

Periodic Surveillance

EDMONSON COUNTY BOARD OF EDUCATION
P.O. BOX 129 - TELEPHONE 502-597-2101
BROWNSVILLE, KY 42210
502-597-2103 TELECOPIER

Earnest R. Smith, JR., Ph. D.
Superintendent

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance OCT 25 1996
School or Building Old central office
Location of ACBM (Room) throughout
Material Containing ACBM 9" Floor tile
Assessment Category N.F. CHRYS 2%
Condition (Changed or Unchanged) unchanged
APRIL 27 1997 no change LD
OCT 20 1997 " " LD
This building has been boarded up.
OCT 7 1997 no change LD

EDMONSON COUNTY BOARD OF EDUCATION
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Earnest R. Smith, JR., Ph. D.
Superintendent

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Oct. 25, 1996
School or Building Old central office (Moulton St.)
Location of ACBM (Room) Throughout
Material Containing ACBM Sheetrock, ceiling and walls
Assessment Category Assumed N.F.
Condition (Changed or Unchanged) YD

APRIL 29 1997 no change YD.

OCT 2 1997 n/c YD.

BOARDED UP.

OCT 7 1997

no change YD

Old Office Mohaupt St.

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Dec 1989 BNC
School or Building ~~Sheetrock ceiling & walls~~ old Central Office
Location of ACBM (Room) Throughout
Material Containing ACBM Sheetrock - ceiling & walls
Assessment Category assumed N.F.
Condition (Changed or Unchanged) unchanged

April 1990 - no change Billy H. Climan
Oct 1990 no change BNC
April 12/1991 no change BNC
Oct 30 1991 ~~floor tiles being replaced - need to be banded~~
April 14 1992 ~~ceiling may be leaking~~
no change BNC
Oct 1992 no change same as Oct 1991 BNC
April 15 1993 need to be banded up - BNC
Oct 7, 1993 no change same as April 15 1993 BNC
April 21 1994 no change " " " " BNC
Oct 11, 1994 no change floor tiles coming up BNC will band up
April 11, 1995 no change BNC 02 of this date
May 17, 1995 Bgr Relinsp BNC
Oct 3 1995 No change BNC
April 5, 1996 no change BNC Banded up - no entrance

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Dec. 1989 BHC
 School or Building Old Central Office
 Location of ACBM (Room) Throughout
 Material Containing ACBM 9" floor tile
 Assessment Category NF Chrys 270
 Condition (Changed or Unchanged) unchanged

April 1990 No change Billy & Clem
 Oct 1990 no change BHC
 April 12 1991 no change BHC
 Oct 28 1991 Floor tile loose, ceiling dead, held to
 be hand up - used area for storage of non used
 material
 April 14, 1992 Same as above date BHC
 Oct 1992 Same as Oct 28 1991 BHC
 April 15, 1993 no change same as Oct 1992 BHC
 Oct 7 1993 no change BHC
 April 21 1994 no change BHC
Oct 11, 1994 no change BHC floor tile being up will hand up as of this date
 April 11, 1995 no change BHC
 May 17, 1995 3 yr Reinsp BHC
 Oct 3 1995 no change
 April 5, 1996 no change BHC Board up no entry

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Dec. 1989 BHC
 School or Building Old Central office
 Location of ACBM (Room) throughout
 Material Containing ACBM 9" floor tile
 Assessment Category NF Chrys 270
 Condition (Changed or Unchanged) unchanged

April 1990 No change Billy & Clemens
 Oct 1990 no change BHC
 April 12 1991 no change BHC
 Oct 28 1991 Floor tile loose, ~~in~~ ceiling dead, needed to be hand up - used only for storage of non used material
 April 14, 1992 Same as above date BHC
 Oct 1992 Same as Oct 28 1991 BHC
 April 15, 1993 No change same as Oct 1992 BHC
 Oct 1 1993 no change BHC
 April 21 1994 No change BHC
 Oct 11, 1994 no change BHC floor tile being up will hand up as of this date
 April 11, 1995 No change BHC
 May 17, 1995 3 yr Reinsp BHC
 Oct 3 1995 No change BHC
 April 3 1996 No Change BHC

Old Office Mohaupt St.

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Dec 1989 BNC
 School or Building Sheetrock Ceiling & walls of Center Office
 Location of ACBM (Room) Throughout
 Material Containing ACBM Sheetrock - ceiling & walls
 Assessment Category assumed N.F.
 Condition (Changed or Unchanged) unchanged

- April 1990 - no change Billy H. Clemon
- Oct 1990 no change BNC
- April 12/1991 no change BNC
- Oct 26 1991 ~~Sheetrock ceiling - containing lead - need to be removed~~
- April 14 1992 ~~up to ceiling may be leaking~~
no change BNC
- Oct 1992 no change same as Oct 1991 BNC
- April 15 1993 need to be hoisted up - BNC
- Oct 7, 1993 no change same as April 15 1993 BNC
- April 21 1994 no change BNC
- Oct 11, 1994 no change floor tiles coming up BNC
- April 11, 1995 no change BNC
- May 17, 1995 Bgr Retrip BNC
- Oct 3, 1995 no change BNC
- April 3, 1996 no change BNC

will Band up on or by this date

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance	School or Building	Location of ACM (Room)	Material Containing ACM	Assessment Category	Condition (Changed or Unchanged)
Apr 1989	Central Office	1st floor men + women	Basalt fibers	Asbestos N F	Unchanged
Apr 1990					no change
Apr 1990					no change BKE
Apr 1991					no change (BKE)

Updated this report Sept, 1991

By: N. Claman

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance	School or Building	Location of ACBM (Room)	Material Containing ACBM	Assessment Category	Condition (Changed or Unchanged)
Dec 1989	Centraal	attic	Blown Insulation	Assumed NF	Unchanged

April 1990 - no change Beryllium Chloride

Oct 1990 no change BHC

Nov 1991

ASBESTOS PERIODIC SURVEILLANCE

Date of Surveillance Dec 1989
 School or Building Central Office
 Location of ACM (Room) All 9 Buildings
 Material Containing ACM Sheetrock
 Assessment Category Asbestos NF
 Condition (Changed or Unchanged) Unchanged

April 1990 - No change Billy H. Clemon
 Oct 1992 no change BAC
 Visited Sept 1991

BAC

Reinspections

AHERA INSPECTION REPORT-KENTUCKY

DEP4061
Rev. 10-97

LEA Edmonson County Schools SCHOOL Old Superintendents Office (999)

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in the previous AHERA inspection(s). Reinspections are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM.

Reinspection results must be submitted to the LEA and the Division for Air Quality within 30 days after the reinspection. Results must include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling, information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; (4) accreditations, assurances, annual plan availability notifications to parents and employees, and other AHERA required information.

Instructions for completing this form: Complete either Item I. or Item II., below, as appropriate. Do not complete this form if no ACBM was identified in the last inspection/reinspection.

 I. Reinspection results show no change to information in existing management plan.
(If checked, then accredited inspector needs to attach a newly completed Form 5.0 and current accreditation certificates, and LEA representatives and inspector need to sign the assurances immediately below. Also include in the submittal the information identified in items (3) and (4) above.)

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and, if applicable, has verified (*attach verification*) removal of previously identified ACBM which has been removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date _____
LEA Designated Person's Signature/Date _____
LEA Superintendent's Signature/Date _____
Reinspection Date _____

 X II. Reinspection reports show change to information in management plan.
(If checked, then items identified in I., above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

Number of 6.0 forms attached _____ (one for each homogeneous area, or HA)
Number of 6.1 forms attached _____
Number of 3.0 forms attached _____
Number of 3.1 forms attached _____ (one for each response in each HA)
Number of samples taken _____

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and has verified (*attach verification*) removal of previously identified ACBM which has been removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date *Denora Nicol* 6/11/98
LEA Designated person's Signature/Date *James L. ...*
Accredited Management Planner's Signature/Date *Denora Nicol* 6/11/98
LEA Superintendent's Signature/Date *Dawn ...*
Reinspection Date 5/14/98 Effective Date of Management Plan Revisions 6/18/98

EDMONSON COUNTY BOARD OF EDUCATION
P.O. BOX 129 - TELEPHONE 502-597-2101
BROWNSVILLE, KY 42210
502-597-2103 TELECOPIER

Mr. Darrell Cassady,
Superintendent

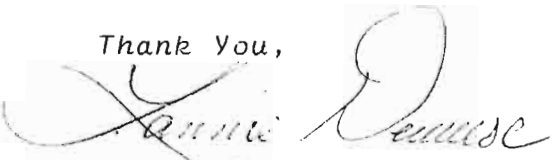
May 22, 1998

TO WHOM IT MAY CONCERN:

The Edmonson Co. School System has boarded up all openings on the old Superintendents Office that is located on Mohawk Street.

This Building is no longer being used for anything.

Thank You,


Lannie Deweese
Asbestos Management Planner/Inspector

ATTACH A COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

INSPECTION INFORMATION

TEAM MEMBERS (PRINT OR TYPE) Lenora M. Nicol SIGNATURE *Lenora M. Nicol* ACCREDITATION NO. P98-05-0407 TITLE Insp/Mgmt Planner
 SURVEY DATE(S) 5/14/98
 SURVEY TIME(S) 11:00 AM

BUILDING STATISTICS (OPTIONAL)

DATE BUILT	AREA NAME, ADDITION, WINGS ETC.	USE	TOTAL AREA	FLOORS

NOTES:
 This building has been boarded up by Edmonson County Schools and is no longer in use.

