cedar Street, Newington, Connecticut 06111

203-666-7167 FAX 203-665-1548

EnviroScience Consultants inc.

Environmental Services ◦ Asbestos Collection & Testing ◦ Consultation

On October 30, 1990, EnviroScience Consultants performed routine asbestos inspections for the New Milford School System under the Designated Person Periodic Surveillance program as described in the AHERA regulations. The inspections were conducted in order to update the condition of known asbestos containing building materials (ACBM) noted on the most recent asbestos management plans and identify areas where corrective measures may be required. The March, 1990, New Milford Asbestos Management Plans were referenced during the October 30th inspections.

The following buildings were inspected: the New Milford Schools Maintenance Building, the Lillis Administration Building, the Hill and Plain, Northville, and Pettibone Elementary Schools, the Schaghticoke Middle School, and New Milford High School. The inspection involved the visual reassessment of any ACBM or assumed ACBM listed in the Asbestos Management Plan (AMP) for each school. The date of the inspection as well as the location of the area was noted along with the change in the condition of the ACBM (if any). The reinspection forms are included with this report.

The schools in which the condition of ACBM or assumed ACBM differed since the last inspection were the High School, the Pettibone Elementary School, and the Hill and Plain Elementary School.

In the High School, five square feet of asbestos-containing pipe elbow insulation was found on the dirt floor at the entrance to the west pipe tunnel. This debris should be wetted and removed with accompanying HEPA vacuuming of the surrounding area. No other change in ACBM or assumed ACBM was found in the New Milford High School.

In the Pettibone School, less than three square feet of asbestos pipe insulation debris was found on the floor of the basement hall under the kitchen. This material should be wetted and removed and the surrounding area HEPA-vacuumed. No other change in ACBM or assumed ACBM was found in the Pettibone School.

The Hill and Plain Elementary School contains two areas in which corrective measures should be applied. The first area involves the pipe tunnel behind boiler number two. ACM debris was noted on the floor approximately seventy-five feet into this tunnel. There was approximately 25 square feet of this material. The debris should be removed and surrounding area HEPA-vacuumed. The second area noted was on the building exterior. Several of the asbestos containing transite soffits are becoming detached from the eaves on the right of the main school entrance. These should be carefully reattached. No other change in ACBM or assumed ACBM was found in the Hill and Plain Elementary School.

66 Cedar Street, Newington, Connecticut 06111

203-666-7167 FAX 203-665-1548

Page 2

During the reinspection procedure, several items in the March 1990 Management Plans were found to need further clarification. One such item involved the classification of the ACM pipe insulation in the basement hall under the kitchen of the Pettibone School. The quantity of the asbestos on the pipes in the basement hall, some 600 linear feet of it, was included in the March, 1990, AMP as part of the total material in the 1955 pipe tunnel wing - approximately 2680 linear feet of material. This shall be revised. The basement hall under the kitchen will be given its own area designation on the management plan update. On the March, 1990, AMP, the basement area was considered homogeneous with the pipe tunnels since they were on the same elevation.

Another item involved the two air handling rooms located on the roof of the New Milford High School. None of the previous asbestos management plans on record mentioned the air handling rooms. The room containing the AC1 / AC2 air conditioning units contained 21 ACM insulated pipe fittings on fiberglass insulated plumbing. One fitting on AC unit 1 was damaged and is in poor condition. All other fittings in the room are in fair condition. Also present in room AC1 / AC2 are approximately 30 sf of assumed asbestos containing canvas vibration isolators. This material is in fair condition. The other air handling room, containing Heating/Ventilation units 1-6, contains approximately 40 ACM fittings on fiberglass insulated plumbing. All fittings are in fair condition. This room also contains approximately 50 sf of vibration isolator material, which is in fair condition.

