WEST CHESTER ELEMENTARY SCHOOL

ASBESTOS

MANAGIMENT PLAN

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TAHERA 4.0(8/88)

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### Chester County LEA:\_\_\_\_

9/30/88 Date:

LEA NO.: 120

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Page <u>I</u> of <u>I</u>

	TRAN	ISMITTAL SHEE	et/Ahera su	BMITTAL	S				
	1.	DEFERRAL REQU	JEST					•	
		SUBMISSION:	Original	ï		lesubmittal	0	3.6	
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		Remarks:							
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						No Exce	eptions Taken	. *	۵
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							Education LEA	NO.: <u>12(</u>	)
			χ.	-	.O. Box 327				-
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		- <b>1</b> 0		County: _ C	hester Count	ty	and the second states of		
			Şuper	rintendent:	Dr. Kathy (	Coatney Ma	ays		
TAU	FRA 1	0(8/88)		Dec	<b>]e</b> <u>1</u> of <u>20</u> 9	Date:	9/30/88		
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### COVER SHEET

No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99 - 519, and Code of Federal Regulations Title 40, Part 763 (AHERA). The U.S. Environmental Protection Agency and the State of Tennessee recommend those persons or firms performing as professionals be registered under the registration laws of the State of Tennessee or a state which has resiprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

An employee of a State or local public or private education agency (LEA) may provide the services of inspection or preparation of the management plans for their respective LEA's facilities, provided that person is properly accredited under the AHERA laws and regulations.

The signatures hereon attest to the above statement and certify that it is the intent of the signatories to carry out all other provisions of the AHERA laws and regulations.

MANAGEMENT PLANNER (MP) (Attach copy of accreditation certificate in Appendix)

Name: Gene Cain	Accreditation No.: 418					
Firm/LEA: Madison County Board of Education.						
Address: 701 South Highland Ave.	Training Agency: Georgia Institute of					
City/State/Zip: Jackson, TN 38301	Technology					
Telephone: 901-423-0270	Training Course: Managing Asbestos in					
al. A.	Buildings					
Signature: Alme aler	Course Date: March 23-25, 1988					
Dated: 9/30/88						
· · ·	л х <sup>и</sup> <sub>и</sub> х					
	· · · · · ·					

### LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON

Name: <u>Gene Cain</u>	Training Agency: Georgia Tech
Address:9 Rutherford	
City/State/Zip: Jackson	TN 38301 Training Dates: March 21-25, 1988
Telephone: 901-427-	5428 Total Hours: 40
Sene (	The Kathy Coatmy Mayo
LEA Designated Person	s Signature LEA Superintendent's Signature
Dated: 9/30/8	P Dated: September 30, 1988
	*
(Management)	
	LEA: Chester Co. Board of Edu. LEA NO.: 120
Transferrer Contraction Contraction	Address: P.O. Box 327
	Henderson, TN 38340
2 <sup>8</sup>	Superintendent: Dr. Kathy Coatney Mays
	Telephone: 901-989-5134
	Date: 9/30/88
HERA 2.0(8/88)	Page _2_ of 209
	Name: <u>Gene Cain</u> Address: <u>9_Rutherford</u> City/State/Zip: <u>Jackson</u> Telephone: <u>901-427-</u> LEA Designated Person Dated: <u>30</u> (Management ) (Planner's )_ (Seal )

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## ASSURANCES

This AHERA Management Plan was developed and has been submitted pursuant to the Asbestos Hazard Emergency Response Act of 1986, Public Law 99-519; and the United States Environmental Protection Agency Rule: Asbestos Containing Material in Schools, 40 CFR Part 763; and the undersigned does hereby certify that the Local Education Agency (LEA) indicated below has and will ensure the following:

- 1. The activities of any persons who perform inspections, reinspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other State rules and requirements.
- 2. All custodial and maintenance employees are properly trained as required in Part 763 and all other applicable Federal and State regulations (e.g., the Occupational Safety and Health Administration Asbestos Standard for Construction, the EPA Worker Protection Rule or applicable State regulations).
- 3. All workers and building occupants, or their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities, that are planned or in progress.
- 4. All short term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of asbestos-containing building materials (ACBM) and suspected ACBM assumed to be asbestos-containing materials (ACM).
- 5. All warning labels are posted in accordance with Section 763.95.
- All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Section 763.93(g).
- The undersigned person designated by the LEA pursuant to Section 763.84(g)(1) has received adequate training as stipulated in Section 763.84(g)(2).
- 8. The LEA has and will consider whether any conflict of interest may arise from the interrelationship between the Management Planner and other accredited persons performing AHERA activities.

Signed: 1 Date:

LEA Designated Person, pursuant to 40 CFR 763.93(I) and 763.84

Typed Name: Gene Cain

LEA: Chester Co. Board of EducationLEA NO.: 120 Date: 9/30/88

TAHERA 3.0(8/88)

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## SCHOOL BUILDING LIST

List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	СПТҮ	ZIP CODE		BM NF	NO ACBM
120 0005	Chester Co. High.	Hwy 100 East He	nderson TN 38	340	x	x	
126						·	
0010	Chester Co. Jr. Hi	gh, Hwy. 100 East	, Henderson, 1	IN 38340		X	· · · · ·
	Bus Shop, Hwy. 100	East, Henderson,	TN 38340			Ĺ	х
120							
0015	East Chester Elem.	, Hwy. 100 East, 1	Henderson, TN	38340		Х	
0025	Jack's Creek Elem.	, General Deliver	y, Henderson,	TN 38347		x	
120 0028	North Chester Ele	m., Luray Ave., H	enderson, TN 3	8340	x	x	
<u>0030</u> .	West Chester Elem.	. Hwy. 100 West,	<u>Henderson, TN</u>	38340		x	
		anne a sterning anne anne		•			
		8					
	1. A						
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	- <b>N</b>						-
				Э		1.1.1	
		6					

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**LEGEND:** 

ike F

F = Friable NF = NonFriable ACBM = Asbestos-Containing Building Material D.O.E = Department of Education

17

LEA: Chester Co. Board of Education LEA NO.: 120

.

Date: 9/30/88

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SCHOOL INFORMATION FORM /SCHOOL West Chester Elementary

NO.:120-0030

1. Bi Date <u>Built</u>	JILDING STATISTICS Area Name, <u>Addition, et</u>		<u>Nae</u>		otal Area (uare Feet)
7-62	West Chest	er	School	3	3,856
8-74	4 Classroo	ms		ž.	5,624
Walls:	nry/Concrete	loors: Wood Concrete Steel	Roof: Wood Concrete Steel Other	Craw	-on-grade /Ispace ment
Notes (Ex	plain Other):				
<ul> <li>Heating:</li> <li>Center</li> </ul>		S fail Electric ther	Cooling: Contral HVAC Wall Electric		Window Units Other
Notes (Ex	plain Other):	š.		s	
👖 Gурз	and Plaster um Board stical Finish	Flooring: [] Vinyl Tile [] Carpet [] Wood [] Unfinished [] Other	Wal D D D D D D		d
Notes (Ex	plain Other):				
83 Floor 13 Mech 13 Spec 1 Finis	JMMARY OF DOCUM Plans panical Drawings ifications h Schedules SPECTION INFORMAT	ENTS REVIEWED Sections As Built Draw Sampling Re (In-house)	vings [] F ports [] F - [] F	Past Abatemen Past Abatemen Past Abatemen Past Surveys	t Spec.s
		Inspector			
	mbers S	7-26-88 Ignature	Numbe	litation or/State eorgia	Affiliation
		an de la companya de			
-		LEA: CI	ester County	67567	LEA NO.: 12
HERA 6.1(8/	201		Date: age148 of 209	9/30/1	00

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## HOMOGENEOUS AREA SUMMARY/SCHOOL: West Chester Elementary NO .: 0030

HA No.	Material Description	Material Type (T,S or M)	BIA No.s Included in HA	Sample No.s Taken .in HA	HA Drawing No.
1	Vinyl Floor Tile	M			0030-1
2	Vinyl Floor Tile	М			0030-2A
2B	Vinyl Floor Tile	M			0030-2B
3	Vinyl Floor Tile	M			0030-3
-4	Vinyl Flooe Tile	М			0030-4
5					0030-5
6	Vinyl Floor Tile	M			0030-6
	Ceiling Tile	й			

Through

HA No.	Confi	ACI med   NF		umed   NF	No ACBM	Tota Quar (Show	ntity		Ca	n	id C	ara	atic	ons	G	н	Assessment Category
1			Concernant of	X		1,770	Sq.	Ft.	1	1	1	1	3	3	2	4	5
2A				X		1,580	Sq.	Ft.	1	1	1	1	3	3	2	4	5
2B				x		560	Sq.	Ft.	1	1	1	1	3	3	2	4	5
3				x		5,603	Sq.	Ft.	1	1	1	1	3	3	2	4	5
4				x		6,240	Sq.	Ft.	1	1	1	1	3	3	2	4	5
5					x										_		
6				x		2,100	Sq.	Ft.	1	1	1	1	3	3	2	4	5
				X		30,000 5	iq, F	t.	1	1	1	3	3	3	5	5	5
				1					ľ	Γ							

Through

Out

Exposure Considerations (A through F, rate 1 to 5 with 5 being worst):

A. Deterioration

- **B.** Physical Damage
- C. Water Damage
- D. Activity/Vibration
- E. Exposure F. Accessibility
- 2. 5 hr./week 3. 10 hr./week 4. 20 hr./week

G. Length of Exposure 1. 1 hr./week

5. 40 hr./week

### **Assessment Categories:**

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

- H. Exposure Population
  - 1. Maintenance

  - 2. Maint., Custodial 3. Maint., Custodial 4. Maint., Cust., Faculty 5. Maint., Cust., Fac., Students 5. Maint., Cust., Fac., Stud., Public

Legend:

