



Alamance-Burlington School System

1712 Vaughn Road, Burlington, North Carolina 27217
336.570.6060 Fax 336.570.6540
www.abss.k12.nc.us

Todd Thorpe, Ed. D.
Assistant Superintendent for Operations

W. Bruce Benson, Ed. D.
Superintendent

TO: Kaye Thibodeaux, District Supervisor, Occupational Safety and Health Division
FROM: Todd Thorpe, Assistant Superintendent of Operations
RE: Complaint Number 209636778
Date: June 17, 2019

Please find attached Alamance-Burlington School Systems response to the above referenced complaint.

If additional information is needed please contact Todd Thorpe, Assistant Superintendent of Operations.

Contact Information:

Phone: 336-380-7856

Email: todd_thorpe@abss.k12.nc.us



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TO: Kaye Thibodeaux, District Supervisor, Occupational Safety and Health Division

FROM: Todd Thorpe, Assistant Superintendent of Operations

RE: Complaint Number 209636778

Description of the Facility

The Sellars-Gunn Education Center was built in 1931 and is a hub for several services offered by the Alamance-Burlington School System. This facility provides space for services for different age groups that vary based upon student needs. Typically, Pre-Kindergarten parents remain at the center while their child is being assessed for services or receiving therapy. Parents are provided an observation/waiting area during these sessions. Extended school year services are provided in the facility for school-aged students and do not require parent attendance. Areas of the building are also used for offices, conference space, and storage. Approximate times for these services range from forty-five minutes to three and a half hours.

Hazard Descriptions and Responses:

1. There is a concern that employees are exposed to asbestos in area that preschool is taught. It is exposed and dust is falling from the ceiling.

Response:

Please see above for a detailed description of how the facility is used. As of April 2019, Mr. William Perry, Environmental Health and Safety Manager, documented no change in conditions of areas noted in the AHERA Management Plan. The staff has recently reported floor tiles that have come loose due to water remaining on the vinyl composite tile until the mastic released the tile. Repair work orders have been submitted to our maintenance department. The expected repairs will be accomplished through abatement and disposal from a licensed independent abatement contractor to avoid future concerns. At this point, no grinding, sanding, or other invasive action has occurred to create a fibrous release. This facility has recently been a part of a light replacement program using retro kits and/or LED lighting components that were noninvasive to the current structure. The AHERA report provided by ALIS Environmental does not indicate hazardous material in the ceiling with the exception of old shop areas that are currently being used for storage.

2. The walls and windows have visible mold in areas that have not been renovated, which is causing respiratory and sinus illnesses to employees.

Response:

The age of the HVAC and the quality of the windows in this particular building cause condensation to occur in and around the windows and windowsills. The contract custodial staff has been directed to provide better cleaning in these areas to avoid any opportunity for a hazard to occur. A concern was noted in Room 48, the audiology office. Wallpaper was removed, walls were cleaned, prepped, primed, and repainted to avoid future issues.

Mr. Perry has conducted a humidity evaluation to determine the potential for mold growth. The relative humidity value in different areas throughout the building has been within normal limits: 48-50 percent with no air conditioning and a room air temperature of 75 degrees. According to his expertise, this does not support mold growth. There have not been any worker comp claims filed for any type of illnesses from workers in this building.

3. The building is infested with bats, cockroaches and termites, which is causing concerns for health issues from being exposed to bat feces and bug infestation.

Response:

The Alamance-Burlington School System has contracted with Hodge Pest Control to manage our Integrated Pest Management Program. The school system also works with Wildlife Nuisance Control for bat removal as well as other wildlife removal.

According to Wildlife Nuisance Control, three bats have been removed this school year. Typically, all reported bats are removed within 24 hours. It appears that bats have entered the building through windows that were not properly secured at night. According to Mr. Perry no bat feces has been observed nor reported.

As a component of the Integrated Pest Management, Hodge Pest Control applies monthly treatment to the buildings and applies extra treatments as needed according to the North Carolina IPM guidelines. A termite issue was noted and treated on May 15, 2019. There have been no additional complaints of termites. Two Integrated Pest Management reports for ants are on file and the areas reported were treated with no additional concerns or complaints.

Conclusion:

The school system has taken appropriate pro-active and responsive actions to manage the Sellars-Gunn facility in compliance with applicable laws and regulations. The school system takes the health of its students, employees, and visitors with the highest degree of seriousness. The school system respectfully requests that this Complaint be dismissed.



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Assistant Superintendent for Operations

W. Bruce Benson, Ed. D.
Superintendent

Hazzard Description:

There is a concern that employees are exposed to asbestos in areas where preschool is taught. It is exposed and dust is falling from the ceiling.

Attachments:

AHERA Management Plan

Map of Area of Concern

Work order submitted to maintenance

LEA: Alamance-Burlington School System
State System #: 010
Address: 1712 Vaughn Road
Burlington, North Carolina 27215
County: Alamance
Telephone: 336.570.6090

AHERA MANAGEMENT PLAN COVER SHEET

Management Plan Submission: Original Resubmittal New Building Reinspection

List of Documents Attached:

School Buildings
 Preventive Measures and Response
Actions Scheduled
 Response Actions Recommended
Operations and Maintenance Plan

Periodic Surveillance Plan
Reinspection Plan
 Assessment of Materials
 Description of Each Sample Area
 Determination of Sampling Locations

Bulk Sample Analysis Form
Resources Needed
Steps to Inform Others
 Reinspection Report

LEA AHERA DESIGNEE

Typed Name: William Perry Name of Training Course: AHERA LEA Designee Training Class
Mailing Address: 1712 Vaughn Road Year 2016 Month Sept Day 26/27 Total Hours of Course 16
Burlington, North Carolina 27215 Name of Training Agency: NCDHHS

MANAGEMENT PLANNER

Typed Name: James P. McManus Signature: *James P. McManus* Date: 10/18/2016
NC Accreditation Number: 21007 Agency: E I Group, Inc.

INSPECTOR

Typed Name: James P. McManus Signature: *James P. McManus* Date: 10/18/2016
NC Accreditation Number: 11697 Agency: EI Group, Inc.

For persons who performed inspections, and recommend(ed) design, or carry out response actions (except for operations and maintenance) the local education agency used or will use persons who have been accredited by the State of North Carolina under Article 19, G.S. 130A-447 and 15A NCAC 19C .0602(e) of the Asbestos Hazard Management Program Rules. In addition, the LEA has considered whether any conflict of interest may arise from the interrelationship among accredited personnel, such as abatement activities being performed by an inspector or management planner, and whether that should influence the selection of accredited personnel to perform activities under this AHERA Program.

The signatories below certify that the general local education agency responsibilities, as stipulated by Part 763.84 have been met or will be met.

Signature: *William Perry*
LEA AHERA Designee

Signature: *William C Harrison*
LEA Superintendent

Date: 11-30-16

Dr. William Harrison
Typed Name of Superintendent

Date: 12/2/16

FOR REVIEWING AGENCY USE ONLY

Accepted
 Returned for Reasons Stated Below

Reviewer's Signature: _____

Date: _____

LEA/System #: Alamance-Burlington School System #010
 School Name and No.: Sellers-Gunn Education Center
 Building(s): All

AHERA REINSPECTION REPORT

School Address: 612 Apple St. Burlington, NC 27215
 Reinspection Date: 8/11/2016

All previously identified or newly discovered friable and nonfriable asbestos containing building material (ACBM) has been reinspected/assessed and findings specified below:

1. BUILDING AND FUNCTIONAL SPACE	2. HGA ID	3. MATERIAL DESCRIPTION (Friable/Nonfriable)	4. ASSESSMENT			5. RESPONSE ACTION Description	Begin/End Dates
			a. No Change	b. Condition Code	c. Comments		
Throughout Gym	AR	F TSI Pipe and Fitting Insulation	X	5	1,000 SF	Continue O&M	Ongoing
Classrooms	AD	NF Misc 9" Floor Tiles			Removed		
Shop Office Area	AM	F SUR Spray-on Ceiling Texture	X	5	2,000 SF	Continue O&M	Ongoing
Mechanical Eq. Room Over Stage	AN	NF Misc Vibration Dampeners	X	5	73 SF	Continue O&M	Ongoing
Throughout Basement	AP	F TSI Pipe and Fitting Insulation (steam)	X	5	1,500 LF	Continue O&M	Ongoing
Vocational Classroom Building	AC	NF Misc 9" Floor Tile	X	5	3,800 LF	Continue O&M	Ongoing
Mental Health Center, Warehouse	AB	NF Misc 9" Floor Tile			4,000 SF remains. Removed from carpentry shop and storage	Continue O&M	Ongoing
Storage and Carpentry Shop	AH	F SUR Ceiling Plaster	X	5	11,461 SF	Continue O&M	Ongoing
2nd Flr. Offices and Restrooms	AF	NF Misc Linoleum			Removed		
Boiler Room	AT	F TSI Tank Insulation	X	5	90 SF	Continue O&M	Ongoing
	AZ	F TSI Pipe and Fitting Insulation	X	5	200 LF	Continue O&M	Ongoing

INSPECTOR: Typed Name: James P. McManus Signature: James P. McManus Date: 10/18/2016
 NC Accreditation Number: 11697
 LEA DESIGNEE: Typed Name: William Perry Signature: _____ Date: _____

MANAGEMENT PLANNER: Typed Name: James P. McManus Signature: James P. McManus Date: 10/18/2016
 NC Accreditation Number: 21007



Bulk Asbestos Analysis

By Polarized Light Microscopy
EPA Method: 600/R-93/116 and 600/M4-82-020



NVLAP Lab Cnd: 200644-0

Customer: ALIS Environmental
PO Box 6
Pinnacle, NC 27043

Attn: Jim McManus

Lab Order ID: 1615885

Analysis ID: 1615885_PLM

Date Received: 8/15/2016

Date Reported: 8/16/2016

Project: Sellers Gunn ABSS AHERA 201-1608-01

Sample ID	Description	Asbestos	Fibrous Components	Non-Fibrous Components	Attributes
Lab Sample ID	Lab Notes				Treatment
1-1 - A	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	None Detected		100% Other	White, Gray, Green Non Fibrous Homogeneous
1615885PLM_1	tile				Dissolved
1-1 - B	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	4% Chrysotile		96% Other	Black Non Fibrous Homogeneous
1615885PLM_6	mastic				Dissolved
1-2 - A	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	None Detected		100% Other	White, Gray, Green Non Fibrous Homogeneous
1615885PLM_2	tile				Dissolved
1-2 - B	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	4% Chrysotile		96% Other	Black Non Fibrous Homogeneous
1615885PLM_7	mastic				Dissolved
1-3 - A	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	None Detected		100% Other	White, Gray, Green Non Fibrous Homogeneous
1615885PLM_3	tile				Dissolved
1-3 - B	12x12 FT, White, Gray & Green Streaks, Tan Adhes.	None Detected		100% Other	Tan Non Fibrous Homogeneous
1615885PLM_8	mastic				Dissolved
2-1 - A	12x12 FT, Blue Mottled, Tan Adhesive	None Detected		100% Other	Blue Non Fibrous Homogeneous
1615885PLM_4	tile				Dissolved
2-1 - B	12x12 FT, Blue Mottled, Tan Adhesive	None Detected		100% Other	Tan Non Fibrous Homogeneous
1615885PLM_9	mastic				Dissolved

Disclaimer: Due to the nature of the EPA 600 method, asbestos may not be detected in samples containing low levels of asbestos. We strongly recommend that analysis of floor tiles, vermiculite, and/or heterogeneous soil samples be conducted by TEM for confirmation of "None Detected" by PLM. This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAL. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government. Analytical uncertainty available upon request. Scientific Analytical Institute participates in the NVLAP Proficiency Testing program. Unless otherwise noted blank sample correction was not performed. Estimated MDL is 0.1%.

Philip Szabo (10)

Analyst

Approved Signatory



Bulk Asbestos Analysis

By Polarized Light Microscopy
EPA Method: 600/R-93/116 and 600/M4-82-020



NVLAP Lab Code: 200664-0

Customer: ALIS Environmental
PO Box 6
Pinnacle, NC 27043

Attn: Jim McManus

Lab Order ID: 1615885

Analysis ID: 1615885_PLM

Date Received: 8/15/2016

Date Reported: 8/16/2016

Project: Sellers Gunn ABSS AHERA 201-1608-01

Sample ID	Description	Asbestos	Fibrous Components	Non-Fibrous Components	Attributes
Lab Sample ID	Lab Notes				Treatment
2-2 - A	12x 12 FT, Blue Mottled, Tan Adhesive	None Detected		100% Other	Blue Non Fibrous Homogeneous
1615885PLM_5	tile				Dissolved
2-2 - B	12x 12 FT, Blue Mottled, Tan Adhesive	None Detected		100% Other	Tan Non Fibrous Homogeneous
1615885PLM_10	mastic				Dissolved

Disclaimer: Due to the nature of the EPA 600 method, asbestos may not be detected in samples containing low levels of asbestos. We strongly recommend that analysis of floor tiles, vermiculite, and/or heterogeneous soil samples be conducted by TEM for confirmation of "None Detected" by PLM. This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAI. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government. Analytical uncertainty available upon request. Scientific Analytical Institute participates in the NVLAP Proficiency Testing program. Unless otherwise noted blank sample correction was not performed. Estimated MDL is 0.1%.

Philip Szabo (10)

Analyst

Approved Signatory

Instructions for Preventive Measures and Response Actions Scheduled

Purpose: To record preventive measures and response actions scheduled as required by 40 CFR Part 763.93 (e)(6) of the EPA Asbestos-Containing Materials in Schools; Final Rule and Notice.

Preparation: In the top right-hand corner of the form, fill in the name of the LEA ("LEA" refers to the public school system, or individual private school), the individual school name, and the building name (e.g., Classroom Building, Cafeteria, Gymnasium, etc.)