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: Lillis Administration Building
 NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Veltrane Environmental Consultant

SURVEILLANCE DATE	LOCATION OF ACEM OR SUSPECTED ACEM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	Throughout Building	c(a)	Floor Tile	NONE

SIGNATURE OF PERSON COMPLETING REPORT: _____

TOWNSHIP/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>LILLIS ADMINISTRATION BUILDING</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

1. Asbestos Containing Area: Throughout Administration Building

2. Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE

3. ACM Previously Identified ACM Newly Identified Basis S A

4. Amount of ACM: 5800 sq. ft.

5. Friability: High Moderate Low Non-friable

6. Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) No Changes
From October 1990 Periodic
Surveillance Inspection

7. Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only

8. Date for Implementation AS SOON AS POSSIBLE

9. Rationale for Abatement/Remediation Method (Response Action) selected:
Continued Good Condition
allows for continued O+M.

ANNUAL ASBESTOS MANAGEMENT
PLAN UPDATE

ED-076
New 10/87
Statutory Ref. Section 10-292a-7
Regulations of Connecticut State Agencies

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACH Yes ___ No ___
 - b. Education of Building Staff and Occupants, Labeling Yes ___ No ___
 - c. Minimize Fiber Release Yes ___ No ___
 - d. Minimize Potential Human Exposure Yes ___ No ___
 - e. Emergency Repair Procedures Yes ___ No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 86-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: HILL and PLAIN ELEMENTARY SCHOOL
 NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Vekano ENVIRONMENTAL CONSULTANT

SURVEILLANCE DATE	LOCATION OF ACBM OR SUSPECTED ACBM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACBM OR SUSPECTED ACBM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	1962 Pipe Tunnels	A(2)	PIPE FITTING INSULATION	Areas where debris and stored materials were noted in October 1990 have been cleaned. Stored materials have been removed. No other changes noted.
4-2-91	Building Exterior	C(3)	Transite Soffits	Areas where soffits were noted as coming unattached in 10/90 have been reattached.
4-2-91	Throughout School	C(4)	Floor Tile	None

SIGNATURE OF PERSON COMPLETING REPORT:

Joseph Vekano

TOWNSHIP/REGION NAME NEW MILFORD, CT.	FACILITY NAME AND ADDRESS Hill and PLAIN ELEMENTARY	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1962 PIPE TUNNELS
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation: Duct Breeching Tank
Other (specify) _____
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 305 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) Physical damage
documented in October 1990 repaired.

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation AS SOON AS POSSIBLE
- Rationale for Abatement/Remediation Method (Response Action) selected:
EXISTING CONDITIONS allow for
O + M per 1990 AMP.

TOWN/MEDIAN NAME <u>NEW MILFORD, CT.</u>	FACILITY NAME AND ADDRESS <u>HILL and PLAIN ELEMENTARY</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: Transite Soffits along building exterior
 - Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) TRANSITE SOFFITS
 - ACM Previously Identified ACM Newly Identified Basis S A
 - Amount of ACM: 4400 sq. ft.
 - Friability: High Moderate Low Non-friable
 - Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
- Additional Comments (provide description) Panels noted
as unattached in October 1990 have
been reattached

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation As Soon As Possible
- Rationale for Abatement/Remediation Method (Response Action) selected:
Existing Conditions allows for
O+M to reduce disturbance per
June 1990 AMP

TOWN/REGION NAME <u>NEW MILFORD, CT</u>	FACILITY NAME AND ADDRESS <u>Hill and PLAIN ELEMENTARY</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: Throughout School Building
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 30,385 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) _____

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation AS SOON AS POSSIBLE
- Rationale for Abatement/Remediation Method (Response Action) selected:
LIMIT Disturbance since the
tile condition is good.
Initiate / Continue O+M per
Since 1990 AMP.