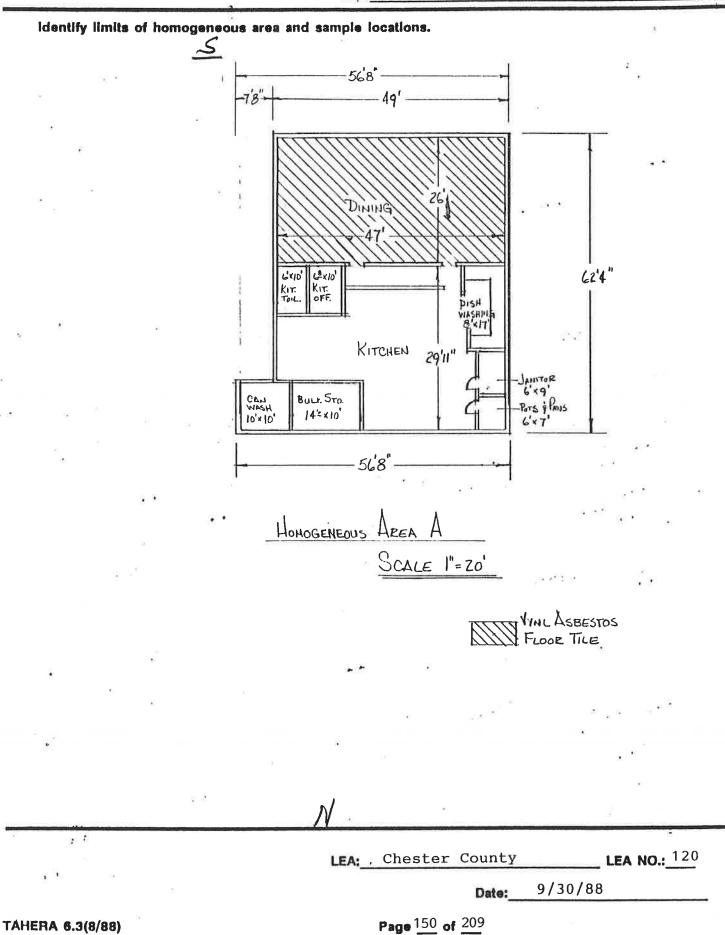
- HA = Homogeneous Area T = Thermal System Insulation
- = Surfacing s
- M = Miscellaneous
- **BIA= Building Inspection Area** (Number assigned by Inspector)

LEA: Chester County

\_ LEA NO.: 120

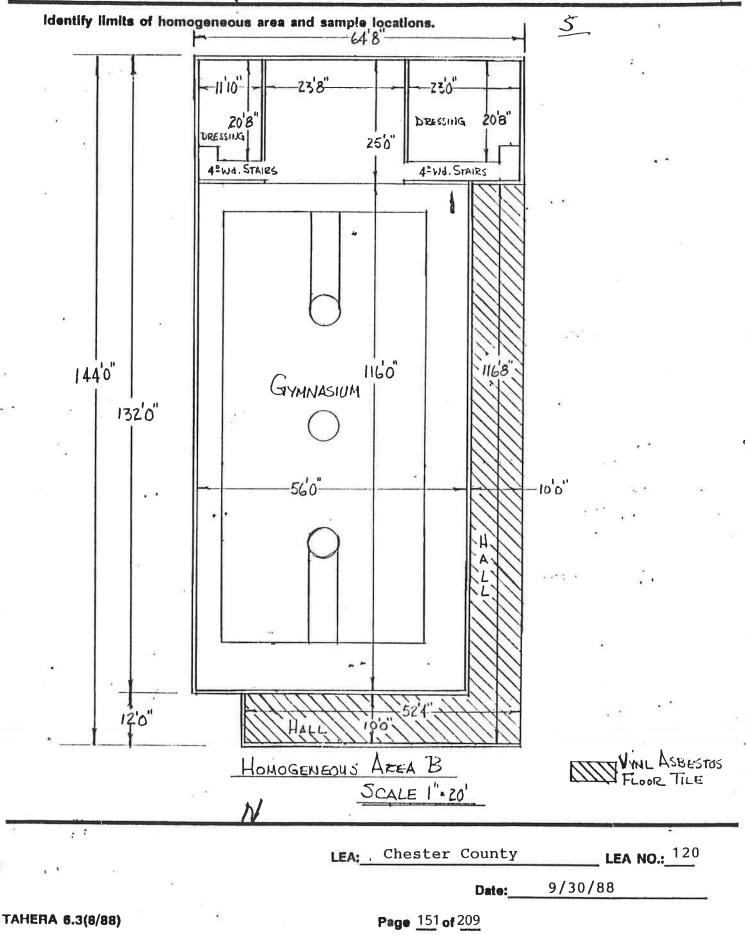
9/30/93 Date:

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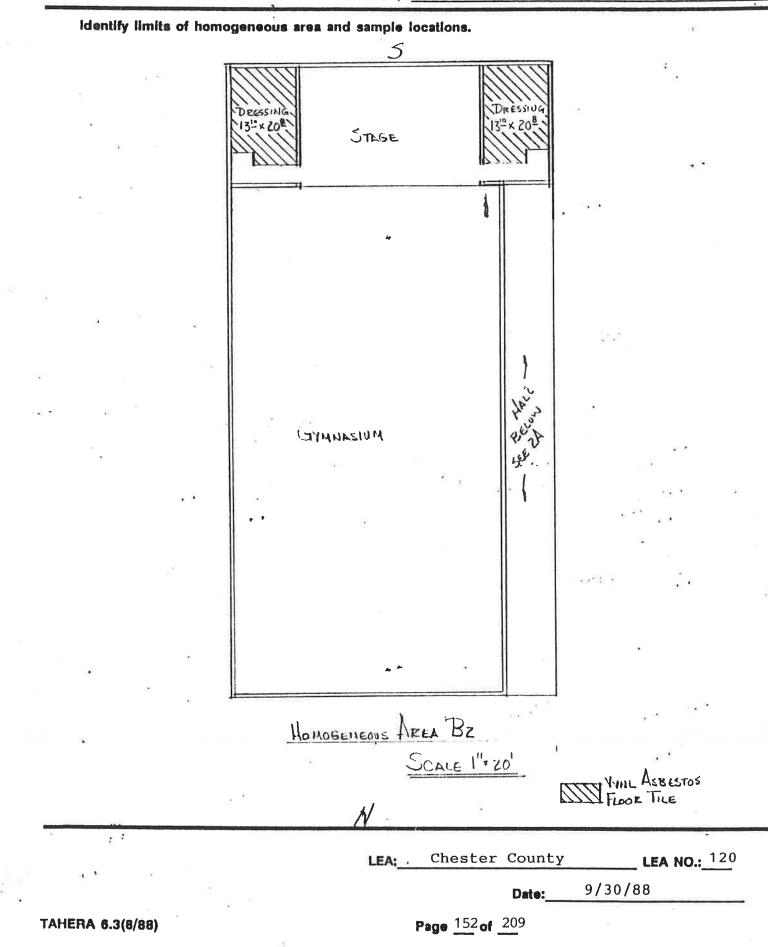
÷ 1

HOMOGENEOUS AREA DRAWING/SCHOOL: West Chester Elementary NO.: 2A DRAWING NQ.: 0030-2A



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1<sub>2</sub>

5

HALL x A В 44' LIBELRY 30'XZG CLIM 8' HALL 94x 26 16

HOMOGENEOUS AREA C SCALE 1"= 20'

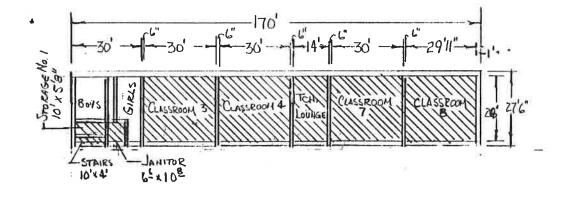
VYNL ASBESTOS FLOOR TILE

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	LEA: Chester County LEA NO.: 120
at Mark	Date: 9/30/88
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S

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA D SCALE 1"= 40'

VYNL ASBESTOS

a ĝ	N .	
	LEA:_, Chester County	LEA NO.:
. т. т. т. К. т.	Date:	9/30/88
TAHERA 6.3(8/88)	Page 209	

3

Identify limits of homogeneous area and sample locations.

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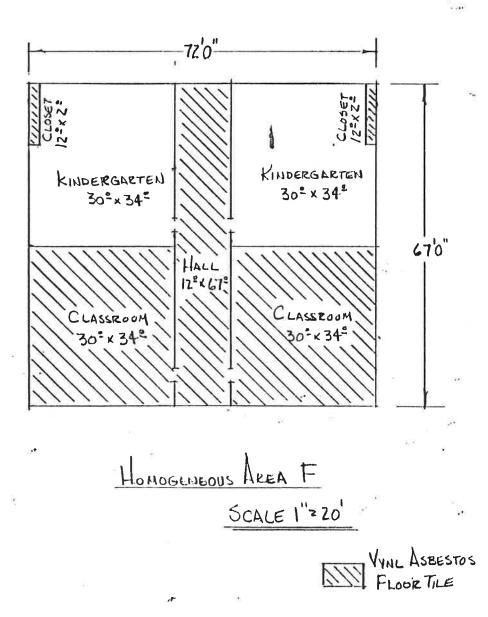
BoilER BOOM 6'0" 12'6" 13'10"

E OMOGENEOUS AREA SCALE 14"=10"

11 LEA NO.: 120 LEA: Chester County Date: 9/30/88 TAHERA 6.3(8/88) Page 155 of 209

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2 <sup>4</sup>	LEA: Chester County LI	EA NO.:120
	Date: 9/30/88	
TAHERA 6.3(8/88)	Page 156 of 209	

1. NOTIFICATION PLAN (Describe method of Notification and include dated copy of actual Notifications, meeting minutes, newspaper articles, etc. in Appendix):

All parent's, teacher's, employee's organizations and school groups will be informed in writing of the location of the ACM and the location of the Management Plan. The Management Plan will go into effect July 9,1989. The periodic surveillance will be in January of 1990 and each six months thereafter. In three years after July 9, 1989, all schools will be reinspected as described in AHERA 763.85 (b).

- 2. PERIODIC SURVEILLANCE PLAN: LEA shall perform Periodic Surveillance at least every six (6) months from date of Management Plan implementation (Report surveillance on Form TAHERA 9.0).
- 3. REINSPECTION PLAN: The requirements of a Reinspection Plan are described in Paragraph 763.85(b) of AHERA and shall include performance by an accredited inspector; frequency (at least every three (3) years); address all friable and nonfriable, known or assumed ACBM; visual reinspection and reassessment; touching of material to determine changes of condition; identification of homogeneous areas where material has become friable since the last inspection; sampling of areas assumed to contain ACBM; reassessment of areas where condition of materials has changed; recording of dates of reinspection; changes of conditions of materials; exact sample locations; manner used to determine sampling locations; and names and signatures of persons making the reinspection, taking samples and reassessing the materials, accreditation numbers and states of accreditation.
- 4. PROGRESS REPORTS: Progress Reports on Management Plan Implementation are to be submitted to the State AHERA Designated Person no later than July 9 of each year beginning 1990. These reports are to include each completed response action, each response action in progress, how these response action schedules compare with the Management Plan schedule, results of Reinspections and Surveillances, a summary of Operations and Maintenance activities and resources needed to continue Implementation of the Management Plan. Copies of the Progress Reports should be placed in the Appendix to the Management Plan.

5. DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: July 9, 1989

LEA: Chester County

\_\_\_\_\_ LEA NO.:<sup>120</sup>

Date: 9/30/88

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### September 21, 1988

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. . .

TO: Principal, Teachers, Lunchroom Employees, Custodians, Maintenance Employees and Parent Organizations

FROM: Dr. Kathy Coatney Mays

4

SUBJECT: EPA Rule 763.93 (G) (4) concerning the friable and nonfriable asbestos at the West Chester Elementary School.

EPA Rule 763.93 (G) (4) requires the local education agency to notify in writing of the availability of the management plan.

The management plan is located in the Principal's Office and amy be seen at their convenience. Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

The ACM is currently in good condition and should not present a danger unless damaged or disturbed.

Avoid disturbing the ACM (e.g., do not hang plants or pictures on the ACM, do not puch furniture against the ACM, do not remove ceiling tiles).

Report any evidence of disturbance or damage.

Cleaning and maintenance personnel are taking special precautions during their work to properly clean up asbestos debris and to guard against disturbing the ACM.

All ACM is inspected periodically and additional measures will be taken when needed to protect the health of building occupants.

Report any dust or debris from ACM, any change in the condition of the ACM, or any improper action of building personnel to:

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Boiler Room (Approx. 200 lin. ft. Thermal System Insulation)

Area <sup>2</sup> - Floor Tile in Corridor, Handicap Room Adult Education Room and Janitorial Closet.

Area  $^3$  - Floor Tile in Gym Foyer and Gym Storage Room.

- Area <sup>4</sup> Floor Tile in Corridor, Library, Storage Room, Kindergarten Room, Headstart Room, Mrs. Ware's Office, Band Room and Fourth Grade Classroom.
- Area <sup>5</sup> Floor Tile in Cafeteria.
- Area <sup>6</sup> Floor Tile in Corridor, Classrooms 1, 2, 3, 4, 5 and Book Room.

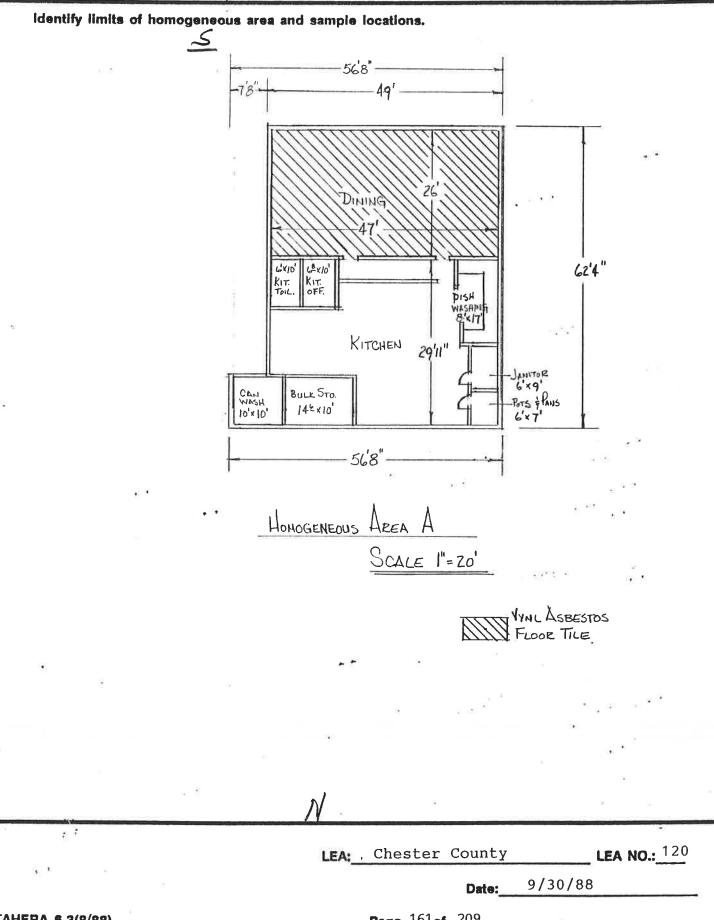
Area 7 - Floor Tile in Portable Storage Building.

(Aprroximately 19, 138 sq. ft. of floor tile.)

2

Identify type and extent of ACBM to remain in the building following implementation of response actions.

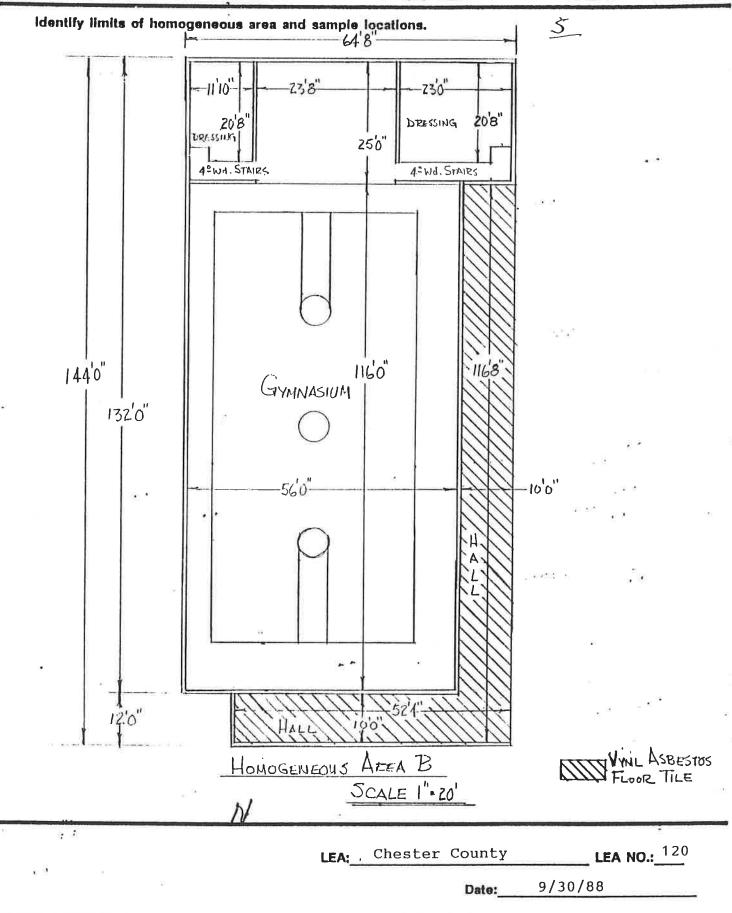
(A	LEA: Chester_County		LEA NO.: <u>120</u>
) · · ·	Date:	9/30/88	4
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TAHERA 6.3(8/88)

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HOMOGENEOUS AREA DRAWING/SCHOOL: West Chester Elementary NO.: 2A DRAWING NO.: 0030-2A



TAHERA 6.3(8/88)

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Identify limits of homogeneous area and sample locations. 5 DEESSING DRESSID 13"×20" 131º × 208 J.TAGE 1 HAL DA MUIZAUMYE 8.8 HONOGENEOUS AREA BZ SCALE 1" 20 SBESTOS VINL  $\square$ FLOOR TILE . : \_ LEA NO.: 120 Chester County LEA: · 9/30/88 Date:\_ Page 163 of 209 TAHERA 6.3(8/88)

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule Start	Dates  Complete
- 1300 personale	Vinyl Floor	And the second		July	Until
1	Tile	A-B	A-B	1989	Removed
2A	Vinyl Floor			July	Until
ZA	Tile ·	A-B	A-B	1989	Removed
	Vinyl Floor		1	July	Until
2B	Tile	A-B	A-B	1989	Removed
	Vinyl Floor			July	Until
3	Tile	A-B	A-B	1989	Removed
	Vinyl Floor			July	Until
4	Tile	A-B	· A-B	1989	Removed
	Vinyl Floor			July	Until
6	Tile	A-B	A-B	1989	Removed
ugh		A-B	A-B	July 1989	Until Removed
		1	18. s.P		
				à	

#### Recommended by Management Planner 1.

Management Planner's method for selection of response actions: 2.

Response actions based on Hazard Ranking required by AHERA Section 763.90

Alf different than recommended action, explain:

Appropriate Response Actions:

- A. Institute Preventative Measures
- B. O & M Program
- C. Repair
- D. Encapsulate

- E. Enclose F. Remove
- G. Isolate
- H. Other (Explain)

LEA: Chester Cour	nty
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Date: 9/30/93

IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: West Chester Elementary NO.: 0030

1025 Charles 12

(Use separate sheet for each response action listed on Form TAHERA 6.4)

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1. RESPONSE ACTION:

Institute Preventative Measures
 Operations and Maintenance Program
 Repair
 Isolate

☐ Enclose → Remove ☐ Encapsulate ☐ Other

## Notes (Explain Other): Ceiling Tile

## 2 DETAILED DESCRIPTION:

Incorporate these areas/materials into an Operations and Maintenance Program until major renovation or demolition requires removal under NESHAPS or until hazard assessment factors change.