Under the column entitled, "HGA Id and Location," the LEA Designee shall indicate the unique identifier of each homogeneous area of asbestos-containing building material (ACBM) and its location in the building.

For each location where friable ACBM is found in the building, the LEA Designee shall give a detailed description of preventive measures and response actions to be taken and the reasons for selecting the response action or preventive measure.

For each action to be taken, the LEA Designee shall indicate the month, day and year the action is to begin and also the month, day and year the action is scheduled to be completed.

Distribution: Attach to DHHS 3531, AHERA Management Plan Cover Sheet, and mail to:

NCDHHS/Public Health
Health Hazards Control Unit
1912 Mail Service Center
Raleigh, North Carolina 27699-1912

For additional forms, please photocopy or refer to our website:
<http://www.epi.state.nc.us/epi/asbestos/forms.html>

Instructions for Operations and Maintenance Plan

Purpose: To record operations, maintenance and repairs to a homogeneous area as required by 40 CFR Part 763.93(e)(9) of the EPA Asbestos-Containing Materials in Schools; Final Rule and Notice.

Preparation: Enter the name of the LEA ("LEA" refers to the public school system, or individual private school), the school, and the building in the top right-hand corner.

For each homogeneous area (HGA) of friable ACBM, assumed ACBM, or ACBM about to become friable, write an operations, maintenance and repair (O&M) program as described in paragraph 763.91. The program shall describe, in detail, worker protection, initial and additional cleaning programs, building occupant protection (access control, signs, control of air movement, work practices, area cleaning, disposal methods), training, work authorization, definition of small-scale, short-duration projects so the limits of O&M work are established and the LEA Designee is aware of when design and other performance requirements become applicable, disposal, recordkeeping, and activities associated with minor and major fiber release episodes.

Distribution: Attach to DHHS 3531, AHERA Management Plan Cover Sheet and mail to:

NCDHHS/Public Health
Health Hazards Control Unit
1912 Mail Service Center
Raleigh, North Carolina 27699-1912

For additional forms, please photocopy or refer to our website:
<http://www.epi.state.nc.us/epi/asbestos/forms.html>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
OCCUPATIONAL & ENVIRONMENTAL EPIDEMIOLOGY BRANCH
HEALTH HAZARDS CONTROL UNIT

LEA: Alamance-Burlington School System

School: _____

Building: _____

PERIODIC SURVEILLANCE PLAN

DISCUSSION OF PERIODIC SURVEILLANCE PLAN

See Operations and Maintenance Plan
Section 9.0. "Periodic Surveillance Plan"

LEA: Alamance-Burlington School System

School: _____

Building: _____

REINSPECTION PLAN

DISCUSSION OF REINSPECTION PLAN

See Operations and Maintenance Plan:
Section 12. "Reinspection Plan"

LEA: Alamance-Burlington School System

School: Sellers-Gunn

Building: All

ASSESSMENT OF MATERIALS

HOMOGENEOUS AREA (S): HA1: 12x12 Floor Tile White, Gray & Green Streaks, Tan Adhesive over Black Mastic

HGA ID and Sample ID	Asbestos		Photo	Assessment	Comments
	Type	%			
1-1B	Chry	4		5	The mastic associated with the non-asbestos 12x12 floor tile contains asbestos. Therefore, the floor tile should be considered asbestos-contaminated and addressed accordingly.
1-2B	Chry	4		5	
					Potential for Disturbance: Low
					Accessibility: No
					Quantity: 3,200 SF

Inspector

Typed Name: James P. McManus	Signature: <i>James P. McManus</i>	Date: 10/18/2016
Accreditation Number: 11697	Training Agency: El Group, Inc.	

LEA: Alamance-Burlington School System
School: Sellers-Gunn
Building: All

DETERMINATION OF SAMPLING LOCATIONS

DISCUSSION OF EACH SAMPLE AREA

HA1: 12x12 Floor Tile White with Gray & Green Streaks, Tan Adhesive Over Black Mastic

Sampling Strategy: Statistical random sampling technique

HA was selected based on uniformity in appearance and availability

HA2: 12x12 Floor Tile Blue Mottled, Tan Adhesive

Sampling Strategy: Statistical random sampling technique

HA was selected based on uniformity in appearance and availability

Inspector

Typed Name: James P. McManus	Signature: <i>James P. McManus</i>	Date: 10/18/2016
Accreditation Number: 11697	Agency: EI Group, Inc.	

LEA: Alamance-Burlington School System

School: Sellers-Gunn

Building: A11

Sample Date: 8/11/2016

Analysis Date: 8/15/2016

Analysis Method: EPA Method 600/R-93/116 and 600/M4-82-020

BULK SAMPLE ANALYSIS

HOMOGENEOUS AREA(S): HA1: 12x12 Floor Tile White, Gray & Green Streaks, Tan Adhesive over Black Mastic

See Lab Analysis Report for all sample information

Owner Sample ID	Lab Sample ID	Asbestos Type	Asbestos %	Comments
1-1B	1615885PLM_6	Chrysotile	4	Black Non-Fibrous Homogeneous Dissolved (mastic)
1-2B	1615885PLM_7	Chrysotile	4	Black Non-Fibrous Homogeneous Dissolved (mastic)

It is certified by the signature below that the laboratory identified below is accredited by the National Institute of Standards/Technology for polarized light microscope (PLM) analysis under the National Voluntary Laboratory Accreditation Program.

Laboratory: Scientific Analytical Institute, Inc. (SAI)	Address: 4604 Dundas Dr. Greensboro, NC 27407
NVLAP Laboratory #: 200664-0	

Analysis Performed By:

Typed Name:	Signature: See Laboratory Report from SAI, Inc. for signature and date.	Date:
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LEA: Alamance-Burlington School System

School: _____

Building: _____

RESOURCES NEEDED

EVALUATION OF RESOURCES NEEDED

See Operations and Maintenance Plan
Section 14. "Resources Needed"

LEA: Alamance-Burlington School System

School: _____

Building: _____

STEPS TO INFORM OTHERS

DISCUSSION OF PROGRAM TO INFORM OTHERS

See Operations and Maintenance Plan:
Section 13. "Steps to Inform Others"

1615-885

Client:
Contact: ALIS Environmental, Inc.
Address: Jim McManus
 1027 Koontz Haven Road
Phone: 336.575.2343
Fax: [Enter fax here]
Email: jimmanus@alisenvironmental.com
Product: Sellars Gunn
 ABSS AHERA
Part Number: 201-1608-01
Order Date: [Enter P.O. # Here] 8/14/2016 11:30
Quantity: PLM EPA 600
Weight: 48 hr.

- 12x12 FT, White, Gray & Green Streaks, Tan Adhes.
- 12x12 FT, White, Gray & Green Streaks, Tan Adhes.
- 12x12 FT, White, Gray & Green Streaks, Tan Adhes.
- 12x12 FT, Blue Mottled, Tan Adhesive
- 12x12 FT, Blue Mottled, Tan Adhesive

ACCOUNT #
 501

Received By
 J. McManus 8/15 8:30A

J. McManus

<<
 1-1
 1-2
 1-3
 2-1
 2-2
 >>

LEA NAME: William Perry

SCHOOL NAME: Sellars Gunn

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
HA-1	12x12 Floor Tile White with Gray and Green Streaks Tan Adhesive over Black Mastic	3rd Level Offices 26 and 28 and Storage at Mail Center Room	N/C		
HA-2	12x12 Floor Tile Blue Mottled Tan Adhesive	Ground Level Room 138 2 Samples 118 SF	N/C		

* If no change in condition, write N/C

Surveillance Inspector's Name William Perry	Surveillance Inspector's Signature <i>William Perry</i>	Date 4-3-2017
--	--	------------------

LEA NAME: William Perry

SCHOOL NAME: Sellars Gunn

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
HA-1	12x12 Floor Tile White with Gray and Green Streaks Tan Adhesive over Black Mastic	3rd Level Offices 26 and 28 and Storage at Mall Center Room	N/C	N/C	10-11-2017
HA-2	12x12 Floor Tile Blue Mottled Tan Adhesive	Ground Level Room 138 2 Samples 118 SF	N/C	N/C	10-11-2017
	Removed approx. 120 sq ft of 9x9 floor tile and black mastic	Removed from Classroom 1			8-17-2017

* If no change in condition, write N/C

Surveillance Inspector's Name William Perry	Surveillance Inspector's Signature <i>William Perry</i>	Date 4-3-2017
--	--	------------------



August 23, 2017

Mr. Jose Aleman
Aleman Environmental Services
5059 NC Highway 87 North
Gibsonville, North Carolina 27249

Reference: Asbestos Visual and Air Clearance
Sellars Gunn School
612 Apple Street
Burlington, North Carolina
Pilot Project 3020

Dear Mr. Aleman:

Pilot Environmental, Inc. (Pilot) has completed the asbestos visual clearance and air sampling at the above referenced location. The site is a portion of a classroom. Aleman Environmental Services removed approximately 120 square feet of asbestos containing floor tile and mastic from the classroom. The work was performed using non-friable methods.

Mr. B. J. Lineback of Pilot arrived on-site on August 20, 2017 to conduct a visual clearance and air sampling prior to re-occupancy. Air samples were begun following a visual inspection of the work area. The asbestos-containing materials had been removed and the area was determined to be acceptably clean. Following our visual assessment, calibrated air sampling pumps were deployed in the work area and air samples were collected. The air samples were analyzed in accordance with the National Institute of Occupational Safety and Health (NIOSH) Method 7400 using Phase Contrast Microscopy (PCM). This method of analysis cannot distinguish between asbestos and non-asbestos fibers and is not sensitive to fibers less than 0.2 micrometers in diameter.

Laboratory analysis determined that the samples contained less than 0.01 fibers per cubic centimeter (f/cc) which is the maximum airborne fiber concentration allowed by the State of North Carolina in public areas. The results of the laboratory analysis are included in the attachments.

These sampling results are based on conditions at the site when the sampling was performed. This report is provided for the exclusive use of the report's addressee. Use of this report without the written consent of Pilot is at the sole risk of the user.

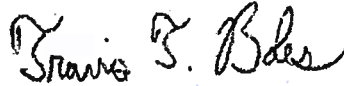
Asbestos Visual and Air Clearance
612 Apple Street
Burlington, North Carolina
Pilot Project 3020
August 23, 2017

We appreciate the opportunity to provide environmental services on your project. If you have questions concerning this report or need additional information, please contact us (336) 310-4527.

Sincerely,



B. J. Lineback, CIEC, LEED AP
Vice President
NC Air Monitor No. 80869



Travis T. Boles
Project Manager
NC Air Monitor No. 80911

Attachments: Airborne Fiber Analysis Sheets



Airborne Fiber Analysis

By Phase Contrast Microscopy
NIOSH 7400, Issue 2, (A Counting Rules)



Customer: Pilot Environmental
PO Box 128
Kernersville, NC 27284

Attn: BJ Lineback

Lab Order ID: 1717831

Analysis ID: 1717831_PCM

Date Received: 8/21/2017

Date Reported: 8/21/2017

Project: Sellars Gunn

Sample ID	Description	Volume	Fibers	Filter	LOD	Conc.
Lab Sample ID	Lab Notes	Filter Area	Fields	(Fibers / mm ²)	(Fibers / cc)	(Fibers / cc)
SG-1	Classroom area 1	1247 L	< 5.5	< 7.0	0.0022	< 0.0022
1717831PCM_1		385 mm ²	100			
SG-2	Classroom area 2	1247 L	< 5.5	< 7.0	0.0022	< 0.0022
1717831PCM_2		385 mm ²	100			

This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAI. This report may not be used by the client to claim product endorsement by AIHA or any other agency of the U.S. government. Scientific Analytical Institute participates in the AIHA IHPAT program. IHPAT Laboratory ID: 173190 Unless otherwise noted blank sample correction was not performed on analytical results. Analytical uncertainty available upon request. (Laboratory precision: Sr: 0.45

Sharon Donald (2)

Analyst

Approved Signatory



Scientific Analytical Institute
 4604 Dundas Dr. Greensboro, NC 27407
 Phone: 336.292.3888 Fax: 336.292.3313
 www.sallab.com lab@sallab.com

Lab Use Only 1717831
 Lab Order ID: _____
 Client Code: _____

Company: <u>Pilot Environmental</u>		Contact: <u>B.J. Linebeck</u>	
Address:		Phone <input type="checkbox"/> :	
		Fax <input type="checkbox"/> :	
		Email <input type="checkbox"/> :	
Company:		90 Min. <input type="checkbox"/>	48 Hours <input type="checkbox"/>
Contact:		3 Hours <input checked="" type="checkbox"/>	72 Hours <input type="checkbox"/>
Address:		6 Hours <input type="checkbox"/>	96 Hours <input type="checkbox"/>
		12 Hours <input type="checkbox"/>	120 Hours <input type="checkbox"/>
		24 Hours <input type="checkbox"/>	144 Hours <input type="checkbox"/>

PLM EPA 600/R-93/116 (PLM)	<input type="checkbox"/>
Positive stop	<input type="checkbox"/>
PLM Point Count 400 (PT4)	<input type="checkbox"/>
PLM Point Count 1000 (PTM)	<input type="checkbox"/>
PCM NIOSH 7400-A Rules (PCM)	<input checked="" type="checkbox"/>
B Rules (PCB) <input type="checkbox"/>	TWA (PTA) <input type="checkbox"/>
TEM AHERA (AHE)	<input type="checkbox"/>
TEM Level II (LII)	<input type="checkbox"/>
TEM NIOSH 7402 (TNI)	<input type="checkbox"/>
TEM Bulk Qualitative (TBL)	<input type="checkbox"/>
TEM Bulk Chatfield (TBS)	<input type="checkbox"/>
TEM Bulk Quantitative (TBQ)	<input type="checkbox"/>
TEM Wipe ASTM D6480-05	<input type="checkbox"/>
TEM Microvac ASTM D5755-09	<input type="checkbox"/>
TEM Water EPA 100.2 (TW1)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

