

AHERA 3 Year Reinspection Report – 2001

Due **2004**

GENERAL INFORMATION AND INSTRUCTIONS: The information contained on this form will allow MacNeil Environmental, Inc. to access and record current status of asbestos containing building materials in schools. The actual U.S. Environmental Protection Agency (EPA) required reinspection date might differ from the due date of this form. According to the Federal Asbestos Hazard Emergency Response Act (AHERA) the reinspection must occur within three years of the implementation of effective date of the plan. Information contained on this form will be used for reports to the U.S. EPA. A separate form must be completed for each Local Education Authority (LEA)'s building. If more space is required than is provided on this form, please copy appropriate page and report additional data. Subsequent additional pages must be appropriately numbered in the space provided.

Where it is determined necessary to collect samples of previously assumed or newly identified Asbestos Containing Materials (ACM) sampling, analysis must be completed in accordance with 40 CFR Part 763.86 and 763.87. Required information not provided on this form must be prepared in acceptable format and included in the management plan.

The LEA's designated person should coordinate the completion of this form with appropriate sections completed by an accredited building inspector and management planner.

IDENTIFICATION INFORMATION

District/LEA Name: HULEHANSON PUBLIC SCHOOLS		Public School <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	District Number 423	District Type K-12
Building Name: HULEHANSON MADDIE SCHOOL			Reinspection Date 4/27/01	
Name of Designated Person – (School, Employer, Consultant)		Company Name:		Telephone #
Name of Building Inspector – (Please print name, including middle initial) Todd R. Peterson		Company Name: MacNeil Environmental, Inc.		Accreditation No. AI 8107
Complete Address: 12257C Nicollet Ave. S. Burnsville MN 55337		Company Name: MacNeil Environmental, Inc.		Accreditation No. Am 2750
Name of Management Planner (Please print name, including middle initial) Mar J. Durlong		Company Name: MacNeil Environmental, Inc.		Accreditation No. Am 2750
Complete Address: 12257C Nicollet Ave. S. Burnsville, MN 55337				

VERIFICATION OF DATA

I, the LEA Designated Person, by my signature, agree that information contained in this report is accurate and complete to the best of my knowledge.	Signature – Designated Person:	Date:
I hereby verify that the inspection information shown on this report is true and correct and reflects the actual condition of all asbestos-containing building materials in this building, at the time of the inspection.	Signature – State of MN Accredited Building Inspector: Todd R. Peterson	Date: 4/27/01
I hereby verify that the Management Planner's information shown on this report is true and correct and reflects the appropriate recommended response action for all asbestos-containing building materials in this building that are appropriately changed or amended at the time of the inspection.	Signature – State of MN Accredited Management Planner: Mar J. Durlong	Date: 5/06/01

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REINSPECTION STATUS

According to the AHERA some buildings may not require a 3-year reinspection by the due date on this form. If the building does not require "Reinspection" (verified by the LEA designated person), please check one of the following reasons or otherwise explain and return this report to the address listed on the top of page one.

- 1. Building was not constructed using asbestos-containing building materials (validated documentation sighted in Management Plan.)
- 2. All asbestos-containing building material has been removed from the facility.
- 3. Built after and verified as constructed without asbestos (validating documentation sighted in Management Plan.)
- 4. Original inspection completed after _____ - latest inspection was conducted / / (date).
- 5. Other: (Please explain) _____

3-Year REINSPECTION FINDINGS AND ASSESSMENT BY HOMOGENEOUS AREA

(Please make additional copies of this page for buildings with more homogeneous areas than spaces provided. Please number pages in the space below.)