3. LOCATIONS (List all HA No.s, BIA No.s or attach Drawing):

Throughout

# 4 . REASONS (Give reason for selecting response action):

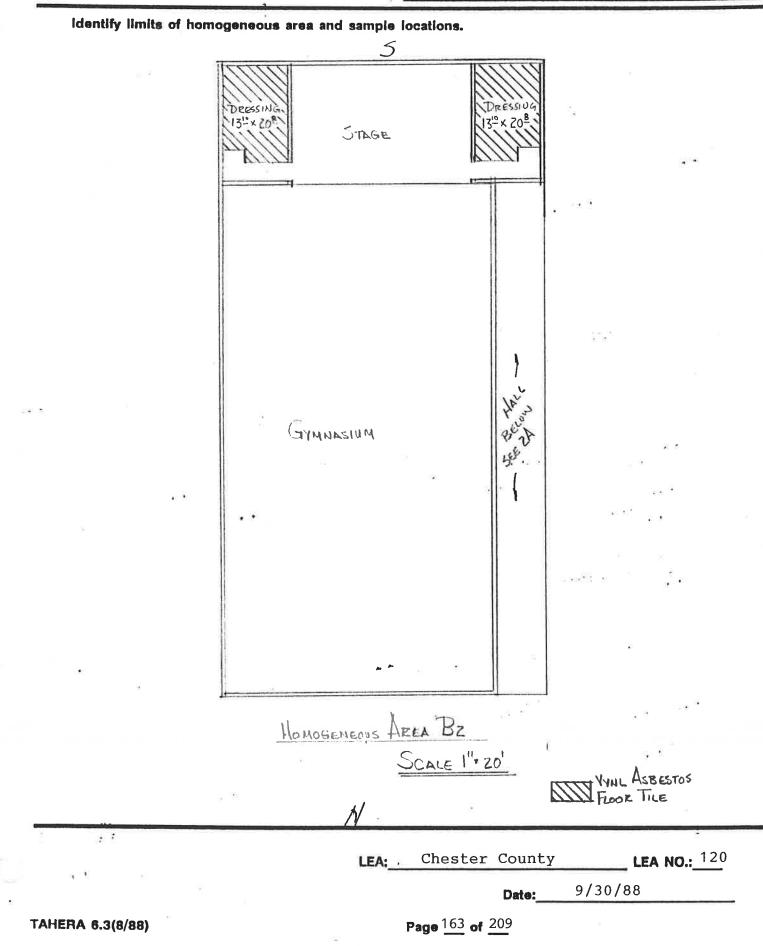
This material is not very friable, is in good condition and is not easily accessible, and does not present a health hazard in its present condition.

# 5. SCHEDULE (Starting and completion dates for response action):

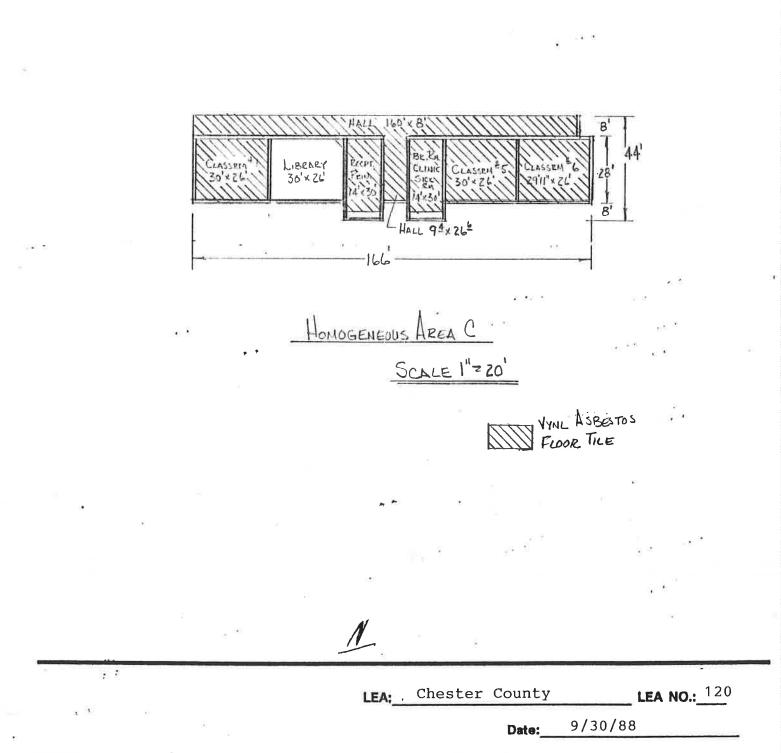
Begin May 9, 1989 and continue as long as this material remains in the building.

# 6. RESOURCES NEEDED (Additionally, list funding sources, if known):

Include in general Operations and Maintenance Program with removal costs estimated at \$3.00 - \$4.50 per square foot.



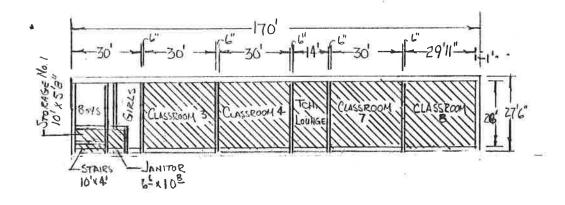




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AREA D HONOGENEOUS SCALE 1"= 40'

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· · · ·			LEA: Chester Cou	ounty	LEA NO.:
1 U	The state of the s		Date	ate:	9/30/88
TAHERA 6.3(8/88)			Page <sup>165</sup> of 209	)	

BoilER BOOM 60 7'2" 12'6 13'10"-E HOMOGENEOUS AREA SCALE 14"=1'0" 大きちゃ 2.00 N . : LEA NO .: 120 LEA: .Chester County Date: 9/30/88

TAHERA 6.3(8/88)

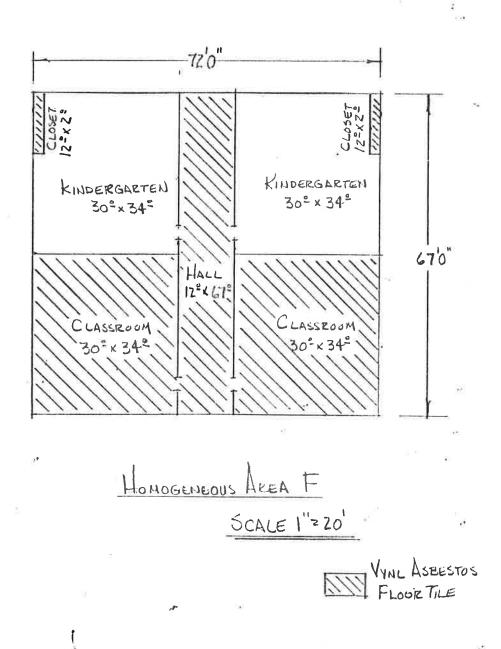
Page<sup>166</sup> of <sup>209</sup>

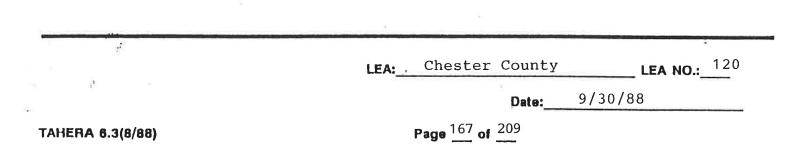
5/

Identify limits of homogeneous area and sample locations.

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In areas 1,2,3,4 and 5 there is assumed asphalt floor tile. This is a hard surface and releases fibers at a very slow rate.' There should be no drilling, sawing, breaking or sanding without proper equipment. When cleaning the tile these steps will be followed:

- I. The floor is to be cleaned using water and detergents with no chemicals.
- II. The floor is never to be sanded.
- III. All floors should be wet-mopped and all other horizontal surfaces such as the tops of light fixtures and file cabinets should be wiped with a damp cloth.
- IV. Custodians will be instructed to avoid dropping anything which may damage the tile.
  - V. No dry brooms, mops or dust cloths are to be used on the tile.
- VI. A good coat of commerical grade wax is to be kept on the tile at all times.
- VII. In case of a piece of tile breaking, the following shall be observed: A. The area is to be marked off.
  - B. Signs posted to prevent entry.
  - C. All HVAC units in the area closed down.
  - D. Maintenance men will come in with proper equipment after school or at night and make necessary repairs.
  - E. The wet cleaning method with HEPA filtered vaccum will be used for clean up.
  - F. All debris will be disposed of according to EPA regulations.
  - G. For major release, the building will be closed down and a company accredited to remove asbestos shall be called in.
  - H. All records of the cleaning of the tile, name, date and method used, must be kept in the Principal's office.

LEA: Chester County

9/30/88 LEA NO.:120

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Date:

TAHERA 6.8(8/88)

## OPERATIONS AND MAINTENANCE PROCEDURES Chester County Schools

This plan deals with non-friable ACM and friable TSI which will become non-friable when it is repaired. Most of the TSI is isolated in the boiler rooms of Chester County High School and North Chester Elementary School.

- I. All Principals, Teachers, Lunchroom Employees, Custodians, Maintenance Employees, Students, Parents and Parent Organizations will be notified of the location of the ACM and location of the Management Plan. (See Copy of Notification)
- II. All ACM in the floor tile must be cleaned using the wet method for cleaning and all records of the cleaning of the building must include names, dates and method used. This record will be kept in the Principal's office. The cleaning of the friable TSI will be with the wet wipe system and the HEPA Vaccum. All maintenance men performing this operation will wear an air purifying negative pressure respirator with HEPA filters and protective clothing (suits, hoods and boots). Any debris will be placed in an air tight bag and then a drum for proper disposal.
- III. Should there be a small scale fiber release, the plan for Disturbance of ACM Intended or Likely TSI will be followed. (See Attached Sheets)
- IV. All employees that wear a respirator must have a pulmonary function test or breathing test.
- V. All custodians and maintenance personnel will receive two hours of awarness training (T.H.E.-/A.C.T.-/AHERA compliance film plus one hour of discussion of the film). Each will receive a copy of of <u>Asbestos In</u> <u>Buildings - Guidance for Service and Maintenance Personnel</u>. Each maintenance man will also receive 14 additional hours of training:
  - A. Respirator for asbestos and filtering 1 hour
  - B. HEPA vaccum cleaner for asbestos clean up 1 hour
  - C. Maintaining asbestos covered pipes and surfaces 2 hours
  - D. Practicing use of glove bag 5 hours
  - E. Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote 5 hours
- VI. All service personnel from outside of the school must report to the Principal's office before any work can begin. At this time they will be informed of any ACM.
- VII. The ACM in each area will be inspected by a maintenance man and the date, time and condition of the ACM recorded. This will be kept in the Principal's office. The re-inspection will be in 3 years from July 9, 1989, and it will follow AHERA 763.93 (E) (9).
- VIII. All records of activities involving ACM will be kept in the Principal's office.
  - A. Employee training
    - 1. Name
    - 2. Job Title
    - Date training was completed

(continued)

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LEA: Chester County
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9/30/88

LEA NO.: 120

Page<sup>169</sup> of <sup>209</sup>

Date:

TAHERA 7.0(8/88)

