## 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

## 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 <a href="mailto:before">before</a> 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.

90-2× /900034

#### 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 P. Freuden, M.A., M.B.A. President

NBF/ef enclosures

# PERIODIC SURVEILLANCE REPORT

BUILDING NAME AND LOCATION: NEW MILES HIGH SCHOOL

NAME AND TITLE OF PERSON COMPLETING REPORT: Socreph Vetrano Environmental Consultant

| DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS | West tunnel debris cleaned No other changes noted. | NONE                                     | えるの                | NONE                          | みなる色                 |
|----------------------------------------------------------|----------------------------------------------------|------------------------------------------|--------------------|-------------------------------|----------------------|
| DESCRIPTION OF ACEM<br>OR SUSPECTED ACEM<br>AREAS        | ACM FITTINGS/<br>AIRCELL UNDER<br>AUDITORIUM STAGE | Fitting Insulation<br>Above Drop Ceiling | FITTING INSULATION | Yransite Lab                  | Floor Tile           |
| AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN         | A(a)                                               | A(3>                                     | A (4)              | G(4)                          | د(ج)                 |
| LOCATION OF ACEM<br>OR SUSPECTED<br>ACEM AREAS           | 1962 PIPE<br>Tunners                               | 1970 Building                            | 1970 PIPE TUMPELS  | 1962 SECTION<br>Classroom 148 | Throughout<br>School |
| SURVEILLANCE<br>: DATE                                   | 4-2-4                                              |                                          |                    | •                             | <b>→</b>             |

SIGNATURE OF PERSON COMPLETING REPORT:

White Verticals

FÜO76A
Schedule A, Asbestos Haterial Summary

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

# BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Harlford, CT 06145

Page 1075

| TOWNINE GION NAIL | <u> </u> | PACRITY NAME AND ADDRESS .                                                                                                                                                                 | DATE OF AMP UPDATE                      |
|-------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| NEW 1             |          | ORD HIGH SCHOOL                                                                                                                                                                            | 4-2-91                                  |
|                   |          | eral Instructions                                                                                                                                                                          |                                         |
|                   | wel:     | Provide the name of the school district where the facility is located as the name and address of the facility. Also indicate the date of AMP Update is submitted.                          | ed as<br>on which                       |
|                   | be p     | In an area containing more than one type of ACM, a separate Schedul<br>provided for each material. Please number the pages of each Schedul<br>ng submitted in the upper right hand corner. | le Λ must<br>le Λ                       |
|                   | 1.       | Asbestos Containing Area: 1962 PIPE TUNNELS                                                                                                                                                | <del></del>                             |
|                   | 2.       | Type of ACM: Sprayed-on Troweled-on Boiler Lagging Pipe Insulation: ✓ Duct Breeching Tank Other (specify) PIPE FITTING TNSULATION                                                          | , ,                                     |
|                   | 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                                                                                                                                               | dehci's                                 |
| •                 |          | in the west tunnel entrance has been clea                                                                                                                                                  | rned.                                   |
|                   | 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) select                                                                                                                        | ted:                                    |
|                   |          | Existing conditions require operation                                                                                                                                                      | 2n +                                    |
|                   | •        | maintenance only.                                                                                                                                                                          | - · · ·                                 |
|                   |          |                                                                                                                                                                                            |                                         |
|                   | •        |                                                                                                                                                                                            | *************************************** |
| •                 |          |                                                                                                                                                                                            |                                         |
|                   |          |                                                                                                                                                                                            |                                         |
| •                 |          |                                                                                                                                                                                            |                                         |

FÜO76A Schedule A. Asbestos Haterial Summary

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

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

Page 2 07 5

P.O. BOX 2219, Hartford, CT 05145 DATE OF AMP UPDATE PACETTY NAME AND ADDRESS TOWNTEDION HAME 4-2-91 MIGH MILFORD 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. 1970 PIPE TUNNEUS 1. Asbestos Containing Area:\_ Boiler Lagging\_ Troweled-on\_\_\_ 2. Type of ACM: Sprayed-on\_\_\_ Pipe Insulation Duct Breeching Tank Other (specify) FITTINGS 3. ACM Previously Identified V ACM Newly Identified Basis S sq. ft. 126 4. Amount of ACM:\_ Non-friable\_\_\_\_ LOW V Moderate\_ High\_\_\_ 5. Friability: Condition: High\_ Moderate Water Damage None Physical Damage High\_\_\_\_ Moderate\_\_ Additional Comments (provide description)\_\_\_ materia Abatement/Remediation Method (Response Action) Removal\_\_\_ Enclosure\_\_ Encapsulation\_ Operation and Maintenance Only 🚩 Date for Implementation As Soon Rationale for Abatement/Remediation Method (Response Action) selected:

รบับ76A Schedule A. Asbestos Haterial Summary

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

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## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartlord, CT 06145

Page . 3 0 + 5

P.O. BOX 2219, Hartford, CT 06145 DATE OF AMP UPDATE FACRETY HAME AND ADDRESS . TOWNINEDION HAME 4-2-91 SCHOO HIGH MILFORD 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. Classroom 1970 Addition 1. Asbestos Containing Area:\_ 2. Type of ACM: Sprayed-on\_\_\_ Troweled-on\_ Boiler Lagging Pipe Insulation Duct Breeching Tank Other (specify) ACM FITTINGS 3. ACM Previously Identified V ACM Newly Identified\_ 91 sq. ft. 4. Amount of ACM:\_ Non-friable\_ LOW\_V Moderate\_\_\_ High\_\_\_ 5. Friability: 6. Condition: Low of High\_ \_Moderate\_ Water Damage Low None Physical Damage High\_\_\_ Hoderate\_\_ Additional Comments (provide description)\_ noted. 7. Abatement/Remediation Hethod (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 QS

เชื้อ76A Schedule A, Asbestos Haterial Summary

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartlord, CT 05145

Page 4 of 5

DATE OF AMP UPDATE FACILITY HAME AND ADDRESS . JOWNINEDION HAME 4-2-91 HIGH NEW MILEORD 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 ACH, a separate Schedule A must be provided for each material. Please number the pages of each Schedule  $\Lambda$ 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) TRANSIVE HOOD 3. ACH Previously Identified V ACH Newly Identified Basis S \_\_\_sq. ft. 4. Amount of ACM:\_ High\_\_\_ Moderate\_\_ Low\_\_ Non-friable\_\(\nu\) 5. Friability: 6. Condition: High\_\_\_ Moderate\_\_ Low\_ None 4 Physical Damage High \_\_\_ Moderate \_\_ Low \_\_ None \_\_\_ Additional Comments (provide description)\_ 7. Abatement/Remediation Hethod (Response Action) Removal\_\_\_ Enclosure\_\_ Encapsulation\_\_\_ Operation and Maintenance Only 🗸 SOON AS POSSIBLE Date for Implementation As Rationale for Abatement/Remediation Method (Response Action) selected: 1990\_ AMP MARCH

