# Richmond Free Library 201 Bridge Street Richmond, VT 05477

KAS #312210376

### PRE-RENOVATION ASBESTOS INSPECTION REPORT

January 21, 2022

**Prepared For:** 

Town of Richmond P.O. Box 285 Richmond, VT 05477



589 Avenue D, Suite 10 PO Box 787 Williston, VT 05495

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### I. INTRODUCTION

A pre-renovation inspection was conducted on January 6, 2022 at the Richmond Free Library building located at 201 Bridge Street, Richmond, Vermont ("property"). The inspection consisted of looking for asbestos containing materials (ACM) prior to planned renovations at the property. The asbestos inspection was conducted in accordance with the EPA Region 1 NESHAPS (40 CFR Part 61) and State of Vermont (V.S.A. Title 18, Chapter 26) requirements.

### 2. ASBESTOS INSPECTION SUMMARY

One three-story building resides at the property. The building was noted to be wood frame construction built on a concrete slab with an unfinished basement. The building is setup for use as the Town of Richmond library. The building appeared to be in overall good condition with no structural damage noted. The exact age of the structure is not known but it was likely built in the late 1800's or early 1900's with several renovations occurring over time.

A previous asbestos inspection was completed by Clay Point Associates, Inc. which was limited to specific building areas. KAS expanded upon this inspection to include all interior and exterior locations inside the building. KAS' inspection included obtaining seventeen (17) samples from suspect materials from inside and outside the building. The inspection is believed to have reasonably determined the extent of potential asbestos containing materials associated with the building.

The inspection found no ACM present. Table 1 on page 3 summarizes the inspection results.

#### 2.1 Asbestos Inspection Methods

This asbestos site inspection was conducted by EPA accredited, State of Vermont certified, asbestos inspectors generally in accordance with AHERA inspection guidelines and generally accepted procedures. Bulk sample analysis was conducted by a State of Vermont licensed laboratory Schneider Laboratories Global, Inc. of Richmond, VA. The inspectors possessed adequate experience, training and education to recognize potential ACM and to collect bulk samples of suspect materials for laboratory analysis. The asbestos inspection consisted of a visual and physical inspection of all building materials. Bulk samples were collected and analyzed from each suspect material found. Bulk samples of suspect ACM were analyzed for asbestos content using PLM methods (EPA 600/R-93/116 Method).

#### 2.2 Vermont Regulations for Asbestos Control (VRAC)

The Vermont Regulations for Asbestos Control, as authorized by 18 VSA Chapter 26, detail the procedures, regulations, certifications and licenses required when disturbance of asbestos containing materials occurs in the State of Vermont. In essence, any company, individual or organization that disturbs asbestos containing materials or provides asbestos consulting or laboratory services must be certified by the State of Vermont. Personnel who conducted the inspection, bulk sample collections and laboratory analysis were properly certified by the State of Vermont and also possess current EPA approved training in asbestos site inspections and asbestos laboratory analysis.



#### 2.3 Certification / Accreditation

Inspection Location: 201 Bridge St, Richmond, Vermont

Inspection Date(s): January 6, 2022

Buildings/Structures Inspected:

• Richmond Free Library

Inspector Certification/Accreditation:

The personnel who conducted the inspection/bulk sampling of the facilities hold the following Certification/Accreditation program requirements:

Inspector:

Jeremy Roberts:	Vermont Asbestos Inspector – Al684183
Amy King:	Vermont Asbestos Inspector - AI730216

Corporate and inspector licenses and certifications are contained in Appendix 1.

Asbestos bulk samples have been analyzed by Schneider Laboratories Global, Inc., Richmond, VA

#### 2.4 Asbestos Inspection Results

Building material/sample locations and specific results of the sampling and analysis and visual inspection are contained in Table 1 on page 3.

#### 3. **RECOMMENDATIONS**

Notification must be sent to Region 1 EPA in accordance with 40 CFR Part 61 subpart M and the State of Vermont in accordance with 18 VSA Chapter 26 at least 10 working days prior to start of any demolition or renovation activities (defined as disturbance of a load bearing structure).