# **OPERATIONS AND MAINTENANCE PROCEDURES**

- 4. Location of training
- Number of hours completed 5.
- Initial Cleaning в.
  - Name of each person performing the cleaning 1.
  - 2. Date of cleaning
  - Location 3.
  - Method used 4.
- O and M Activities с.
  - Name of person performing the activity 1.
  - 2. Start and completion dates
  - Location 3.
  - Description of activity 4.
- For Small Scale Fiber Release D.
  - Date and location of episode 1.
  - Method of repair 2.
  - Name of person performing the work 3.
- For large scale fiber release the school will be closed and a con-Е. tractor certified to do the work will be called in.
  - Name and signature of the contractor 1.
  - State of accreditation 2.
  - Accreditation number 3.
  - Start and completion dates 4.
  - Location of activity 5.
  - Description of activity 6.
  - If ACM is removed, name and location of storage or disposal 7. sites

LEA NO.: 120

9/30/88 Date:

Page 170 of 209

10 10 10	President C. Recent Director, Education Extension Services Associate Vice President for Academic Attacts	Atlanta, Georgia MARCH 21-23, 1988	conducted by GEORGIA TECH FDUCATION EXTENSION SERVICES	Inspecting Buildings For Asbestos Containing Materials	has successfully completed	GENE E. CAIN	This is to certify that	GEORGIA INSTITUTI
	Inces Inces Inces Inces	1992 - 1981 - 19 19 19 19 19 19 19 19 19 19 19 19 19	PROGRESS SERVICE				I I N S T	EOFTECHNOLOGY

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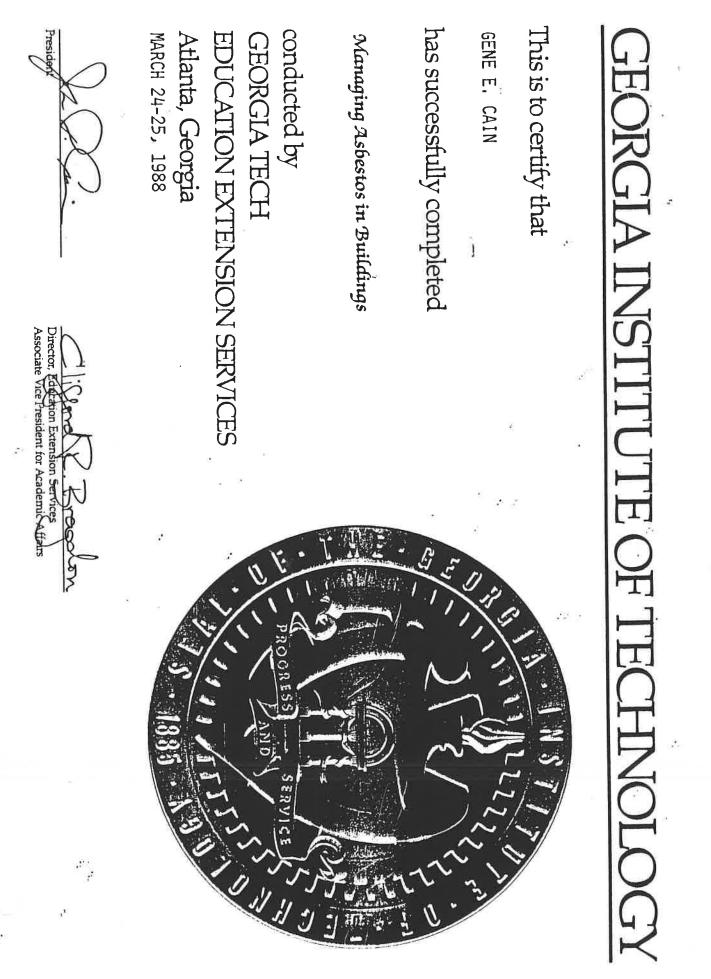
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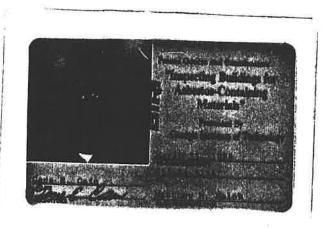
Page <u>190</u> of <u>209</u>

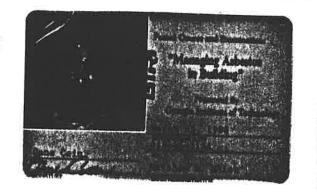
"INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS" wch 23 198 Certificate Number covering the contents of a continuing education course entitled: Date The Georgia Institute of Technology Has attended and satisfactorily passed an examination ene E. Cain mar Exam Administrator les-n. malak Course Director i durley 20 • Page 191 of 209

Î The Georgia Institute of Technology Gene E. Cain Has attended and satisfactorily passed an examination arch 2 Certificate Number covering the contents of a continuing education course entitled: Date 418 25 "MANAGING ASBESTOS IN BUILDINGS" LIND. Exam Administrator **Course** Director 24 Ind Page 192 of 209



Page <u>193</u> of <u>209</u>





QUALITATIVE RESPIRATOR FIT TEST Name: GENE E, Social Security No.: 415-444 34 Respirator Type: A/3Ath 30 Size By: P. Schnitter Georgia Tech Research Institute

September 21, 1988

TO: Principal, Teachers, Lunchroom Employees, Custodians, Maintenance Employees and Parent Orgianizations

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning the friable and nonfriable asbestos at Chester County High School.

EPA Rule 763.93 (G) (4) requires the local education agency to notify in writing of the availability of the management plan.

7-

The management plan is located in the Principal's office and may be seen at their convenience.

\$

Asbestos is a potential health hazard.

3/1

Material containing asbestos has been found in the building.

The ACM is currently in good condition and should not present a danger unless damaged or disturbed.

Avoid disturbing the ACM (e.g., do not hang plants or pictures on the ACM, do not push furniture against the ACM, do not remove ceiling tiles).

Report any evidence of disturbance or damage.

Cleaning and maintenance personnel are taking special precautions during their work to properly clean up asbestos debris and to guard against disturbing the ACM.

All ACM is inspected periodically and additional measures will be taken when needed to protect the health of building occupants.

Report any dust or debris from ACM, any change in the condition of the ACM, or any improper action of building personnel to:

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Lobby & Office - Asphalt floor tile.

Area 2 - Storage room, workroom, two restrooms, Biology Room -Asphalt floor tile.

Area 3 - Gym, corridors beside gym, Girls PE Office - Asphalt floor tile.

- Area 4 Varsity dressing room, study hall, bookroom, classroom, Teachers Lounge - Asphalt floor tile.
- Area 5 Home Economics, General Science, Physics Room Asphalt floor tile.

Area 6 - Library, eight classrooms, conference room, counselors room - Vinyl asbestos floor tile.

- Area 7 Auditorium Pipe wrappings in womens restroom, lobby, janitorial closet, dressing room on stage and overhead around stage.
- Area 8 Cafeteria and Kitchen Inlayed linoleum in cafeteria, storage room in kitchen and locker room - Vinyl asbestos floor tile.
- Area 9 Boiler Room Pipe wrappings and hot water tank.
- Area 10 Agriculture Building Corridors, bookstore and classrooms have vinyl asbestos floor tile. Pipe wrappings in boiler room, shop and shop restroom.

Area 11- Business Building - All classrooms have vinyl asbestos floor tile.

Area 12 - Vocational School - Hall and storage, janitorial room, hall leading to stairs, landing on stairs, hall between shops and locker area, three office areas, janitorial closet and storage room upstairs on the right - vinyl asbestos floor tile. Pipe wrappings on the elbows of hot water tank.

EMPLOYEE TRAINING FORM	Maintenance & Custodial
	eventy Junion High Capiteria
Date: Deptember 21, 198	YPeriod of Instruction: 3 Hrs.
Instructor (Print Name): Gene (	ain - Tage (VCR)
Subject Matter Covered: T.H.E. A.C.T training and	two hour employee A.H.E.R.A. compliance

**ATTENDEES:** 

JOB TITLE NAME, (Print) o Cray Le 1000 ter Mant NL 2

\* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.

EA Designated Person:	Gene Cain	
Signature:	Alm Car	······································
<i>t</i> <sub>2</sub>		

LEA: Chester County

\_\_\_ LEA NO.:120

Date: 9/30/88

TAHERA 11.0(8/88)

Page 197of 209

E	MPLOYEE TRAINING FORM	Vaintenance & Custadeil
L	ocation of Training: <u>Chater County</u>	since Thigh Confiture
ir	nstructor (Print Name): <u>Gene Cair</u>	d of Instruction: <u>3</u> Hrs. Tape (VCR)
	ubject Matter Covered: T.H.E. A.C.T two hou training and discuss	r employee A.H.E.R.A. compliance ion.
Ş	NAME (Print)	Janiles High School
	Marion C-Davig	Jantor Jr. High School
× .	Kat hy Calney Marp	Achail Seiperintendent.
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	** *	, / /*
	120	<b>*</b>
		*
	* LEA Designated Person certifies that the person the above described AHERA Compliance Train	n Indicated attended ling Program.
	LEA Designated Person: Gene, Cain Signature:	
	۶: LEA:	Chester County LEA NO.: 120
TAHE	RA 11.0(8/88)	Date: 9/30/88 Page 198 of 209

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EMPLOYIE TRAINING FORM	a.
Location of Training: Chester	- County High School
Date: <u>9/2//1988</u>	Period of Instruction:2 Hrs.
Instructor (Print Name): (	Cain
Subject Matter Covered: Maintaining	asbestos covered pipes and surfaces.
ATTENDEES:	1
NAME (Print)	JOB TITLE
Query Wille	- Maint.
Should Kim	1011
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* LEA Designated Person certifies that t the above described AHERA Compila	the person indicated attended ince Training Program.
LEA Designated Person: Gene Ca	ain
Signature:	Caur
1. A.	LEA: Chester County LEA NO.: 120
	Date: 9/30/88
HERA 11.0(8/88)	Page 199 of 209

Location of Training:	County Courthouse
a/alling	
Date: /////988	Period of Instruction: 1 Hrs.
Instructor (Print Name): Dene	Cain
Subject Matter Covered: Respirate	ors for asbestos and fitting.
ATTENDEES:	
NAME (Print)	JOB TITLE
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May HKing	1c 1c
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* LEA Designated Person certifies to the above described AHERA Cor	hat the person indicated attended npliance Training Program.
LEA Designated Person: Ger	me Cain
Signature:	me aun
Signaturefeld	fund Change
;	Cheater County
	LEA: Chester County LEA NO.: 12