EXOTEA Schedule A, Asbestos Haterial Summary

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

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

Page 507 5

| TOWNTEGION HAVE |                 | PACRITY NAME AND AL                                     | DRESS                                  | ·                                     |                                        | DATE OF AMP UPDATE |
|-----------------|-----------------|---------------------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------|--------------------|
|                 | ILFORD .        | HIGH                                                    | SCHOOL                                 |                                       |                                        | 4-2-91             |
|                 | General Instr   | uctions                                                 |                                        |                                       |                                        |                    |
|                 | well as the n   | ne name of the s<br>ame and address<br>e is submitted.  | chool district<br>of the facilit       | where the<br>y. Also in               | facility is locandicate the date       | ted as<br>on which |
|                 | he provided for | a containing mor<br>or each material<br>ed in the upper | . Please numb                          | er the pay                            | a separate Schedu<br>es of each Schedu | le A must<br>le A  |
| <u>.</u>        | 1. Asbestos     | Containing Area:                                        |                                        | 7. ScH                                | DOC BUILDI                             | <u> </u>           |
| •               | 2. Type of A    | CM: Sprayed-on_<br>Pipe Insula<br>Other (spec           | Troweled-<br>tion' Duct_<br>ify) FLOOR | Breech                                | 1119 I a // k                          |                    |
|                 | 3. ACH Previ    | ously Identified                                        | 1 ACH Ne                               | wly Identi                            | FledBasis S                            | ^                  |
|                 | 4. Amount of    | лсм:                                                    | 7,245                                  | sq. ft                                | •                                      | : •                |
|                 |                 | /: High Mo                                              | •                                      |                                       |                                        |                    |
|                 | 6. Condition    | •                                                       | Moderate                               | Low                                   | None                                   | ·                  |
| ·<br>·          | Addit           | Ional Comments (                                        | provide descri                         | ption)                                |                                        | <u></u>            |
| •               |                 |                                                         | ·                                      |                                       |                                        |                    |
|                 |                 |                                                         |                                        |                                       | •                                      |                    |
|                 | Remova1         | /Remediation Met<br>Enclosure<br>and Maintenance        | Encapsulation                          | Action)                               | ·                                      |                    |
| •               | · .             | <pre>Implementation</pre>                               |                                        | N As                                  | POSSIBLE                               |                    |
|                 |                 |                                                         | •                                      | hod (Respo                            | nse Action) selec                      | ted:               |
|                 | •               | PER                                                     | MARCH                                  | 1990_                                 | AMP                                    |                    |
| •               |                 |                                                         | ,                                      |                                       |                                        |                    |
| ••              |                 |                                                         |                                        |                                       |                                        |                    |
| •               |                 |                                                         | ,                                      | · · · · · · · · · · · · · · · · · · · |                                        |                    |
|                 | ·               |                                                         |                                        | ·                                     | •                                      |                    |
|                 | <u> </u>        |                                                         | <u> </u>                               | <u> </u>                              |                                        |                    |
|                 |                 | ·                                                       |                                        |                                       |                                        | ·                  |
|                 |                 |                                                         |                                        |                                       |                                        |                    |

### HUAL ASBESTOS MANAGEMENT

v 10/87 tutory Rof. Section 10-292s-7 juistions of Connecticut State Agencies

## STATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hardord, CT 05145

|                  | ·                             | <br>               |
|------------------|-------------------------------|--------------------|
| TONIUNEGIUN NAME | (2) FACILITY NAME AND ADDRESS | DATE OF INSPECTION |
|                  |                               |                    |

#### 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 <u>each</u> 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

| ักน ร | t sign the Certification statement.                                                                                                                                                                            |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Has the Abatement/Remediation Hethod (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AHP?                                              |
| 2.    | ilas 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 AHP 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 Hanagement Program and Remodiation Options (AHPRO), has been changed since the last approved AHP?                           |
|       | a. Monitor Physical Condition of ACH b. Education of Building Staff and Occupants, Labeling Yes No c. Hinimize Fiber Release d. Hinimize Potential Human Exposure e. Emergency Repair Procedures Yes No Yes No |
| CEF   | RIFICATION                                                                                                                                                                                                     |
|       | to Dan Hadaka for this                                                                                                                                                                                         |

I certify that the Annual Asbestos Hanagement 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.

| 205), and State regulations |
|-----------------------------|
|                             |
| Date<br>:                   |
| Date                        |
|                             |

Signature of Asbestos Program Coordinator

Date

# PERIODIC SURVEILLANCE REPORT

Environmental Consultant BUILDING NAME AND LOCATION: NEW MILEGRA HAINTENBACK NAME AND TITLE OF PERSON COMPLETING REPORT: 2056ph Vehans

| · · · · · · · · · · · · · · · · · · · | DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS | NONE                       | ろって                                      |   |   |
|---------------------------------------|----------------------------------------------------------|----------------------------|------------------------------------------|---|---|
|                                       | DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS              | Boiler Flue<br>Insulation. | Airceur Insulation<br>Fitting Insulation | , | - |
|                                       | AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN         | A(2)                       | A(3)                                     |   | - |
|                                       | LOCATION OF ACEM<br>OR SUSPECTED<br>ACEM AREAS           | Boiler Room                | BASEMENT                                 |   |   |
|                                       | SURVEILLANCE<br>DATE                                     | 4-2-91                     | 4-2-91                                   |   |   |

SIGNATURE OF PERSON COMPLETING REPORT:

Ţ.

PAGE 1 of 2

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartlord, CT 06145

| TOMITHEDION NAME  FACILITY HAVE AND ADDRESS  DATE OF AMPUPDATE  ADD. MILEORD MAINTENANCE BLDG. 4-2-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | P.O. BOX 2219,                       | Lightiotal CL on tan |       |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|----------------------|-------|-------------------|
| NEW PILLOWS TOOMS TO THE POST OF THE POST | NEW MILFORD | PACETY HAME AND ADDRESS  NOW MILTORD | MAINTENANCE          | BLDG. | DATE OF AMPUPDATE |

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: BOILER ROOM                                                                         |
| 2. | Type of ACM: Sprayed-on Troweled-on Boiler Lagging<br>Pipe Insulation: Duct Breeching Tank<br>Other (specify) |
| 3. | ACM Previously Identified ACM Newly Identified Basis S A                                                      |
|    | Amount of ACM: 125 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                                                          |
|    |                                                                                                               |
|    |                                                                                                               |
| 7. | Abatement/Remediation Method (Response Action) Removal Enclosure Encapsulation Operation and Maintenance Only |
| 8. | Date for Implementation CONTINUE                                                                              |
| 9. | Rationale for Abatement/Remediation Method (Response Action) selected:                                        |
|    | REFER TO MARCH 1990 AMP                                                                                       |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |
|    |                                                                                                               |

PLAN UPDATE FD076A Schedule A, Asbestos Material Summary

Page 2 of 2

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Harlford, CT 06145

|                  |         | 1,0,00,00,00                |          |   |                    |
|------------------|---------|-----------------------------|----------|---|--------------------|
|                  |         | FACILITY NAME AND ADDRESS . |          |   | DATE OF AMP UPDATE |
| TOWN/REGION NAME |         | •                           | <b>~</b> | _ | 4-2-91             |
| してい              | MILTORD | MAINTENANCE                 | 13020    |   |                    |

#### 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 Con            | taining Area:                                           | BAS                         | SEMENT                        |                        | <del></del> |
|-------------------------|---------------------------------------------------------|-----------------------------|-------------------------------|------------------------|-------------|
| Type of ACM:            | Sprayed-on_<br>Pipe Insulati<br>Other (specif           | Troweld Dud  Sy)            | ed-onBoile<br>ctBreechir      | er Lagging_<br>ng Tank |             |
| ACH Previous            | y Identified _                                          | ACM                         | Newly Identif                 | ledBa                  | sis S A     |
| Amount of AC            | M:                                                      | 450 L                       | in earsy, ft.                 | •                      |             |
| Friability:             | High Mode                                               | erate                       | Low Non-fr                    | lable                  |             |
|                         | mage High_<br>Damage High_                              |                             |                               |                        |             |
| Addition                | al Comments (pr                                         | rovide des                  | cription)/                    | Vo Cha                 | nges        |
|                         |                                                         | •                           |                               |                        |             |
|                         |                                                         |                             |                               |                        |             |
| Removal                 | mediation Metho                                         | Encapsulat                  | se Action)<br>ion             | ·                      |             |
| Removal<br>Operation an | Enclosure ( d Maintenance (                             | Encapsulat<br>Only          | ion                           |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance (                             | Encapsulat<br>Only<br>Conv  | INUE                          | se Action)             | selected:   |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | INUE                          |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |
| Removal_Operation an    | Enclosure   d Maintenance ( lementation r Abatement/Rei | Encapsulation Encapsulation | ion<br>iんuを<br>Method (Respon |                        |             |