PO Number: _____
 Project Name/Number: Sellers Gunn

Sample ID	Description	Count	Notes
56-1	Classroom area 1	1247	L
56-2	" " 2	1	

Accepted
 Rejected

Total # of Samples _____

<u>R J 26</u>	<u>8-20-17/608 pm</u>	<u>Skeleton</u>	<u>8/20/21</u>
			<u>830 H</u>

ASBESTOS PERMIT APPLICATION AND NOTIFICATION
FOR DEMOLITION/RENOVATION

Courtesy Notification

Permit Number		NESHAP ID Number	
1. TYPE: <input checked="" type="checkbox"/> Asbestos Removal; <input type="checkbox"/> Emergency Asbestos Removal; <input type="checkbox"/> Nonscheduled Asbestos Removal; <input type="checkbox"/> Demo; <input type="checkbox"/> Colored Demo			
2. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)			
OWNER NAME: <i>Alamance-Burlington Schools</i>			
Address: <i>1712 Vaughn RD</i>			
City: <i>Burlington</i>		State: <i>NC</i>	Zip:
Contact: <i>William Perry</i>		Contact Phone: <i>336-316-3306</i>	
OPERATOR NAME (IF OTHER THAN OWNER):			
Address:			
City:		State:	Zip:
Contact:		Contact Phone:	
ASBESTOS REMOVAL CONTRACTOR: <i>Aleman Environmental SVS (AES)</i>			
Address: <i>5059 NC HWY 67</i>			
City: <i>Gibsonville</i>		State: <i>NC</i>	Zip: <i>27249</i>
Contact: <i>Edwin 'Udel' Aleman</i>		Contact Phone: <i>336-977-1056</i>	
DEMOLITION CONTRACTOR:			
Address:			
City:		State:	Zip:
Contact:		Contact Phone:	
SUPERVISING AIR MONITOR (if Required):		NC Accreditation Number:	
ABATEMENT DESIGNER (if Required):		NC Accreditation Number:	
4. FACILITY DESCRIPTION (including building name, number and floor or room number)			
Bldg. Name: <i>Sellers Gunn</i>		Facility Contact:	
Street Address: <i>612 Apple St</i>			
City: <i>Burlington</i>		State: <i>NC</i>	Zip:
Asbestos Removal Site Location: <i>basement classroom</i>		County: <i>Alamance</i>	
Building Size: <i>20,000 SF</i>	# of Floors: <i>2</i>	Age in Years: <i>42</i>	
Present Use: <i>School</i>	Prior Use: <i>School</i>	Future Use: <i>School</i>	
6. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:			
6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY) Start: <i>8-17</i> Complete: <i>8-17-17</i>			
7. SCHEDULED DATES: DEMOLITION (MM/DD/YY) Start: Complete:			
8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed <input checked="" type="checkbox"/> Thu Fri Sat Sun			WORK HOURS:
FOR GOVERNMENTAL AGENCY USE ONLY			
POSTMARK DATE:		REGION/COUNTY/CONTRACTOR/LANDFILL:	
APPROVING SIGNATURE: _____		DATE: _____	

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

9. INSPECTION INFORMATION (Include five digit NC HNCU assigned accreditation number)

Inspector Name: William Moore NC Accreditation Number: _____

Date of Inspection: _____ Samples Collected: Yes: No Samples Analyzed: PLM TEM

Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: Yes: No

10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION: Removal of 9x9 Floor Tile and black waste all work will be performed as unresulated non friable removal approx. 100 SF

11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)

<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Negative Pressure	<input type="checkbox"/> Bulldozer/Loader
<input checked="" type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Dry Removal	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Requires Prior Written Approval from HNCU;	<input type="checkbox"/> Impulse
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Attach copy of approval letter.	<input type="checkbox"/> Live Burn Training (see #11 of the attached instructions)

Other - Explain Below

12. ASBESTOS WASTE TRANSPORTER # 1

Name: Edland Ed N Luchins

Address: 5059 NC Hwy 87

City: Dibsonville State: NC Zip: 27219

Contact Person: Edwin Aleman Contact Phone: 336 972-1086

ASBESTOS WASTE TRANSPORTER # 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Phone: _____

13. ASBESTOS WASTE DISPOSAL SITE

Name: Red Rock Disposal

Location: 2130 New Lane/Fill Rd

City: Hilly Springs State: NC Zip: _____

Contact Person: operator Contact Phone: (919) 557-9583

14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER)

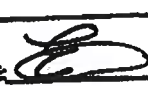
Name: _____ Title: _____

Authority: _____

Date Ordered (MMDDYY): _____ Date Demolition Ordered to Begin (MMDDYY): _____

15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: Yes: No (If Yes, attach letter)

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)			
Category I:		Category II: <u>100 SF</u>	
17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES			
TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Floor Tile	_____ sf x .10 = \$	Pipe Insulation (TBI): _____ lf	x .20 = \$
Ceiling Tile:	_____ sf x .10 = \$	Boiler Insulation (TBI): _____ sf	x .20 = \$
Cementitious Roofing/ Wallboard/Panels:	_____ sf x .10 = \$	Surfacing Material: _____ sf	x .20 = \$
Roofing:	_____ sf x .10 = \$	Other (SqFt or CuFt): _____	x .20 = \$
TOTAL (A)	_____ sf x .10 = \$	TOTAL (B)	_____ sf x .20 = \$
18. TOTAL LF TO BE REMOVED:		TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
19. FEES DUE			
(a) TOTAL # 17(A) + # 17 (B) = \$			
(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ _____ X .01 (1%) = \$			
TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,000.00. CHECK HERE, IF APPLICABLE []			
RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE []			
(c) TOTAL FEE DUE = \$ _____ (Whichever is greater, (a) or (b) above)			
20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).			
NAME: <u>Edwin "Jose" Alaman</u>		TITLE: <u>Contractor</u>	
COMPANY NAME: <u>AES</u>			
STREET ADDRESS: <u>5059 NC h.w.1 87</u>		CITY: <u>Gibsonville</u> STATE: <u>NC</u> ZIP: <u>27219</u>	
PO BOX: _____		CITY: _____ STATE: _____ ZIP: _____	
ORIGINAL SIGNATURE: 		DATE: <u>8-16-17</u>	
NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.			
THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:			
Buncombe County WNC Regional Air Pollution Control Agency 49 Mt. Carmel Road Asheville, NC 28806 828250-6777	Forsyth County Environmental Affairs Department 657 North Spruce Street Winston-Salem, NC 27101 336/703-2448	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 700 North Tryon Street Charlotte, NC 28203-2226 704/536-6480	

PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

FOR US MAIL DELIVERY:
HEALTH HAZARDS CONTROL UNIT
NCDHHS-DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27689-1912
TELEPHONE: 919-707-5950

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
6905 SIX FORDS ROAD, 2nd FLOOR, Room D-1
RALEIGH NC 27609

NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

1. Waste Generator/Owner Name and Address:		Work Site Name and Physical Address:		Waste Generator/Owner Phone Number: () _____	
2. Contractor Name and Address:				Contractor Phone Number: () _____	
3. Waste Disposal Site (WDS) Name, Mailing Address:		WDS Physical Site Location:		WDS Phone Number: () _____	
		NC Landfill Permit #:			
4. Name of Responsible Agency:					
<input type="checkbox"/> Forsyth Co. Environmental Affairs Dept.		Permit #: _____		NESHAP (ACTS) ID #: _____	
<input type="checkbox"/> Mecklenburg Co. Dept. of Environmental Protection		Start Date: _____		Complete Date: _____	
<input type="checkbox"/> NC DHHS - Health Hazards Control Unit					
<input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials:					
6. Containers Number: _____ Type: _____		RQ, ASBESTOS, CLASS 9 NA 2212, III		7. Total Quantity (yd ³)m ³ : _____	
Vehicle: _____					
8. Special Handling Instructions and Additional Information:					
EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT AT 1-800-858-0368					
9. CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
Printed/Typed Name & Title: _____					
Signature: _____				Date (MM/DD/YY): _____	
10. Transporter 1 (Acknowledgment of Receipt of Materials):					
Printed/Typed Name & Title: _____					
Address: _____			Phone Number: _____		
Signature: _____				Date (MM/DD/YY): _____	
11. Transporter 2 (Acknowledgment of Receipt of Materials):					
Printed/Typed Name & Title: _____					
Address: _____			Phone Number: _____		
Signature: _____				Date (MM/DD/YY): _____	
12. Discrepancy Indication Space:					
13. Waste Disposal Site: Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.					
Printed/Typed Name & Title: _____				Total Weight (Tons): _____	
Signature: _____				Date (MM/DD/YY): _____	

LEA NAME: William Perry

SCHOOL NAME: Sellers Gunn

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
HA-1	12x12 Floor Tile White with Gray and Green Streaks Tan Adhesive over Black Mastic	3rd Level Offices 26 and 28 and Storage at Mail Center Room	N/C	N/C 4-5-2018	
HA-2	12x12 Floor Tile Blue Mottled Tan Adhesive	Ground Level Room 138 2 Samples 118 SF	N/C	N/C 4-5-2018	
	Removed approx. 120 sq ft of 9x9 floor tile and black mastic	Removed from Classroom 1			8-17-2017

* If no change in condition, write N/C

Surveillance Inspector's Name William Perry	Surveillance Inspector's Signature <i>William Perry</i>	Date 4-5-2018
--	--	------------------

LEA NAME: William Perry

SCHOOL NAME: Sellars Gunn

(Number ___ of ___, make copies as necessary)

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HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
HA-1	12x12 Floor tile White w/ Gray & Green streaks. Tan mastic over Black mastic	3rd Level Offices 26 & 28 and Storage at Mail Center Room	N/C		
HA-2	12x12 Floor tile Blue Mottled, Tan mastic	Ground Level room 138. 2 Samples. 118 SF	N/C		

* If no change in condition, write N/C

Surveillance Inspector's Name William Perry	Surveillance Inspector's Signature <i>William Perry</i>	Date Oct 2018
--	--	------------------

LEA NAME: William Perry

SCHOOL NAME: Sellars Gunn

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP

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HA-2	12x12 Floor tile Blue Mottled, Tan mastic	Ground Level room 138. 2 Samples. 118 SF	N/C		

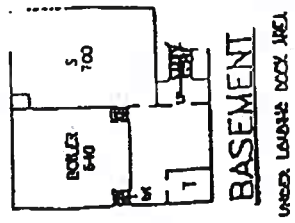
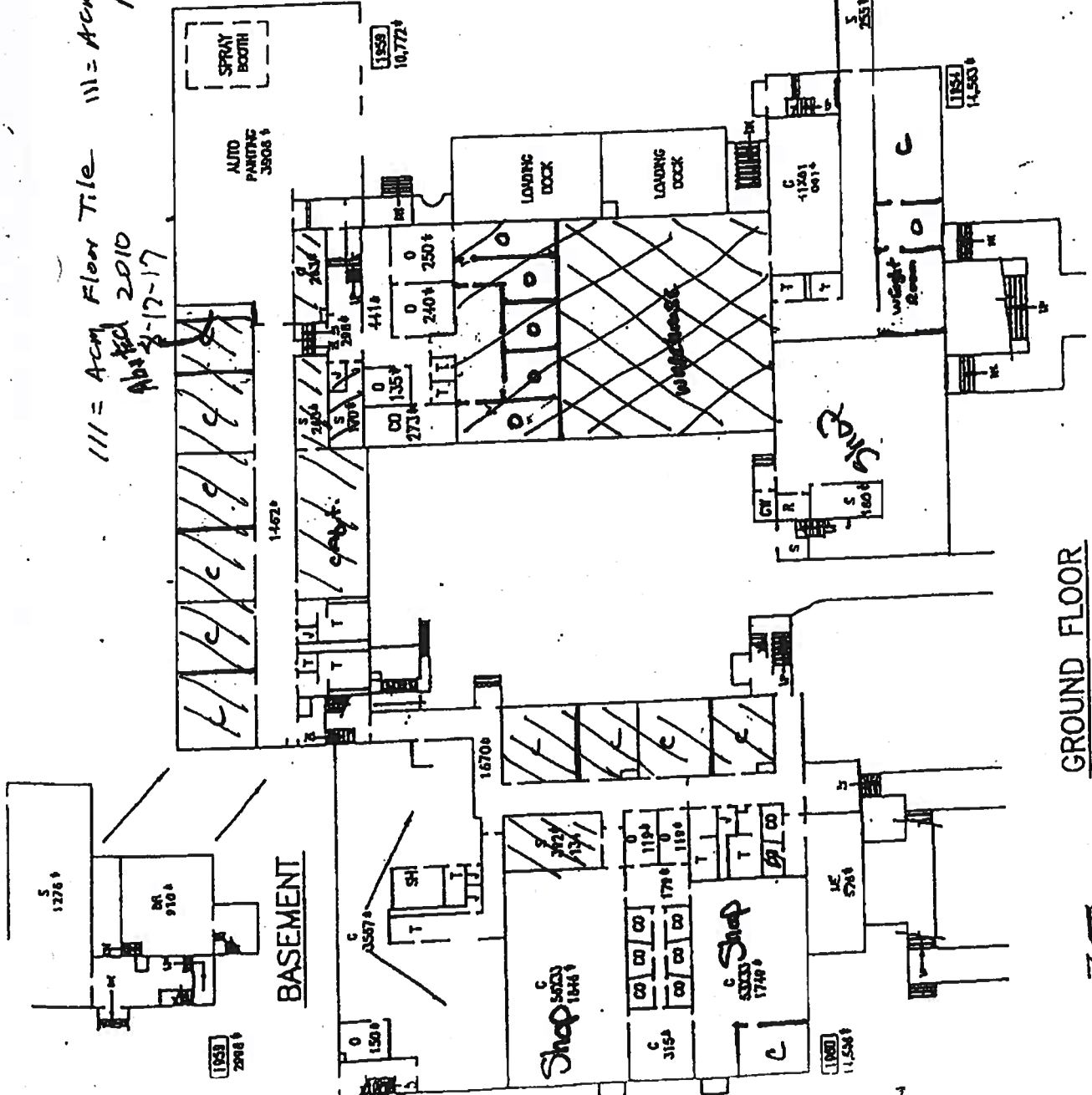
* If no change in condition, write N/C