Per the EPA Region I NESHAPS (40 CFR Part 61, paragraph 61.145) an informed on-site representative is required to be present during renovation activities to identify any unexpected materials that may be asbestos containing. This event is unlikely but the EPA requires it as a contingency. If found the discovered material must be presumed ACM and treated accordingly, or tested by a licensed inspector.



#### TABLE 1 – INSPECTION RESULTS RICHMOND FREE LIBRARY 201 BRIDGE STREET, RICHMOND, VT

Sample #	Location	Material	Analytical Results	Quantity/Condition
1, 2	Basement Entrance	Tar Wall Coating	No Asbestos Detected	~ 5 SF, No Damage
3, 4	Basement Entrance	Wall Caulking	No Asbestos Detected	~ 2 SF, No Damage
5, 6	1 <sup>st</sup> Floor Library	12"x12" Ceiling Tile	No Asbestos Detected	~ 500 SF, No Damage
7, 8, 9	1 <sup>st</sup> Floor Storage, 2 <sup>nd</sup> Floor	Wall Plaster	No Asbestos Detected	~ 1,000 SF, Damaged
10, 11	2 <sup>nd</sup> Floor Bathroom	Yellow 12"x12" Floor Tile with Mastic	No Asbestos Detected	~ 100 SF, Damaged
12, 13	Exterior Side Roof	Shingles / Tar Paper	No Asbestos Detected	~ 4 SF, No Damage
14, 15	Exterior Front Windows	Window Glaze	No Asbestos Detected	~ 4 SF, Significantly Damaged
16, 17	Exterior Front Window Frame	Caulking	No Asbestos Detected	~ 10 SF, Damaged



## Appendix A

## Certifications

#### **ASBESTOS CONSULTING ENTITY**

KAS INC. (3) 589 AVENUE D SUITE 10 WILLISTON, VT 05495

Vermont Department of Health Environmental Health P.O. Box 70 - Drawer 30 Burlington, VT 05402-0070

LICENSE: CE426622

EXPIRES: Thursday, February 24, 2022

CERTIFICATE OF LICENSE VERMONT ASBESTOS REGULATORY PROGRAM

THIS CERTIFICATE SHALL REMAIN IN FORCE UNTIL THE EXPIRATION DATE UNLESS REVOKED OR VOIDED BEFORE THAT TIME. THIS CERTIFICATE IS NOT TRANSFERABLE AND IS VALID ONLY FOR THE ABOVE PARTY.

COPY OF THIS CERTIFICATE MUST BE ON SITE AT ALL TIMES.

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COPY OF THIS CERTIFICATE MUST BE ON SITE AT ALL TIMES.

#### **ASBESTOS SITE INSPECTOR**

JEREMY ROBERTS 598 AVENUE D PO BOX 787 WILLISTON, VT 05495

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Vermont Department of Health Environmental Health P.O. Box 70 - Drawer 30 Burlington, VT 05402-0070 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

LICENSE: AI684183

EXPIRES: Sunday, April 10, 2022

CERTIFICATE OF LICENSE VERMONT ASBESTOS REGULATORY PROGRAM

THIS CERTIFICATE SHALL REMAIN IN FORCE UNTIL THE EXPIRATION DATE UNLESS REVOKED OR VOIDED BEFORE THAT TIME. THIS CERTIFICATE IS NOT TRANSFERABLE AND IS VALID ONLY FOR THE ABOVE PARTY.

COPY OF THIS CERTIFICATE AND PHOTO ID CARD MUST BE ON SITE AT ALL TIMES.