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACH Yes ___ No ___
 - b. Education of Building Staff and Occupants, Labeling Yes ___ No ___
 - c. Minimize Fiber Release Yes ___ No ___
 - d. Minimize Potential Human Exposure Yes ___ No ___
 - e. Emergency Repair Procedures Yes ___ No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 86-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: NORTHVILLE ELEMENTARY

NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Velasco ENVIRONMENTAL CONSULTANT

SURVEILLANCE DATE	LOCATION OF ACBM OR SUSPECTED ACBM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACBM OR SUSPECTED ACBM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	Boiler Room	A(1)	300 SF BREACHING/ FLUE INSULATION	NONE
4-2-91	Throughout School	C(4)	10,000 SF FLOOR TILE	NONE

SIGNATURE OF PERSON COMPLETING REPORT: Joseph Velasco

Section 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS NORTHVILLE ELEMENTARY SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BOILER ROOM
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) _____
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 300 SF. sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP

Section 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS NORTHVILLE ELEMENTARY SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: Throughout School
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 10,000 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP

**ANNUAL ASBESTOS MANAGEMENT
PLAN UPDATE**

ED-076
New 10/87
Statutory Ref. Section 10-292a-7
Regulations of Connecticut State Agencies

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes___ No___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes___ No___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes___ No___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACH Yes___ No___
 - b. Education of Building Staff and Occupants, Labeling Yes___ No___
 - c. Minimize Fiber Release Yes___ No___
 - d. Minimize Potential Human Exposure Yes___ No___
 - e. Emergency Repair Procedures Yes___ No___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 05-541 and 06-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: PEYTERBOURNE ELEMENTARY SCHOOL

NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Vetran ENVIRONMENTAL CONSULTANT

SURVEILLANCE DATE	LOCATION OF ACM OR SUSPECTED ACM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACM OR SUSPECTED ACM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	1955 Tunnels BASEMENT HALL UNDER KITCHEN	A(2) A(2)	Aircell Insulation ACM Fittings - 14 Damaged - Aircell Insulation	NONE ACM Debris Noted from October 1990 inspection removed + Disposed
	1958 Tunnels	A(3)	Fitting Insulation 160# Aircell Insulation	NONE
	1962 Tunnels	A(4)	Fitting Insulation	NONE
	1955 School Section	C(5)	Transite Heater Boxes	NONE
	Throughout School	C(6)	Floor Tile	NONE

SIGNATURE OF PERSON COMPLETING REPORT:

Joseph Vetran

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS PETTIBONE ELEMENTARY SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1955 TUNNELS
- Type of ACM: Sprayed-on___ Troweled-on___ Boiler Lagging___
Pipe Insulation Duct___ Breaching___ Tank___
Other (specify) _____
- ACM Previously Identified ACM Newly Identified___ Basis S___ A___
- Amount of ACM: 2680 sq. ft.
- Friability: High___ Moderate Low___ Non-friable___
- Condition:
Water Damage High___ Moderate Low___ None___
Physical Damage High___ Moderate Low___ None___

Additional Comments (provide description) Damaged regions
limited to specific areas throughout tunnels.

- Abatement/Remediation Method (Response Action)
Removal___ Enclosure___ Encapsulation___
Operation and Maintenance Only
- Date for Implementation As Soon As Possible.
- Rationale for Abatement/Remediation Method (Response Action) selected:
Damaged Areas quite inaccessible,
impractical to initiate a maintenance clean
up. Take steps to limit disturbance and
further damage.

TOWN/REGION NAME	FACILITY NAME AND ADDRESS	DATE OF AMP UPDATE
NEW MILFORD	PEPPERONE ELEMENTARY SCHOOL	4-2-91

General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BASEMENT HALL UNDER KITCHEN
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify)
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 600 linear ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) ACM Debris
Noted from October 1990 inspection
Removed + Disposed.
- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation AS SOON AS POSSIBLE
- Rationale for Abatement/Remediation Method (Response Action) selected:
Continue O + M. Take steps
to minimize damage / disturbance.