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: MASONRY VENEER FLOOR STRUCTURE: WOOD ROOF STRUCTURE: WOOD
 SOLID MASONRY/CONCRETE CONCRETE CONCRETE STEEL
 WOOD STEEL OTHER
 OTHER OTHER

NOTES:

SCHOOL INFORMATION FORM

LEA: Edmonson County Schools LEA NO. 151
 SCHOOL OR BUILDING NAME: Old Superintendents Office
 ADDRESS: Mohawk, Brownsville, Ky 42210 SCHOOL NO. 999

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT

LENORA M. NICOL

Has fulfilled the training requirements of 401 KAR 58:005 and is
ACCREDITED as an

ASBESTOS MANAGEMENT PLANNER

Date Issued 05-18-98 Expires 05-08-99
Robert W. Logan *John E. Hornback*
Robert W. Logan John E. Hornback
Commissioner Director
No. P98-05-0407

The TES Group

Occupational Safety & Health Instructors & Consultants

Division of Orr Safety Corporation

13029 Middletown Industrial Boulevard
Louisville, Kentucky 40223-4757
(502) 244-8844

Certifies that

Lenora Nicol
398-86-6360

Has met the requirements, including successful completion of an examination
for the purpose of accreditation under TSCA title II, for the course titled:

AHERA Management Planner

Conducted at Louisville, Kentucky on May 7-8, 1998

1657

Certificate Number

4/8/98

Examination Date

4/8/99

Expires

Brooke A. Beyerle

Course Director

Brooke A. Beyerle, CSP

Cordell D. Brackett

Course Director

Cordell D. Brackett, CET

AHERA REINSPECTION REPORT - KENTUCKY

LEA Edmonson Co. Schools SCHOOL Old Supt Office

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in previous AHERA inspection(s). Reinspections are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM. For most schools, this means reinspections must be done by July 9, 1992, and the results submitted to the LEA and the Division for Air Quality within 30 days after the reinspection. Results would include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; and (4) accreditations, assurances, annual plan-availability notifications to parents and employees, and other AHERA-required information.

Instructions for completing this form: Complete either item I. or item II., below, as appropriate. Do not complete this form if no ACBM was identified in the last inspection/reinspection.

I. Reinspection results show no change to information in existing management plan.
(If checked, then accredited inspector needs to attach a newly completed Form 5.0 and current accreditation certificates, and LEA representatives and inspector need to sign the assurances immediately below. Also include in the submittal the information identified in items (3) and (4), above.)

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and, if applicable, has verified (attach verification) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date Billy H. Clemons 5/17/95

LEA Designated Person's Signature/Date Beth H. Clemons 5/17/95

LEA Superintendent's Signature/Date Garrett R. Smith 6-8-95

Reinspection Date 5/17/95

II. Reinspection reports show change to information in management plan.
(If checked, then the items identified in I, above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

Number of 6.0 Forms attached _____ (one for each homogeneous area, or HA)

Number of 6.1 Forms attached _____

Number of 3.0 Forms attached _____

Number of 3.1 Forms attached _____ (one for each response in each HA)

Number of samples taken _____

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and has verified (attach verification) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date _____

LEA Designated Person's Signature/Date _____

Accredited Management Planner's Signature/Date _____

LEA Superintendent's Signature/Date _____

Reinspection Date _____ Effective Date of Management Plan Revisions _____

BUILDING STATISTICS	(OPTIONAL)	USE	TOTAL AREA	FLOORS
DATE BUILT	AREA NAME, ADDITION, WING, ETC.			

NOTES:

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer Solid Masonry / Conc. Wood Other

FLOOR STRUCTURE: Wood Concrete Steel Other

ROOF STRUCTURE: Wood Concrete Steel Other

NOTES:

DOCUMENT SUMMARY (OPTIONAL)

Floor Plans Specifications Past Surveys Past Abatement Specifications

Sections Mech. Drawings In-House Sampling Reports Past Abatement Drawings

Finish Schedules As Built Drawings Past Abatement Projects

INSPECTION INFORMATION ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE) SIGNATURE: Billy H. Clemmons Billy H. Clemmons

ACCREDITATION NO. TITLE: P95-05-0347 Management Planner

SURVEY DATE (S): 5/17/95

SURVEY TIME (S):

SCHOOL INFORMATION FORM

LEA: Edmondson Co. Schools LEA NO: 1511

(OR BUILDING NAME) SCHOOL: Old Supt. Office SCHOOL NAME: Brownmill, Ky SCHOOL NO: 999

ADDRESS: 42210

AHERA REINSPECTION REPORT - KENTUCKY

LEA Edmonson Co. Schools SCHOOL Old Supt Office

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in previous AHERA inspection(s). Reinspections are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM. For most schools, this means reinspections must be done by July 9, 1992, and the results submitted to the LEA and the Division for Air Quality within 30 days after the reinspection. Results would include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; and (4) accreditations, assurances, annual plan-availability notifications to parents and employees, and other AHERA-required information.

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I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and, if applicable, has verified (*attach verification*) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date Billy H. Clemmons 5/17/95

LEA Designated Person's Signature/Date Betsy H. Clemmons 5/17/95

LEA Superintendent's Signature/Date Garrett R. Smith 6-8-95

Reinspection Date 5/17/95

II. Reinspection reports show change to information in management plan.
(If checked, then the items identified in I, above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

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Number of 3.1 Forms attached _____ (one for each response in each HA)

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Accredited Inspector's Signature/Date _____

LEA Designated Person's Signature/Date _____

Accredited Management Planner's Signature/Date _____

LEA Superintendent's Signature/Date _____

Reinspection Date _____ Effective Date of Management Plan Revisions _____

BUILDING STATISTICS (OPTIONAL)

DATE BUILT _____ AREA NAME, ADDITION, WING, ETC. _____ USE _____ TOTAL AREA _____ FLOORS _____

Notes section with multiple horizontal lines for handwritten text.

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer, Solid Masonry / Conc., Wood, Other. FLOOR STRUCTURE: Wood, Concrete, Steel, Other. ROOF STRUCTURE: Wood, Concrete, Steel, Other.

DOCUMENT SUMMARY (OPTIONAL)

Checkboxes for Floor Plans, Sections, Finish Schedules, Specifications, Mech. Drawings, As Built Drawings, Past Surveys, In-House Sampling Reports, Past Abatement Projects, Past Abatement Specifications, Past Abatement Drawings.

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE) Billy H. Clemmens, SIGNATURE Billy H. Clemmens, ACCREDITATION NO. D95-05-0347, TITLE Management Planner, SURVEY DATE (S) 5/17/95, SURVEY TIME (S) _____

SCHOOL INFORMATION FORM

LEA: Edmonson Co. Schools, LEA NO. 151, SCHOOL NAME: Old Sayl. School, SCHOOL NO. 222, ADDRESS: Brownsville, Ky. 42210, SCHOOL NO. _____

BUILDING STATISTICS (OPTIONAL)

DATE BUILT	AREA NAME, ADDITION, WING ETC.	USE	TOTAL AREA	FLOORS

NOTES:

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer
 Solid Masonry/ Conc.
 Wood
 Other

FLOOR STRUCTURE:
 Wood
 Concrete
 Steel
 Other

ROOF STRUCTURE:
 Wood
 Concrete
 Steel
 Other

NOTES:

DOCUMENT SUMMARY (OPTIONAL)

Floor Plans
 Sections
 Finish Schedules

Past Surveys
 In-House Sampling Reports
 Past Abatement Projects

Past Abatement Specifications
 Past Abatement Drawings

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER
 TEAM MEMBERS (PRINT OR TYPE)
 Wallace Lyle

SIGNATURE
Wallace Lyle

ACCREDITATION NO.
 P92-02-0091

TITLE
 Mgt. Planner

04/22/92
 SURVEY DATE(S)

 SURVEY TIME(S)

SCHOOL INFORMATION FORM

LEA: Edmonson County Schools
 LEA NAME

SCHOOL: Old Superintendent's Office
 SCHOOL NAME

ADDRESS: P. O. Box 68, Brownsville, KY 42210

1 5 1
 LEA NO.

9 9 9
 SCHOOL NO.

AHERA REINSPECTION REPORT - KENTUCKY

LEA Edmonson County Schools SCHOOL Old Superintendent's Office

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in previous AHERA inspection(s). Reinspection are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM. For most schools, this means reinspection must be done by July 9, 1992, and the results submitted to the LEA and the Division of Air Quality within 30 days after the reinspection. Results would include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; and (4) accreditations, assurances, annual plan-availability notifications to parents and employees, and other AHERA-required information.