## Appendix B

### Laboratory Analytical Report

| SLI                                       | T                             | Analysis Repo                                  | 5C                    | <b>hneider Labora</b><br>2512 W. Cary Street • Richmo<br>304-353-6778 • 800-785-LABS |                                                                           |
|-------------------------------------------|-------------------------------|------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Customer:<br>Address:                     | 589 Av                        | nc. (4771)<br>venue D                          |                       | Order #:                                                                             | 454507                                                                    |
| Attn:                                     | Suite ?<br>Willist            | 10<br>on, VT 05495                             |                       | Received<br>Analyzed<br>Reported                                                     | 01/12/22<br>01/19/22<br>01/19/22                                          |
| Project:<br>Location:<br>Number:          |                               | ond Town Library<br>ridge Street Richm<br>0376 | iond, VT              |                                                                                      |                                                                           |
| Method:                                   | EPA 600/R                     | -93/116 & 40 CFF                               | R App. E Sub. E Pt. 7 | 63 PLM #                                                                             | Analysis                                                                  |
| Sample ID                                 | Collected                     | Cust. ID                                       | Location              | Asbestos Fibers                                                                      | Other Materials                                                           |
| <b>454507-001</b><br>Layer 1:<br>Black, B | 01/06/22<br>Tar<br>Situminous | 1                                              | Basement              | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |
| 454507-002                                | 01/06/22                      | 2                                              | Basement              |                                                                                      |                                                                           |
| Layer 1:<br>Black, B                      | Tar<br>lituminous             |                                                |                       | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |
| 454507-003                                | 01/06/22                      | 3                                              | Basement              |                                                                                      |                                                                           |
| Layer 1:<br>Gray, So                      | Caulk<br>oft                  |                                                |                       | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |
| 454507-004                                | 01/06/22                      | 4                                              | Basement              |                                                                                      |                                                                           |
| Layer 1:<br>Gray, So                      | Caulk                         |                                                |                       | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |
| 454507-005                                | 01/06/22                      | 5                                              | 1st FL Library        |                                                                                      |                                                                           |
| Layer 1:<br>Beige, F                      | Ceiling Ti<br>ibrous          | le                                             |                       | No Asbestos Detected                                                                 | 40% CELLULOSE FIBER<br>40% MINERAL/GLASS WOOL<br>20% NON FIBROUS MATERIAL |
| 454507-006                                | 01/06/22                      | 6                                              | 1st FL Library        |                                                                                      |                                                                           |
| Layer 1:<br>Beige, F                      | Ceiling Ti<br>ibrous          | le                                             |                       | No Asbestos Detected                                                                 | 40% CELLULOSE FIBER<br>40% MINERAL/GLASS WOOL<br>20% NON FIBROUS MATERIAL |
| 454507-007                                | 01/06/22                      | 7                                              | Storage 2nd FL        |                                                                                      |                                                                           |
| Layer 1:<br>Gray, G                       | Plaster<br>ranular            |                                                |                       | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |
| Layer 2:<br>White, 0                      | Skim Coa<br>Granular          | at                                             |                       | No Asbestos Detected                                                                 | 100% NON FIBROUS MATERIAL                                                 |

Reporting Limit: 1% Gravimetrically Reduced Reporting Limit: 0.01% PLM analysis is based on Visual Estimation and NESHAP recommends that any friable sample with an asbestos content less than 10 percent be verified by Point Count or TEM Analysis. The EPA recommends that any attic loose fill vermiculite should be treated as asbestos containing material. This report must not be reproduced except in full with the approval of the laboratory. The test results apply to the sample as received.

Project: **Richmond Town Library** Location: 201 Bridge Street Richmond, VT Number: 312210376

| Method: | EPA 600/R-93/116 & 40 CFR App. E Sub. E Pt. 763 |
|---------|-------------------------------------------------|
| method. | EFA 000/R-93/110 & 40 CFR ADD. E SUD. E FL 703  |