•

Location of Training: Che-ter C	aunty Courthouse
Date: 9/2/1988	Period of Instruction: <sup>1</sup> Hrs.
Instructor (Print Name): Gene	Cain
Subject Matter Covered: HEPA vacuum	cleaner for asbestos cleanup.
ATTENDEES:	50 52
NAME (Print)	JOB TITLE
Quilitai	- Noini
PLANK	
Ange AMmy	11 1/
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* LEA Designated Person certifies that t	
the above described AHERA Complia	
the above described AHERA Complia	1
LEA Designated Person: Gener Cair	allo
LEA Designated Person: Gener Cair	

Date: 9-24-1988       Period of Instruction: 5       Hrs.         Instructor (Print Name): Gene Cain	Location of Training: Charles	· County Thigh School
Instructor (Print Name): <u>Gene Cain</u> Subject Matter Covered: <u>Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote.</u> ATTENDEES: NAME (Print) JOB TITLE <u>Dury M.M.</u> <u>Memt</u> <u>JuggHHKmg</u> <u>Ir</u> I	Date: 9-24-1988	
Subject Matter Covered: Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote.         ATTENDEES:         NAME (Print)         JOB TITLE         JUggA K mig         Ir         JUggA K mig         Ir         Ir	Instructor (Print Name)	
ATTENDEES: NAME (Print) JOB TITLE Duy M. M. Mc mt Slight King Ir II 		
NAME (Print) JOB TITLE		
LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.	NAME (Print)	1000 10
LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program. LEA Designated Person:	Que V. Al	Memi
LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program. LEA Designated Person:	Sleyd H King	
LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.	· · · · · · · · · · · · · · · · · · ·	
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<ul> <li>LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.</li> <li>LEA Designated Person: Gene Cain</li> </ul>	68	
* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.		· · · · · · · · · · · · · · · · · · ·
	' the above described AHERA Con	that the person indicated attended npliance Training Program. ne Cain
	Signature:	ul aux
	1	14

Location of Training: Cheter Date: 9-24-1988	_ Period of Instruction: 5 Hrs.
Instructor (Print Name): <u>Gene</u>	Cain
Subject Matter Covered: Practice use	e of glove bag.
ATTENDEES:	1990
NAME (Print)	JOB TITLE
Dunglille	Maini
Slay HKmm	(
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	*
* LEA Designated Person certifies that the the above described AHERA Compliance	e person Indicated attended ce Training Program.
LEA Designated Person: Gene (	77 .
Signature:	aun
h.	
	LEA: Chester County LEA NO.: 120

<u>99 20301 209</u>

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#### Locations cleaned: 1.

All of the floors in the building.

#### 2. Cleaning methods used (pursuant to 40 CFR 763.91[a]):

Wet method of cleaning used.

#### Names of persons performing cleaning and training dates: 3.

All of the custodians of the Chester County schools. 6. Thomas Maness 1. Gail Ross 7. Isiah Ross 2. Glenda Kay Climer 8. William Spencer 3 R.C. Burross 9. Johnny Hayes 4. J.R. Edgar 10. Marian C. Davis 5. W.T. Hepsmith Training date for all above: 9/21/88

Date cleaning performed: 4.

6/21-24--7/12-15/88

5.	LEA Des	ignated Person: Gene Cairf	
	Signatur	. Sume Can	 
34	Date:	9/30/88	

LEA NO.: 120 LEA: Chester County Date:

9/30/88

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### 1. Locations cleaned:

All of the floors in the building.

## 2. Cleaning methods used (pursuant to 40 CFR 763.91[a]):

Wet method of cleaning used.

1. Gail Ross	6. Thomas Maness
2. Glenda Kay Climer	7. Isiah Ross
3. R.C. Burross	8. William Spencer
4. J.R. Edgar	9. Johnny Hayes
5. W.T. Hepsmith	10. Marian C. Davis

Training date for all above: 9/21/88

4. Date cleaning performed: 7/18-27/88

5.	LEA Des	ignated Person: Ge	ene Cain.			
	Signatur	-la 1	aur			
	Date:	9/30/88		Т.	147	

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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TAHERA 13.0(8/88)

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### 1. Locations cleaned:

All floors in the building.

## 2. Cleaning methods used (pursuant to 40 CFR 763.91[a]):

Wet method of cleaning used.

3.	Names of	persons	performing	cleanir	ng and	l train	ing	dates:
----	----------	---------	------------	---------	--------	---------	-----	--------

1_	Gail Ross	6.	Thomas Maness
	Glenda Kay Climer	7.	Isiah Ross
	R.C. Burross	8.	William Spencer
	J.R. Edgar	9.	Johnny Hayes
	W.T. Hepsmith	10.	Marian C. Davis
	· · · · ·		

Training date for all above: 9/21/88

4. Date cleaning performed: 7/28-8/13/88

5.	LEA Designated Person:	Gene Cair	
	Signature:	Cain	
	Date: 9/30/88		*
	Date: 9/30/88		

LEA: Chester County LEA NO.: 120 Date: 9/30/88

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TAHERA 13.0(8/88)

### 1. Locations cleaned:

All floors in the building.

## 2. Cleaning methods used (pursuant to 40 CFR 763.91[a]):

Wet method of cleaning used.

•1	. Gàil Ross	6. Thomas Maness
2	. Glenda Kay Climer	7. Isiah Ross
	R C Burross	8. William Spence

Names of persons performing cleaning and training dates:

э.	R.C.	DULIUSS	0.
4.	J.R.	Edgar	9.
-	T.T. (T)	TT	10

5. W.T. Hepsmith

S 40

3 .

Isiah Ross
 William Spencer
 Johnny Hayes
 Marian C. Davis

Training date for all above: 9/21/88

4. Date cleaning performed: 6/13-17/88

5.	LEA Desig	LEA Designated Person Gene Cain				
	Signature:	~ // `				
	Date:	9/30/88				

LEA: Chester County LEA NO.: 120 Date: 9/30/88

Page 207 of 209

TAHERA 13.0(8/88)

2 . . .

#### Locations cleaned: 1.

All floors in the building.

#### Cleaning methods used (pursuant to 40 CFR 763.91[a]): 2.

Wet method of cleaning used.

Names of persons performing cleaning and training dates: 3.

1. Gail Ross 2. Glenda Kay Climer 3. R.C. Burross 4. J.R. Edgar 5. W.T. Hepsmith

6. Thomas Maness 7. Isiah Ross 8. William Spencer 9. Johnny Hayes 10. Marian C. Davis

Training date for all above: 9/21/88

Date cleaning performed: 6/3-10/88 4.

5.	LEA Des	ignated Person:	Gene Cain-		
	Signatur	4	Cair	 	
2	Date:	9/30/88			

LEA NO.: 120 LEA: Chester County 9/30/88

Page 208 of 209

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### 1. Locations cleaned:

ac. 7

All floors in the building.

### 2. Cleaning methods used (pursuant to 40 CFR 763.91[a]):

Wet method of cleaning used.

	3			
3.	Names of persons performin	g cleaning and training dates:		
	1. Gail Ross 2. Glenda Kay Climer 3. R.C. Burross 4. J.R. Edgar 5. W.T. Hepsmith	6. Thomas Maness 7. Isiah Ross 8. William Spencer 9. Johnny Hayes 10. Marian C. Davis	* * *	
	Training date for all	l above: 9/21/88		
	<i>4</i>		° и — э	
4 -	Date cleaning performed:	5/27-6/2/88		
5.	LEA Designated Person:	Gene Cain		•
	Signature:	and	·····	
	Date: 9/30/88		•	
			3	125
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	ю.			
x		LEA: Chester County Date: 9	LEA NO.:	120

Page 209of 209

PERIODIC SURVEILLANCE REPORT

SCHOOL YEAR: 1992-93

		====		2322222222		ه کف هره دي.
10.	#1	r X1	(1st six mont	hs) Date	12-30-92	

(2nd six months) Date No. #2 [ ]

West Chester Elementary SCHOOL BUILDING NAME

(Fill out every six (6) months for each school building and include in yearly Progress Report and insert in Appendix of Management Plan.)

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Floor Tile	All	None
2	Floor Tile	A11	None
3	Floor Tile	A11	None
4	Floor Tile	All	None
5	Floor Tile	All	None
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	<i>v</i>		
	141	· · · · · · · · · · · · · · · · · · ·	
		· .	

Surveillance Inspector's\* Signature:

Gene Cain Surveillance Inspector's Name:

AHERA Accreditation Number/Date (if applicable)\*:886 2/10/92

\*Surveillance Inspector is not required to be AHERA certified.

LEA NO.: 120 LEA System Name: Chester County

Date: 12-30-92

TAHERA9.0(3/91)

Page 1 of 1

# SAFETY • TRAINING • ECOLOGY • DESIGN

201 SOUTH MAIN STREET, SUITE #1 COVINGTON, TENNESSEE 38019 (901) 476-4973

## CERTIFICATE OF COMPLETION

## EDDIE MILLER

has successfully completed and passed an examination for the course of

**EPA/AHERA** Approved Accreditation Course

Management Planner Course December 2 - 3, 1993 Covington, Tennessee

This course has been approved by the State of <u>IDAHO</u> and the United States Environmental Protection Agency and is pursuant to current AHERA regulations

MP010

Certificate Number

12/03/1993

Examination Date

12/03/1994

Date of Expiration

Melanie m Classroom Instru

Director of Programs



## CERTIFICATE OF ACHIEVEMENT

Awarded to

# LARRY EDDJE MJLLER

In accordance with EPA TSCA Title II accreditation standards for successful completion of the

# Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

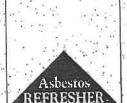
Course Date

MAY 20, 1999

Expiration Date

Environmental Technologies P. O. Box 21243 Little Rock, AR 72221 (501) 580-4284







# CERTIFICATE OF ACHIEVEMENT

Awarded to

# Ed to LARRY EDDIE MILLER

In accordance with EPA TSCA Title II accreditation standards for successful completion of the

# Asbestos Management Planner Refresher Training Course

<u>431-53-1229</u> Certificate Number May 19, 1999

Examination Date May 19, 1999.