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Accredited Inspector's Signature/Date Wallace Lyle 6/2/92

LEA Designated Person's Signature/Date Billy N. Clemens 6/5/92

LEA Superintendent's Signature/Date J. J. [Signature] 6-8-92

Reinspection Date 04/22/92

II. Reinspection reports show change to information in management plan. (If checked, then the items identified in I., above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

Number of 6.0 Forms attached _____ (one for each homogeneous area, or HA)

Number of 6.1 Forms attached _____

Number of 3.0 Forms attached _____

Number of 3.1 Forms attached _____ (one for each response in each HA)

Number of samples taken _____

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspection and has verified (attach verification) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date _____

LEA Designated Person's Signature/Date _____

Accredited Management Planner's Signature/Date _____

LEA Superintendent's Signature/Date _____

Reinspection Date _____ Effective Date of Management Plan Revisions _____

BUILDING STATISTICS (OPTIONAL)

DATE BUILT _____ AREA NAME, ADDITION, WING, ETC. _____ USE _____ TOTAL AREA _____ FLOORS _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTES: _____

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer Solid Masonry / Conc. Wood Other

FLOOR STRUCTURE: Wood Concrete Steel Other

ROOF STRUCTURE: Wood Concrete Steel Other

NOTES: _____

DOCUMENT SUMMARY (OPTIONAL)

Floor Plans Specifications Past Surveys Past Abatement Specifications

Sections Mech. Drawings In-House Sampling Reports Past Abatement Drawings

Finish Schedules As Built Drawings Past Abatement Projects

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE):

8/10/88 SURVEY DATE (S) _____ SIGNATURE *Joe Richardson* ACCREDITATION NO. 1116 TITLE Inspector

SURVEY TIME (S) _____

SCHOOL INFORMATION FORM

LEA: Edmonson County LEA NO. 151

(OR BUILDING NAME) SCHOOL: Old Superintendents Office LEA NAME

ADDRESS: Brownsville, KY 41171 SCHOOL NAME Old Superintendents Office SCHOOL NO. 999

EXPOSURE CONSIDERATIONS

- OPTIONAL (Rated 1 as Best & 5 as Worst)

- A. DETERIORATION
- B. PHYSICAL DAMAGE
- C. WATER DAMAGE
- D. ACTIVITY/VIBRATION
- E. EXPOSURE
- F. ACCESSIBILITY
- G. LENGTH OF EXPOSURE
 - 1. 1 HOUR/WEEK
 - 2. 5 HRS/WK
 - 3. 10 HRS/WK
 - 4. 20 HRS/WK
 - 5. 40 HRS/WK
- H. EXPOSURE POPULATION (Personnel)
 - 1. MAINTENANCE ONLY
 - 2. MAINT., CUSTODIAN
 - 3. MAINT., CUST., FACULTY
 - 4. MAINT., CUST., FAC., STUDENTS
 - 5. MAINT., CUSTD., FAC., STDS., PUBLIC

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACBM with potential for damage
- 6 - ACBM with potential for significant damage
- 7 - Any remaining friable ACBM or friable suspected ACBM

SAMPLE NO.	B/A #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS								ASMT. CAT.	QUANTITIES				TOTALS	
					A	B	C	D	E	F	G	H		LENGTH	WD.	DIA	LF		SF
2740			throughout	chrys 2%										5	20	30			600

AREAS INCLUDED IN HOMOGENEOUS AREA

MISCELLANEOUS QUANTITY CALCULATIONS

GRAND TOTAL 600 SQ.FT. 600 LIN.FT.

CONFIRMED F F ACBM NF NF NO ACBM ASSUMED F NF

SAMPLING DATE: 8-10-88
 INSPECTOR: Joe Richardson
 SIGNATURE: *[Signature]*
 LEA: Edmonson County Schools
 SCHOOL: Old Superintendent Office

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT
 Tan/white/black

HOMOGENEOUS AREA FORM

LEGEND
 B/A BUILDING INSPECTION AREA NUMBER
 INSPECTOR ASSIGNED NO. FOR CONTROL
 THERMAL(TSI) SURFACING MIS.
 MAT. TYPE: 9" Floor Tile
 151-999-1 HA: _____ DRAWING NO. _____ GENERAL _____ ASSIGNED _____

EXPOSURE CONSIDERATIONS - OPTIONAL (Rated 1 as Best & 5 as Worst)

- A. DETERIORATION
 - B. PHYSICAL DAMAGE
 - C. WATER DAMAGE
 - D. ACTIVITY/VIBRATION
 - E. EXPOSURE
 - F. ACCESSIBILITY
- G. LENGTH OF EXPOSURE
1. 1 HOUR/WEEK
 2. 5 HRS/WK
 3. 10 HRS/WK
 4. 20 HRS/WK
 5. 40 HRS/WK
- H. EXPOSURE POPULATION (Personnel)
1. MAINTENANCE ONLY
 2. MAINT., CUSTODIAN
 3. MAINT., CUST., FACULTY
 4. MAINT., CUST., FAC., STUDENTS
 5. MAINT., CUSTD., FAC., STDS., PUBLIC

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACBM with potential for damage
- 6 - ACBM with potential for significant damage
- 7 - Any remaining friable ACBM or friable suspected ACBM

SAMPLE NO.	BIA #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS								ASSMT. CAT.	QUANTITIES			TOTALS			
					A	B	C	D	E	F	G	H		LENGTH	WD.	DIA.		LF	SF	
2652		2	throughout	0%										5	20	100				2000

GRAND TOTAL 2,000 SQ.FT. 2,000 LN.FT.

CONFIRMED F ASSUMED NF NO ACBM X

ACBM F NF X

MISCELLANEOUS QUANTITY CALCULATIONS

AREAS INCLUDED IN HOMOGENEOUS AREA

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT

Assumed ACBM because only one sample was taken

SAMPLING DATE: 8/10/88

INSPECTOR: Joe Richardson

SIGNATURE: *Joe Richardson*

LEA: Edmonson County Schools LEA NO. 151

SCHOOL: Old Superintendent Office SCHOOL NO. 999

SCHOOL NAME: _____

LEGEND

BIA# BUILDING INSPECTION AREA NUMBER

INSPECTOR ASSIGNED NO. FOR CONTROL

HEATMAP (TSI) SURFACING MISC. X

MAT. TYPE: Sheetrock ceiling & walls

151-999-1 HA: _____ GENERIC _____ ASSIGNED _____

DRAWING NO. _____

Stone Rm.

Rest Rm.

Rm. 3

Rm. 4

Edmouson
Old Superintendent's Office

Rm. 2

Rm. 5

Rm. 1

Porch

151-999-1

RESPONSE ACTION (RA)

USE ONE (1) SHEET FOR EACH DIFFERENT RESPONSE ACTION

- INSTITUTE PREVENTIVE MEASURES
- OPERATIONS & MAINTENANCE PROGRAM
- REPAIR
- ENCAPSULATE
- ENCLOSE
- REMOVE
- ISOLATE
- OTHER

DETAILED DESCRIPTION OF MARKED RESPONSE ACTION

1. INITIAL CLEANING
2. ADDITIONAL CLEANING AND REPAIRS AS NEEDED BUT AT LEAST ANNUALLY
3. STANDARD O & M PRACTICES TO BE FOLLOWED

LOCATIONS

LIST ALL HOMOGENEOUS AREA NOS.; FUNCTIONAL SPACE NOS. OR ATTACH DRAWING

H.A. #1

H.A. #2

REASONS

GIVE REASONS FOR SELECTING RESPONSE ACTION (RA) (IF RA IS DIFFERENT FROM RECOMMENDATIONS ON FORM 3.0 - LIST REASONS FOR CHANGE)

NECESSARY TO ASSURE THAT FIBERS ARE NOT RELEASED INTO THE AIR

SCHEDULE

STARTING DATE(S) & COMPLETION DATE(S) FOR RESPONSE ACTION

START JULY 9, 1989 COMPLETION-ON GOING UNLESS ASBESTOS IS REMOVED

RESOURCES NEEDED

LOCAL DISTRICT PERSONEL TRAINED IN THE O & M PROGRAM

RESPONSE ACTION TO BE IMPLEMENTED BY LEA

SCHOOL: OLD SUPERINTENDENTS OFFICE

SCHOOL NAME

9 9 9
SCHOOL NO.

LEA: EDMONSON COUNTY SCHOOLS

LEA NAME

1 5 1
LEA NO.

10/12/88

MANAGEMENT PLAN DATE

AHERA REINSPECTION REPORT - KENTUCKY

LEA Edmonson County Schools SCHOOL Old Superintendent's Office

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in previous AHERA inspection(s). Reinspection are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM. For most schools, this means reinspection must be done by July 9, 1992, and the results submitted to the LEA and the Division of Air Quality within 30 days after the reinspection. Results would include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; and (4) accreditations, assurances, annual plan-availability notifications to parents and employees, and other AHERA-required information.

Instructions for completing this form: Complete either item I. or item II., below, as appropriate. Do not complete this form if no ACBM was identified in the last inspection/reinspection.

 x I. Reinspection results show no change to information in existing management plan. (If checked, then accredited inspector needs to attach a newly completed Form 5.0 and current accreditation certificates, and LEA representatives and inspector need to sign the assurances immediately below. Also include in the submittal the information identified in items (3) and (4), above.)

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and, if applicable, has verified (attach verification) removal of previously identified ACBM which has removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date Wallace Lyle 6/2/92

LEA Designated Person's Signature/Date Billy N. Clemens 6/5/92

LEA Superintendent's Signature/Date Donald J. [Signature] 6-8-92

Reinspection Date 04/22/92

 II. Reinspection reports show change to information in management plan. (If checked, then the items identified in I., above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

Number of 6.0 Forms attached _____ (one for each homogeneous area, or HA)

Number of 6.1 Forms attached _____

Number of 3.0 Forms attached _____

Number of 3.1 Forms attached _____ (one for each response in each HA)

Number of samples taken _____

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspection and has verified (attach verification) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date _____

LEA Designated Person's Signature/Date _____

Accredited Management Planner's Signature/Date _____

LEA Superintendent's Signature/Date _____

Reinspection Date _____ Effective Date of Management Plan Revisions _____

BUILDING STATISTICS (OPTIONAL)
 DATE BUILT _____ AREA NAME, ADDITION, WING ETC. _____ USE _____ TOTAL AREA _____ FLOORS _____

NOTES: _____

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer Solid Masonry/ Conc.
 Wood other

FLOOR STRUCTURE: Wood Concrete Steel other

ROOF STRUCTURE: Wood Concrete Steel other

NOTES: _____

DOCUMENT SUMMARY

Floor Plans Specifications Past Surveys Past Abatement Specifications
 Sections Mech. Drawings In-House Sampling Reports Past Abatement Drawings
 Finish Schedules As Built Drawings Past Abatement Projects

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER
 TEAM MEMBERS (PRINT OR TYPE) SIGNATURE ACCREDITATION NO. TITLE
 Wallace Kyle P92-02-0091 Mgt. Planner

04/22/92
 SURVEY DATE(S) _____
 SURVEY TIME(S) _____

SCHOOL INFORMATION FORM

LEA: Edmonson County Schools LEA NAME LEA NO. 1 5 1
 SCHOOL: Old Superintendent's Office SCHOOL NO. 9 9 9
 ADDRESS: P. O. Box 68, Brownsville, KY 42210

AHERA REINSPECTION REPORT - KENTUCKY

LEA Edmonson County Schools SCHOOL Old Superintendent's Office

Introduction. The Asbestos Hazard Emergency Response Act (AHERA) requires Local Education Agencies (LEAs) to use accredited inspectors to reinspect asbestos-containing building materials (ACBM) which were identified in previous AHERA inspection(s). Reinspection are required at least once every three years after the management plan goes into effect for those school buildings whose last inspection/reinspection identified ACBM. For most schools, this means reinspection must be done by July 9, 1992, and the results submitted to the LEA and the Division of Air Quality within 30 days after the reinspection. Results would include information regarding (1) reinspected and newly discovered ACBM (amounts, assessments, sampling information, etc.); (2) any needed revisions by accredited management planners and LEAs to response actions planned; (3) records of periodic surveillance, O&M training, O&M activities, fiber releases, and response actions taken; and (4) accreditations, assurances, annual plan-availability notifications to parents and employees, and other AHERA-required information.