#### ANNUAL ASBESTOS MANAGEMENT PI AN UPDATE

ED-076 ุNow ชื่อ/87 Statutory Rol. 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) TOWINGEGION NAME | (2) FACILITY NAME AND ADDRESS | DATE OF INSPECTION |
|----------------------|-------------------------------|--------------------|
| ·                    |                               |                    |

#### 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  $\frac{No}{Yes}$ , refer to the document, "Guidance for the Completion of the

| чн         | Update" for further instructions.                                                                                                                                                                                                       |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| านร        | The Superintendent of Schools and qualified Asbestos Program Coordinator t sign the Certification statement.                                                                                                                            |
| •          | Has the Abatement/Remediation Hethod (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AMP?  Yes No                                                               |
| ·<br>?•    | Has any material been identified as containing asbestos since the last approved AMP?  Yes No No                                                                                                                                         |
| l.         | Is any ACH which was reported in the last approved AHP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.)  Yes No No                                                             |
|            | Which of the following procedures, as outlined in Sections A and B of the Asbestos Hanagement Program and Remodiation Options (AHPRO), has been changed since the last approved AHP?                                                    |
| •          | a. Honitor Physical Condition of ACH b. Education of Building Staff and Occupants, Labeling Yes No c. Minimize Fiber Release d. Hinimize Potential Human Exposure e. Emergency Repair Procedures                                        |
| ER.        | TIFICATION                                                                                                                                                                                                                              |
| Fac<br>Sec | I certify that the Annual Asbestos Hanagement Plan Update for this lity conforms to the requirements of the Connecticut General Statutes, tions 10-292a, b. (Public Acts 85-541 and 86-65), and State regulations ted pursuant thereto. |

| ame of Superintendent of Schools | •    |
|----------------------------------|------|
|                                  |      |
| ignature of Superintendent       | Date |
|                                  | ·    |

Signature of Asbestos Program Coordinator

Date

## Énviroscience 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

DE: Docionated I

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

Ænvironmental Consultant

Reviewed by:

Daniel Brack, IHIT, CHCM

Director of Technical Services

## 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 Euilding, the Lillis Administration Building, the Hill and Plain, Northville, and Pettibone Elementary Schools, the Schagticoke 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 asssumed 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

#### 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

Envisoomental Lillis Administration Building NAME AND TITLE OF PERSON COMPLETING REPORT: \_\_\_\_\_\_\_\_ BUILDING NAME AND LOCATION:

| 1 | DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS | NONE                   |  |  |   |   |                                         |   |
|---|----------------------------------------------------------|------------------------|--|--|---|---|-----------------------------------------|---|
|   | DESCRIPTION OF ACEM<br>OR SUSPECTED ACEM<br>AREAS        | Floor Tile             |  |  |   | , |                                         | , |
|   | AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN         | . د(ء)                 |  |  |   |   |                                         |   |
|   | LOCATION OF ACEM<br>OR SUSPECTED<br>ACEM AREAS           | Throughout<br>Building |  |  |   |   | *************************************** |   |
|   | SURVEILLANCE<br>DATE                                     | J-2-91                 |  |  | • |   |                                         |   |

SIGNATURE OF PERSON COMPLETING REPORT:

..PLAN UPDAIL FÜO76A Schedule≈A, Asbestos Haterial Summary

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT

Page 10/1

Rev. 10/89 P.O. BOX 2219, Hartford, CT 06145 DATE OF AMP UPDATE FACILITY HAME AND ADDRESS . TOWNINEDION NAME BallDING 4-2-91 LILLIS NEW MILFORD 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  $\Lambda$ being submitted in the upper right hand corner. Throughout. 1. Asbestos Containing Area:\_ Troweled-on\_ Boiler Lagging 2. Type of ACM: Sprayed-on\_ Pipe Insulation Duct Breeching Tank TILE Other (specify) FLOOR ACM Previously Identified \_\_\_\_ ACM Newly Identified \_\_\_ Basis S\_\_\_ A\_\_ 5800 4. Amount of ACM:\_\_ Moderate\_\_\_ Low\_\_\_ Non-friable\_ High\_\_\_ 5. Friability: Condition: High\_\_\_\_ .Moderate\_ Low Water Damage Physical Damage High\_\_\_ Moderate\_ None 4 Low\_ Additional Comments (provide description)\_ Inspection Abatement/Remediation Method (Response Action) Removal Enclosure Encapsulation Operation and Maintenance Only SOON AS POSSIBLE Date for Implementation\_\_\_ Rationale for Abatement/Remediation Method (Response Action) selected: Condition Good 50c continued

#### ANNUÁL ASBESTOS MANAGEMENT PIAN UPDATE

ED-076 New 10/87 Statutory Ref. Section 10-2922-7 Regulations of Connecticut State Agencies

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

| (1) TOWWAEGION NAME | (2) FACILITY NAME AND ADDRESS |   | DATE OF WISI | ECTION |
|---------------------|-------------------------------|---|--------------|--------|
| .,,                 |                               | ` |              |        |

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

#### CERTIFICATION

**"特别中国国际的** 

I certify that the Annual Asbestos Hanagement Plan Update for this facility conforms to the requirements of the Connecticut General Statutes. Sections 10-292a, b. (Public Acts 85-54) 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

ENVIRONMENTAL E CEMENTARY NAME AND TITLE OF PERSON COMPLETING REPORT: Soseoh Vehano HILL and PLAIN BUILDING NAME AND LOCATION:

| DESCRIPTION OF CHANGES IN THE                     |                            | noted, Areas where soffits were noted as coming unaffached in 10/90 have been reaffached, | 3000C      |  |
|---------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|------------|--|
| DESCRIPTION OF ACEM<br>OR SUSPECTED ACEM<br>AREAS | PIPE FITTING<br>INSULATION | Transite Soffits                                                                          | F1001 7.16 |  |
| AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN  | A(a)                       | c(3)                                                                                      | c(4)       |  |
| LOCATION OF ACEM<br>OR SUSPECTED<br>ACEM AREAS    | 1962 Pipe<br>Tunnels       | Building Extoior                                                                          | Throughout |  |
| SURVEILLANCE                                      | 4-2-91                     | 4-2-4।                                                                                    | 4-2-91     |  |

SIGNATURE OF PERSON COMPLETING REPORT:

PLAN UPDATE FÜO76A Schedule A, Asbestos Haterial Summary

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartford, CT 05145

Page 10+3

DATE OF AMP UPDATE FACILITY NAME AND ADDRESS . TOWNINEDION NAME 4-2-91 ELEMENTARY PLAIN NEW MILFORD 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. RPE . 1. Asbestos Containing Area: 1962 2. Type of ACM: Sprayed-on\_\_\_ Troweled-on\_\_ Boiler Lagging\_\_\_ Pipe Insulation\_\_\_ Duct\_\_\_ Breeching\_\_\_ Tank\_ Other (specify) ACM Newly Identified Basis S A 3. ACM Previously Identified \_\_\_ sq. ft. 4. Amount of ACM:\_\_\_ Moderate Low Non-friable\_ High\_\_\_ 5. Friability: Condition: Water Damage High Moderate Low None None Water Damage Additional Comments (provide description) Physical documented in October 1990 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: CONDITIONS