Surveillance Inspector's Name William Perry	Surveillance Inspector's Signature <i>William Perry</i>	Date April 2019
--	--	--------------------

LEGEND

- AP ASSISTANT PRINCIPAL
- C CLASSROOM
- CO CONFERENCE ROOM
- CY CANTYNA
- DH DRESSING ROOM
- DM DOWN
- ELEV ELEVATOR
- GB GARBAGE ROOM
- H HEALTH ROOM
- J JANITOR ROOM
- L LADDER TO ROOF
- LAUNDRY
- LOUNGE
- MECHANICAL
- OFFICE
- OFFICE ROOM
- PRINCIPAL
- R REFRIGERATOR
- S STORAGE
- T TOILET
- TR TRANSFORMER
- SH SHOWER
- WK WORKROOM

/// = ACM Floor Tile
 /// = ACM ceiling plaster
 Apr 21-17-10

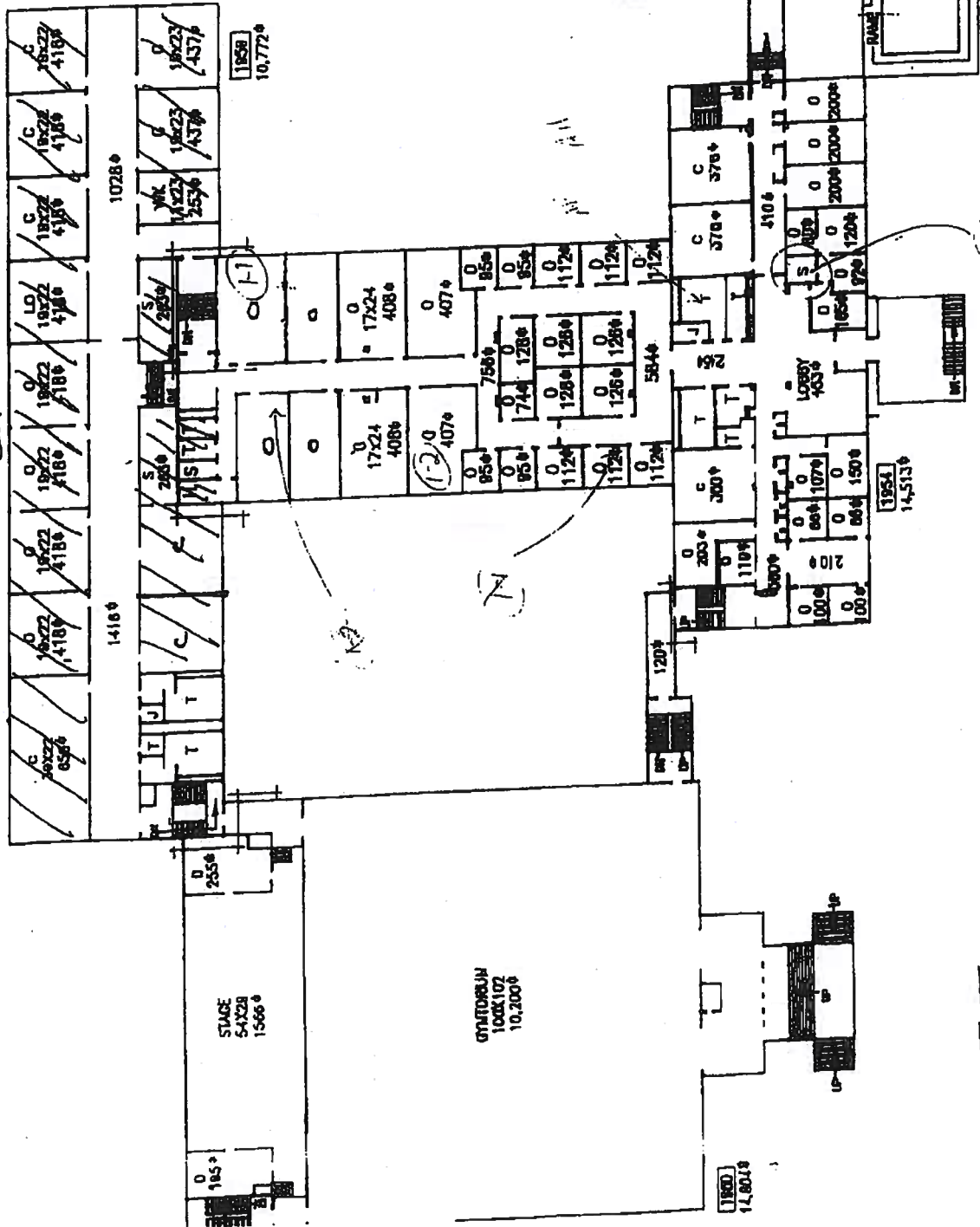


Deloids Duvinn

GROUND FLOOR

2016

/// = AcM Floor Tile
2010



LEGEND

- | | | | |
|------|---------------------|----|------------|
| AP | ASSISTANT PRINCIPAL | LA | LAUNDRY |
| C | CLASSROOM | LD | LOUNGE |
| CO | CONFERENCE ROOM | ME | MECHANICAL |
| CW | CARWASH | O | OFFICE |
| D | DRESSING ROOM | P | PRACTICE |
| DN | DOWN | PR | PRINCIPAL |
| DW | DISHWASHING | PR | REFRIGERA |
| ELEV | ELEVATOR | S | STORAGE |
| CB | CARBAGE ROOM | T | TOILET |
| H | HEALTH ROOM | TR | TRAIN |
| J | JANITOR ROOM | SH | SHOWER |
| L | LADDER TO ROOF | WK | WORK |

UPPER FLOOR PLAN

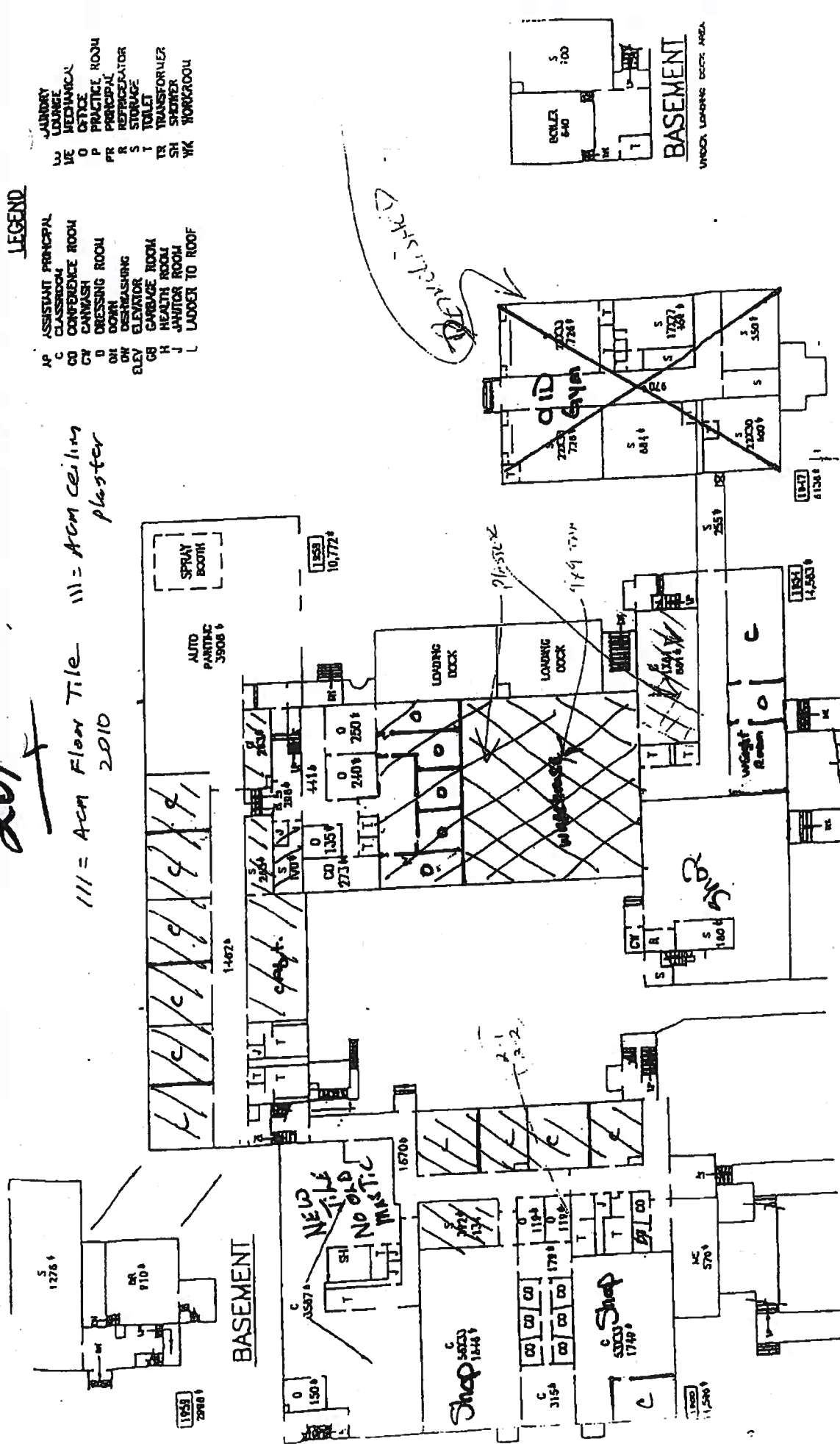
Stalco & Son

201

/// = ACM Floor Tile
2010
Plaster Ceiling

LEGEND

- AP ASSISTANT PRINCIPAL
- C CLASSROOM
- CO CONFERENCE ROOM
- CV CANVAS
- DN DOWN
- DR DRESSING ROOM
- ELEV ELEVATOR
- GB GARAGE ROOM
- H HEALTH ROOM
- J JANITOR ROOM
- L LADDER TO ROOF
- LA LAUNDRY
- ME MECHANICAL
- OT OFFICE
- PR PRACTICE ROOM
- PR PRINCIPAL
- REF REFRIGERATOR
- ST STORAGE
- T TOILET
- TR TRANSFORMER
- SH SHOWER
- WK WORKROOM



DeLores Owens

GROUND FLOOR

BASEMENT

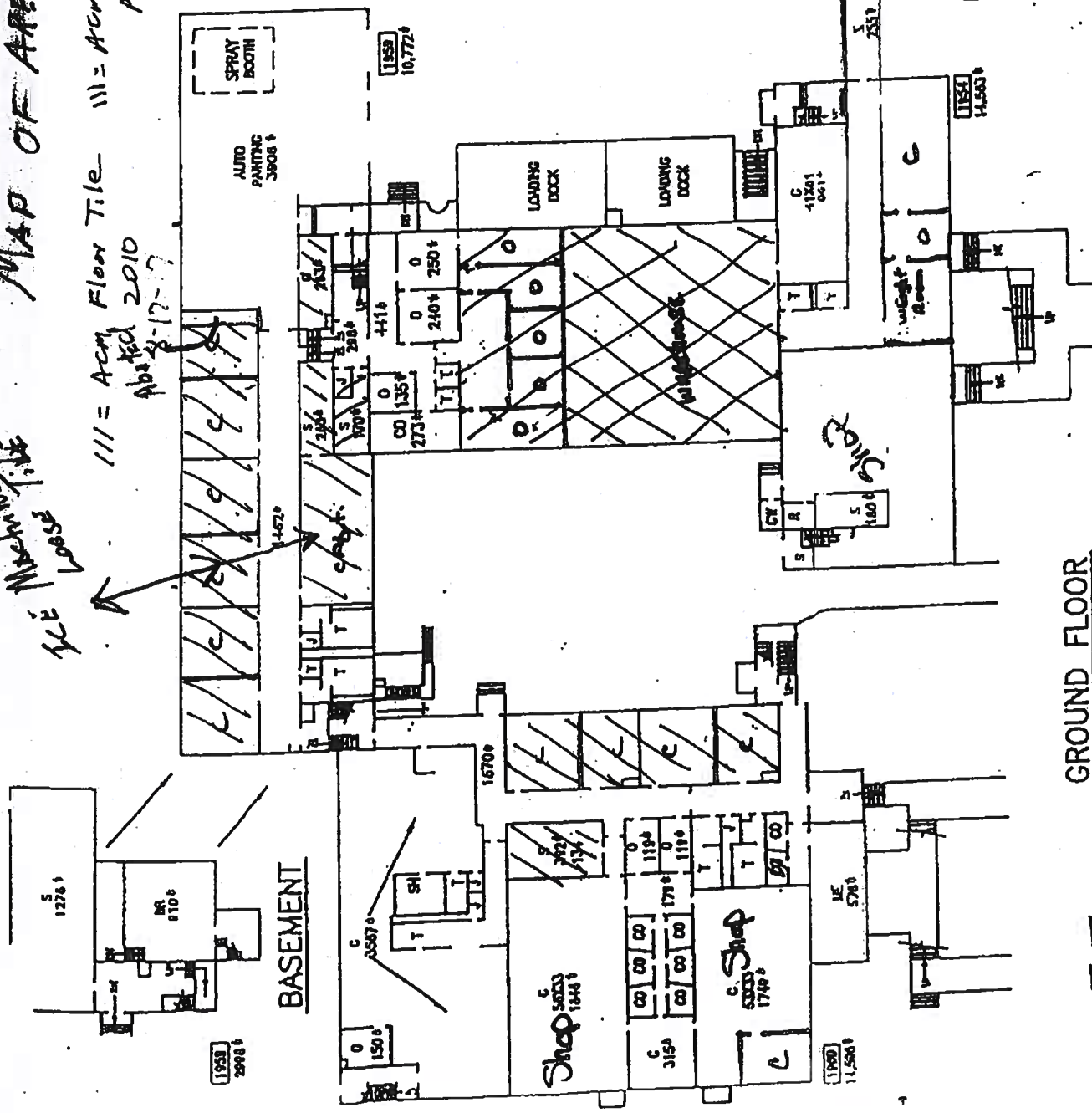
MAP OF AREA OF CONCERN

- J JANUARY
- L LOUNGE
- M MECHANICAL
- O OFFICE
- P PRACTICE ROOM
- PR PRINCIPAL
- R REFRIGERATOR
- S STORAGE
- T TOILET
- TR TRANSFORMER
- SH SHOWER
- WK WORKROOM