Instructions for completing this form: Complete either item I. or item II., below, as appropriate. Do not complete this form if no ACBM was identified in the last inspection/reinspection.

I. Reinspection results show no change to information in existing management plan. (If checked, then accredited inspector needs to attach a newly completed Form 5.0 and current accreditation certificates, and LEA representatives and inspector need to sign the assurances immediately below. Also include in the submittal the information identified in items (3) and (4), above.)

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspections and, if applicable, has verified (attach verification) removal of previously identified ACBM which has removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date Wallace Lyle 6/2/92

LEA Designated Person's Signature/Date Billy N. Clemens 6/5/92

LEA Superintendent's Signature/Date J. M. [Signature] 6-8-92

Reinspection Date 04/22/92

II. Reinspection reports show change to information in management plan. (If checked, then the items identified in I., above, must be submitted, along with all revised or new homogeneous area forms, revised or new responses recommended by management planner and selected by LEA, and sampling methodology and results.)

Number of 6.0 Forms attached _____ (one for each homogeneous area, or HA)

Number of 6.1 Forms attached _____

Number of 3.0 Forms attached _____

Number of 3.1 Forms attached _____ (one for each response in each HA)

Number of samples taken _____

I affirm that an accredited AHERA inspector has reinspected all confirmed and assumed ACBM identified in previous AHERA inspections/reinspection and has verified (attach verification) removal of previously identified ACBM which was removed since the last inspection/reinspection.

Accredited Inspector's Signature/Date _____

LEA Designated Person's Signature/Date _____

Accredited Management Planner's Signature/Date _____

LEA Superintendent's Signature/Date _____

Reinspection Date _____ Effective Date of Management Plan Revisions _____

BUILDING STATISTICS (OPTIONAL)

DATE BUILT	AREA NAME, ADDITION, WING ETC.	USE	TOTAL AREA	FLOORS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTES:

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer
 Solid Masonry/ Conc.
 Wood
 Other

FLOOR STRUCTURE: Wood
 Concrete
 Steel
 Other

ROOF STRUCTURE: Wood
 Concrete
 Steel
 Other

NOTES:

DOCUMENT SUMMARY

Floor Plans
 Sections
 Finish Schedules

(OPTIONAL)

Specifications
 Mech. Drawings
 As Built Drawings

Past Surveys
 In-House Sampling Reports
 Past Abatement Projects

Past Abatement Specifications
 Past Abatement Drawings

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE)

Wallace Lyle

SIGNATURE

Wallace Lyle

ACCREDITATION NO.

P92-02-0091

TITLE

Mgt. Planner

04/22/92

SURVEY DATE(S)

SURVEY TIME(S)

SCHOOL INFORMATION FORM

LFA: Edmonson County Schools
 LEA NAME

1 5 1
 LEA NO.

SCHOOL: Old Superintendent's Office
 SCHOOL NAME

9 9 9
 SCHOOL NO.

ADDRESS: P. O. Box 68, Brownsville, KY 42210

BUILDING STATISTICS (OPTIONAL)

DATE BUILT _____ AREA NAME, ADDITION, WING, ETC. _____ USE _____ TOTAL AREA _____ FLOORS _____

NOTES: _____

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer Solid Masonry / Conc. Wood Other

FLOOR STRUCTURE: Wood Concrete Steel Other

ROOF STRUCTURE: Wood Concrete Steel Other

NOTES: _____

DOCUMENT SUMMARY (OPTIONAL)

Floor Plans Specifications Past Surveys Past Abatement Specifications

Sections Mech. Drawings In-House Sampling Reports Past Abatement Drawings

Finish Schedules As Built Drawings Past Abatement Projects

INSPECTION INFORMATION ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE) SIGNATURE _____ ACCREDITATION NO. TITLE

Joe Richardson *Joe Richardson* 1116 Inspector

8/10/88 SURVEY DATE (S)

_____ SURVEY TIME (S)

SCHOOL INFORMATION FORM

LEA: Edmonson County LEA NO. 151

(OR BUILDING NAME) SCHOOL: Old Superintendents Office SCHOOL NAME

ADDRESS: Brownsville, KY 41171 SCHOOL NO.

NOTIFICATION PLAN

- 1) A notice of the availability of the management plan will be given to all parent, teacher, and employee organizations and published in either an LEA newsletter or the newspaper of widest circulation for the school district beginning in October, 1988, and continuing annually thereafter. A dated copy of this notice is included in the appendix.
- 2) Written notice to workers and building occupants will be posted at entrances and other conspicuous places, and updated at least annually with information about inspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities that are planned or in progress.

PERIODIC SURVEILLANCE PLAN

TO BE CONDUCTED AT LEAST EVERY 6 MONTHS AFTER THE EFFECTIVE DATE OF THE MANAGEMENT PLAN

A person designated by the LEA superintendent shall perform the six month surveillance activities beginning in October, 1989, and every six months or less thereafter. He shall record the date of the surveillance, his name, and any observable changes in the condition of the material and submit this information to the LEA Designated Person, for inclusion in the management plan.

REINSPECTION PLAN

TO BE CONDUCTED EVERY 3 YEARS AFTER THE EFFECTIVE DATE OF THE MANAGEMENT PLAN

During the 1991-92 fiscal year and every 3 years thereafter the LEA will provide for reinspection of its buildings. The reinspection will be performed by accredited local school personnel or by an accredited contractor if trained local personnel are unavailable. A written inspection report will be provided to the LEA Designated Person for inclusion in the management plan.

FOLLOW-UP ACTIONS TO BE IMPLEMENTED BY LEA

SCHOOL: Old Superintendents Office 999 -
SCHOOL NO SCHOOL NAME SCHOOL NO
LEA: Edmonson County Schools 151 -
LEA NAME LEA NO LEA NO
10/12/88 MANAGEMENT PLAN DATE

EXPOSURE CONSIDERATIONS - OPTIONAL (Rated 1 as Best & 5 as Worst)

- A. DETERIORATION
 B. PHYSICAL DAMAGE
 C. WATER DAMAGE
 D. ACTIVITY/VIBRATION
 E. EXPOSURE
 F. ACCESSIBILITY

- G. LENGTH OF EXPOSURE
 H. EXPOSURE POPULATION (Personnel)
1. 1 HOUR/WEEK
 2. 5 HRS/WK
 3. 10 HRS/WK
 4. 20 HRS/WK
 5. 40 HRS/WK
1. MAINTENANCE ONLY
 2. MAINT., CUSTODIAN
 3. MAINT., CUST., FACULTY
 4. MAINT., CUST., FAC., STUDENTS
 5. MAINT., CUSTD., FAC., STDS., PUBLIC

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
 2 - Damaged friable SURFACING ACM
 3 - Significantly damaged friable SURFACING ACM
 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
 5 - ACM with potential for damage
 6 - ACM with potential for significant damage
 7 - Any remaining friable ACM or friable suspected ACM

SAMPLE NO.	BIA #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS								ASST. CAT.	QUANTITIES			TOTALS	
					A	B	C	D	E	F	G	H		LENGTH	WD.	DIA.		LF
2740	1		throughout	chrys 2%											20	30		600
AREAS INCLUDED IN HOMOGENEOUS AREA				MISCELLANEOUS QUANTITY CALCULATIONS				GRAND TOTAL				SQ.FT. 600		LIN.FT.				