Course Date

Expiration Date

coill in enag;

May 19, 2000

Environmental Technologies P. O. Box 21243 Little Rock, AR 72221 (501) 580-4284





## SAFETY • TRAINING • ECOLOGY & DESIGN, INC. 215 EAST LIBERTY AVENUE COVINGTON, TN 38019 (901) 476-4973

# CERTIFICATION OF COMPLETION

this certifies that

# <u>Eddie Miller</u>

has attended, successfully completed and passed an examination, as required under TSCA, Title II, for the course covering the contents of Model EPA curriculum for

# Asbestos Building Inspector/Management Planner Annual Refresher Training Course

# May 18<sup>th</sup>, 2000 in Memphis, Tennessee

This course has been approved by the State of Florida and the United States Environmental Protection Agency under section 206 (a) of TSCA, 15 U.S.C. 264 (a)

BIMPR431-53-1229 Certificate Number

<u>May 18<sup>th</sup>, 2000</u> Examination Date

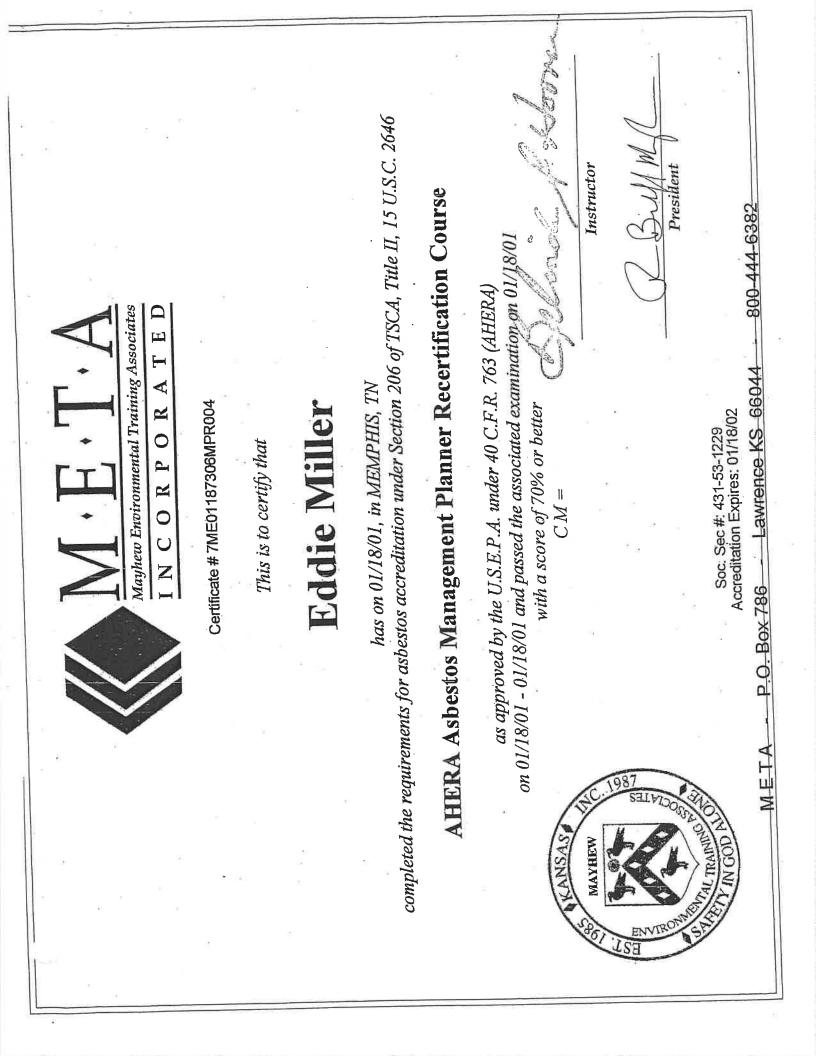
May 18<sup>th</sup>, 2001 Expiration Date

Classroom Instructor

Melanie M. Wright, Course Administrator



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# CERTIFIC ATE OF ACHIEVEMENT

Awarded to

# EDDIE MILLER

In accordance with EPA TSCA Title II accrediation standards for successful completion of the

# Asbestos Management Planner Refresher Training Course

431-53-1229	
Certificate Numbe January 23, 200	
Examination Date January 23, 200	
Course Date January 23, 200	3
Expiration Date	

Huyllis Moore

Environmental Technologies P. O. Box 21243 Little Rock, AR 72221 (501) 425-9585





# CERTIFICATE OF ACHIEVEMENT

Awarded to EDDIE MILLER

In accordance with EPA TSCA Title II accrediation standards for successful completion of the

## Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number January 23, 2003

Examination Date January 23, 2003

January 23, 2004

Expiration Date

Course Date

Environmental Technologies P. O. Box 21243 Little Rock, AR 72221 (501) 425-9585



Asbestos REFRESHE

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM					
*	<b>DATE:</b> 8/1	4/98			
EA SYSTEM NAME:	Chester County Board of Edu	cation <b>LEA #:</b> 120			
DDRESS:	Courthouse				
-	Henderson, TN 38340				
)ESIGNATED PERSON:	John H, Shelton	<b>PHONE:</b> (901) 664-2561			
PLEA	SE INDICATE TYPE OF DOO BY PLACING AN "X" IN T	CUMENT(S) BEING SUBMITTED HE APPROPRIATE BOX.			
ORIGINAL SUBMISSIO	N COBRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT			
		MANAGEMENT PLAN			
		YEARLY PROGRESS REPORT			
X		THREE YEAR REINSPECTION			
		OTHER (Please Explain)			

'AHERA 1.0 (12/93)

LEA NAME:	( <b>9</b> )	Chester	County	Schools	
LEA MARE.	-				1940

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LEA #: \_\_\_\_\_120

SCHOOL BUILDING NAME: <u>West Chester Elementary</u> BUILDI DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: <u>7-09-89</u> INSPEC

BUILDING #: Main Building INSPECTION DATE: 8-03-98

THE	<b>HA NU</b> 1				Dimercia. 2			3		<b>ea nu</b> 4	
		q. ft.			sq. ft.	]	C	Sq. ft.	[	the second second second	QUANTITY
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DETERIORATION										1	1
PHYSICAL DAMAGE WATER DAMAGE	1	î.		1	1	1	1	1		<u></u>	1
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1 HOUR / WEEK											
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40 HOUR / WEEK				<u> </u>							
(CHECK ALL APPLICABLE) MAINTENANCE	x	X I	1	X	X	T	X	<u>X</u>		X	X
CUSTODIAL	X	X X		<u> </u>	X X	-	X	X		Ŷ	X
FACULTY/STAFF PUBLIC	X	X		X	T X		X	X X		X	<u>  X</u>
ASSESSMENT (MARX FROM 1 TO T)		1 5	7	<u>Г Б</u>	1 5	7	5	1 5	1	5	15
• * RESPONSE ACTIONS	5	1 5		1_2_	1 3				-		
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10								I CHI OLIO T.T.	217		
ASSESSMENT I					A Institute		ventative mea	ACTIONS LE		Enclosure	
<ol> <li>Damaged/significantly d</li> <li>Damaged friable surfact</li> </ol>	ng ACBM				B. O&MP			( <b>.</b> )		Remove	
3. Significantly damaged fr	iable surfacing	g material			C. Repair					Isolate Other	
4. Damaged/significantly d		e mise. ACBM			D. Encapsul	ate	NOTES		11.	<u>oue</u>	
5. ACBM with potential f 6. ACBM with potential f		lamage	$\langle$	• Il previo	usly assumed ACB	14 w	as tosted, attach 7	AHERA 62, TAHE	RA	6.3, TABERA	9 and TAHERA
7. Any remaining friable.	ACBM or susp			•• 11 - and	on" le different fro	n "b	ue 3 year", attach	revised TAHERA 6.	4 B.D.	TAHERA 65	
		TAT		INI	$\Lambda$						
Eddie Miller			D	INN	V			43153122	9	/ TN	
INSPECTOR (Typed nam	c)	SIGNAT	UI	REVY	4			ACCREDIT	AT	ION #/S	TATE
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Eddie Miller			1	UN	<u>ДД</u>			43153122 ACCREDIT			TATE
MANAGEMENT PLANN	ER	SIGNAT	U	RE U				ACCREDIT	A.	110M #\2	INIL
			-								

TAHERA 16.0 (12/93)

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PAGE \_\_\_\_ OF \_\_\_\_

	223			
FA NAME-		Chester	County	Schools

LEA #: \_\_\_\_120

school building NAME: West Chester Elementary Building . Main Building

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7-09-89

INSPECTION DATE:	8-03-98
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CONFIRMED ACBM										
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NON-FRIABLE	X							<b>-</b>		
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WATER DAMAGE	1	1								K
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2. Damaged friable surfacing				B. O&M Pro					CILOVC	
3. Significantly damaged fria	ble surfacing			C. Repair	0				solate	
4. Damaged/significantly dat	naged friable	misc. ACBM.		D. Encapsulat	te			H C	)ther	
5. ACBM with potential for		$\subset$	$\mathbf{k}$			NOTES				
<ol> <li>ACBM with potential for</li> <li>Any remaining friable AC</li> </ol>	-	- X					HERA 6.2, TAHEI And TAHERA 6.4			and TAHERA 80
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9 <u>2</u>		NALLA		$\wedge$			34 - C			3
Eddie Miller		1/1/0/	VNIN	$\sim$		-	431531229	1	TN	
INSPECTOR (Typed name)		SIGNATUR	ENI			A	CCREDITA	TIC	DN #/ST.	ATE
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Eddie Miller		$() \land \land \land$	MM	$\mathcal{N}$			431531229	1	TN	
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HERA 16.0 (12/93)

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PAGE \_\_\_\_ OF \_\_\_\_

## PERIODIC SURVEILLANCE REPORT

791

MAIN

LEA #:

SCHOOL #:

LEA NAME: CHESTER COUNTY SCHOOLS

SCHOOL NAME: WEST CHESTER ELEMENTARY

BUILDING NAME: WEST CHESTER ELEMENTARY

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management

		put the date terreter	a no esta support	energen - Magnadoranistica - sad	80 10 2.5	
			a the second	1ST SIX MONTHS DATE FALL: 10-6-97	2ND SIX MONTHS DATE SPRING 4-03-98	
н	A #	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
	1	FLOOR TILE	ALL	GOOD	N/C	
	2 🦻	FLOOR TILE	ALL	GOOD	N/C	*3
	3	FLOOR TILE	ALL	GOOD	N/C	
	4	FLOOR TILE	ALL	GOOD	N/C	
	5	FLOOR TILE	ALL	GOOD	N/C	
	6	2 X 4 CEILING TILE	ALL	GOOD	N/C	
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			<u>,</u> Г			
			]			
1		1		IF-NQ CHANGE	IN CONDITION WRIT	E N/C
	SURV	EILLANCE INSPECTOR'S NAME	(please print): EDDIE	MILLER	1	
	SURV	EILLANCE INSPECTOR'S SIGNA		MAN	1	
	(Surve	illance Inspector is not required to	be AHERA certified		$\sim$	
	AHER	A Accreditation Number/Date (if a	pplicable): ENVIRON	MENTAL TECHNOL	OGIES #431531229 -	5/20/98-99
	TAHE	RA 9.0 (12/93)				