| Sample ID            | Collected            | Cust. ID | Location              | Asbestos Fibers               | Other Materials           |
|----------------------|----------------------|----------|-----------------------|-------------------------------|---------------------------|
| 454507-008           | 01/06/22             | 8        | Storage 2nd FL        |                               |                           |
| Layer 1:             | Plaster              |          |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| Gray, G              | ranular              |          |                       |                               |                           |
| Layer 2:<br>White, 0 | Skim Coa<br>Granular | at       |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| 454507-009           | 01/06/22             | 9        | Storage 2nd FL        |                               |                           |
| Layer 1:             | Plaster              |          |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| Gray, G              | ranular              |          |                       |                               |                           |
| Layer 2:<br>White, 0 | Skim Coa<br>Granular | at       |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| 454507-010           | 01/06/22             | 10       | 2nd FL Bath           |                               |                           |
| Layer 1:<br>Yellow,  | Tile<br>Organically  | Bound    |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| Layer 2:<br>Tan, So  | Mastic<br>ft         |          |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| 154507-011           | 01/06/22             | 11       | 2nd FL Bath           |                               |                           |
| Layer 1:             | Tile                 |          |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
|                      | Organically          | Bound    |                       |                               |                           |
| Layer 2:<br>Tan, So  | Mastic<br>ft         |          |                       | No Asbestos Detected          | 100% NON FIBROUS MATERIAL |
| 454507-012           | 01/06/22             | 12       | Outside Small Roof    |                               |                           |
| Layer 1:             | Shingle              |          |                       | No Asbestos Detected          | 5% CELLULOSE FIBER        |
| Black, E             | ituminous/           | Granular |                       |                               | 5% MINERAL/GLASS WOOL     |
|                      |                      |          |                       |                               | 90% NON FIBROUS MATERIAL  |
| -                    |                      | •        | ibsamples of each com | ponent were analyzed separate | ely.                      |
| Layer 2:             | Tar Pape             | r        |                       | No Asbestos Detected          | 65% CELLULOSE FIBER       |
| Black, F             | ibrous               |          |                       |                               | 15% MINERAL/GLASS WOOL    |
|                      |                      |          |                       |                               | 20% NON FIBROUS MATERIAL  |

Reporting Limit: 1% Gravimetrically Reduced Reporting Limit: 0.01% PLM analysis is based on Visual Estimation and NESHAP recommends that any friable sample with an asbestos content less than 10 percent be verified by Point Count or TEM Analysis. The EPA recommends that any attic loose fill vermiculite should be treated as asbestos containing material. This report must not be reproduced except in full with the approval of the laboratory. The test results apply to the sample as received.

Project:Richmond Town LibraryLocation:201 Bridge Street Richmond, VTNumber:312210376

| Sample ID  | Collected   | Cust. ID     | Location              | Asbestos Fibers             |       | Other Materials      |
|------------|-------------|--------------|-----------------------|-----------------------------|-------|----------------------|
| 454507-013 | 01/06/22    | 13           | Outside Small Roof    |                             |       |                      |
| Layer 1:   | Shingle     |              |                       | No Asbestos Detected        | 5%    | CELLULOSE FIBER      |
| Black, B   | lituminous/ | Granular     |                       |                             | 5%    | MINERAL/GLASS WOOL   |
|            |             |              |                       |                             | 90%   | NON FIBROUS MATERIAL |
| Sample     | was inhoi   | mogenous, sı | ibsamples of each com | ponent were analyzed separa | tely. |                      |
| Layer 2:   | Tar Pape    | r            |                       | No Asbestos Detected        | 65%   | CELLULOSE FIBER      |
| Black, F   | ïbrous      |              |                       |                             | 15%   | MINERAL/GLASS WOOL   |
|            |             |              |                       |                             | 20%   | NON FIBROUS MATERIAL |
| 454507-014 | 01/06/22    | 14           | Front Windows         |                             |       |                      |
| Layer 1:   | Glaze       |              |                       | No Asbestos Detected        | 100%  | NON FIBROUS MATERIAL |
| White, C   | Granular    |              |                       |                             |       |                      |
|            |             |              |                       |                             |       |                      |
| 454507-015 | 01/06/22    | 15           | Front Windows         |                             |       |                      |
| Layer 1:   | Glaze       |              |                       | No Asbestos Detected        | 100%  | NON FIBROUS MATERIAL |
| White, C   | Granular    |              |                       |                             |       |                      |
| 454507-016 | 01/06/22    | 16           | Front Wood Area       |                             |       |                      |
| Layer 1:   | Glaze       | -            |                       | No Asbestos Detected        | 100%  | NON FIBROUS MATERIAL |
| •          | e, Granula  | r            |                       |                             |       |                      |
|            | ,           |              |                       |                             |       |                      |
| 454507-017 | 01/06/22    | 17           | Front Wood Area       |                             |       |                      |
| Layer 1:   | Glaze       |              |                       | No Asbestos Detected        | 100%  | NON FIBROUS MATERIAL |
| Off Whit   | e, Granula  | r            |                       |                             |       |                      |