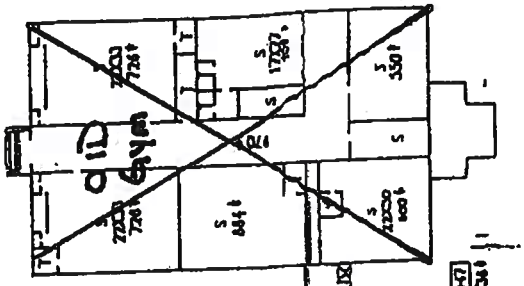
- AP ASSISTANT PRINCIPAL
- C CLASSROOM
- CO CONFERENCE ROOM
- CX CASHWASH
- D DRESSING ROOM
- OW DOWN
- OW DRESSING
- ELEV ELEVATOR
- GB GARBAGE ROOM
- H HEALTH ROOM
- J JANITOR ROOM
- L LADDER TO ROOF

111 = AcM Floor Tile - 111 = AcM ceiling plaster
 Apr 2010
 8-12-17

ICE Machine Tile
 loose



GROUND FLOOR



BASEMENT

UNDO. LAMINATE DECK AREA

Sealors Green

Work Order ID:277910		Completion Date:6/11/2019	
Description	fix tile floor in the room with Ice machine per William Perry		
Location	Sellars-Gunn Alternative	Building	
Area		Priority	Medium
Area Number		Craft	Carpentry
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Simmons, Jimmy	Requester	
Estimated Start		Request Date	6/11/2019
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	Routine Request
Project Code	General Maintenance	Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date: \$4.80
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date: 2.00 h
Date	Name		Hours

Technician Name Date
www.schoolde.com MaintenanceDirect

Confirmation

Date
Printed by Misty Brown



Alamance-Burlington School System

1712 Vaughn Road, Burlington, North Carolina 27217

336.570.6060 Fax 336.570.6540

www.abss.k12.nc.us

Todd Thorpe, Ed. D.
Assistant Superintendent for Operations

W. Bruce Benson, Ed. D.
Superintendent

Hazzard Description:

The walls and windows have visible mold in areas that have not been renovated which is causing respiratory and sinus illnesses to employees.

Attachments:

Report from William Perry, Alamance-Burlington School System's Environmental Health and Safety Manager

Sellars Gunn Air Quality

On June 6th at 2:00 pm I conducted an air quality check at Sellars Gunn for 3 hours. I used a AMPROBE Digital Thermo/Hygrometer Model TH-2 for temperature and humidity readings. The areas tested were the 1st and 3rd floor hallways and rooms. The average reading were Humidity 48%-50% with a steady temperature of 75 degrees thru out the building. These readings are within normal limits and does not promote mold growth.

William Perry EH&S



Alamance-Burlington School System

1712 Vaughn Road, Burlington, North Carolina 27217

336.570.6060 Fax 336.570.6540

www.abss.k12.nc.us

Todd Thorpe, Ed. D.
Assistant Superintendent for Operations

W. Bruce Benson, Ed. D.
Superintendent

Hazzard Description:

The building is infested with bats, cockroaches, and termites, which is causing concern for health issues from being exposed to bat feces and bug infestation.

Attachments:

Contract for Hodge Pest Control Inc.

Monthly Pest Control for Cafeteria and Building Schedule

Map identifying area where Termites were treated

Contract for Wildlife Nuisance Control

Email from Wildlife Nuisance Control identifying dates and locations for bat removal

**ALAMANCE-BURLINGTON BOARD OF EDUCATION
CONTRACT FOR PESTICIDE SPRAYING & INSPECTIONS SERVICES**

This contract for Pesticide Spraying & Inspections services (the "Contract") is made and entered into this 1st day of July 2018, between the Alamance-Burlington Board of Education (the "School System"), 1712 Vaughn Rd., Burlington, NC 27217, and ~~Hodge Pest Control Inc.~~ ^{and Fire ants} (the "Provider"), 1665 Robin Hood Dr., Burlington, NC 27217.

For and in consideration of the mutual promises set forth in the Contract the parties do mutually agree as follows:

1. **Obligations of Provider.** Provider hereby agrees to provide services to the School System as follows:
 - 1.1. Pesticide spraying & inspections of 39 sites based on the Integrated Pest Management state mandated program & ABSS Policy 6040. Thirty-nine (39) sites quarterly inspections Food Service Kitchens monthly inspections treated as needed per inspections. Termites ^{and fire ants} will be treated per occurrence & quote. Does not include honey bees in walls nor wildlife. Integrated Pest Management Certificate of Training from NC State University, on file; Pesticide Lic. #1579WP, on file. Work will be completed in a timely manner acceptable to the School System in full compliance with the terms and conditions of this Contract, including any documents incorporated by reference.
 - 1.2. **Qualifications of Provider.** Provider warrants that all agents or employees of Provider who will provide services under this Contract will be fully qualified, possess any requisite licenses, and otherwise be legally entitled to perform the services provided, and shall exercise the skill and care customarily exercised by duly licensed and qualified providers of the same or similar services.
 - 1.3. **Records Maintenance.** Provider shall maintain written documentation of any service provided, including any required documentation meeting the requirements of applicable federal, state and local laws and regulations.
2. **Obligations of the School System.**
 - 2.1. The School System hereby agrees to compensate Provider at a rate or in the amount of \$4,118.33 per month for services rendered, with total payments not to exceed \$49,420.00. With the School System's written consent, payments may be made in monthly installments for work performed and accepted during the previous month.
 - 2.2. In the event of inclement weather, fire, power failure, or other similar occurrence, which may necessitate the cancellation of the delivery of the service(s), and an alternate date cannot be agreed upon, the School System will be under no obligation to compensate Provider for services not rendered.
3. **Term.** The services described in the Contract will be provided from July 1, 2018 through June 30, 2019 unless sooner terminated as herein provided.
4. **Compensation.** The School System hereby agrees to compensate Provider in the amount of \$49,420.00 once all services have been rendered in accordance with the terms of this Contract. Provider shall provide School System with invoice(s) itemized by service provided the number of hours worked and by whom, the date(s) that services were provided, and the amount owed, along with any supporting documentation that may be requested in advance by School System. The School System shall process payments to Provider within forty-five (45) days of submission of such invoice(s). In the event of inclement weather, fire, power failure, or other similar occurrence, which may necessitate the cancellation of the delivery of the service(s), and an alternate date cannot be agreed upon, the School System will be under no obligation to compensate Provider for services not rendered.
5. **Termination for Convenience.** The School System may terminate this Contract at any time at its

complete discretion upon twenty (20) calendar days' notice in writing from the School System to Provider prior to the date of termination. In addition, all finished or unfinished documents and other materials produced by Provider pursuant to this Contract shall, at the request of the School System be turned over to it and become its property. If the Contract is terminated by the School System in accordance with this section, the School System will pay Provider at the rate set out in Section 2.1 for all services performed as of the date of termination.

6. **Termination for Default.** At any time, the School System may terminate this Contract immediately and without prior notice if provider is unable to meet goals and timetables or if the School System is dissatisfied with the quality of services provided.
7. **Terms and Methods of Payment.** Provider shall submit to the School System monthly invoices itemized by service provided, the number of hours worked and by whom, the date(s) that services were provided, and the amount owed, along with any supporting documentation that may be requested in advance by the School System. Such invoices shall be submitted within thirty (30) days of the rendering of services. The School System shall process payments to Provider within forty-five (45) days of submission of such invoices. Invoices should be sent to ABSS Maintenance Dept., 307 Prison Camp Rd., Graham, NC 27253, for review and approval.
8. **Contract Funding.** It is understood and agreed between Provider and the School System that the School System's payment obligation under this Contract is contingent upon the availability of appropriated funds from which payment for Contract purposes can be made.
9. **Insurance.** Provider agrees to maintain Commercial General Liability in amount of \$1,000,000 each occurrence, \$1,000,000 each occurrence in Personal & Advertising Injury with \$2,000,000 General Aggregate, and \$2,000,000 Products/Completed Operations Aggregate. Provider shall maintain \$1,000,000 in automobile liability, and other appropriate insurance, as well as Workers Compensation in the required statutory amount for all employees participating in the provision of services under this Contract. The Alamance-Burlington Board of Education shall be named by endorsement as an additional insured on the General and Automobile Liability policies. Certificates of such insurance shall be furnished by Provider to the School System and shall contain an endorsement to provide the School System at least 10 days' written notice of any intent to cancel or terminate by either Provider or the insuring company. Failure to furnish insurance certificates or maintain such insurance shall be a default under this Contract and shall be grounds for immediate termination of this Contract.
10. **Taxes.** Provider shall pay all federal, state, and FICA taxes for all employees participating in the provision of services under this Contract.
11. **Monitoring and Auditing.** Provider shall cooperate with the School System, or with any other person or agency as directed by the School System, in monitoring, auditing, or investigating activities related to this Contract. Provider shall permit the School System to evaluate all activities conducted under this contract as dictated by the School System. Provider shall provide auditors retained by the School System with access to any records and files related to the provision of services under this Contract. The School System agrees that its auditors will maintain the confidentiality of any identified and actual trade secrets of Provider accessed during an audit conducted under this Contract.
12. **Confidentiality of Student Information.** Provider agrees that all student records or personally identifiable information contained in student records that may be obtained in the course of providing services to the School System under this contract shall be subject to the confidentiality and disclosure provisions of applicable federal and state statutes and regulations as well as the School System's policies. All student records shall be kept in a secure location preventing access by unauthorized individuals. Provider will maintain an access log delineating date, time, agency, and identity of individual accessing student records who is not in the direct employ of Provider. Provider shall not forward to any person other than parent or the School System any student record or personally identifiable information obtained from a student record (including, but not limited to, the student's identity) without the written consent of the School System. Upon termination of this Contract, Provider

shall turn over to the School System all student records or personally identifiable information about students obtained by Provider while providing services under this Contract. Nothing in this Contract gives Provider any right to access any student records or personally identifiable information.

13. **Lunsford Act.** Provider also acknowledges that G.S. § 14-208.18 prohibits anyone required to register as a sex offender under Article 27A of Chapter 14 of the General Statutes from knowingly being on the premises of any school. Provider shall conduct or arrange to have conducted, at its own expense, sexual offender registry checks on each of its owners, employees, agents and subcontractors (“contractual personnel”) who will engage in any service on or delivery of goods to School System property or at a School System sponsored event, except checks shall not be required for individuals who are solely delivering or picking up equipment, materials, or supplies at: (1) the administrative office or loading dock of a school; (2) non-school sites; (3) schools closed for renovation; or (4) school construction sites. The checks shall include at a minimum checks of the State Sex Offender and Public Protection Registration Program, the State Sexually Violent Predator Registration Program, and the National Sex Offender Registry (“the Registries”). For Provider’s convenience only, all of the required registry checks may be completed at no cost by accessing the United States Department of Justice Sex Offender Public Website at <http://www.nsopw.gov/>. Provider shall provide certification on the Sexual Offender Registry Check Certification Form (Attachment A) that the registry checks were conducted on each of its contractual personnel providing services or delivering goods under this Contract prior to the commencement of such services or the delivery of such goods. Provider shall conduct a current initial check of the registries. The sex offender registry checks shall be conducted within 30 days of Provider’s execution of the Contract and prior to performing any services on School System property. In addition, Provider agrees to conduct the registry checks and provide a supplemental certification form before any additional contractual personnel are used to deliver goods or provide services pursuant to this Contract. Provider further agrees to conduct annual registry checks of all contractual personnel and provide annual certifications at each anniversary date of this Contract. Provider shall not assign any individual to deliver goods or provide services pursuant to this Contract if said individual appears on any of the listed registries. Provider agrees that it will maintain all records and documents necessary to demonstrate that it has conducted a thorough check of the registries as to each contractual personnel, and agrees to provide such records and documents to the School System upon request. Provider specifically acknowledges that the School System retains the right to audit these records to ensure compliance with this section at any time in the School System’s sole discretion. Failure to comply with the terms of this provision shall be deemed a material breach of the Contract. If requested by the School System, the Provider shall provide sufficient background information regarding any or all contractual personnel who may deliver goods or perform services under this contract in order to allow the School System to perform a criminal background check on each individual at the School System’s expense. Provider further agrees that it has an ongoing obligation to provide the School System with the name of any new contractual personnel who may deliver goods or provide services under the Contract. The School System reserves the right to prohibit any contractual personnel of Provider from delivering goods or providing services under this Contract if the School System determines, in its sole discretion, that such contractual personnel may pose a threat to the safety or well-being of students, school personnel or others, or if such contractual personnel may otherwise pose a risk to the School System’s operations. Failure to comply with the terms of this provision shall be deemed a material breach of the Contract.
14. **Criminal Background Checks.** Provider shall conduct criminal record and background checks on all Contractual Personnel who will perform services pursuant to this Contract on School System property or at School System events. The criminal background checks shall be conducted within 30 days of Provider’s execution of the Contract and prior to performing any services on School System property. Provider shall provide the results of said checks to School System within five (5) business days of receipt and shall not assign any Contractual Personnel to provide services under the Contract if said worker has been convicted of or pled nolo contendere to (1) any felony; (2) any crime, whether misdemeanor or felony, involving violence, illegal drugs, theft, child abuse, sexual harassment, sexual abuse, or personal impropriety of a sexual nature with regard to any other person; or (3) any other crime

or conduct reasonably indicating that the Contractual Personnel poses a threat to the safety or well-being of School System's students, personnel, or property. In addition, Provider shall obtain all authorizations necessary for School System to conduct additional criminal record and background checks at its sole expense at any time during the term of this Contract. If School System chooses to exercise this right, Provider shall, within five (5) business days of School System's request, provide the full name, date of birth, and state of residency for the past ten years for all Contractual Personnel providing services under the Contract, along with any other information reasonably requested by School System for purposes of performing criminal record and background checks. Without modifying or waiving any of Provider's obligations under this provision, School System reserves the right to prohibit any Contractual Personnel from providing services under this Contract if the School System determines, in its sole discretion, that said Contractual Personnel has not undergone a criminal record and background check in accordance with this provision or if the results of such criminal record and background check reasonably indicate that the said Contractual Personnel may pose a threat to the safety or well-being of students, school personnel, or others.