TOWNSHIP/REGION NAME	FACILITY NAME AND ADDRESS	DATE OF AMP UPDATE
NEW MILFORD	DETTIBONE ELEMENTARY SCHOOL	4-2-91

General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1958 PIPE TUNNELS
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) _____
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 1320 Linear ~~sq~~ ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation AS SOON AS POSSIBLE
- Rationale for Abatement/Remediation Method (Response Action) selected:
Inaccessibility warrants continuation
of O + M. Take steps to limit
disturbance and further damage.

TOWNSHIP/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS PETTIBONE ELEMENTARY SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1962 PIPE TUNNELS
 - Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) _____
 - ACM Previously Identified ACM Newly Identified Basis S A
 - Amount of ACM: 75 sq. ft.
 - Friability: High Moderate Low Non-friable
 - Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
- Additional Comments (provide description) _____

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
MATERIAL is in relatively good
condition. March 1990 AMP calls for
initiation of O + M and reduce
possibility of disturbance.

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS PETTIBONE ELEMENTARY SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: 1955 SCHOOL SECTION
 - Type of ACM: Sprayed-on Troweled-on Boiler Lagging
 Pipe Insulation Duct Breeching Tank
 Other (specify) TRANSITE HEATER BOXES
 - ACM Previously Identified ACM Newly Identified Basis S A
 - Amount of ACM: 3420 sq. ft.
 - Friability: High Moderate Low Non-friable
 - Condition:
 Water Damage High Moderate Low None
 Physical Damage High Moderate Low None
- Additional Comments (provide description) _____

- Abatement/Remediation Method (Response Action)
 Removal Enclosure Encapsulation
 Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
Per March 1990 AMP, the
material may become student accessible
through maintenance activity.

TOWN/REGION NAME	FACILITY NAME AND ADDRESS	DATE OF AMP UPDATE
NEW MILFORD	DETTIBONE ELEMENTARY SCHOOL	4-2-91

General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: Throughout School
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 46,970 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None

Additional Comments (provide description) _____

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
Per 1990 AMP.

ANNUAL ASBESTOS MANAGEMENT
PLAN UPDATE

ED-076
New 10/87
Statutory Ref. Section 10-292a-7
Regulations of Connecticut State Agencies

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACM Yes ___ No ___
 - b. Education of Building Staff and Occupants, Labeling Yes ___ No ___
 - c. Minimize Fiber Release Yes ___ No ___
 - d. Minimize Potential Human Exposure Yes ___ No ___
 - e. Emergency Repair Procedures Yes ___ No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 86-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools

Signature of Superintendent

Date

Name of Asbestos Program Coordinator

Signature of Asbestos Program Coordinator

Date

PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: Schaghticoke Middle School

NAME AND TITLE OF PERSON COMPLETING REPORT: Joseph Vitramo Environmental Consultant

SURVEILLANCE DATE	LOCATION OF ACEM OR SUSPECTED ACEM AREAS	AREA IDENTIFICATION IN THE MANAGEMENT PLAN	DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS	DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS
4-2-91	Boiler Room	A(1)	Hot water tank/ FLUE INSULATION	NONE
4-2-91	MECHANICAL ROOMS 1. Near Computer Room 2. @ E-CLUSTER 3 @ G-CLUSTER	A(2)	FITTINGS ↓	NONE NONE NONE
4-2-91	Throughout School	C(3)	Assumed Vinyl Asbestos Tile	NONE
4-2-91	Building Exterior	c(2)	Transite soffits	NONE

SIGNATURE OF PERSON COMPLETING REPORT: Joseph Vitramo

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS SCHAGTICOKE MIDDLE SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BOILER ROOM
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) _____
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 390 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) No Change

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>SCHAGTICOKE MIDDLE SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: MECHANICAL ROOMS
- Type of ACM: Sprayed-on___ Troweled-on___ Boiler Lagging___
Pipe Insulation Duct___ Breeching___ Tank___
Other (specify) _____
- ACM Previously Identified ACM Newly Identified___ Basis S___ A___
- Amount of ACM: 19 sq. ft.
- Friability: High___ Moderate Low___ Non-friable___
- Condition:
Water Damage High___ Moderate___ Low None___
Physical Damage High___ Moderate___ Low None___
Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal___ Enclosure___ Encapsulation___
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP.