เชื่อ76A Schedule A. Asbestos Haterial Summary

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

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

Page 2 of 3

|                  | T.O. DOX LETY HEROO, O.                                                                                                                                                    | DATE OF AMPURDATE                   |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| TOWNINEDION HAME | PACETY HAVE AND ADDRESS                                                                                                                                                    |                                     |
| NEW MILT         | FORD, CT HILL and PLAIN ELEMENTAR                                                                                                                                          |                                     |
|                  | General Instructions                                                                                                                                                       |                                     |
|                  | Provide the name of the school district where the facility well as the name and address of the facility. Also indicate the AMP Update is submitted.                        | ris located as<br>the date on which |
|                  | In an area containing more than one type of ACH, a separate be provided for each material. Please number the pages of each being submitted in the upper right hand corner. | e Schedule A must<br>h Schedule A   |
|                  | 1. Asbestos Containing Area: Transile Soffits along be                                                                                                                     | ilding exterior                     |
|                  | 2. Type of ACM: Sprayed-on Troweled-on Boiler Laggt Pipe Insulation: Duct Breeching 1 Other (specify)                                                                      |                                     |
|                  | 3. ACH Previously Identified ACH Newly Identified                                                                                                                          | Basis S A                           |
|                  | 4. Amount of ACM: <u>4400</u> sq. ft.                                                                                                                                      | ,                                   |
|                  | 5. Friability: High Moderate Low Non-friable_                                                                                                                              | <del>-</del>                        |
|                  | 6. Condition: Water Damage High Moderate Low None None None                                                                                                                | ,<br>-                              |
|                  | Additional Comments (provide description) Pane                                                                                                                             | ls noted                            |
|                  | as unattached in October 19                                                                                                                                                | go have                             |
| •                | been reattached .                                                                                                                                                          |                                     |
|                  | 7. Abatement/Remediation Method (Response Action) Removal Enclosure Encapsulation Operation and Maintenance Only                                                           |                                     |
| •                | 8. Date for Implementation As Soon As Possible                                                                                                                             |                                     |
|                  | g. Rationale for Abatement/Remediation Hethod (Response Actio                                                                                                              | on) selected:                       |
|                  | Existing Conditions allows                                                                                                                                                 | 194                                 |
|                  | 04 M to reduce distarban                                                                                                                                                   | ce per                              |
|                  | Sune 1990 AMP                                                                                                                                                              |                                     |
| •                |                                                                                                                                                                            | ,                                   |
|                  |                                                                                                                                                                            |                                     |
|                  |                                                                                                                                                                            |                                     |
|                  |                                                                                                                                                                            |                                     |
|                  |                                                                                                                                                                            |                                     |

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FÖO76A Schedule A. Asbestos Haterial Summary

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

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## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartlord, CT 06145

Page 3 of 3

DATE OF AMP UPDATE FACRITY HAME AND ADDRESS . TOWNINGOION HAME 4-2-91 ELEMENTARY NEW MILFORD 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. Throughout 1. Asbestos Containing Area:\_ Boiler Lagging Troweled-on\_ 2. Type of ACH: Sprayed-on\_ Pipe Insulation Duct Breeching Tank FLOOR TILE Other (specify)\_ ACM Newly Identified\_ ACM Previously Identified \_\_ \_sq. ft. 4. Amount of ACM: Non-friable<u></u> Moderate\_\_\_ Low\_\_\_ High\_ Friability: Condition: .Moderate\_ Low High\_ Water Damage None 2 Physical Damage High\_\_\_ Moderate\_\_\_ Low\_ Additional Comments (provide description) 7. Abatement/Remediation Hethod (Response Action) Removal\_\_\_ Enclosure\_\_ Encapsulation\_ Operation and Maintenance Only\_ As Date for Implementation <u>HS</u> Rationale for Abatement/Remediation Method (Response Action) selected:

#### ANNUAL ASBESTOS MANAGEMENT PIAN UPDATE

ED-076 New 10/87 Statutory Ref. Section 10-2922-7 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

| (I) TOWINGEOUN NAME | (2) FACILITY NAME AND ADDRESS |   | DATE OF INSPECTION |
|---------------------|-------------------------------|---|--------------------|
|                     |                               | · | •                  |

#### 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

| เบก 2 | t sign the Certification statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ۱.    | Has the Abatement/Remediation Hethod (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved ARP?  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2.    | Has any material been identified as containing asbestos since the last approved AMP?  Yes No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.    | Is any ACH which was reported in the last approved AHP 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 Remodiation Options (AMPRO), has been changed since the last approved AMP?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | a. Monitor Physical Condition of ACH b. Education of Building Staff and Occupants, Labeling Yes No Y |
| CER   | TIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

I certify that the Annual Asbestos Hanagement 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

| lame of Superintendent of Schools |      |
|-----------------------------------|------|
| Signature of Superintendent       | Date |

Signature of Asbestos Program Coordinator

Date

# PERIODIC SURVEILLANCE REPORT

ELEMENTARY NORTHUILLE BUILDING NAME AND LOCATION: \_

ENVIRONMENTAL CONSULTANT NAME AND TITLE OF PERSON COMPLETING REPORT:

|  |                                                          |                                      | L.               |  |      |  |
|--|----------------------------------------------------------|--------------------------------------|------------------|--|------|--|
|  | DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS | NONE                                 | ≥ Nov            |  |      |  |
|  | DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS              | 300 SF BREECHUNG/<br>Flue INSULATION | 10,000 SF F600R  |  |      |  |
|  | AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN         | A(1)                                 | c(4)             |  |      |  |
|  | LOCATION OF ACEM OR SUSPECTED ACEM AREAS                 | Boiler Room                          | Thoughout School |  | <br> |  |
|  | SURVEILLANCE<br>DATE                                     | 4-2-91                               | 4-2-91           |  |      |  |

SIGNATURE OF PERSON COMPLETING REPORT:

עניוחטער: אספרס וחס עעוועמרערונויו PLAN UPDATE ED076A Schedule A. Asbestos Haterial Summary

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

#### **BTATE OF CONNECTICUT** Department of Education BUREAU OF GRANTS PROCESSING

701

SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartford, CT 06145

|                 |                            | DATE OF AMP UPDATE |
|-----------------|----------------------------|--------------------|
| OWITHEDION HAME | PACEITY HAME AND ADDRESS . | 1/-201             |
|                 | NORTHVILLE ELEMENTARY S    | SCHOOL 7 00 11     |
| NEW MILFORD     | MORTHUICC - LOUISIANIA     |                    |

#### 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<br>Pipe Insulation Duct Breeching / Tank<br>Other (specify)    |
| 3. | ACM Previously Identified ACM Newly Identified Basis S A                                                          |
| 4. |                                                                                                                   |
| 5. | Friability: High Moderate Low Non-friable                                                                         |
| 6. | Water Damage High Moderate Low None None None                                                                     |
|    | Additional Comments (provide description) NO CHANGES                                                              |
|    |                                                                                                                   |
|    |                                                                                                                   |
| 7. | Abatement/Remediation Method (Response Action)  Removal Enclosure Encapsulation  Operation and Maintenance Only V |
| 8. | Date for Implementation CONVINUE                                                                                  |
| 9. | Rationale for Abatement/Remediation Method (Response Action) selected:                                            |
|    | REFER TO MARCH 1990 AMP                                                                                           |
|    |                                                                                                                   |
|    | ·                                                                                                                 |
| ٠  |                                                                                                                   |
|    |                                                                                                                   |
|    |                                                                                                                   |
|    |                                                                                                                   |
|    |                                                                                                                   |
|    |                                                                                                                   |