15. **Indemnification.** Provider shall indemnify and hold harmless the School System and its agents and employees from and against all claims, actions, demands, costs, damages, losses, and/or expenses of any kind whatsoever proximately resulting from the omission or commission of any act, lawful or unlawful, by Provider or its agents and/or employees, including but not limited to court costs and attorney's fees, incurred in connection with the defense of said matters. The parties agree that this indemnification clause is an "evidence of indebtedness" for purpose of N. C. Gen. Stat. § 6-21.2.
16. **Relationship of Parties.** Provider shall be an independent contractor of the School System, and nothing herein shall be construed as creating a partnership or joint venture; nor shall any employee of Provider be construed as an employee, agent, or principal of the School System.
17. **Compliance with Applicable Laws.** Provider shall comply with all applicable laws and regulations in providing services under this Contract. In particular, Provider shall not employ any individuals to provide services to the School System who are not authorized by federal law to work in the United States. Provider represents and warrants that it is aware of and in compliance with the Immigration Reform and Control Act and North Carolina law (Article 2 of Chapter 64 of the North Carolina General Statutes) requiring use of the E-Verify system for employers who employ twenty-five (25) or more employees and that it is and will remain in compliance with these laws at all times while providing services pursuant to this Contract. Provider shall also ensure that any of its subcontractors (of any tier) will remain in compliance with these laws at all times while providing subcontracted services in connection with this Contract. Provider is responsible for providing affordable health care coverage to all of its full-time employees providing services to the School System. The definitions of "affordable coverage" and "full-time employee" are governed by the Affordable Care Act and accompanying IRS and Treasury Department regulations.
18. **Compliance with Iran Divestment Act of 2015.** Provider certifies that as of the date of this Contract, Provider is not listed on the Final Divestment List created by the North Carolina State Treasurer pursuant to N.C. Gen. Stat. § 147-86.58. Provider understands that it is not entitled to any payments whatsoever under this Contract if this certification is false. The individual signing this Contract certifies that he or she is authorized by Provider to make the foregoing statement.
19. **Anti-Nepotism.** Provider warrants that, to the best of its knowledge and in the exercise of due diligence, none of its corporate officers, directors, or trustees and none of its employees who will directly provide services under this Contract are immediate family members of any member of the Alamance-Burlington Board of Education or of any principal or central office staff administrator employed by the School System. For purposes of this provision, "immediate family" means spouse, parent, child, brother, sister, grandparent, or grandchild, and includes step, half, and in-law relationships. Should Provider become aware of any family relationship covered by this provision or should such a family relationship arise at any time during the term of this Contract, Provider shall immediately disclose the family relationship in writing to the Superintendent of Schools. Unless formally waived by the School System, the existence

of a family relationship covered by this Contract is grounds for immediate termination by School System without further financial liability to Provider.

20. **Applicable School Board of Education Policies.** Provider acknowledges that the Alamance-Burlington Board of Education has adopted policies governing conduct on School System property and agrees to abide by any and all relevant Board policies while on School System property. The Provider acknowledges that Board's policies are available on the School System's website.
21. **Assignment.** Provider shall not assign, subcontract, or otherwise transfer any interest in this contract without the prior written approval of the School System.
22. **Contract Modifications.** This contract may be amended only by written amendments duly executed by and between the School System and Provider.
23. **North Carolina Law.** North Carolina law will govern the interpretation and construction of the Contract.
24. **Order of Precedence.** The Parties do hereby agree that in the event of conflict between the terms and conditions of this Contract and the terms and conditions in an agreement entered into between the parties at the same time as or prior to this Agreement, the terms and conditions of this Agreement shall prevail.
25. **Entire Agreement.** This Contract, including the purchase order, if any, used in connection herewith and any other document(s) expressly incorporated by reference as a part of this Contract, constitutes and expresses the entire agreement and understanding between the parties concerning its subject matter. This Contract supersedes all prior and contemporaneous discussions, promises, representations, agreements and understandings relative to the subject matter of this contract. To the extent there may be any conflict between the four corners of this Contract and other documents incorporated by reference herein, the terms of this Contract will control.
26. **Attached Exhibits:** The following documents, if any, are attached as Exhibits to this Contract and incorporated by reference herein: NA
27. **Severability.** If any provision of this Contract shall be declared invalid or unenforceable, the remainder of the Contract shall continue in full force and effect.
28. **Counterparts and Execution.** This Contract may be executed in any number of counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. The Parties agree that computer scanned and/or faxed signatures or copies of this Contract will have the same validity and force as an "original."
29. **Authority to Enter Contract.** The person(s) executing this Contract on behalf of Provider have authority to do so as an official, binding act of Provider.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first indicated above.

ALAMANCE-BURLINGTON
School System

HODGE PEST CONTROL

Fred J. Thayer
Assistant Superintendent of Operations

Jeffrey R. Hodge
Authorized Signature

ATTEST:
Misty Brown

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.

Jerry Holt
School System Finance Officer

8-6-18
Date

Attachment A

Sexual Offender Registry Check Certification Form

PLEASE SUBMIT THIS FORM TO YOUR OWNER'S REPRESENTATIVE

Project Name: Hody Pest Control, Inc. Contract: Pest Control

Check the appropriate box to indicate the type of check:

Initial Supplemental Annual

I, Jeffrey B. Hody (insert name), owner (insert title) of Hody Pest Control, Inc. (insert company name) hereby certify that I have performed all of the required sexual offender registry checks required under this Agreement for all contractual personnel (employees, agents, ownership personnel, or contractors) who may be used to deliver goods or provide services under this Agreement, including the North Carolina Sex Offender and Public Protection Registration Program, the North Carolina Sexually Violent Predator Registration Program, and the National Sex Offender Registry (Note: all of the required registry checks may be completed at no cost by accessing the United States Department of Justice Sex Offender Public Website at <http://www.nsopw.gov/>). I further certify that none of the individuals listed below appears on any of the above-named registries and that I will not assign any individual to deliver goods or perform services under this Agreement if said individual appears on any of the sex offender registries. I agree to maintain all records and documents associated with these registry checks, and that I will provide such records and documents to the school system upon request. I specifically acknowledge that the school system retains the right to audit these records to ensure compliance with this section at any time in the school system's sole discretion. I acknowledge that I am required to perform these checks and provide this certification form before any work is performed under the Agreement (initial check), any time additional contractual personnel may perform work under the Agreement (supplemental check), and at each anniversary date of the Agreement (annual check).

Contractual Personnel Names

Job Title

- | | | |
|----|------------------------|-------------------|
| 1. | <u>Jeffrey B. Hody</u> | <u>owner</u> |
| 2. | <u>Ken Church</u> | <u>Technician</u> |
| 3. | <u>Garret Hody</u> | <u>Technician</u> |
| 4. | <u>Hayden Hody</u> | <u>Technician</u> |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

I attest that the forgoing information is true and accurate to the best of my knowledge.

Jeffrey B. Hody (print name)

Jeffrey B. Hody (signature / date)



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PERSON INVESTIGATED

Name: JEFFREY R HODGE
Date of Birth: 05/14/1966
SSN: Not Entered

Order Number: 507378
Order Date: 7/18/2018
Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

YOUR ORDER

Instant Criminal Record Search State(s):
North Carolina

YOUR ORDER RESULTS

No Criminal Records Found

We also searched the National Sex Offender Report and USA Most Wanted List with your order.

ADDITIONAL FREE SEARCH DESCRIPTIONS

National '50-State' Sex Offender Registry
National Sex Offender Public Registry provided by the United States Department of Justice (DOJ)
High-Risk Sex Offenders: All 50 States

Sexual Predators: Persons obtaining or seeking non-consensual sexual contact with another person and/or has committed sex crimes, such as rape or child sexual abuse. (including sexually violent offenders)

Department of Corrections: Convicted Sex Offenders who were under the supervision of the DOC.

Crimes Against Children: People convicted of, found guilty of or pled guilty to committing or attempting to commit sexual offenses and other crimes against children. (including kidnapping, felonious restraint and/or child abuse)

USA Most Wanted Criminals List
FBI Most Wanted Fugitive Search
US Marshals Most Wanted List
US Secret Service Most Wanted List
US Department of Public Safety Search
(Not all US States are included)

When you are finished viewing and printing your order, [click here to place another order.](#)
No Records Found..

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PERSON INVESTIGATED

Name: Genet Hodge
Date of Birth: 03/03/1967
SSN: Not Entered

Order Number: 507383
Order Date: 7/18/2018
Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

YOUR ORDER

Instant Criminal Record Search State(s):
North Carolina

YOUR ORDER RESULTS

No Criminal Records Found

We also searched the National Sex Offender Report and USA Most Wanted List with your order.

ADDITIONAL FREE SEARCH DESCRIPTIONS

National '50-State' Sex Offender Registry
National Sex Offender Public Registry provided by the United States Department of Justice (DOJ)
High-Risk Sex Offenders: All 50 States
Sexual Predators: Persons obtaining or seeking non-consensual sexual contact with another person and/or has committed sex crimes, such as rape or child sexual abuse. (including sexually violent offenders)
Department of Corrections: Convicted Sex Offenders who were under the supervision of the DOC.
Crimes Against Children: People convicted of, found guilty of or plead guilty to committing or attempting to commit sexual offenses and other crimes against children. (including kidnapping, fabricated restraint and/or child abuse)

USA Most Wanted Criminals List
FBI Most Wanted Fugitive Search
US Marshals Most Wanted List
US Secret Service Most Wanted List
US Department of Public Safety Search
(Not all US States are included)

When you are finished viewing and printing your order, [click here to place another order.](#)
No Records Found.



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PERSON INVESTIGATED

Name: Kenneth Church
Date of Birth: 10/07/1969
SSN: Not Entered

Order Number: 607379
Order Date: 7/18/2018
Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

Record Details

North Carolina Criminal

Identity

Name: KENNETH WAYNE CHURCH
Offender Record ID: nosoa_pamq_cViewCHURCHKENNETHWAYNE1969100740018703082CR
Age: 58 10/7/1969
Eye color:
Hair Color:
Height:
Weight:
Race: WHITE
Gender:
Remarks:

The official custodian of all official court records for each county in North Carolina is the clerk of superior court of that county. The North Carolina Administrative Office of the Courts is not the official custodian of any case records and provides only copies of data entered by the clerks. To verify a records accuracy, contact the clerk of the county of record.

Addresses

Other Address

Address: BURLINGTON, NC, 27216

Cases

Case Number: 40018703082CR
Jurisdiction: GULFORD
Appealed From Lower Court: No
Filing Date: 2018-01-25
Type: CRIMINAL/TRAFFIC

Charges

Date: 2018-01-25
Number: CITATIONNO:25G6665

Courts

Please send questions or inquire regarding this order (including order number) to:
service@CriminalBackgroundRecords.com

CriminalBackgroundRecords.com uses the best available methods of retrieving eviction and criminal records data throughout the United States. Depending on the location being searched, the depth of information available from the courts may vary by state. The records obtained from this search must be used in compliance with the Fair Credit Reporting Act, Fair and Accurate Credit Transactions Act and any other laws governing the use of public records. Final verification of the applicant's identity and proper use of these reports is the responsibility of you, the customer.

Although every effort is made to assure the accuracy of the information contained in these reports, the Customer holds harmless CriminalBackgroundRecords.com and its holding company Information Enterprises, Inc. In addition, by using this site and becoming a customer of this site, you understand and accept that the information we gather is derived primarily from public records, which may not be one hundred percent accurate or complete.

Users should not assume that this data provides a complete or accurate history of any person's eviction or criminal past. Users should consult state and federal laws before using this information in making decisions on hiring or firing of employees. CriminalBackgroundRecords.com and Information Enterprises, Inc. can not offer legal advice on how to use the information contained in these eviction and criminal background records, and are not responsible for any action taken by the customer based on this information.

CriminalBackgroundRecords.com and Information Enterprises Inc. assume no liability for any claims for damages arising from the use of this data beyond the actual cost of the searches performed.

End of Criminal Report



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CRIMINALBACKGROUNDREPORTS.COM
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PERSON INVESTIGATED

Name: Hayden Hodge
Date of Birth: 01/20/1996
SSN: Not Entered

Order Number: 507382
Order Date: 7/18/2018
Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

Record Details

North Carolina Criminal

Identity

Name: HAYDEN ROTH HODGE
Offender Record ID: ncsoc_demo_orViewHODGEHAYDENROTH1996012094016051044CR
Age: 22 1/20/1996
Eye color:
Hair Color:
Height:
Weight:
Race: WHITE
Gender:
Remarks:

The official custodian of all official court records for each county in North Carolina is the clerk of superior court of that county. The North Carolina Administrative Office of the Courts is not the official custodian of any case records and provides only copies of data entered by the clerks. To verify a records accuracy, contact the clerk of the county of record.