ACBM F NF CONFIRMED F NF ASSUMED F NF
 NO ACBM

SAMPLING DATE: 8-10-88
 INSPECTOR: Joe Richardson
 SIGNATURE: *[Signature]*
 LEA: Edmonson County Schools
 LEA NO. 151 -
 SCHOOL: Old Superintendent Office
 SCHOOL NO. 999 -
 MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT: Tan/white/black

THERMAL(TSI)
 SURFACING
 MAT. TYPE: 9" Floor Tile
 HA: 151-999-1
 DRAWING NO. _____
 GENERIC _____
 ASSIGNED _____

HOMOGENEOUS AREA FORM
 LEGEND
 BIA# BUILDING INSPECTION AREA NUMBER
 INSPECTOR ASSIGNED NO. FOR CONTROL

EXPOSURE CONSIDERATIONS - OPTIONAL (Rated 1 as Best & 5 as Worst)

- A. DETERIORATION
 - B. PHYSICAL DAMAGE
 - C. WATER DAMAGE
 - D. ACTIVITY/VIBRATION
 - E. EXPOSURE
 - F. ACCESSIBILITY
- G. LENGTH OF EXPOSURE
1. 1 HOUR/WK
 2. 5 HRS/WK
 3. 10 HRS/WK
 4. 20 HRS/WK
 5. 40 HRS/WK
- H. EXPOSURE POPULATION (Personnel)
1. MAINTENANCE ONLY
 2. MAINT., CUSTODIAN
 3. MAINT., CUST., FACULTY
 4. MAINT., CUST., FAC., STUDENTS
 5. MAINT., CUSTD., FAC., STDS., PUBLIC

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACBM with potential for damage
- 6 - ACBM with potential for significant damage
- 7 - Any remaining friable ACBM or friable suspected ACBM

SAMPLE NO.	B/A #	EXIST RM.#	INSPECTION AREA	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS							ASSMT. CAT.	QUANTITIES				TOTALS	
					A	B	C	D	E	F	G		H	LENGTH	WD.	DIA.		LF
2652		2	throughout	0%										20	100			2000

AREAS INCLUDED IN HOMOGENEOUS AREA _____

MISCELLANEOUS QUANTITY CALCULATIONS _____

GRAND TOTAL 2,000 SQ.FT. _____ LIN.FT. _____

ACBM CONFIRMED F NF X

ASSUMED F NF X

NO ACBM

SAMPLING DATE: 8/10/88

INSPECTOR: Joe Richardson

SIGNATURE:

LEA: Edmonson County Schools

SCHOOL: Old Superintendent Office

LEA NO. 151

SCHOOL NO. 999

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT
Assumed ACBM because only one sample was taken

HOMOGENEOUS AREA FORM

LEGEND
 B/A# BUILDING INSPECTION AREA NUMBER
 INSPECTOR ASSIGNED NO. FOR CONTROL

THERMAL(TSI) SURFACING MISC.

MAT. TYPE: Sheetrock ceiling & walls

151-999-1 _____ HA: _____

DRAWING NO. _____ GENERIC _____ ASSIGNED 2

Stone Rm.

Rest Rm.

Rm. 3

Rm. 4

Edmouson
Old Superintendent's Office

Rm. 2

Rm. 5

Rm. 1

Porch

151-999-1

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACM with potential for damage
- 6 - ACM with potential for significant damage
- 7 - Any remaining friable ACM or friable suspected ACM

THERMAL(TSI)

SURFACING

MISC.

QUANTITIES

Lin. Ft. Sq. Ft.

ASSESSMENT CATEGORY NO.

INST. PREVENT. MEAS.
O & M PROGRAM
REPAIR
ENCAPSULATE
ENCLOSE
REMOVE
ISOLATE
OTHER

SCHEDULE
START DATE COMPL. DATE

HOMOGEN. AREA	FUNCT. SPACE	MATERIAL TYPE	DESCRIPTION	HA#	FS#	THERMAL(TSI)	SURFACING	MISC.	Lin. Ft.	Sq. Ft.	ASSESSMENT CATEGORY NO.	INST. PREVENT. MEAS.	O & M PROGRAM	REPAIR	ENCAPSULATE	ENCLOSE	REMOVE	ISOLATE	OTHER	START DATE	COMPL. DATE		
1		9" FLOOR TILE						X			5		X							7/9/89	ONGOING		
2		sheetrock						X		2,000	5		X							7/9/89	ongoing		

RESPONSE ACTIONS
 RECOMMENDED BY MANAGEMENT PLANNER
Joe Paulson
 MANAGEMENT PLANNER SIGNATURE

SCHOOL: OLD SUPERINTENDENTS OFFICE SCHOOL NO. 222
 EDMONSON COUNTY SCHOOLS SCHOOL NAME
 LEA: LEA NO. 151
 10/12/88 DATE
 LEA NAME 10/12/88
 MANAGEMENT PLAN DATE

RESPONSE ACTION (RA)

USE ONE (1) SHEET FOR EACH DIFFERENT RESPONSE ACTION

- INSTITUTE PREVENTIVE MEASURES
- OPERATIONS & MAINTENANCE PROGRAM
- REPAIR
- ENCAPSULATE
- ENCLOSE
- REMOVE
- ISOLATE
- OTHER

DETAILED DESCRIPTION OF MARKED RESPONSE ACTION

1. INITIAL CLEANING
2. ADDITIONAL CLEANING AND REPAIRS AS NEEDED BUT AT LEAST ANNUALLY
3. STANDARD O & M PRACTICES TO BE FOLLOWED

LOCATIONS

LIST ALL HOMOGENEOUS AREA NOS.; FUNCTIONAL SPACE NOS. OR ATTACH DRAWING

H.A. #1
H.A. #2

REASONS

GIVE REASONS FOR SELECTING RESPONSE ACTION (RA) (IF RA IS DIFFERENT FROM RECOMMENDATIONS ON FORM 3.0 - LIST REASONS FOR CHANGE)

NECESSARY TO ASSURE THAT FIBERS ARE NOT RELEASED INTO THE AIR

SCHEDULE

STARTING DATE(S) & COMPLETION DATE(S) FOR RESPONSE ACTION

START JULY 9, 1989 COMPLETION-ON GOING UNLESS ASBESTOS IS REMOVED

RESOURCES NEEDED

LOCAL DISTRICT PERSONEL TRAINED IN THE O & M PROGRAM

RESPONSE ACTION TO BE IMPLEMENTED BY LEA

SCHOOL: OLD SUPERINTENDENTS OFFICE
 SCHOOL NO. 0 9 9
 LEA: EDMONSON COUNTY SCHOOLS
 LEA NAME
 LEA NO. 1 5 1
 10112188
 MANAGEMENT PLAN DATE

BULK SAMPLE LABORATORY ANALYSIS

Bulk sample laboratory analysis reports for the school district are located at the beginning of the appendix.

SOLID WASTE BRANCH ONLY:

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

FOR INTERNAL USE ONLY:

Date Logged: _____
Receipt Number: _____
Date Approved/Denied: _____
County: _____

APPLICATION TO ACCEPT AN ADDITIONAL WASTE STREAM
(Prepare an individual application for each waste stream)

NEW
 UPDATE

I. WASTE GENERATOR INFORMATION

A. GENERATOR IDENTIFICATION:

1. Name: Edmonson County Board of Education
2. Mailing Address: P. O. Box 129, Brownsville, KY 42210
3. Address Where Waste Generated: same
4. Contact Person: Billy (Pete) Clemmons 5. Telephone: 597-2151

B. WASTE DESCRIPTION:

1. Waste Name: Asbestos
Describe source of the waste including industrial process: floor tile - mastic on tile and plaster
all containing asbestos

2. Is the waste hazardous under 401 KAR 31:010, Section 3, which includes the characteristics of 401 KAR 31:030 and the lists of 401 KAR 31:040? Yes No (If yes, contact your local Division of Waste Management Field Office for further assistance. See instructions for locations and telephone numbers.)

3. Is the waste an "exempt" hazardous waste under the regulatory cites in the Instructions? Yes No
Regulatory Cite: _____

4. Waste Condition Upon Generation: Solid Semi-solid Liquid Other _____

5. Waste Treatment Description: double bagged and marked

6. Disposal Site Name: City of Bowling Green 7. Permit # 016.02

8. Waste Condition Upon Disposal: Solid Semi-solid Liquid Other _____

9. Waste Amount: _____ 55-gal. drums or 2 Cubic Yards (Note: 1 cubic yard = 202 gallons)

10. Frequency: Per Month Per Year One-Time Only

C. CONTAINER TYPE(See Instructions):

Paper bag _____ Fiber drum or cardboard box _____ Metal or plastic drum _____
 Plastic bag _____ Double bagged in container _____ Other (specify) _____
 Bulk _____ Mixed with plant trash _____

D. FEE: Check payable to "KENTUCKY STATE TREASURER." (MAIL CHECK DIRECTLY TO SOLID WASTE BRANCH, DIVISION OF WASTE MANAGEMENT, 18 REILLY ROAD, FRANKFORT, KENTUCKY 40601)
Check for \$50.00 # N/A

E. SOLID WASTE GENERATOR CERTIFICATION:

I certify that the information set forth in Section I pertaining to the waste is true and correct and that the waste is not regulated as a hazardous waste under 401 KAR Chapter 31 which requires storage, treatment or disposal at a hazardous waste facility under 401 KAR Chapters 32 through 40. I understand that failure to properly manage a hazardous waste could lead to possible civil and criminal penalties under KRS Chapter 224 or the Resource Conservation and Recovery Act of 1976, Public Law 94-580, as amended.

Signature of Authorized Agent: Billy N. Clemmons Date: 11/3/89
Name of Authorized Agent (typed or printed): Billy (Pete) Clemmons Title: Asbestos Coordinator

Response Activities

II. LABORATORY INFORMATION

A. LABORATORY IDENTIFICATION:

1. Laboratory Name: _____
2. Mailing Address: _____
3. Contact Person: _____ 4. Telephone: _____

B. SAMPLE COLLECTION:

1. Sampler Name: _____
2. Company: _____

C. SAMPLE CONTAINER:

1. Container Type: Glass Plastic Other (explain) _____
2. Sample Type: Composite Grab Other (explain) _____
3. Size of Container: _____
4. Preservative: _____

D. WASTE CHARACTERISTICS:

1. Does the waste exhibit the characteristic of a hazardous waste as described in 401 KAR 31:030:

CHARACTERISTICS YES NO

ANALYSIS

- Ignitability Flashpoint _____ °F
- Corrosivity pH _____
- Reactivity _____ mg/kg H₂S HCN
- EP Toxicity Contaminant(s) _____ mg/l

2. Is the waste characteristically hazardous? Yes No
3. Waste passed paint filter test? Yes No 4. Solids Content: _____

E. LABORATORY CERTIFICATION:

I certify the above results are true and correct and analyses were conducted in accordance with EPA publication SW-846 "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods."