PLAN UPDATE
F0076A
Schedule A, Asbestos Haterial Summary

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

### BTATE OF CONNECTICUT Department of Education

Page 2 of 2

BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Harlord, CT 06145

|                  |                                | P.O. BOX 2                                                      | 2219, Haniora, CT 06145                        |                                         |                          |
|------------------|--------------------------------|-----------------------------------------------------------------|------------------------------------------------|-----------------------------------------|--------------------------|
| TOWNINEGION NAME |                                | FACRITY NAME AND ADDRESS .                                      |                                                | Sallan                                  | DATE OF AMPUPDATE  4-2-9 |
| NEW              |                                | HORTHVILLE                                                      | ELEMENTARY                                     | SCHOOL                                  | 9-04 11                  |
|                  | General Instr                  | uctions                                                         |                                                |                                         |                          |
|                  | well as the n<br>the AMP Updat | ame and address of the<br>e is submitted.                       | district where the fa<br>e facility. Also indi | cate the date                           | OU MILICII               |
|                  | be provided f<br>being submitt | or each material. Pl<br>ed in the upper right                   |                                                | or each schedu                          | le A must<br>le A        |
| pen.             | 1Asbestos                      | Containing Area:                                                | hroughout Sch                                  | 100                                     |                          |
| :                | 2. Type of A                   | CM: Sprayed-on<br>Pipe Insulation_<br>Other (specify)_          | Troweled-onBoilerDuctBreechingTloosTLE         | Tank                                    |                          |
| •                | 3. ACM Previ                   | ously Identified                                                | ACM Newly Identifie                            | dBasis S                                |                          |
|                  |                                | ACM: 10,                                                        |                                                | /                                       |                          |
|                  | 5. Friabilit                   | y: High Moderat                                                 | e Low Non-fria                                 | b1e <u>/</u>                            |                          |
|                  | e e                            | ·.                                                              | ModerateLowN<br>ModerateLowN                   |                                         |                          |
|                  | Addit                          | ional Comments (provi                                           | de description)                                | <u> </u>                                | HANGES                   |
| ·                | •                              |                                                                 |                                                |                                         |                          |
|                  | Removal_                       | /Remediation Method (<br>Enclosure Enca<br>and Maintenance Only | psulation                                      |                                         | •                        |
| •                | 8. Date for                    | Implementation                                                  | ONAINNE                                        | <del></del>                             |                          |
|                  | 9. Rationale                   | for Abatement/Remedi                                            | ation Method (Response                         | Action) sele                            | cted:                    |
|                  | •                              |                                                                 | TO MARCH                                       | 1990 Ar                                 |                          |
|                  | <del></del>                    |                                                                 |                                                |                                         |                          |
|                  |                                | •                                                               |                                                |                                         | •                        |
|                  | <del></del>                    |                                                                 |                                                |                                         |                          |
|                  | <del></del>                    |                                                                 |                                                |                                         |                          |
|                  | <u> </u>                       |                                                                 |                                                |                                         |                          |
|                  | <u></u>                        | *                                                               |                                                | *************************************** |                          |
|                  |                                |                                                                 |                                                |                                         |                          |

### AKNUAL ASBESTOS MANAGEMENT PI NU UPDATE

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

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

| (1) TOWWREGION NAME | (2) FACILITY NAME AND ADDRESS | DATE OF INSPECTION |
|---------------------|-------------------------------|--------------------|
|                     |                               |                    |

#### 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 AHP Update is submitted.

Complete each of the following questions below. If the answer to a question is  $\frac{No}{r}$ , no further documentation is necessary. If the answer to a question is  $\frac{No}{r}$ , refer to the document, "Guidance for the Completion of the App Undate" for further instructions.

| dne:    | stion is <u>Yes</u> , refer to the document, "Guidance for the com<br>Update" for further instructions.                                                                                                         | precion or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| វេបា \$ | The Superintendent of Schools and qualified Asbestos Prog<br>t sign the Certification statement.                                                                                                                | ram Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ١.      | variable material (Non)                                                                                                                                                                                         | Date for changed since Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.      | Has any material been identified as containing asbestos s approved AMP?                                                                                                                                         | Ince the last<br>YesNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3.      | Is any ACH which was reported in the last approved AMP no (Partial removal of an ACH within an asbestos-containing documented.)                                                                                 | longer present?<br>area need not be<br>Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4.      | Which of the following procedures, as outlined in Section Asbestos Management Program and Remodiation Options (AMPR changed since the last approved AMP?                                                        | s A and B of the<br>O), has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| •       | a. Monitor Physical Condition of ACM b. Education of Building Staff and Occupants, Labeling c. Minimize Fiber Release d. Minimize Potential Human Exposure e. Emergency Repair Procedures                       | Yes No Yes No Yes No No Yes No |
| CER.    | TIFICATION                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sec     | I certify that the Annual Asbestos Hanagement Plan Update<br>ility conforms to the requirements of the Connecticut Gene<br>tions 10-292a, b, (Public Acts 85-541 and 86-65), and Stat<br>cted pursuant thereto. | 181 3141464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Nam     | e of Superintendent of Schools                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         |                                                                                                                                                                                                                 | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Sig     | nature of Superintendent                                                                                                                                                                                        | Dutt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

Signature of Asbestos Program Coordinator

Name of Asbestos Program Coordinator

Date

# PERIODIC SURVEILLANCE REPORT

Scrool ELEMENTARY BUILDING NAME AND LOCATION: PETTIBONE

ENVIRONMENTAL CONSULTANT 

| DESCRIPTION OF CHANGES IN THE CONDITION OF THE MATERIALS | ASONE                              | ACM Debris Noted From<br>October 1990 inspection removed t | NONE                                          | 35,05              | ひらん                      | いること                 |
|----------------------------------------------------------|------------------------------------|------------------------------------------------------------|-----------------------------------------------|--------------------|--------------------------|----------------------|
| DESCRIPTION OF ACEM OR SUSPECTED ACEM AREAS              | Aircell Insulation<br>ACM Fittings | Aircell Insulation                                         | Fitting Insulation<br>1029 Aircell Insulation | Fitting Insulation | Transite Heaten<br>Boxes | Floor Tile           |
| AREA IDENTIFICATION<br>IN THE MANAGEMENT<br>PLAN         | A(2)                               | 4(2)                                                       | A(3)                                          | A (4)              | c(s)                     | (%)>                 |
| LOCATION OF ACEM OR SUSPECTED ACEM AREAS                 | 1955 Tunders                       | BASEMENT HALL<br>UNDER KITCHEN                             | 1958 Tunnels                                  | 1962 Tunnels       | 1955 School<br>Section   | Throughout<br>School |
| SURVEILLANCE<br>DATE                                     | 4-2-91                             |                                                            |                                               |                    |                          |                      |

SIGNATURE OF PERSON COMPLETING REPORT:

Caspil Verson

PLAN UPDATE
F0076A
Schedule A, Asbestos Haterial Summary

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT

Page 1076

| •                |                                             | P.                                            | O. BOX 2219, H                         | artford, CT 06145                       |                               |                     |
|------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------------|-------------------------------|---------------------|
| TOWNINEGION NAME |                                             | PACILITY NAME AND A                           | DDRESS .                               |                                         |                               | DATE OF AMP UPDATE  |
| NEW M            | IL FORD                                     | PETT                                          | BONE                                   | ELEMENTAR                               | √ SCHDON                      | 4-2-91              |
|                  | well as the n                               | ne name of the                                | of the fac                             | rict where the fac<br>ility. Also indic | ility is loca<br>ate the date | ated as<br>on which |
|                  | In an are<br>be provided f<br>being submitt | containing moor each materia                  | re than one<br>1. Please<br>right hand | •                                       | of each Sched                 | ıle Λ must<br>ıle Α |
|                  | 1. Asbestos                                 | Containing Area                               | : <u>195</u> 5                         | 5 TUNNELS                               |                               |                     |
| •                | 2. Type of A                                | Pipe Insul                                    | ation <u>' 🗸</u> D                     | led-onBoiler<br>uctBreeching_           | lank                          | •                   |
| •                |                                             | •                                             |                                        | M Newly Identified                      | Basis                         | S A                 |
|                  | 4. Amount of                                | ACM:                                          | 2680                                   | sxlft.                                  |                               |                     |
|                  | 5. Friabilit                                | v: High M                                     | oderate <u></u>                        | Low Non-friab                           | 1e                            |                     |
|                  | 6. Condition<br>Water<br>Physi              | Damage Hid                                    | h Moder<br>h Moder                     | ate Low No                              | one<br>one                    |                     |
|                  | Addit                                       | ional Comments                                | (provide de                            | scription) <u>Da</u>                    | maged reg                     | ions                |
| •                | lio                                         | riled to sp                                   | jecific_                               | areas through                           | ghout tu                      | nnels.              |
|                  | ,<br>,                                      |                                               |                                        |                                         |                               |                     |
|                  | Removal                                     | Remediation Me<br>Enclosure<br>and Maintenanc | Encapsula                              | nse Action)<br>tion                     | •                             | ٠.                  |
|                  |                                             | [mplementation_                               |                                        |                                         | sible.                        |                     |
|                  | 9. Rationale                                | for Abatement/                                | Remediation                            | Method (Response                        | Action) sele                  | cted:               |
|                  | 1                                           | samaged As                                    | eas .                                  | quite ina                               | ccessible                     | <del></del>         |
| •                | _\mpras                                     | tical to                                      | Intitio                                | ate a ma                                | intenance                     | clean               |
|                  | _up.                                        | vake                                          | step:                                  | s to L                                  | imit dis                      | dusbance and        |
|                  | Surth                                       | er damage                                     | <u>′</u>                               |                                         |                               | <del></del>         |
| <b>.</b>         | . <u> </u>                                  |                                               |                                        |                                         |                               |                     |
| -                |                                             | ·                                             |                                        | •                                       |                               |                     |