Addresses

Other Address

Address: BURLINGTON, NC, 27217

Case

Case Number: 94016051044CR
Jurisdiction: WATAUGA
Appealed From Lower Court: No
Filing Date: 2016-07-28
Type: CRIMINAL/TRAFFIC

Charges

Date: 2016-07-28
Number: CITATIONNO:C4071190

Courts

Please send questions or inquire regarding this order (including order number) to:
service@CriminalBackgroundReports.com

CriminalBackgroundReports.com uses the best available methods of retrieving eviction and criminal records data throughout the United States. Depending on the location being searched, the depth of information available from the courts may vary by state. The records obtained from this search must be used in compliance with the Fair Credit Reporting Act, Fair and Accurate Credit Transactions Act and any other laws governing the use of public records. Final verification of the applicant's identity and proper use of these reports is the responsibility of you, the customer.

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End of Criminal Report





CriminalBackgroundRecords.com
An Information Enterprises™ Solution

PERSON INVESTIGATED

Name: Hayden Hodge
Date of Birth: 01/20/1996
SSN: Not Entered

Order Number: 507382
Order Date: 7/18/2018
Member: Not A Member

Please verify that the following record(s) are indeed the person you are investigating. If the record(s) below do not match the subject you are investigating, then there is No Records Found based on the search criteria you submitted.

Record Details

North Carolina Criminal

Identity

Name: HAYDEN ROTH HODGE
Offender Record ID: ncaoc_demo_ofViewHODGEHAYDENROTH1996012094016051043CR
Age: 22 1/20/1996
Eye color:
Hair Color:
Height:
Weight:
Race: WHITE
Gender:
Remarks: The official custodian of all official court records for each county in North Carolina is the clerk of superior court of that county. The North Carolina Administrative Office of the Courts is not the official custodian of any case records and provides only copies of data entered by the clerks. To verify a records accuracy, contact the clerk of the county of record.

Addresses

Other Address
Address: BURLINGTON, NC, 27217

Cases

Case Number: 94016051043CR
Jurisdiction: WATAUGA
Appealed From Lower Court: No
Filing Date: 2016-07-28
Type: CRIMINAL/TRAFFIC

Changes

Date: 2016-07-28

Courts

Please send questions or inquire regarding this order (including order number) to:
savlon@CriminalBackgroundRecords.com

CriminalBackgroundRecords.com uses the best available methods of retrieving eviction and criminal records data throughout the United States. Depending on the location being searched, the depth of information available from the courts may vary by state. The records obtained from this search must be used in compliance with the Fair Credit Reporting Act, Fair and Accurate Credit Transactions Act and any other laws governing the use of public records. Final verification of the applicant's identity and proper use of these reports is the responsibility of you, the customer.

Although every effort is made to assure the accuracy of the information contained in these reports, the Customer holds harmless CriminalBackgroundRecords.com and its holding company Information Enterprises, Inc. in addition, by using this site and becoming a customer of this site, you understand and accept that the information we gather is derived primarily from public records, which may not be one hundred percent accurate or complete.

Users should not assume that this data provides a complete or accurate history of any person's eviction or criminal past. Users should consult state and federal laws before using this information in making decisions on hiring or firing of employees. CriminalBackgroundRecords.com and Information Enterprises, Inc. can not offer legal advice on how to use the information contained in these eviction and criminal background records, and are not responsible for any action taken by the customer based on this information.

CriminalBackgroundRecords.com and Information Enterprises Inc. assume no liability for any claims for damages arising from the use of this data beyond the actual cost of the searches performed.

End of Criminal Report



CriminalBackgroundRecords.com
An Information Enterprises™ Solution

Hodge Pest Control Inc.
 1665 Robin Hood Drive
 Burlington NC 27217
 Phone: 336-585-0196

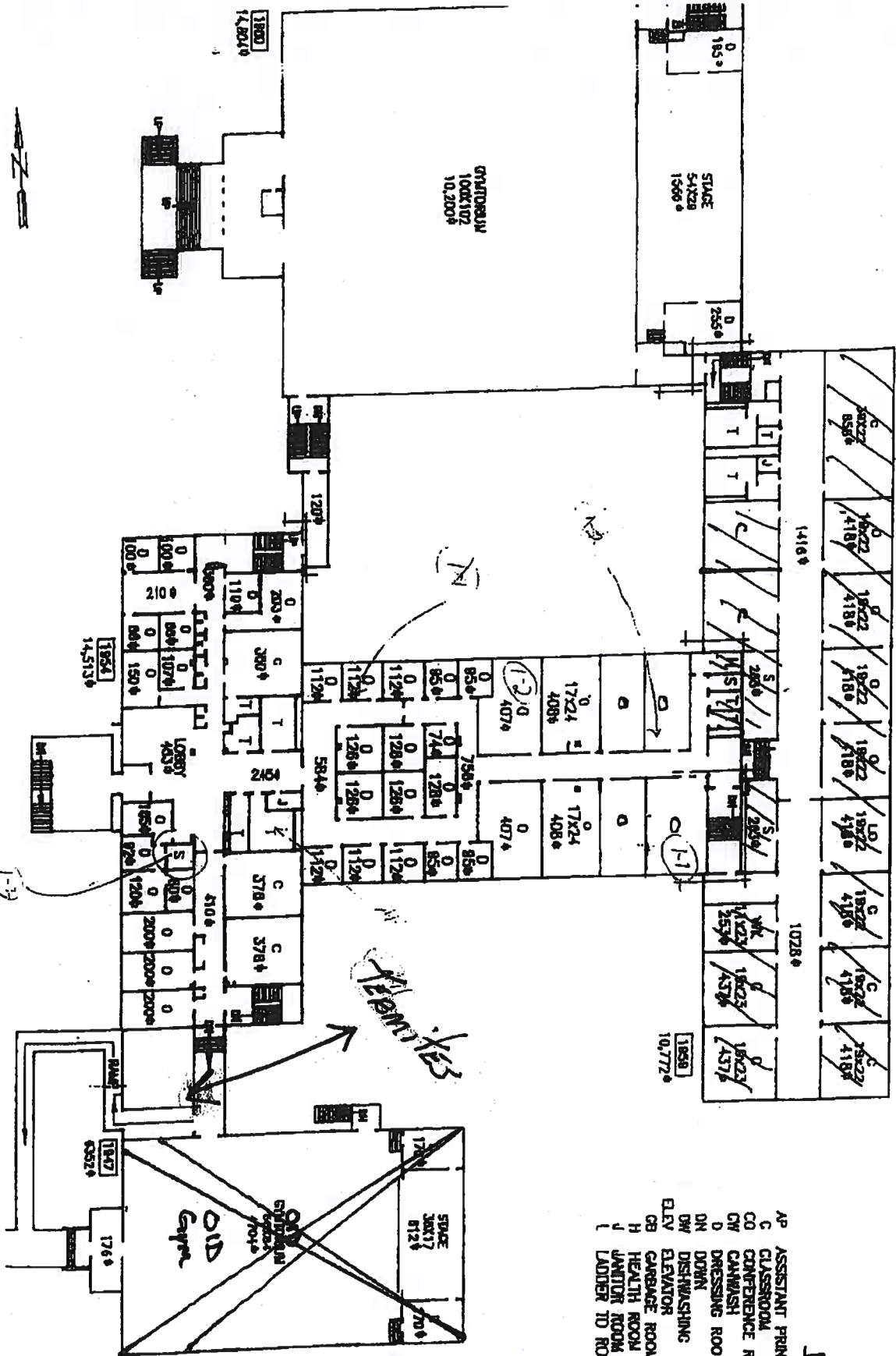
Monthly Pest Control for Cafeterias and Buildings

School	1st Saturday	2nd Saturday	3rd Saturday
Alexander Wilson			X
Altamahaw Ossipee	X		
Andrews Elem.		X	
Audrey Garrett			X
B E Jordan Elem.			X
Broadview Middle		X	
Career & Technical		X	
Child Nutrition		X	
Cummings High		X	
E M Yoder			X
Eastern High			X
Eastlawn Elem.		X	
E M Holt Elem.		X	
Elon Elem.	X		
Graham High		X	
Graham Middle		X	
Grove Park Elem.	X		
Haw River Elem.		X	
Hawfields Middle			X
Highland Elem.	X		
Hillcrest Elem.	X		
Newlin Elem.		X	
North Graham Elem.		X	
Pleasant Grove Elem.			X
Ray Street		X	
Sellars Gunn		X	
Smith Elem.	X		

South Graham Elem.		X	
South Mebane Elem.			X
Southern High			X
Southern Middle			X
Sylvan Elem.			X
Turrentine Middle	X		
Western High	X		
Western Middle	X		
Williams High	X		
Woodlawn Middle			X

2016

/// = Acn Floor Tile
2010



- LEGEND**
- AP ASSISTANT PRINCIPAL
 - C CLASSROOM
 - CO CONFERENCE ROOM
 - CW CANNWASH
 - D DRESSING ROOM
 - DN DOWN
 - DW DSHWASHING
 - ELEV ELEVATOR
 - GB GARAGE ROOM
 - H HEALTH ROOM
 - J JANITOR ROOM
 - L LADDER TO ROOF

- LA LAUNDRY
- LO LOUNGE
- ME MECHANIC
- O OFFICE
- P PRACTICE
- PR PRINCIPAL
- R RESTROOM
- S STORAGE
- T TRAY
- TR TRAY
- SH SINK
- YK YOK

UPPER FLOOR PLAN

Sealwood Pharmacy

**ALAMANCE-BURLINGTON BOARD OF EDUCATION
CONTRACT FOR WILDLIFE REMOVAL SERVICES**

This contract for Wildlife removal, clean up & preventive measures services (the "Contract") is made and entered into this 1st day of July, 2018, between the Alamance-Burlington Board of Education (the "School System"), 1712 Vaughn Rd., Burlington, NC 27217, and ~~Wildlife Nuisance Control~~ (the "Provider"), PO Box 4275, Glen Raven, NC 27215-0902.

For and in consideration of the mutual promises set forth in the Contract the parties do mutually agree as follows:

1. **Obligations of Provider.** Provider hereby agrees to provide services to the School System as follows:
 - 1.1. Specifications of each quote for wildlife removal, clean up & preventive measures. Work will be completed in a timely manner acceptable to the School System in full compliance with the terms and conditions of this Contract, including any documents incorporated by reference.
 - 1.2. **Qualifications of Provider.** Provider warrants that all agents or employees of Provider who will provide services under this Contract will be fully qualified, possess any requisite licenses, and otherwise be legally entitled to perform the services provided, and shall exercise the skill and care customarily exercised by duly licensed and qualified providers of the same or similar services.
 - 1.3. **Records Maintenance.** Provider shall maintain written documentation of any service provided, including any required documentation meeting the requirements of applicable federal, state and local laws and regulations.
2. **Obligations of the School System.**
 - 2.1. The School System hereby agrees to compensate Provider at a rate or in the amount of per quote for services rendered, with total payments not to exceed \$8,000.00, per specific job. With the School System's written consent, payments may be made in monthly installments for work performed and accepted during the previous month.
 - 2.2. In the event of inclement weather, fire, power failure, or other similar occurrence, which may necessitate the cancellation of the delivery of the service(s), and an alternate date cannot be agreed upon, the School System will be under no obligation to compensate Provider for services not rendered.
3. **Term.** The services described in the Contract will be provided from July 1, 2018 through June 30, 2019 unless sooner terminated as herein provided.
4. **Compensation.** The School System hereby agrees to compensate Provider in the amount of \$ per quote, per job, ^{not to exceed \$ 8,000.00} once all services have been rendered in accordance with the terms of this Contract. Provider shall provide School System with invoice(s) itemized by service provided the number of hours worked and by whom, the date(s) that services were provided, and the amount owed, along with any supporting documentation that may be requested in advance by School System. The School System shall process payments to Provider within forty-five (45) days of submission of such invoice(s). In the event of inclement weather, fire, power failure, or other similar occurrence, which may necessitate the cancellation of the delivery of the service(s), and an alternate date cannot be agreed upon, the School System will be under no obligation to compensate Provider for services not rendered.
5. **Termination for Convenience.** The School System may terminate this Contract at any time at its complete discretion upon twenty (20) calendar days' notice in writing from the School System to Provider prior to the date of termination. In addition, all finished or unfinished documents and other materials produced by Provider pursuant to this Contract shall, at the request of the School System be turned over to it and become its property. If the Contract is terminated by the School System in accordance with this section, the School System will pay Provider at the rate set out in Section 2.1 for all

services performed as of the date of termination.