Signature of Laboratory Analyst: _____ Date: _____

ATTACH LABORATORY RESULTS

F. MATERIAL SAFETY DATA SHEET:

1. Attached Yes No

III. TRANSPORTER INFORMATION

A. HAULER IDENTIFICATION:

1. Hauler Name: Edmonson County Board of Education
2. Mailing Address: P. O. Box 129, Brownsville, KY 42210
3. Contact Person: Billy (Pete) Clemmons 4. Telephone: 597-2151

B. SECONDARY HAULER IDENTIFICATION:

1. Hauler Name: _____
2. Mailing Address: _____
- Contact Person: _____ 4. Telephone: _____

IV. LANDFILL INFORMATION

A. DISPOSAL SITE IDENTIFICATION:

- 1. Landfill Name: _____
- 2. Permit #: _____
- 3. Mailing Address: _____
- 4. Contact Person: _____
- 5. Telephone: _____

B. INSTRUCTIONS TO GENERATOR:

- 1. Time of Day Waste is to be Delivered: _____
 - 2. Special handling requirements: _____
- _____
- _____
- _____
- _____
- _____
- _____

Comments: _____

C. DISPOSAL METHOD:

- Bury in container
- Co-mix with garbage
- Bury at bottom of lift
- Per EPA asbestos procedure
- Other _____

D. LANDFILL CERTIFICATION:

I certify that I will not or if approved, will accept the waste described in Section I at the landfill named in Section IV.A. I propose to use the method of disposal described in Section IV. C. above. Failure to use the described, approved procedure may constitute illegal disposal. The waste to be received under this permit modification is compatible to the above mentioned landfill operation.

Signature of Authorized Agent for Landfill: _____ Date: _____

Name of Authorized Agent (Typed or Printed): _____ Title: _____

COMMONWEALTH OF KENTUCKY



Natural Resources and Environmental
Protection Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION FOR AIR QUALITY

This ASBESTOS ABATEMENT CERTIFICATE

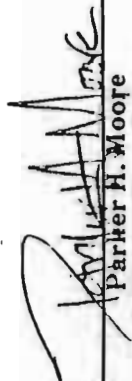
is awarded to
READ'S ASBESTOS REMOVAL/R. A. R., INC.


in recognition that their personnel listed below have demonstrated proficiency and have fulfilled the training required in 401 KAR 63:042.

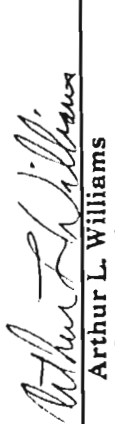
NAME	SOC. SEC. NO.	NAME	SOC. SEC. NO.
Donald Read	401-11-8705	Todd Read	401-11-9086
Edward Turner	246-25-0978		

This certificate is issued subject to the following conditions:

1. This entity shall comply with 401 KAR 57:011 and 401 KAR 63:042.
2. A person listed hereon must be on site during asbestos abatement activities.


Parter H. Moore
Asbestos Coordinator
EFFECTIVE DATE April 15, 1989


William C. Eddins
Director
DATE EXPIRES April 14, 1990


Arthur L. Williams
Commissioner

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
RONNIE WILKERSON
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
405-90-2737 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
TEDDY WILLIAMS
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
404-78-8459 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
HULBERT WILLIAMS
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
403-70-0282 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
KEVIN SHUGART
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
400-15-8451 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
WILLIAM BALLARD
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
406-74-3119 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
MARK EULTON
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
407-25-5719 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
MIKE WREN
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
404-02-8891 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
GARY MEDLEY
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.
406-74-3241 C. Fleischer
Card/SSN
Field Instructor
Merna Fowler
Training Director
1/15/89
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
OAKLEY BRATCHER
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
407-78-4576 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
EDWARD HOPPER
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
400-90-1575 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
JACKIE WALLACE
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
403-98-8997 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
JEFF HARRELL
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
308-76-7994 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
KEITH FULTON
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
401-17-5824 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
DANNY FROEDGE
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
404-19-0236 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
DENNIE LINDSEY
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
406-70-4320 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
MICHAEL KESSINGER
Has attended and satisfactorily completed all require-
ments of the Asbestos Worker Training Program.
406-86-5784 C. Fleischer
Card/SSN
Field Instructor
1/15/89
Date Valid for 12 months
Training Director
Marna J. Walker

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
JAMES NORRIS
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
400-86-5445
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
DONNIE GREENWELL
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
407-96-2898
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
KEITH FULTON
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
401-17-5824
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
EDWARD HOPPER
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
400-90-1575
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
JOHN READ
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
401-11-9124
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

NATIONAL ASBESTOS COUNCIL
THIS CERTIFIES THAT
GEGIL WHITLER
Has attended and satisfactorily completed all requirements of the Asbestos Worker Training Program.

C. FLEISCHER
Field Instructor
403-88-3485
Card/SSN

Merna Fulleketter
Training Director
4-10-88
Date valid for 12 months

3 Days-24hrs/AHERA

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Timmy Matthews
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0162

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Edward Hopper
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0165

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
James Reed
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0167

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Jeff Read
Asbestos Contractor/Supervisor
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. S88-12-0158

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Troy Ruppe
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0163

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Keith Fulton
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0166

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Eric Jessie
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0164

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Donald Read
Asbestos Contractor/Supervisor
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. S88-12-0157

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
John Read
Asbestos Worker
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Asbestos Worker
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. W88-12-0161

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Edward J. Turner
Asbestos Contractor/Supervisor
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Asbestos Contractor/Supervisor
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. S88-12-0160

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT
Todd Read
Asbestos Contractor/Supervisor
Has fulfilled the training requirements of 401 KAR 63:045 and is
ACCREDITED as an
Asbestos Contractor/Supervisor
Date Issued 12/28/88 Expires 12/27/89
Arthur L. Williams
Commissioner
Parker H. Moore
Asbestos Program Coordinator
No. S88-12-0159

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

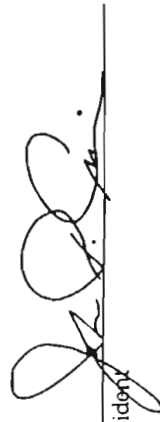
DONALD READ

has successfully completed

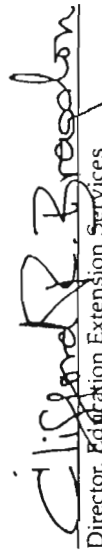
*Advanced Supervision of Asbestos
Abatement Projects:
Annual Update Course*

conducted by
GEORGIA TECH
EDUCATION EXTENSION
Atlanta, Georgia
DECEMBER 8-9, 1988





President



Director, Education Extension Services
Associate Vice President for Academic Affairs

The Georgia Institute of Technology

Donald Read

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

"ADVANCED SUPERVISION OF ASBESTOS ABATEMENT PROJECTS:
Annual Update Course"

856

Certificate Number

December 9, 1988

Date

December 9, 1989

Expiration Date



David W. Meyer
Course Director

Rebecca Bridel
Exam Administrator

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

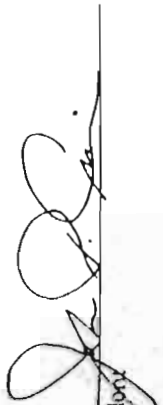
JEFF READ

has successfully completed


Advanced Supervision of Asbestos
Abatement Projects:
Annual Update Course

conducted by
GEORGIA TECH
EDUCATION EXTENSION
Atlanta, Georgia

DECEMBER 8-9, 1988



Resident



Director, Education Extension Services
Associate Vice President for Academic Affairs



The Georgia Institute of Technology

Jeff Read

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

"ADVANCED SUPERVISION OF ASBESTOS ABATEMENT PROJECTS:
Annual Update Course"

857

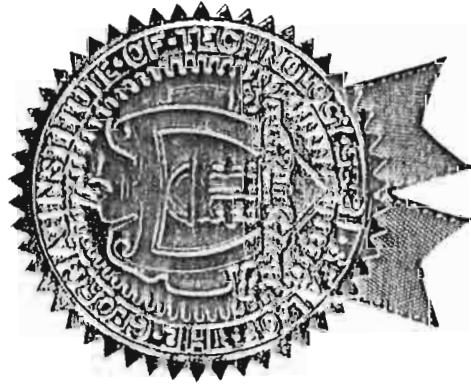
Certificate Number

December 9, 1988

Date

December 9, 1989

Expiration Date



David W. Nygen
Course Director

Rebecca A. Daidel
Exam Administrator

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

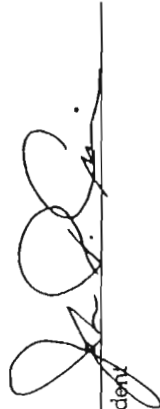
TODD READ

has successfully completed

*Advanced Supervision of Asbestos
Abatement Projects:
Annual Update Course*

conducted by
GEORGIA TECH
EDUCATION EXTENSION
Atlanta, Georgia

DECEMBER 8-9, 1988



President





Director, Education Extension Services
Associate Vice President for Academic Affairs

The Georgia Institute of Technology

Todd Read

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

"ADVANCED SUPERVISION OF ASBESTOS ABATEMENT PROJECTS:
Annual Update Course"

858

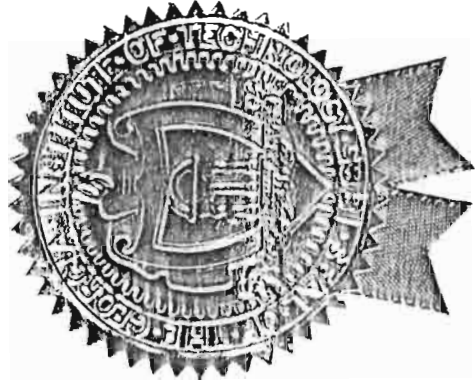
Certificate Number

December 9, 1988

Date

December 9, 1989

Expiration Date



David W. Myer
Course Director

Rebecca Diddel
Exam Administrator

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

EDWARD TURNER

has successfully completed

*Advanced Supervision of Asbestos
Abatement Projects:
Annual Update Course*

conducted by
GEORGIA TECH
EDUCATION EXTENSION
Atlanta, Georgia

DECEMBER 8-9, 1988



Dr. John F. Crecine
President



Dr. Clifford R. Bragdon
Director, Education Extension
Associate Vice President for Academic Affairs