Total layers analyzed on order: 24

Analyst Mohammed Hashim

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Reviewed By: Virginia Thrasher Approved Signatory

Reporting Limit: 1% Gravimetrically Reduced Reporting Limit: 0.01% PLM analysis is based on Visual Estimation and NESHAP recommends that any friable sample with an asbestos content less than 10 percent be verified by Point Count or TEM Analysis. The EPA recommends that any attic loose fill vermiculite should be treated as asbestos containing material. This report must not be reproduced except in full with the approval of the laboratory. The test results apply to the sample as received.



### SCHNEIDER LABORATORIES GLOBAL, INC.

2512 West Cary Street, Richmond, Virginia 23220-5117 804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475 www.slabinc.com e-mail: info@slabinc.com

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| Submitting Co.<br>KAS, Inc.                                                                 |                                                                   |                                                |                                                      | Lab WO#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                | Phone                         | 802-38                             | 33-0486                               |                            | 03.1.24802         | 1                  |                   |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------|------------------------------------|---------------------------------------|----------------------------|--------------------|--------------------|-------------------|
| 589 Avenue D, Suite 10                                                                      |                                                                   |                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Acct#                                                                                  | 4771                                                                           |                               | Fax /<br>Email                     | lorom                                 | JeremyR@kas-consulting.com |                    |                    |                   |
| Williston, VT 054                                                                           |                                                                   |                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **State of<br>Collection                                                               |                                                                                |                               | **Cert.<br>Require                 |                                       |                            |                    |                    |                   |
| Project Name:                                                                               | Richmo                                                            | nd Tov                                         | wn Library                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Special Instructions [include requests for special reporting or data packages] |                               |                                    |                                       |                            |                    |                    |                   |
| Project Location:                                                                           |                                                                   |                                                |                                                      | ond. VT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | See attac                                                                      | hed chai                      | in of custo                        | dy                                    |                            |                    |                    |                   |
| Project Number:                                                                             |                                                                   |                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
| PO Number:                                                                                  |                                                                   |                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                |                               |                                    |                                       | -                          |                    |                    |                   |
| Turn Around Tin                                                                             | ne (TAT)                                                          | N                                              | latrix / Sample                                      | Type (Select ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        | -                                                                              | Te                            | sts / Analyte                      | <u>s (Select /</u>                    | ALL that A                 | pply)              |                    |                   |
| 2 hours*                                                                                    |                                                                   | All<br>matrix                                  | samples on for                                       | m should be of SAME<br>ditional forms as needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BER .                                                                                  | Asbestos in                                                                    | Air                           |                                    | stos in B                             | ulk                        | ٨                  | letals-Tota        |                   |
| 🗖 Same day* †                                                                               |                                                                   | maanz                                          |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | I (NIOSH 740                                                                   | 0)                            |                                    |                                       |                            | Lead               |                    |                   |
| 🔲 1 business day*                                                                           | 1                                                                 | 🗆 Air                                          |                                                      | X Solid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TEM                                                                                    | (AHERA)                                                                        |                               | PLM (Poi                           | nt Count)                             |                            |                    | letals             | e newsona i secta |
| 2 business days                                                                             | s* †                                                              | 🗖 Aqu                                          | eous                                                 | ☐ Waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TEM                                                                                    | (EPA Level                                                                     | II)<br>                       | PLM (Qu                            | alitative or                          | nly)                       |                    | TCLP               |                   |
| 🔲 3 business days                                                                           | s* †                                                              | 🗖 Bulk                                         |                                                      | Wastewater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mi                                                                                     | scellaneous                                                                    | Tests                         | D NYELAP                           |                                       |                            | TCLP / L           | ead                |                   |
| 🔀 5 business days                                                                           | s* †                                                              | 🗖 ні-V                                         | ol Filter (PM10)                                     | Water, Drinking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                                                                  | l Dust (NIOS                                                                   | H 0500)                       | CAELAP                             | (Point Co                             | unt)                       | TCLP / RCRA Metals |                    |                   |
| * Not available for all                                                                     | tests                                                             | D Hi-v                                         | ol Filter (TSP)                                      | Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Resp                                                                                   | b. Dust (NIO                                                                   | SH 0600)                      | TEM (Ch                            | atfield)                              |                            |                    |                    |                   |