PLAN UPDATE FÜO76A Schedule A. Asbestos Haterial Summary

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

الرأا فرادا أوفر الإناف فالخالج المائلة والمهتريزي

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT B.O. BOY 2219 Hardland, CT 05145

Page 2 of 6

P.O. BOX 2219, Hartford, CT 06145 DATE OF AMP UPDATE FACILITY HAME AND ADDRESS . TOWN/MEDION NAME SCHOOL 4-2-81 PLEMENTARY DEADIBONE NEW HILFORD 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 ACH, 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. UNDER HALL BASEMENT 1. Asbestos Containing Area:\_\_ Boiler Lagging\_ Troweled-on\_\_\_ Type of ACM: Sprayed-on\_\_\_ Pipe Insulation: V Duct Breeching Tank Other (specify)\_ ACM Previously Identified \_\_\_\_ ACM Newly Identified \_\_\_\_ Basis S\_ linear Amount of ACM: Moderate\_\_\_ Low\_\_\_ Non-friable\_\_\_ Friability: High 6. Condition: \_ .Moderate\_ LOW V High Water Damage Physical Damage High\_\_\_ Hoderate\_\_\_ Low\_ None\_ Additional Comments (provide description)\_ inspection 1990\_ Abatement/Remediation Method (Response Action) Enclosure\_\_\_ Encapsulation\_ Operation and Maintenance Only ~ Date for Implementation AS Sook AS POSSIBLE Rationale for Abatement/Remediation Hethod (Response Action) selected: damago

PLAN UPDATE F.0076A Schedule A. Asbestos Haterial Summary

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

### **BTATE OF CONNECTICUT** Department of Education

BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT

1990 3 0 d 6

P.O. BOX 2219, Hartford, CT 06145 DATE OF AMPUPDATE FACILITY NAME AND ADDRESS . TOWN/REGION HAME 4-2-81 PLEMENTARY SCHOOL DEADIBONE NEW HILFORD 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: 1958 PIPE TUNNEUS 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\_\_ 1320 <u>Linear</u> St. ft. High Moderate V Low Non-friable\_\_\_ 5. Friability: 6. Condition: High\_\_\_ Moderate\_ \( \subseteq \subs Water Damage Physical Damage High\_\_\_ Moderate\_v Low\_ None\_\_ Additional Comments (provide description) No CHANGES 7. Abatement/Remediation Method (Response Action) Removal Enclosure Encapsulation Operation and Maintenance Only 🗸 Date for Implementation\_\_\_\_ Rationale for Abatement/Remediation Method (Response Action) selected: was rants and

EŬO76A Schedule A, Asbestos Haterial Summary

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

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## BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartford, CT 05145

Page 4 of 6

P.O. BOX 2219, Hartford, CT 06145 DATE OF AMPUPDATE FACILITY HAME AND ADDRESS . TOWNINEGION HAVE 4-2-81 SCHOOL PLEMENTARY PETTIBONE NEW HILFORD 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 ACH, a separate Schedule A must be provided for each material. Please number the pages of each Schedule  $\Lambda$ being submitted in the upper right hand corner. 1. Asbestos Containing Area: 1962 PIPE\_ TUNNELS 2. Type of ACH: Sprayed-on\_\_\_ Troweled-on\_\_ Boiler Lagging\_ Pipe Insulation Duct Breeching Tank Other (specify)\_\_\_\_ ACM Previously Identified \_\_\_\_\_ ACM Newly Identified\_\_\_\_\_ Basis S\_ sq. ft. 4. Amount of ACM:\_\_\_ High\_\_\_ Moderate\_\_ Low\_ Non-friable\_\_\_ 5. Friability: Condition: \_\_\_Hoderate\_ High\_ · Water Damage Physical Damage High Moderate Low V None Additional Comments (provide description)\_

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

8. Date for Implementation CONTINUE

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

MATERIAL is in relatively good

Condition. March 1990 AMP calls for

initiation of 0 + M and reduce

possibility of disturbance.

PLAN UPDAIL FUO76A Schedule A. Asbestos Haterial Summary

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

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

Page 5046

TOMINACION HAVE

PACETTY HAVE AND ADDRESS

DATE OF AMP UTDATE

PETTIBONE FLEMENTARY 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: 1955 SCHOOL SECTION                                                                                                     |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.       | Type of ACH: Sprayed-on Troweled-on Boiler Lagging Pipe Insulation: Duct Breeching Tank Other (specify)TRANSITE HEATER BOXES                      |
| 3.       | ACM Previously Identified ACM Newly Identified Basis S A                                                                                          |
| 4.       | Amount of ACM: 3420 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.<br>8. | Abatement/Remediation Method (Response Action)  Removal Enclosure Encapsulation  Operation and Maintenance Only  Date for Implementation Continue |
| 9.       | Rationale for Abatement/Remediation Method (Response Action) selected:                                                                            |
|          | Per March 1990 AMP, the                                                                                                                           |
|          | material may become student accessible                                                                                                            |
|          | through maintenance activity.                                                                                                                     |
|          |                                                                                                                                                   |
|          |                                                                                                                                                   |
|          |                                                                                                                                                   |
|          |                                                                                                                                                   |
| •        |                                                                                                                                                   |
|          |                                                                                                                                                   |
|          |                                                                                                                                                   |

PLAN UPDAIL FUOTEA Schedule A, Asbestos Haterial Summary

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

## BTATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Harlford, CT 06145

Page 6 of 6

TOMINEDION HAVE

PACETTY HAVE AND ADDRESS.

PETTIBONE FLEMENTARY SCHOOL 4-2-81

#### 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 ACH, 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                                                                        |
|----|--------------------------------------------------------------------------------------------------------------------|
| 2. | Type of ACH: 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 ACH: 46, 970 sq. ft.                                                                                     |
|    | 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. | Removal Enclosure Encapsulation<br>Operation and Maintenance Only                                                  |
| 8. | Date for Implementation CONTINUE                                                                                   |
| 9. | and a sure that work (named attention technol (Decemence Action) selected:                                         |
|    |                                                                                                                    |
|    | Per 1990 AMP.                                                                                                      |
|    |                                                                                                                    |
|    |                                                                                                                    |
|    |                                                                                                                    |
|    |                                                                                                                    |
|    |                                                                                                                    |
|    |                                                                                                                    |
|    |                                                                                                                    |

#### AKNUAL ASBESTOS MANAGEMENT PLAN UPDATE

ED-076 New 10/87 Statutory Raf. Section 10-2028-7 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) TOWWREGION NAME | (2) FACILITY NAME AND ADDRESS | , | DATE OF INSPECTION |
|--------------------|-------------------------------|---|--------------------|
|                    | <u> </u>                      |   |                    |