LEA Name: HUTCINSON PUBLIC SCHOOLS	Building Name: HUTCINSON MIDDLE SCHOOL	Reinspection Date: 4/27/01	Page of: 1 of 1
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Homogeneous Area	Asbestos Containing Building Material				Type & Condition (check one per column)							
	Linear Ft.	Area Square Ft.	Assumed ACBM?		Friable ACBM?		Material Type TSI S Misc.	Damage Condition			Potential For Damage PD PSD	
			Yes	No	Yes	No		No	D	SD		
NO ACBM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ABOVE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: (Either response requires that inspectors SEE and TOUCH the material, as required by AHERA 40 CFR Part 763.85(b)(3)(U)
 (A response of "NO" indicates the material is confirmed ACBM and that adequate and proper sampling has been done)

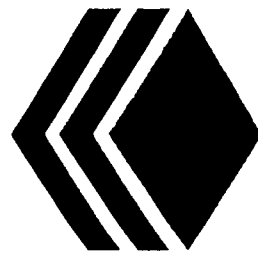
INSPECTOR'S COMMENTS OR MANAGEMENT PLANNER'S RECOMMENDATIONS

(Please make additional copies of this page for buildings with more homogeneous area comments than spaces provided.)

Please number additional pages below.

LEA Name: <i>HUTCHINSON PUBLIC SCHOOLS</i>		Building Name: <i>HUTCHINSON MIDDLE SCHOOL PUBLIC</i>		Reinspection Date: <i>4/27/01</i>
Homogeneous Area	Provide a Written Explanation of Changes, Corrections, Updates, or Extent of Damage as Compared to Data Contained in Original Inspection Findings	Estimated Cost to Remove & Replace	Recommended Response Action	
	<i>NONE</i>			
	<i>NO ACRBM USED</i>			

uu An accredited "Management Planner" must determine recommended response action. Appropriate response actions should be filled in using the following AHERA named response actions: REMOVE, ENCAPSULATION, REPAIR, OR OPERATIONS AND MAINTENANCE (O&M).



M · E · T · A

Mayhew Environmental Training Associates

I N C O R P O R A T E D



[Signature]
Commissioner of Health

MDH ASBESTOS
INSPECTOR

Certified by:
State of Minnesota
Department of Health
Expires: 09/13/2001

Todd Peterson
4832 Canterbury Rd
Mound, MN 55364

No. A18107 Issued: 11/28/2000

Certificate # 7ME09137202MNI008

This is to certify that

Todd Peterson

*has on 09/11/00 - 09/13/00, in EAGAN, MN
attended and successfully completed an*

Asbestos Inspector Initial Training Course

*as permitted by the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722 and which
meets the requirements of the U.S.E.P.A. and Section 206 of Title II of TSCA, 15 U.S.C. 2646*

CM = 1.0 PTS.

[Signature]
Instructor

[Signature]
President



Date of Exam: 09/13/00
Soc. Sec #: 472-84-2085
Accreditation Expires: 09/13/01

Certificate No: 5LM06130008MPR

Expiration Date: June 13, 2001

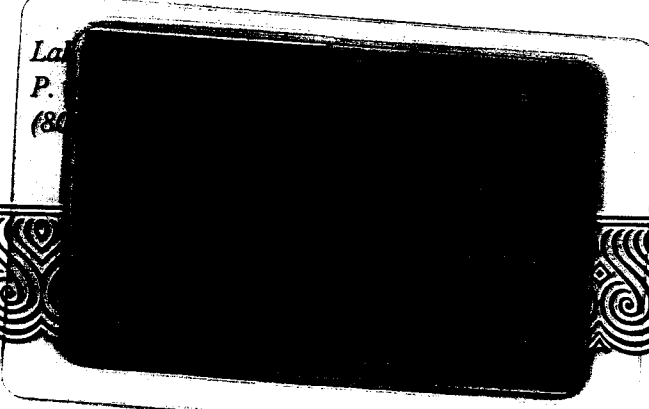
This is to certify that
Marc J. Dulong
has attended and successfully completed an
**ASBESTOS MANAGEMENT PLANNER
REFRESHER TRAINING COURSE**

permitted by
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722
and meets the requirements of
Section 206 of Title II of the Toxic Substances Control Act (TSCA)
conducted by

Lake States Environmental, Ltd.

in
White Bear Lake, MN on June 13, 2000

Examination Date: June 13, 2000


La
P.
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Training Instructor