| A job received past                                                                         |                                                                   | 🗖 oil                                          |                                                      | 🗋 Wipe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 🗖 Silica                                                                               | a - FTIR (NIC                                                                  | SH 7602)                      |                                    |                                       |                            |                    |                    |                   |
| † will begin its TAT the<br>next business day                                               | 16                                                                | 🛛 Pain                                         | t                                                    | Wipe, Composite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 🗖 Silica                                                                               | Silica - XRD (NIOSH 7500)                                                      |                               | FOR ASBESTOS AIR:                  |                                       |                            | BACT (MPN & P/A)   |                    |                   |
| Schedule rush orgar                                                                         | nics, multi-                                                      | Slud                                           | ge                                                   | □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                      |                                                                                |                               | TYPE OF RI                         | ESPIRATO                              | )R                         | Mold Dir           | ect Exam           | ·                 |
| advance.                                                                                    | i lesis ili                                                       | D Soil                                         | real and the s                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                |                               | USED:                              |                                       |                            |                    |                    |                   |
|                                                                                             | <ul> <li>Pro-Status</li> </ul>                                    | ate                                            | Time                                                 | Sample Ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                                                | Wiped                         | _pH /                              |                                       | ime <sup>2</sup>           |                    | (Rate <sup>3</sup> | Total⁴            |
| Sample #                                                                                    | Sam                                                               | pled**                                         | Sampled**                                            | (Employee, SSN, Blo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dg, Materi                                                                             | al, Type')                                                                     | Area (ft <sup>2</sup> )       | Temp *                             | Start                                 | Stop                       | Start              | Stop               | Air               |
|                                                                                             |                                                                   |                                                |                                                      | 0 044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    | 1.1.1              | · · · ·           |
|                                                                                             |                                                                   |                                                |                                                      | See Att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ached                                                                                  |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See Απ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ached                                                                                  |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | <u>.</u>                                                                       |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |                               |                                    | · · · · · · · · · · · · · · · · · · · |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ached                                                                                  | · · · · · · · · · · · · · · · · · · ·                                          |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | · · · · · · · · · · · · · · · · · · ·                                          |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | · · · · · · · · · · · · · · · · · · ·                                          |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | · · · · · · · · · · · · · · · · · · ·                                          |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      | See An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
|                                                                                             |                                                                   |                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                |                               |                                    |                                       |                            |                    |                    |                   |
| ,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>, | All soil and a                                                    | aueous sa                                      | moles must be se                                     | Excursion <sup>2</sup> Beginning/End of and in adequate quantity for di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of Sample Pe                                                                           | sis to be perfo                                                                | med per EPA                   | requirements.                      | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |
| ,<br>                                                                                       | All soil and a<br>due to a                                        | queous sa<br>lack of sa                        | moles must be se                                     | Excursion <sup>2</sup> Beginning/End of<br>ent in adequate quantity for du<br>lead to a disclaimer on the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of Sample Pe<br>uplicate analy<br>aport. All pro                                       | vsis to be perfo<br>blem jobs with                                             | med per EPA                   | requirements. I<br>esponse held ov | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |
| S                                                                                           | All soil and a<br>due to a<br>ampled t                            | queous sa<br>lack of sa<br><b>)y</b>           | amples must be se<br>mple quantity, wili             | Excursion <sup>2</sup> Beginning/End of a disclaimer on the result of the result o | of Sample P<br>uplicate analy<br>eport. All pro<br>ed to lab                           | vsis to be perfo<br>blem jobs with<br>by                                       | med per EPA<br>out customer n | requirements. I<br>esponse held ov | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |
| NAME                                                                                        | All soil and a<br>due to a                                        | queous sa<br>lack of sa<br><b>)y</b>           | amples must be se<br>mple quantity, will<br>S        | Excursion <sup>2</sup> Beginning/End of<br>ant in adequate quantity for do<br>lead to a disclaimer on the re<br>Relinquishon<br>NAMEJeren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Sample Pe<br>uplicate analy<br>eport. All pro<br>ed to lab                          | vsis to be perfo<br>blem jobs with<br>by                                       | med per EPA<br>out customer n | requirements. I<br>esponse held ov | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |
| NAME                                                                                        | All soil and a<br>due to a<br>ampled t<br>Jeremy                  | queous sa<br>lack of sa<br><b>by</b><br>Robert | amples must be se<br>mple quantity, will<br>S        | Excursion <sup>2</sup> Beginning/End of<br>ent in adequate quantity for du<br>lead to a disclaimer on the re<br>Relinquisho<br>NAMEJeren<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of Sample P<br>uplicate analy<br>eport. All pro<br>ed to lab<br>ny Rober               | vsis to be perfo<br>blem jobs with<br>by<br>'ts                                | med per EPA<br>out customer n | requirements. I<br>esponse held ov | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |
| NAME                                                                                        | All soil and a<br>due to a<br><b>ampled t</b><br>Jeremy<br>1/6/20 | queous sa<br>lack of sa<br><b>by</b><br>Robert | imples must be se<br>mple quantity, will<br>s<br>:30 | xcursion <sup>2</sup> Beginning/End d<br>ant in adequate quantity for du<br>lead to a disclaimer on the re<br>Relinquisho<br>NAMEJeren<br>SIGNATURE<br>DATE / TIME1/7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of Sample Pe<br>uplicate analy<br>eport. All pro<br>ed to lab<br>ny Rober<br>7/2022 13 | vsis to be perfo<br>blem jobs withd<br>by<br>'ts<br>3:21                       | For Lat                       | requirements. I<br>esponse held ov | ailure to pe                          | erform a sam               | ple duplicate ar   | nalysis,           |                   |