#### 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

| 1U.S    | t sign the Certification statement.                                                                                                                                                                             |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| •       | Has the Abatement/Remediation Hethod (Response Action) or Date for Implementation for any asbestos-containing material (ACH) changed since the last approved AHP?  Yes No                                       |
| ·<br>?• | Has any material been identified as containing asbestos since the last approved AMP?  Yes No                                                                                                                    |
| ١.      | Is any ACH which was reported in the last approved AHP no longer present? (Partial removal of an ACH within an asbestos-containing area need not be documented.)  Yes No No                                     |
|         | Which of the following procedures, as outlined in Sections A and B of the Asbestos Hanagement Program and Remodiation Options (AMPRO), has been changed since the last approved AMP?                            |
| •       | a. Honitor Physical Condition of ACH b. Education of Building Staff and Occupants, Labeling c. Hinimize Fiber Release d. Hinimize Potential Human Exposure e. Emergency Repair Procedures  Yes No Yes No Yes No |
| ER      | TIFICATION                                                                                                                                                                                                      |
|         | 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 a<br>enacted pursuant thereto. | and 86-65), and State regulations |
|-------------------------------------------------------------------------|-----------------------------------|
|                                                                         |                                   |
| Name of Superintendent of Schools                                       |                                   |
| Signature of Superintendent                                             | Date<br>:                         |
| Name of Asbestos Program Coordinator                                    |                                   |

Signature of Asbestos Program Coordinator

Date

# PERIODIC SURVEILLANCE REPORT

|                                      | ENVIRON MENTAL CONSULTANT                   |                   |
|--------------------------------------|---------------------------------------------|-------------------|
| School                               | ENVIRO                                      |                   |
| Middle                               | ph Urhans                                   | 1                 |
| S S S                                | T: Cosse(                                   |                   |
| BUILDING NAME AND LOCATION: Schagtio | NAME AND TITLE OF PERSON COMPLETING REPORT: | TO TOTAL TO TOTAL |

| DESCRIPTION OF CHANGES IN THE                     | 日202                               |                  | NOVE                    | NON医            | いると用           | MZ 02             | NONE              |
|---------------------------------------------------|------------------------------------|------------------|-------------------------|-----------------|----------------|-------------------|-------------------|
| DESCRIPTION OF ACEM<br>OR SUSPECTED ACEM<br>AREAS | Hot water Mank/<br>Flue Insuchtion | FITTINGS         |                         |                 |                | Assumed Vinyl     | Transite Soffits  |
| AREA IDENTIFICATION IN THE MANAGEMENT PLAN        | A (, )                             | A(2)             |                         | ,               |                | (٤)               | (2)               |
| LOCATION OF ACEM<br>OR SUSPECTED<br>ACEM AREAS    | Boilea Room                        | MECHANICAL ROOMS | ), Near Compash<br>Room | 3, @ E- CLUSTER | 3 @ G. CLUSTER | Throughout School | Building Exterior |
| SURVEILLANCE                                      | 4-2-41                             | 4-2-91           |                         |                 |                | 4-2-91            | 4-2-91            |

SIGNATURE OF PERSON COMPLETING REPORT: \_

Sept Vetran

NERONE MODESTOS PROMUEDENS
PLAN UPDATE FD076A Schedule A. Asbestos Haterial Summary

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

TOWN/MEGION HAME

NEW

#### STATE OF CONNECTICUT Department of Education BUREAU OF GRANTS PROCESSING

PAGE 1 of 4

SCHOOL FACILITIES UNIT P.O. BOX 2219, Hartford, CT 06145 SCHACTICOKE

|      |                                    | FACEITY NAME AND ADDRESS .                                                                                                                              | DATE OF AMP UPDATE                     |
|------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 化压   | oRD                                | SCHAGTICOKE MINDLE SCHOOL                                                                                                                               | 4-2-91                                 |
|      | ral Instr                          |                                                                                                                                                         |                                        |
| we11 | Provide t<br>as the n<br>AMP Updat | he name of the school district where the facility is locat<br>ame and address of the facility. Also indicate the date o<br>e is submitted.              | ni wii icii                            |
| be p | rovided f                          | a containing more than one type of ACM, a separate Schedul or each material. Please number the pages of each Schedul ed in the upper right hand corner. | e A must<br>∣e A                       |
|      |                                    | Containing Area: BOILER ROOM                                                                                                                            |                                        |
| 2.   | Type of A                          | CM: Sprayed-on Troweled-on Boiler Lagging Pipe Insulation: Duct Breeching Tank Other (specify)                                                          | , .                                    |
|      |                                    | ously Identified ACM Newly Identified Basis S                                                                                                           | ^                                      |
| 4.   | Amount of                          | ACH: 390 sq. ft.                                                                                                                                        |                                        |
| 5.   | Friabilit                          | y: High Moderate Low Non-friable                                                                                                                        |                                        |
| 6.   | Condition<br>Water<br>Physi        | Damage High Moderate Low None None None                                                                                                                 |                                        |
|      | Addit                              | ional Comments (provide description) No Cha                                                                                                             | nge                                    |
| 7.   | Removal_<br>Operation              | /Remediation Method (Response Action)EnclosureEncapsulation and Maintenance Only                                                                        |                                        |
| 8.   | Date for                           | Implementation CONTINUE                                                                                                                                 |                                        |
| 9.   | Rationale                          | e for Abatement/Remediation Method (Response Action) selec                                                                                              | ted:                                   |
|      | ,                                  | REFER TO MARCH 1990 AME                                                                                                                                 | >                                      |
|      |                                    |                                                                                                                                                         |                                        |
|      |                                    |                                                                                                                                                         | •                                      |
| •    |                                    |                                                                                                                                                         | ······································ |
|      | <u> </u>                           |                                                                                                                                                         |                                        |
|      |                                    |                                                                                                                                                         |                                        |
|      | <u></u>                            |                                                                                                                                                         |                                        |
|      | <u></u>                            |                                                                                                                                                         | <del></del>                            |
|      |                                    |                                                                                                                                                         |                                        |

Congress to

PLAN UPDATE FD076A Schedule A, Asbestos Haterial Summary

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

#### BTATE OF CONNECTICUT Department of Education **BUREAU OF GRANTS PROCESSING**

PAGE 2 of 4

SCHOOL FACILITIES UNIT

|                  |                 | P.O.                                                   | BOX 2219, Had              | 1010, 61 00145            |                                      |                     |
|------------------|-----------------|--------------------------------------------------------|----------------------------|---------------------------|--------------------------------------|---------------------|
| TOWNINEGION NAME |                 | FACILITY NAME AND ADD                                  | RESS .                     |                           |                                      | DATE OF AMPUPDATE   |
| · •              | 11LFOAD         | SCHAGE                                                 | ICOKE                      | MIDDUR                    | SCHOOL                               | 4-2-91              |
|                  | General Instru  |                                                        |                            | ·· <del>·</del>           |                                      |                     |
|                  | well as the na  | e name of the sc<br>me and address o<br>is submitted.  | hool distri<br>f the facil | ct where the ity. Also in | facility is local<br>dicate the date | nted as<br>on which |
|                  | he provided for | containing more<br>reach material.<br>d in the upper r | Please nu                  | mber the page             | separate Schedus of each Schedu      | ile A must<br>ile A |
|                  | 1. Asbestos C   | ontaining Area:_                                       | MECHAN                     | PICAL ROO                 | ÀS .                                 |                     |
| ;                |                 | M: Sprayed-on_<br>Pipe Insulat                         | Troweld Duc                | d-on Boil                 | er Lagging<br>ingTank                | ,,                  |
|                  |                 | usly Identified                                        |                            |                           | •                                    | S A                 |
|                  |                 | ACM:                                                   |                            |                           |                                      |                     |
|                  | 5. Friability   | : High Mod                                             | eratel                     | .ow Non-fr                | riable                               |                     |
|                  |                 | Damage High_<br>al Damage High_                        |                            |                           |                                      | .1.650              |
|                  | Additi          | onal Comments (p                                       | rovide desc                | ription) <u> </u>         | PO CHA                               | NGES                |
| •                |                 |                                                        |                            |                           |                                      |                     |
| ·                | Remova1         | Remediation Meth<br>Enclosure<br>and Maintenance       | Encapsulati                | se Action)<br>ion         |                                      |                     |
| •                | 8. Date for 1   | mplementation                                          | Con                        | 4 INVE                    |                                      |                     |
|                  | 9. Rationale    | for Abatement/Re                                       | mediation                  | fethod (Respor            | nse Action) sele                     | cted:               |
|                  |                 | REFER                                                  | 10                         | MARCH                     | 1990 AM                              | . 9                 |
|                  |                 | ·                                                      |                            |                           |                                      |                     |
|                  |                 |                                                        |                            |                           |                                      | *                   |
|                  |                 |                                                        |                            |                           |                                      |                     |
|                  | ,               |                                                        |                            |                           |                                      |                     |