The Georgia Institute of Technology

Edward Turner

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

“ADVANCED SUPERVISION OF ASBESTOS ABATEMENT PROJECTS:
Annual Update Course”

870

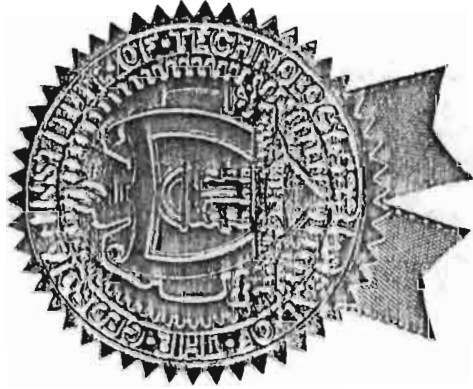
Certificate Number

December 9, 1988

Date

December 9, 1989

Expiration Date



David W. Meyer
Course Director

Rebecca Dwyer
Exam Administrator

Original Management Plan

OLD SUPT. OFFICE BUILDING WAS SOLD AT AUCTION
ON JULY 24 2001. THE EDMONSON COUNTY
BOARD OF EDUCATION NO LONGER OWNS
THIS UNIT.

LANNIE DEWEESE DESIGNEE LEA.

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACBM with potential for damage
- 6 - ACBM with potential for significant damage
- 7 - Any remaining friable ACBM or friable suspected ACBM

THERMAL(TSI)

SURFACING

MISC.

QUANTITIES

ASSESSMENT CATEGORY NO.

INST. PREVT. MEAS.

O & M PROGRAM

REPAIR

ENCAPSULATE

REMOVE

ISOLATE

OTHER

SCHEDULE START DATE

COMPL. DATE

Sq. Ft.

Lin. Ft.

FS#

MATERIAL TYPE

DESCRIPTION

HOMOGEN. AREA	FUNCT. SPACE	FS#	DESCRIPTION	THERMAL(TSI)	SURFACING	MISC.	Lin. Ft.	Sq. Ft.	ASSESSMENT CATEGORY NO.	INST. PREVT. MEAS.	O & M PROGRAM	REPAIR	ENCAPSULATE	REMOVE	ISOLATE	OTHER	SCHEDULE START DATE	COMPL. DATE
1			SHEETROCK			X		2090	5			X					7/9/89	ONGOING
2			BLOWN INSULATION			X		2090	5			X					7/9/89	ONGOING
3			INLAID LINOLEUM			X		72	5			X					7/9/89	ONGOING

RESPONSE ACTIONS RECOMMENDED BY MANAGEMENT PLANNER

10/2/88 DATE

SCHOOL: EDMONSON COUNTY SCHOOLS

SCHOOL NAME: EDMONSON COUNTY SCHOOLS

SCHOOL NO.: 999
LEA NO.: 151

CENTRAL OFFICE

MANAGEMENT PLANNER SIGNATURE

10/2/88 MANAGEMENT PLAN DATE

RESPONSE ACTION (RA)

USE ONE (1) SHEET FOR EACH DIFFERENT RESPONSE ACTION

- INSTITUTE PREVENTIVE MEASURES
- OPERATIONS & MAINTENANCE PROGRAM
- REPAIR
- ENCAPSULATE
- ENCLOSE
- REMOVE
- ISOLATE
- OTHER

DETAILED DESCRIPTION OF MARKED RESPONSE ACTION

1. INITIAL CLEANING
2. ADDITIONAL CLEANING AND REPAIRS AS NEEDED BUT AT LEAST ANNUALLY
3. STANDARD O & M PRACTICES TO BE FOLLOWED

LOCATIONS

LIST ALL HOMOGENEOUS AREA NOS.; FUNCTIONAL SPACE NOS. OR ATTACH DRAWING

- H.A.#1
- H.A.#2
- H.A.#3

REASONS

GIVE REASONS FOR SELECTING RESPONSE ACTION (RA) (IF RA IS DIFFERENT FROM RECOMMENDATIONS ON FORM 3.0 - LIST REASONS FOR CHANGE)

NECESSARY TO ASSURE THAT FIBERS ARE NOT RELEASED INTO THE AIR

SCHEDULE

STARTING DATE(S) & COMPLETION DATE(S) FOR RESPONSE ACTION

START JULY 9, 1989 COMPLETION-ON GOING UNLESS ASBESTOS IS REMOVED

RESOURCES NEEDED

LOCAL DISTRICT PERSONEL TRAINED IN THE O & M PROGRAM

RESPONSE ACTION TO BE IMPLEMENTED BY LEA

SCHOOL: CENTRAL OFFICE SCHOOL NAME 999 SCHOOL NO.

LEA: EDMONSON COUNTY SCHOOLS LEA NO. 151-

10/12/88
MANAGEMENT PLAN DATE

NOTIFICATION PLAN

- 1) A notice of the availability of the management plan will be given to all parent, teacher, and employee organizations and published in either an LEA newsletter or the newspaper of widest circulation for the school district beginning in October, 1988, and continuing annually thereafter. A dated copy of this notice is included in the appendix.
- 2) Written notice to workers and building occupants will be posted at entrances and other conspicuous places, and updated at least annually with information about inspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities that are planned or in progress.

PERIODIC SURVEILLANCE PLAN

TO BE CONDUCTED AT LEAST EVERY 6 MONTHS AFTER THE EFFECTIVE DATE OF THE MANAGEMENT PLAN

A person designated by the LEA superintendent shall perform the six month surveillance activities beginning in October, 1989, and every six months or less thereafter. He shall record the date of the surveillance, his name, and any observable changes in the condition of the material and submit this information to the LEA Designated Person, for inclusion in the management plan.

REINSPECTION PLAN

TO BE CONDUCTED EVERY 3 YEARS AFTER THE EFFECTIVE DATE OF THE MANAGEMENT PLAN

During the 1991-92 fiscal year and every 3 years thereafter the LEA will provide for reinspection of its buildings. The reinspection will be performed by accredited local school personnel or by an accredited contractor if trained local personnel are unavailable. A written inspection report will be provided to the LEA Designated Person for inclusion in the management plan.

FOLLOW-UP ACTIONS TO BE IMPLEMENTED BY LEA

SCHOOL: Central Office

999
SCHOOL NO

LEA: Edmonson County Schools

151
LEA NO

LEA NAME

10/12/88

MANAGEMENT PLAN DATE

BUILDING STATISTICS (OPTIONAL)

DATE BUILT _____ AREA NAME, ADDITION, WING, ETC. _____ USE _____ TOTAL AREA _____ FLOORS _____

NOTES: _____

CONSTRUCTION INFORMATION (OPTIONAL)

WALLS: Masonry Veneer Solid Masonry / Conc. Wood Other

FLOOR STRUCTURE: Wood Concrete Steel Other

ROOF STRUCTURE: Wood Concrete Steel Other

NOTES: _____

DOCUMENT SUMMARY (OPTIONAL)

Floor Plans Specifications Past Surveys Past Abatement Specifications

Sections Mech. Drawings In-House Sampling Reports Past Abatement Drawings

Finish Schedules As Built Drawings Past Abatement Projects

INSPECTION INFORMATION

ATTACH COPY OF TRAINING COURSE CERTIFICATE FOR EACH MEMBER

TEAM MEMBERS (PRINT OR TYPE) SIGNATURE

8/9/88 Stan Riggs _____ ACCREDITATION NO. 1117 TITLE Inspector

_____ Duane Trimble _____ VIIRK086260-26 Inspector

SURVEY DATE (S) _____

SURVEY TIME (S) _____

SCHOOL INFORMATION FORM

LEA: Edmonson County Schools LEA NO. 151

(OR BUILDING NAME) SCHOOL: Central Office LEA NAME

ADDRESS: P. O. Box 129, Brownsville, KY 42210 SCHOOL NAME

SCHOOL NO. 999

EXPOSURE CONSIDERATIONS

OPTIONAL (Rated 1 as Best & 5 as Worst)

A. DETERIORATION

G. LENGTH OF EXPOSURE

1. 1 HOUR/WEK
2. 5 HRS/WK
3. 10 HRS/WK
4. 20 HRS/WK
5. 40 HRS/WK

H. EXPOSURE POPULATION (Personnel)

1. MAINTENANCE ONLY
2. MAINT., CUSTODIAN
3. MAINT., CUST., FACULTY
4. MAINT., CUST., FAC., STUDENTS
5. MAINT., CUSTD., FAC., STDS., PUBLIC

ASSESSMENT CATEGORIES

- 1 - Damaged/significantly damaged TSI
- 2 - Damaged friable SURFACING ACM
- 3 - Significantly damaged friable SURFACING ACM
- 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
- 5 - ACM with potential for damage
- 6 - ACM with potential for significant damage
- 7 - Any remaining friable ACBM or friable suspected ACBM

SAMPLE NO.	BIA #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS								ASST. CAT.	QUANTITIES				TOTALS	
					A	B	C	D	E	F	G	H		LENGTH	WD.	DIA.	LF	SF	
1			All of Building											55	38				2090

AREAS INCLUDED IN HOMOGENEOUS AREA

MISCELLANEOUS QUANTITY CALCULATIONS

GRAND TOTAL

2090 SQ.FT.

2090 LIN.FT.

ACBM

CONFIRMED

ASSUMED

NO ACBM

F

NF

F

NF

SAMPLING DATE: 8/9/88

INSPECTOR: Stan Riggs Duane Trimble

SIGNATURE: *Stan Riggs*

LEA: Edmondson County Schools

SCHOOL: Central Office

SCHOOL NAME: Edmondson County Schools

SCHOOL NO.:

LEA NO. 151

INSPECTOR ASSIGNED NO. FOR CONTROL 999

BIA# BUILDING INSPECTION AREA NUMBER

LEGEND

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT

Thermal out

HOMOGENEOUS AREA FORM

LEGEND

Thermal(TSI)

SURFACING

MISC.