KAS, INC., P.O. BOX 787, WILLISTON, VT 05495 (802) 383-0486 VERMONT ASBESTOS CONSULTING ENTITY LICENSE CE615423

| OJECT NO.: <u>312210376</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _SAMPLER:Jeremy Roberts                          | SIGNATURE:        | Mr.                 |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|---------------------|----------|
| IENT:Town of Richmond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                   | Richmond Town L     | brary    |
| Richmond, VT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                   | 201 Bridge St       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                   | Richmond, VT        |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                   |                     |          |
| MPLE TYPE:Bulk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | TURNAROUND TIME:  | Standard per job    | terms    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SAMPLE LOCATION                                  | BUILDING SURFACE  | AMOUNT              | DAMAGE   |
| $\frac{1}{100} = \frac{1}{100} = \frac{1}$ | Bosement                                         | Tac               | NS fores            | WD       |
| 2. 2. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                   |                     | V        |
| 2] 3 1/2/22 PLM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Basement                                         | Cours             | w2 54 6+            | ND       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                   | $\vdots \checkmark$ |          |
| 31: 5:116/22 PLM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1571 librery                                     | 12x12 Certing til | es: ~500 586t       |          |
| 3 5 116/22 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | ¥ 3               |                     |          |
| 11 7 116/22 PLM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Stokacye - 2nd Flock                             | Plaster           | N10005864           | ND       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : 1<br>: 1                                       | · \               | :                   | : \      |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                   |                     | $\cdot$  |
| 51 KD 116/22 PLV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2nd Floor-Bath                                   | 12×12 yellow tile | N100 58 6+-         | D        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                   | : V                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : • • • • • • • • • • • • • • • • • • •          | :                 |                     | :        |
| m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                   | <br>                | <br>IME: |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  | VED BY:           | DATE/               | IMER:    |
| 2) PLM EPA 600-93/116<br>3) Vermont samples                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eneous area to first positive only<br>5, EPA 400 |                   |                     | . *      |