PLAN UPDATE ED076A Schedule A. Asbestos Haterial Summary

PAGE 3 of 4

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

## STATE OF CONNECTICUT Department of Education SCHOOL FACILITIES UNIT

BUREAU OF GRANTS PROCESSING P.O. BOX 2219, Hartford, CT 06145

| TOWNINE GION NAME |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FACILITY N             | WE AND ADDRE                          | 85 .     | · · · · · · · · · · · · · · · · · · · | ·····                                  | $\overline{}$                                   |                  | DATE OF AMPUPDATE |
|-------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|----------|---------------------------------------|----------------------------------------|-------------------------------------------------|------------------|-------------------|
| NEW 1             | lico       | C180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S                      | CHAGT                                 | ICO KE   | Mi                                    | DUE                                    | <x:ha< td=""><td>00C</td><td>4-2-9</td></x:ha<> | 00C              | 4-2-9             |
| 7-600             |            | eral Instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |          |                                       |                                        |                                                 |                  |                   |
|                   | wel<br>the | Provide the name of the name o | ame and ace is subm    | ddress of<br>itted.                   | the fac  | tvne of                               | Also ind<br>FACM. a                    | separate                                        | e date<br>Schedu | le A must         |
|                   | be<br>bei  | provided for submitte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or each m<br>ed in the | aterial.<br>upper ri                  | ght hand | corner                                | the payes                              | or each                                         | Schedu           | 10 N              |
| , to              |            | .Asbestos (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |          |                                       |                                        |                                                 |                  |                   |
| `                 |            | Type of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                       |          |                                       |                                        |                                                 |                  |                   |
|                   |            | ACM Previ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                      |                                       |          |                                       |                                        | ed                                              | Basis S          | A                 |
|                   |            | Amount of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                       |          |                                       |                                        | /                                               | /                |                   |
|                   | 5.         | Friabilit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y: High                | Mode                                  | rate     | Low                                   | Non-fr                                 | lable <u>v</u>                                  |                  |                   |
|                   | 6.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Damage<br>cal Damag    | -                                     |          |                                       |                                        |                                                 |                  |                   |
| ·                 |            | Addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ional Com              | ments (pr                             | ovide de | scripti                               | on) <u>·</u>                           | υ <sub>ο</sub>                                  | CHA              | NGES.             |
|                   | 7.         | Abatement<br>Removal_<br>Operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Enclos                 | ureE                                  | ncapsula | nse Act<br>tion                       | ion)                                   | ·                                               |                  |                   |
| •                 | 8.         | Date for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                       |          | •                                     |                                        |                                                 |                  |                   |
|                   | 9.         | Rationale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | _                                     |          |                                       |                                        |                                                 |                  | 4 .               |
|                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | REFE                                  | <u> </u> | 10                                    | MAG                                    | <u> 2 C H</u>                                   | 1990             | ) 7/16            |
|                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | · · · · · · · · · · · · · · · · · · · |          | <del></del> ,                         | ······································ |                                                 | <u></u>          |                   |
|                   | •          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                       |          | <del>,</del>                          |                                        |                                                 |                  | ·                 |
|                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>                |                                       |          | <u> </u>                              | ······································ |                                                 |                  |                   |
|                   |            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u></u>                | · · · · · · · · · · · · · · · · · · · |          | , , , , , , , , , , , , , , , , , , , |                                        | <u> </u>                                        |                  |                   |
|                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <u> </u>                              |          |                                       |                                        |                                                 |                  |                   |
|                   | •          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <del></del>                           | •        |                                       |                                        |                                                 |                  |                   |

PLAN UPDATE
FD076A
Schedule A<sub>i</sub> Asbestos Haterial Summary

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

## STATE OF CONNECTICUT Department of Education ALL OF GRANTS PROCESS

RAGE 4 of 4

#### BUREAU OF GRANTS PROCESSING SCHOOL FACILITIES UNIT P.O. BOX 2219, Harlord, CT 05145

|             |                              | <u> </u> |          | DATE OF AMP UPDATE |
|-------------|------------------------------|----------|----------|--------------------|
|             | FACILITY HALIE AND ADDRESS . |          |          | 4-7-01             |
| NEW MILFORD | SCHAGTICOKE                  | DDVE     | > CHOQ 6 | 15 6               |
| MEM LILLOWD | CCIMOTICONE                  |          |          |                    |

#### 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.

| $\Theta$                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asbestos Containing Area: Throughout School                                                                                                                          |
| Type of ACM: Sprayed-on Troweled-on Boiler Lagging<br>Pipe Insulation Duct Breeching Tank<br>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 CHANGE                                                                                                                  |
|                                                                                                                                                                      |
|                                                                                                                                                                      |
| Abatement/Remediation Method (Response Action) Removal Enclosure Encapsulation Operation and Maintenance Only                                                        |
| RemovalEnclosureEncapsulation Operation and Maintenance Only  Date for ImplementationCONTINUE                                                                        |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |
| RemovalEnclosureEncapsulation Operation and Maintenance Only  Date for ImplementationONT(NUE  Rationale for Abatement/Remediation Method (Response Action) selected: |
| RemovalEnclosureEncapsulation Operation and Maintenance Only  Date for ImplementationONT(NUE  Rationale for Abatement/Remediation Method (Response Action) selected: |
| Removal Enclosure Encapsulation Operation and Maintenance Only  Date for ImplementationONTINUE                                                                       |
| RemovalEnclosureEncapsulationOperation and Maintenance Only  Date for ImplementationONT(NUE                                                                          |

#### ARNUAL ASSESTOS MANAGEMENT PI\_AN UPDATE

ED-076 New 10/87 Statutory Bol. Section 10-2922-7 Regulations of Connecticut State Agencies

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

| •                   | , 10, 2211 1211               | • |                    |
|---------------------|-------------------------------|---|--------------------|
| (1) TOWINEGION NAME | (2) FACILITY NAME AND ADDRESS | · | DATE OF INSPECTION |
|                     | ,                             |   | •                  |

#### 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 <u>each</u> of the following questions below. If the answer to a question is  $\underline{No}$ , no further documentation is necessary. If the answer to a question is  $\underline{Yes}$ , refer to the document, "Guidance for the Completion of the AHP Update" for further instructions.

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

|    | <del>-</del>                                                                                                                                                                              |                            |                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|
| •  | Has the Abatement/Remediation Hethod (Response Action) or Da<br>Implementation for any asbestos-containing material (ACH) ch<br>the last approved AHP?                                    | ate for<br>langed :        | since<br>No          |
| !• | Has any material been identified as containing asbestos sinc<br>approved AMP?                                                                                                             | e the                      | No                   |
|    | Is any ACH which was reported in the last approved AHP no lo<br>(Partial removal of an ACH within an asbestos-containing are<br>documented.)                                              | onger p<br>ea need<br>esl  | HOL De               |
| -  | Which of the following procedures, as outlined in Sections A Asbestos Hanagement Program and Remodiation Options (AHPRO), changed since the last approved AHP?                            | N and B<br>, has b         | of the               |
|    | a. Honitor Physical Condition of ACH b. Education of Building Staff and Occupants, Labeling c. Hinimize Fiber Release d. Hinimize Potential Human Exposure e. Emergency Repair Procedures | es  <br>es  <br>es  <br>es | No<br>No<br>No<br>Yo |
|    | •                                                                                                                                                                                         |                            |                      |

#### CERTIFICATION

I certify that the Annual Asbestos Hanagement 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.

| ame of Superintendent of Schools | •    |
|----------------------------------|------|
| ·                                |      |
| ignature of Superintendent       | Date |
|                                  |      |

Signature of Asbestos Program Coordinator

Date