MAT. TYPE: Sheet Rock

HA: 151-999-1

DRAWING NO. 1

GENERIC

ASSIGNED

- EXPOSURE CONSIDERATIONS** - OPTIONAL (Rated 1 as Best & 5 as Worst)
- A. DETERIORATION
 - B. PHYSICAL DAMAGE
 - C. WATER DAMAGE
 - D. ACTIVITY/VIBRATION
 - E. EXPOSURE
 - F. ACCESSIBILITY
- G. LENGTH OF EXPOSURE**
1. 1 HOUR/WEK
 2. 5 HRS/WK
 3. 10 HRS/WK
 4. 20 HRS/WK
 5. 40 HRS/WK
- H. EXPOSURE POPULATION (Personnel)**
1. MAINTENANCE ONLY
 2. MAINT., CUSTODIAN
 3. MAINT., CUST., FACULTY
 4. MAINT., CUST., FAC., STUDENTS
 5. MAINT., CUSTD., FAC., STDS., PUBLIC

- ASSESSMENT CATEGORIES**
- 1 - Damaged/significantly damaged TSI
 - 2 - Damaged friable SURFACING ACM
 - 3 - Significantly damaged friable SURFACING ACM
 - 4 - Damaged or significantly damaged friable MISCELLANEOUS ACM
 - 5 - ACBM with potential for damage
 - 6 - ACBM with potential for significant damage
 - 7 - Any remaining friable ACBM or friable suspected ACBM

SAMPLE NO.	B/A #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS								ASMT. CAT.	QUANTITIES			TOTALS
					A	B	C	D	E	F	G	H		LENGTH	WD.	DIA.	
2			Attic											55	38		2090

AREAS INCLUDED IN HOMOGENEOUS AREA

MISCELLANEOUS QUANTITY CALCULATIONS

CONFIRMED ACBM: F NF ASSUMED ACBM: F NF

GRAND TOTAL: 2090 SQ.FT. LIN.FT. 2090

SAMPLING DATE: 8/9/88

INSPECTOR: Stan Riggs, Duane Trimble

SIGNATURE: *Stan Riggs*

LEA: Edmonson County Schools

SCHOOL: Central Office

LEA NO. 151

SCHOOL NO. 999

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT: Moved out

HOMOGENEOUS AREA FORM

LEGEND: B/M BUILDING INSPECTION AREA NUMBER

INSPECTOR ASSIGNED NO. FOR CONTROL: 151-999-1

HA: 2

ASSIGNED: 2

GENERIC:

THERMAL(TSI):

SURFACING:

MISC.:

MAT. TYPE: Blow insulation

- EXPOSURE CONSIDERATIONS** - OPTIONAL (Rated 1 as Best & 5 as Worst)
- A. DETERIORATION
 - B. PHYSICAL DAMAGE
 - C. WATER DAMAGE
 - D. ACTIVITY/VIBRATION
 - E. EXPOSURE
 - F. ACCESSIBILITY
- G. LENGTH OF EXPOSURE**
- 1. 1 HOUR/WEEK
 - 2. 5 HRS/WK
 - 3. 10 HRS/WK
 - 4. 20 HRS/WK
 - 5. 40 HRS/WK
- H. EXPOSURE POPULATION (Personnel)**
- 1. MAINTENANCE ONLY
 - 2. MAINT., CUSTODIAN
 - 3. MAINT., CUST., FACULTY
 - 4. MAINT., CUST., FAC., STUDENTS
 - 5. MAINT., CUSTD., FAC., STDS., PUBLIC

- ASSESSMENT CATEGORIES**
- 1. Damaged/significantly damaged TSI
 - 2. Damaged friable SURFACING ACM
 - 3. Significantly damaged friable SURFACING ACM
 - 4. Damaged or significantly damaged friable MISCELLANEOUS ACM
 - 5. ACM with potential for damage
 - 6. ACM with potential for significant damage
 - 7. Any remaining friable ACM or friable suspected ACM

SAMPLE NO.	BIA #	EXIST RM.#	INSPECTION AREA NAME	ASBESTOS TYPE/%	EXPOSURE CONSIDERATIONS					ASSMT. CAT.	QUANTITIES			TOTALS		
					A	B	C	D	E		F	G	H		LENGTH	WD.
	3		men & womens RRs.								5	12	6			72

AREAS INCLUDED IN HOMOGENEOUS AREA

MISCELLANEOUS QUANTITY CALCULATIONS

CONFIRMED ACBM: F NF NF X

ASSUMED ACBM: F NF NF X

NO ACBM:

GRAND TOTAL: 72 SQ.FT. 72 LIN.FT.

SAMPLING DATE: 8-9-88

INSPECTOR: Stan Riggs, Duane Trimble

SIGNATURE: *Stan Riggs* *Duane Trimble*

LEA: Edmonson County Schools LEA NAME: Edmonson County Schools LEA NO. 151

SCHOOL: Central Office SCHOOL NAME: Central Office SCHOOL NO. 999

MATERIAL DESCRIPTION / ADDITIONAL REASONS FOR ASSESSMENT: Green gold design

HOMOGENEOUS AREA FORM

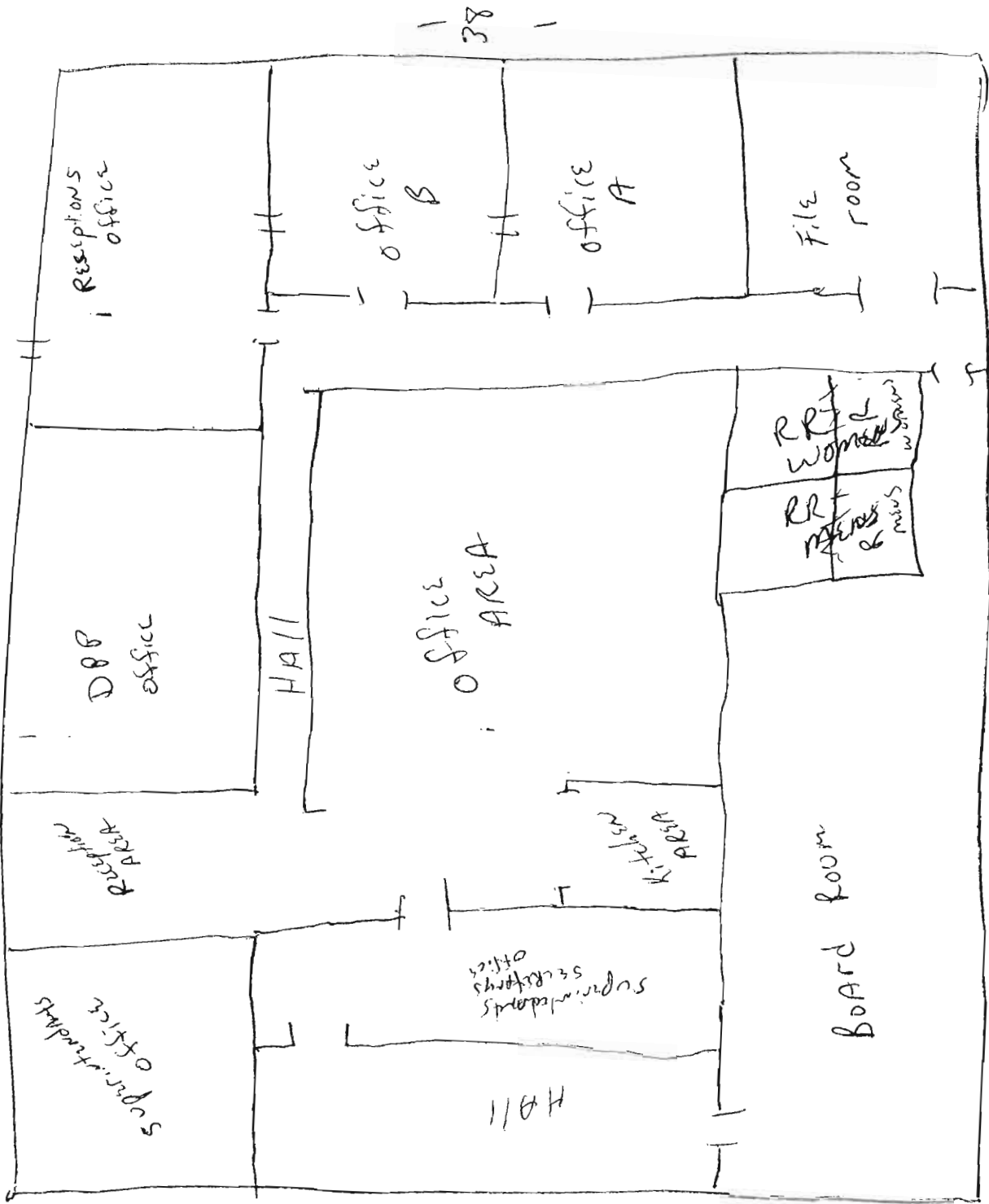
LEGEND: THERMAL(TSI) SURFACING MIS. X

MAT. TYPE: inlaid lineloum

DRAWING NO. 151-999-1 HA: 3

GENERIC: ASSIGNED:

CENTRAL OFFICES EDMONSON



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