### KAS, INC., P.O. BOX 787, WILLISTON, VT 05495 (802) 383-0486 VERMONT ASBESTOS CONSULTING ENTITY LICENSE CE615423

| PROJECT NO .:      | 312210376                                                                                              | _SAMPLER:Jeremy Roberts               | SIGNATURE:                            |                    |           |
|--------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|--------------------|-----------|
| CLIENT:            | Town of Richmond                                                                                       |                                       |                                       | Richmond Town Li   | ibrary    |
|                    | Richmond, VT                                                                                           | · · · · · · · · · · · · · · · · · · · |                                       | 201 Bridge St      |           |
| · . · .            |                                                                                                        |                                       |                                       | Richmond, VT       |           |
|                    | · · · · ·                                                                                              |                                       | · · · · · · · · · · · · · · · · · · · |                    |           |
| SAMPLE TYPE:       | Bulk                                                                                                   |                                       | TURNAROUND TIME:                      | Standard per job t | terms     |
| HA :SAMPLE #       |                                                                                                        | SAMPLE LOCATION                       | BUILDING SURFACE                      | AMOUNT             | DAMAGE    |
| 6112               | 116/22 PLM                                                                                             | article - Small Rock                  | Shinglest Tax Pap                     | er NY SQ6+         | ND        |
| : 13               |                                                                                                        |                                       |                                       | <u> </u>           | $\sim$    |
| 7:14               | 116/22 pm                                                                                              | front windows                         | Glare                                 | Ny beens           | 50        |
| 15                 |                                                                                                        |                                       | $\sim$                                | $\sim$             |           |
| 8:16               | 11622 PLM                                                                                              | - foot wood cuce                      | cilcere                               | NODer              |           |
|                    |                                                                                                        | : V                                   |                                       | $\sim$             | $\sim$    |
| •                  | · · · · · · · · · · · · · · · · · · ·                                                                  |                                       |                                       |                    |           |
| •                  | · · · · · · · · · · · · · · · · · · ·                                                                  |                                       |                                       | •                  | •         |
| :                  | • •                                                                                                    | •                                     |                                       | :                  | •         |
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| : :                | <u>: :</u><br>: :                                                                                      |                                       |                                       | •                  | ·         |
| ::<br>RELINQUISHED | BY: M                                                                                                  |                                       | /ED BY:                               | DATE/ T            | :<br>IME: |
| RELINQUISHED       | BY:                                                                                                    |                                       | /ED BY:                               | DATE/ T            | IMER:     |
| COMMENTS:          | <ul> <li>2) PLM EPA 600-93/116,</li> <li>3) Vermont samples</li> <li>4) HA – homogeneous ar</li> </ul> |                                       | 6 positive for 400 point count        |                    |           |

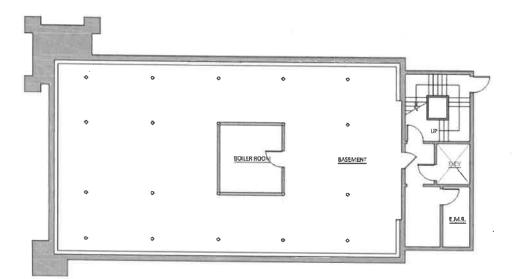


## Appendix C

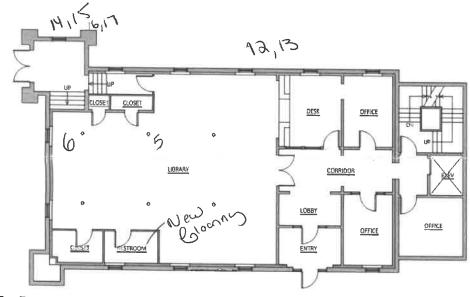
## **Building Plans with Sample Locations**

# RFP Attachment #1 - Building Floor Plans Not to Scale

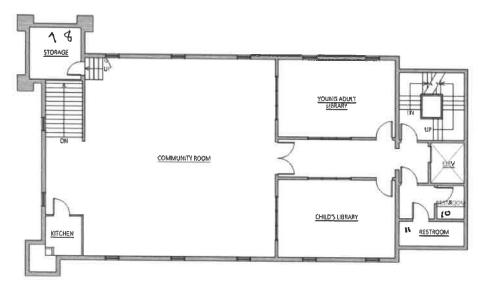
## Library



**Basement Level Floor Plan** 



First Floor Plan



Second Floor Plan