6. **Termination for Default.** At any time, the School System may terminate this Contract immediately and without prior notice if provider is unable to meet goals and timetables or if the School System is dissatisfied with the quality of services provided.
7. **Terms and Methods of Payment.** Provider shall submit to the School System monthly invoices itemized by service provided, the number of hours worked and by whom, the date(s) that services were provided, and the amount owed, along with any supporting documentation that may be requested in advance by the School System. Such invoices shall be submitted within thirty (30) days of the rendering of services. The School System shall process payments to Provider within forty-five (45) days of submission of such invoices. Invoices should be sent to ABSS Maintenance Dept., 307 Prison Camp Rd., Graham, NC 27253, for review and approval.
8. **Contract Funding.** It is understood and agreed between Provider and the School System that the School System's payment obligation under this Contract is contingent upon the availability of appropriated funds from which payment for Contract purposes can be made.
9. **Insurance.** Provider agrees to maintain Commercial General Liability in amount of \$1,000,000 each occurrence, \$1,000,000 each occurrence in Personal & Advertising Injury with \$2,000,000 General Aggregate, and \$2,000,000 Products/Completed Operations Aggregate. Provider shall maintain \$1,000,000 in automobile liability, and other appropriate insurance, as well as Workers Compensation in the required statutory amount for all employees participating in the provision of services under this Contract. The Alamance-Burlington Board of Education shall be named by endorsement as an additional insured on the General and Automobile Liability policies. Certificates of such insurance shall be furnished by Provider to the School System and shall contain an endorsement to provide the School System at least 10 days' written notice of any intent to cancel or terminate by either Provider or the insuring company. Failure to furnish insurance certificates or maintain such insurance shall be a default under this Contract and shall be grounds for immediate termination of this Contract.
10. **Taxes.** Provider shall pay all federal, state, and FICA taxes for all employees participating in the provision of services under this Contract.
11. **Monitoring and Auditing.** Provider shall cooperate with the School System, or with any other person or agency as directed by the School System, in monitoring, auditing, or investigating activities related to this Contract. Provider shall permit the School System to evaluate all activities conducted under this contract as dictated by the School System. Provider shall provide auditors retained by the School System with access to any records and files related to the provision of services under this Contract. The School System agrees that its auditors will maintain the confidentiality of any identified and actual trade secrets of Provider accessed during an audit conducted under this Contract.
12. **Confidentiality of Student Information.** Provider agrees that all student records or personally identifiable information contained in student records that may be obtained in the course of providing services to the School System under this contract shall be subject to the confidentiality and disclosure provisions of applicable federal and state statutes and regulations as well as the School System's policies. All student records shall be kept in a secure location preventing access by unauthorized individuals. Provider will maintain an access log delineating date, time, agency, and identity of individual accessing student records who is not in the direct employ of Provider. Provider shall not forward to any person other than parent or the School System any student record or personally identifiable information obtained from a student record (including, but not limited to, the student's identity) without the written consent of the School System. Upon termination of this Contract, Provider shall turn over to the School System all student records or personally identifiable information about students obtained by Provider while providing services under this Contract. Nothing in this Contract gives Provider any right to access any student records or personally identifiable information.
13. **Lunsford Act.** Provider also acknowledges that G.S. § 14-208.18 prohibits anyone required to register

as a sex offender under Article 27A of Chapter 14 of the General Statutes from knowingly being on the premises of any school. Provider shall conduct or arrange to have conducted, at its own expense, sexual offender registry checks on each of its owners, employees, agents and subcontractors ("contractual personnel") who will engage in any service on or delivery of goods to School System property or at a School System sponsored event, except checks shall not be required for individuals who are solely delivering or picking up equipment, materials, or supplies at: (1) the administrative office or loading dock of a school; (2) non-school sites; (3) schools closed for renovation; or (4) school construction sites. The checks shall include at a minimum checks of the State Sex Offender and Public Protection Registration Program, the State Sexually Violent Predator Registration Program, and the National Sex Offender Registry ("the Registries"). For Provider's convenience only, all of the required registry checks may be completed at no cost by accessing the United States Department of Justice Sex Offender Public Website at <http://www.nsopw.gov/>. Provider shall provide certification on the Sexual Offender Registry Check Certification Form (Attachment A) that the registry checks were conducted on each of its contractual personnel providing services or delivering goods under this Contract prior to the commencement of such services or the delivery of such goods. Provider shall conduct a current initial check of the registries. The sex offender registry checks shall be conducted within 30 days of Provider's execution of the Contract and prior to performing any services on School System property. In addition, Provider agrees to conduct the registry checks and provide a supplemental certification form before any additional contractual personnel are used to deliver goods or provide services pursuant to this Contract. Provider further agrees to conduct annual registry checks of all contractual personnel and provide annual certifications at each anniversary date of this Contract. Provider shall not assign any individual to deliver goods or provide services pursuant to this Contract if said individual appears on any of the listed registries. Provider agrees that it will maintain all records and documents necessary to demonstrate that it has conducted a thorough check of the registries as to each contractual personnel, and agrees to provide such records and documents to the School System upon request. Provider specifically acknowledges that the School System retains the right to audit these records to ensure compliance with this section at any time in the School System's sole discretion. Failure to comply with the terms of this provision shall be deemed a material breach of the Contract. If requested by the School System, the Provider shall provide sufficient background information regarding any or all contractual personnel who may deliver goods or perform services under this contract in order to allow the School System to perform a criminal background check on each individual at the School System's expense. Provider further agrees that it has an ongoing obligation to provide the School System with the name of any new contractual personnel who may deliver goods or provide services under the Contract. The School System reserves the right to prohibit any contractual personnel of Provider from delivering goods or providing services under this Contract if the School System determines, in its sole discretion, that such contractual personnel may pose a threat to the safety or well-being of students, school personnel or others, or if such contractual personnel may otherwise pose a risk to the School System's operations. Failure to comply with the terms of this provision shall be deemed a material breach of the Contract.

14. **Criminal Background Checks.** Provider shall conduct criminal record and background checks on all Contractual Personnel who will perform services pursuant to this Contract on School System property or at School System events. The criminal background checks shall be conducted within 30 days of Provider's execution of the Contract and prior to performing any services on School System property. Provider shall provide the results of said checks to School System within five (5) business days of receipt and shall not assign any Contractual Personnel to provide services under the Contract if said worker has been convicted of or pled nolo contendere to (1) any felony; (2) any crime, whether misdemeanor or felony, involving violence, illegal drugs, theft, child abuse, sexual harassment, sexual abuse, or personal impropriety of a sexual nature with regard to any other person; or (3) any other crime or conduct reasonably indicating that the Contractual Personnel poses a threat to the safety or well-being of School System's students, personnel, or property. In addition, Provider shall obtain all authorizations necessary for School System to conduct additional criminal record and background checks at its sole expense at any time during the term of this Contract. If School System chooses to

exercise this right, Provider shall, within five (5) business days of School System's request, provide the full name, date of birth, and state of residency for the past ten years for all Contractual Personnel providing services under the Contract, along with any other information reasonably requested by School System for purposes of performing criminal record and background checks. Without modifying or waiving any of Provider's obligations under this provision, School System reserves the right to prohibit any Contractual Personnel from providing services under this Contract if the School System determines, in its sole discretion, that said Contractual Personnel has not undergone a criminal record and background check in accordance with this provision or if the results of such criminal record and background check reasonably indicate that the said Contractual Personnel may pose a threat to the safety or well-being of students, school personnel, or others.

15. **Indemnification.** Provider shall indemnify and hold harmless the School System and its agents and employees from and against all claims, actions, demands, costs, damages, losses, and/or expenses of any kind whatsoever proximately resulting from the omission or commission of any act, lawful or unlawful, by Provider or its agents and/or employees, including but not limited to court costs and attorney's fees, incurred in connection with the defense of said matters. The parties agree that this indemnification clause is an "evidence of indebtedness" for purpose of N. C. Gen. Stat. § 6-21.2.
16. **Relationship of Parties.** Provider shall be an independent contractor of the School System, and nothing herein shall be construed as creating a partnership or joint venture; nor shall any employee of Provider be construed as an employee, agent, or principal of the School System.
17. **Compliance with Applicable Laws.** Provider shall comply with all applicable laws and regulations in providing services under this Contract. In particular, Provider shall not employ any individuals to provide services to the School System who are not authorized by federal law to work in the United States. Provider represents and warrants that it is aware of and in compliance with the Immigration Reform and Control Act and North Carolina law (Article 2 of Chapter 64 of the North Carolina General Statutes) requiring use of the E-Verify system for employers who employ twenty-five (25) or more employees and that it is and will remain in compliance with these laws at all times while providing services pursuant to this Contract. Provider shall also ensure that any of its subcontractors (of any tier) will remain in compliance with these laws at all times while providing subcontracted services in connection with this Contract. Provider is responsible for providing affordable health care coverage to all of its full-time employees providing services to the School System. The definitions of "affordable coverage" and "full-time employee" are governed by the Affordable Care Act and accompanying IRS and Treasury Department regulations.
18. **Compliance with Iran Divestment Act of 2015.** Provider certifies that as of the date of this Contract, Provider is not listed on the Final Divestment List created by the North Carolina State Treasurer pursuant to N.C. Gen. Stat. § 147-86.58. Provider understands that it is not entitled to any payments whatsoever under this Contract if this certification is false. The individual signing this Contract certifies that he or she is authorized by Provider to make the foregoing statement.
19. **Anti-Nepotism.** Provider warrants that, to the best of its knowledge and in the exercise of due diligence, none of its corporate officers, directors, or trustees and none of its employees who will directly provide services under this Contract are immediate family members of any member of the Alamance-Burlington Board of Education or of any principal or central office staff administrator employed by the School System. For purposes of this provision, "immediate family" means spouse, parent, child, brother, sister, grandparent, or grandchild, and includes step, half, and in-law relationships. Should Provider become aware of any family relationship covered by this provision or should such a family relationship arise at any time during the term of this Contract, Provider shall immediately disclose the family relationship in writing to the Superintendent of Schools. Unless formally waived by the School System, the existence of a family relationship covered by this Contract is grounds for immediate termination by School System without further financial liability to Provider.
20. **Applicable School Board of Education Policies.** Provider acknowledges that the Alamance-Burlington

Board of Education has adopted policies governing conduct on School System property and agrees to abide by any and all relevant Board policies while on School System property. The Provider acknowledges that Board's policies are available on the School System's website.

21. **Assignment.** Provider shall not assign, subcontract, or otherwise transfer any interest in this contract without the prior written approval of the School System.
22. **Contract Modifications.** This contract may be amended only by written amendments duly executed by and between the School System and Provider.
23. **North Carolina Law.** North Carolina law will govern the interpretation and construction of the Contract.
24. **Order of Precedence.** The Parties do hereby agree that in the event of conflict between the terms and conditions of this Contract and the terms and conditions in an agreement entered into between the parties at the same time as or prior to this Agreement, the terms and conditions of this Agreement shall prevail.
25. **Entire Agreement.** This Contract, including the purchase order, if any, used in connection herewith and any other document(s) expressly incorporated by reference as a part of this Contract, constitutes and expresses the entire agreement and understanding between the parties concerning its subject matter. This Contract supersedes all prior and contemporaneous discussions, promises, representations, agreements and understandings relative to the subject matter of this contract. To the extent there may be any conflict between the four corners of this Contract and other documents incorporated by reference herein, the terms of this Contract will control.
26. **Attached Exhibits:** The following documents, if any, are attached as Exhibits to this Contract and incorporated by reference herein: Exhibit A: Scope of work Exhibit B: Background Checks
27. **Severability.** If any provision of this Contract shall be declared invalid or unenforceable, the remainder of the Contract shall continue in full force and effect.
28. **Counterparts and Execution.** This Contract may be executed in any number of counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. The Parties agree that computer scanned and/or faxed signatures or copies of this Contract will have the same validity and force as an "original."
29. **Authority to Enter Contract.** The person(s) executing this Contract on behalf of Provider have authority to do so as an official, binding act of Provider.

Attachment A

Sexual Offender Registry Check Certification Form

PLEASE SUBMIT THIS FORM TO YOUR OWNER'S REPRESENTATIVE

Project Name: Wildlife Nuisance Control Contract: Wildlife Removal

Check the appropriate box to indicate the type of check:

Initial Supplemental Annual

I, Keith B French (insert name), Owner (insert title) of Wildlife Nuisance Control (insert company name) hereby certify that I have performed all of the required sexual offender registry checks required under this Agreement for all contractual personnel (employees, agents, ownership personnel, or contractors) who may be used to deliver goods or provide services under this Agreement, including the North Carolina Sex Offender and Public Protection Registration Program, the North Carolina Sexually Violent Predator Registration Program, and the National Sex Offender Registry (Note: all of the required registry checks may be completed at no cost by accessing the United States Department of Justice Sex Offender Public Website at <http://www.nsopw.gov/>). I further certify that none of the individuals listed below appears on any of the above-named registries and that I will not assign any individual to deliver goods or perform services under this Agreement if said individual appears on any of the sex offender registries. I agree to maintain all records and documents associated with these registry checks, and that I will provide such records and documents to the school system upon request. I specifically acknowledge that the school system retains the right to audit these records to ensure compliance with this section at any time in the school system's sole discretion. I acknowledge that I am required to perform these checks and provide this certification form before any work is performed under the Agreement (initial check), any time additional contractual personnel may perform work under the Agreement (supplemental check), and at each anniversary date of the Agreement (annual check).

Contractual Personnel Names

Job Title

- | | | |
|----|-----------------------|--------------|
| 1. | <u>Keith B French</u> | <u>Owner</u> |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

I attest that the forgoing information is true and accurate to the best of my knowledge.

Keith B French (print name)

Keith B French (signature / date)

National Sex Offender Search Results

0 records from a national search including all states, territories and Indian Country for County like *caswell*, First Name like *keith*, Last Name like *french jr*

Search performed 8/6/2018 9:38 AM EST

South Carolina: The jurisdiction's service is temporarily unavailable. Please try again later.

Work Order ID:277910		Completion Date:6/11/2019	
Description	fix tile floor in the room with ice machine per William Perry		
Location	Sellars-Gunn Alternative	Building	
Area		Priority	Medium
Area Number		Craft	Carpentry
Custom Category		Type	
Status	Complete	Estimated Hour	
Assigned To	Simmons, Jimmy	Requester	
Estimated Start		Request Date	6/11/2019
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	Routine Request
Project Code	General Maintenance	Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date: \$4.80
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date: 2.00 h
Date	Name		Hours

Technician Name _____ Date _____
 www.schoolde.com MaintenanceDirect

Confirmation _____

Date _____
 Printed by Sue Boothe



William Perry <william_perry@abss.k12.nc.us>

Sellers Gunn Bats

keith french <kb58@att.net>

Sun, Jun 16, 2019 at 2:21 PM

To: "william_perry@abss.k12.nc.us" <william_perry@abss.k12.nc.us>

William,

Here ya go, the dates in which I picked up bats at Sellers Gunn,

The week prior to February 14, 2019..... 1 bat on the bottom floor

The week prior to April 13, 2018.....1 bat on the bottom floor and 1 bat on the 3rd floor

Anything else I can help with just let me know,

Keith