Section 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2210, Hartford, CT 06145

TOWN/REGION NAME <u>NEW MILFORD</u>	FACILITY NAME AND ADDRESS <u>SCHAGTICOKE MIDDLE SCHOOL</u>	DATE OF AMP UPDATE <u>4-2-91</u>
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: BUILDING EXTERIOR
 - Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) TRANSITE SOFFITS
 - ACM Previously Identified ACM Newly Identified Basis S A
 - Amount of ACM: 1200 sq. ft.
 - Friability: High Moderate Low Non-friable
 - Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
- Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
REFER TO MARCH 1990 AMP

Section 10-292a-7, Regulations
of Connecticut State Agencies
Rev. 10/89

STATE OF CONNECTICUT
Department of Education
BUREAU OF GRANTS PROCESSING
SCHOOL FACILITIES UNIT
P.O. BOX 2219, Hartford, CT 06145

TOWN/REGION NAME NEW MILFORD	FACILITY NAME AND ADDRESS SCHAGTICOKE MIDDLE SCHOOL	DATE OF AMP UPDATE 4-2-91
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

In an area containing more than one type of ACM, a separate Schedule A must be provided for each material. Please number the pages of each Schedule A being submitted in the upper right hand corner.

- Asbestos Containing Area: Throughout School
- Type of ACM: Sprayed-on Troweled-on Boiler Lagging
Pipe Insulation Duct Breeching Tank
Other (specify) FLOOR TILE
- ACM Previously Identified ACM Newly Identified Basis S A
- Amount of ACM: 56,250 sq. ft.
- Friability: High Moderate Low Non-friable
- Condition:
Water Damage High Moderate Low None
Physical Damage High Moderate Low None
Additional Comments (provide description) NO CHANGES

- Abatement/Remediation Method (Response Action)
Removal Enclosure Encapsulation
Operation and Maintenance Only
- Date for Implementation CONTINUE
- Rationale for Abatement/Remediation Method (Response Action) selected:
PER MARCH 1990 AMP.

(1) TOWN/REGION NAME	(2) FACILITY NAME AND ADDRESS	DATE OF INSPECTION
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General Instructions

Provide the name of the school district where the facility is located as well as the name and address of the facility. Also indicate the date on which the AMP Update is submitted.

Complete each of the following questions below. If the answer to a question is No, no further documentation is necessary. If the answer to a question is Yes, refer to the document, "Guidance for the Completion of the AMP Update" for further instructions.

The Superintendent of Schools and qualified Asbestos Program Coordinator must sign the Certification statement.

1. Has the Abatement/Remediation Method (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP? Yes ___ No ___
2. Has any material been identified as containing asbestos since the last approved AMP? Yes ___ No ___
3. Is any ACH which was reported in the last approved AMP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.) Yes ___ No ___
4. Which of the following procedures, as outlined in Sections A and B of the Asbestos Management Program and Remediation Options (AMPRO), has been changed since the last approved AMP?
 - a. Monitor Physical Condition of ACM Yes ___ No ___
 - b. Education of Building Staff and Occupants, Labeling Yes ___ No ___
 - c. Minimize Fiber Release Yes ___ No ___
 - d. Minimize Potential Human Exposure Yes ___ No ___
 - e. Emergency Repair Procedures Yes ___ No ___

CERTIFICATION

I certify that the Annual Asbestos Management Plan Update for this facility conforms to the requirements of the Connecticut General Statutes, Sections 10-292a, b, (Public Acts 85-541 and 06-65), and State regulations enacted pursuant thereto.

Name of Superintendent of Schools	
Signature of Superintendent	Date
Name of Asbestos Program Coordinator	
Signature of Asbestos Program Coordinator	Date