### ANNUAL PROGRESS REPORT

SCHOOL NAME:

Main

West Chester Elementary

SCHOOL YEAR: 97-98

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## SUMMARY OF RESPONSE ACTIONS:

								(1)				S	
LEGEND A Institute Pre Measures B O & M C Repair D Encapsulate E Enclose	ventative	Material Rescription	Floor Tile	Floor Tile	Floor Tile	Fļoor Tile	Floor Tile	2 x 4 <sup>.</sup> Ceiling Til					
F Remove G isolate H Other (Explai		Number		5	e	4	9						
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(See Legend)		· · · · · ·											
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	YES		X	X	X.	1 X	1 X	X.			+	<u> </u>	1
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INSPECTOR'S NAME	[	Eddie M	i Ner	M	$\underline{(}$	1					(* )	•	
P	•				•								

LEA System Name: Chester County

120

DATE: 8-3-98

TAHERA 15.0 (4/99)



## STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

ADDRESS:          Henderson, TN       38340         DESIGNATED PERSON:       John Pipkin         PHONE:       (901) 664-2561         PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED         BY PLACING AN "X" IN THE APPROPRIATE BOX.	LEA SYSTEM NAME:	Chester County Be	oard of Educ	cation			
Henderson, TN 38340 DESIGNATED PERSON: John Pipkin PHONE: (901) 664-2561 DESIGNATED PERSON: SUBMITTED						95 9	
Henderson, TN       38340         DESIGNATED PERSON:       John Pipkin       PHONE:       (901) 664-2561         DESIGNATED PERSON:       John Pipkin       PHONE:       (901) 664-2561	ADDRESS:						
Henderson, TN       38340         DESIGNATED PERSON:       John Pipkin         PHONE:       (901) 664-2561         DESIGNATED PERSON:       Designated person:         DESIGNATED PERSON:       John Pipkin         PHONE:       (901) 664-2561	· -						. *
Henderson, TN       38340         DESIGNATED PERSON:       John Pipkin         PHONE:       (901) 664-2561         DESIGNATED PERSON:       Designated person:         DESIGNATED PERSON:       John Pipkin         PHONE:       (901) 664-2561					<del></del> .		
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-		MANAGEMENT PLAN
X	-	YEARLY PROGRESS REPORT - 1999
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

TAHERA 1.0 (12/93)

## PERIODIC SURVEILLANCE REPORT

CHESTER COUNTY SCHOOLS LEA NAME:

MAIN

120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #:

LEA #:

WEST CHESTER ELEMENTARY BUILDING NAME:

AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each INSTRUCTIONS: School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management

			IST SIX MONTHS	2ND SIX MONTHS	The second first of
		and the start water	DATE FALL: 11-16-98	DATE SPRING 4-23-99	
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD -	N/C	
4	FLOOR TILE	AĽL	GOOD	N/C	
5	FLOOR TILE	ALL	GOOD	N/C	
6	2 X 4 CEILING TILE	ALL	GOOD	N/C	
	-				
				-	
0		i.A.			
		12			

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

CHESTER ERVIN

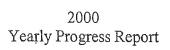
SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (if applicable):

SEE TAHERA FORM 2.0 ATTACHMENTS

TAHERA 9.0 (12/93)



DATE: September 25, 2003 EA SYSTEM NAME: Cheater County Board of Education LEA #: 120 DDRESS:  Renderson, TN 38340 DESIGNATED PERSON: John Pipkin PHONE: (901) 664-2561 DESIGNATED PERSON: John		AHERA TRANSMI	TTAL/SUBMITTAL FOR	M
EA SYSTEM NAME:       Chester County Board of Education       LEA #: 120         DDRESS:	~~	DATE: _	September 25, 2003	
EA SYSTEM NAME:	⊂ <b>°</b>	200		2
DDRESS:       Henderson, TN     38340       DESIGNATED PERSON:     John Pipkin       PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX.       ORIGINAL AURMISSION     CORRECTION/DEFICIENCY       TYPE OF DOCUMENT FLAN       X       YEARLY PROGRESS REFORT       X       Indicate Type of DOCUMENT FLAN		a star County Board (	of Education	LEA #: 120
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	X		THREE YEAR REINSPEC	*

fahera 1.0 (12/93)

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: \_\_\_\_120 \_\_\_\_

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: WEST CHESTER ELEMENTARY

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management

	International and the second of 1	ST SIX MONTHS	2ND SIX MONTHS	
			DATE SPRING 3-31-00	
DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
FLOOR TILE	ALL	GOOD	N/C	
FLOOR TILE	ALL	GOOD	N/C	
FLOOR TILE	- ALL	GOOD	N/C	
FLOOR TILE	ALL	GOOD	N/C	2. 
FLOOR TILE	ALL	GOOD	N/C	St.
2 X 4 CEILING TILE	ALL	GOOD	N/C	
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\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

CHESTER ERVIN

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (12/93)

SEE TAHERA FORM 2.0 ATTACHMENTS

2001 Three Year Reinspection

## STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: _	Chester County B	oard of Edu	cation		<b>LEA #:</b> 120	
ADDRESS:	ž.				5)	
_	e.					
	Henderson, TN	38340				
-	2 2	1		15 75	ï	
DESIGNATED PERSON:	John Pipkin			PHONE:	(901) 664-2561	85
DESIGNATED FERSON.	10 12		e <sup>ĉ.</sup>	9		nië
	a			` i '	•	
	ASE INDICATE T	VPE OF DO	CUMENT	(S) BEING S	DBMITTED	

BY PLACING AN "X" IN THE APPROPRIATE BOX.

18030768800	ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF BOCHMENT
1		2. 	MANAGEMENT PLAN
			YEARLY PROGRESS REPORT
	×		THREE YEAR REINSPECTION - 2001
			OTHER (Please Explain)

TAHERA 1.0 (12/93)

LEA NAME:	CHES	TER COUNTY	West Control of the Control of the little	EAR REINSI	EEA #:		1.2013	<u>120</u>	
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TAHERA 16.0 (12/93			(注)							Edit (n. 2011) Adaman (d. 201	

2002 Yearly Progress Report

		STATE OF	TENNESSEE	
	AHERA	TRANSMITT	AL/SUBMITTAL FO	ORM
	,	DATE:	ptember 25, 2003	*
		2	*5 (8)	* ° °
LEA SYSTEM NAM	E: Chester Co	unty Board of F	Iducation	<b>LEA #:</b> 120
ADDRESS:	*			9 191
- - -	Henderson	. TN 38340		
×	henderson	<u>, IN 30070</u>		2
DESIGNATED PER	SON: John P	ipkin	PHONE:	(901) 664-2561
a (9)	PLEASE INDIC. BY PLA	ATE TYPE OF D CING AN "X" D	OCUMENT(S) BEING N THE APPROPRIATE	SUBMITTED BOX.
ORHERS Z NUBM	ISSION COERCO	TIONDEFICIENC STON	TYPE OF HOCUMEN	
ORIGINALNURM	ISSION CORRES	TIONDEFICIENC	MANAGEMENT PLAN	
ORIGINAL SUBA	INSTON COBRES	TIONDEFICIENC	MANAGEMENT PLAN	
	INSTON COBRES	THONOLPHCIENC	MANAGEMENT PLAN	<b>EPORT</b> – 2002

TAHERA 1.0 (12/93)

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## PERIODIC SURVEILLANCE REPORT

CHESTER COUNTY SCHOOLS LEA NAME:

120 MAIN SCHOOL #:

LEA #:

SCHOOL NAME: WEST CHESTER ELEMENTARY

WEST CHESTER ELEMENTARY BUILDING NAME:

AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each INSTRUCTIONS: School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management

		1	ST SIX MONTHS	2ND SIX MONTHS	
	the state of the second	D	ATE FALL: 10-15-01	DATE SPRING 5-18-02	
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
5	FLOOR TILE	ALL	GOOD	N/C	
6	2 X 4 CEILING TILE	ALL	GOOD	N/C	
					-
		×			41
22					
	1. 1.		-		

CHESTER ERVIN

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (If applicable):

TAHERA 9.0 (12/93)

SEE TAHERA FORM 2.0 ATTACHMENTS

2003 Yearly Progress Report

Ashlug -Resolutions Inc. (assistos Inspection) May 30? 615-865-8813 615-868-4140 FAX

×*	Sim	0	mber 25, 2003	×
,	· · · · ·	х х	40 Au	27 fil
				<b>LEA #:</b> 120
SYSTEM NAME:	Chester County 1	Board of Educ		
DRESS:	84 T			
78			17	
	8 (#2		15 <del>81</del>	i i
	Henderson, TN	38340		
•		9	4	
		1	0 ( <b>3</b> 7)	
	N. John Pipkin		PHONE:	(901) 664-2561
ESIGNATED PERSO	N:			
	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	and the second s		
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TAHERA 1.0 (12/93)

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## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL #:

MAIN

SCHOOL NAME: WEST CHESTER ELEMENTARY

BUILDING NAME: WEST CHESTER ELEMENTARY

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management

			ST SIX MONTHS	2ND SIX MONTHS	
	a da ser de la companya de la compa		ATE FALL: 9-6-02	DATE SPRING 4-10-03	
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
5	FLOOR TILE	ALL	GOOD	N/C	
6	2 X 4 CEILING TILE	ALL	GOOD	N/C	
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		ie -			

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

CHESTER ERVIN

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (12/93)

SEE TAHERA FORM 2.0 ATTACHMENTS

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM								
DATE: July 2007								
LEA SYSTEM NAME: Chester County Board of Education LEA#:								
ADDRESS:         P.O. Box 327           Henderson, TN 38340								
DESIGNATED PERSON: John Pipkin PHONE: 731-989-5134								

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED	
BY PLACING AN "X" IN THE APPROPRIATE BOX	

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
	X	ASBESTOS FREE MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
Х	5-2	THREE YEAR REINSPECTION
		OTHER (Please Explain)

TAHERA 1.0 (2/97)

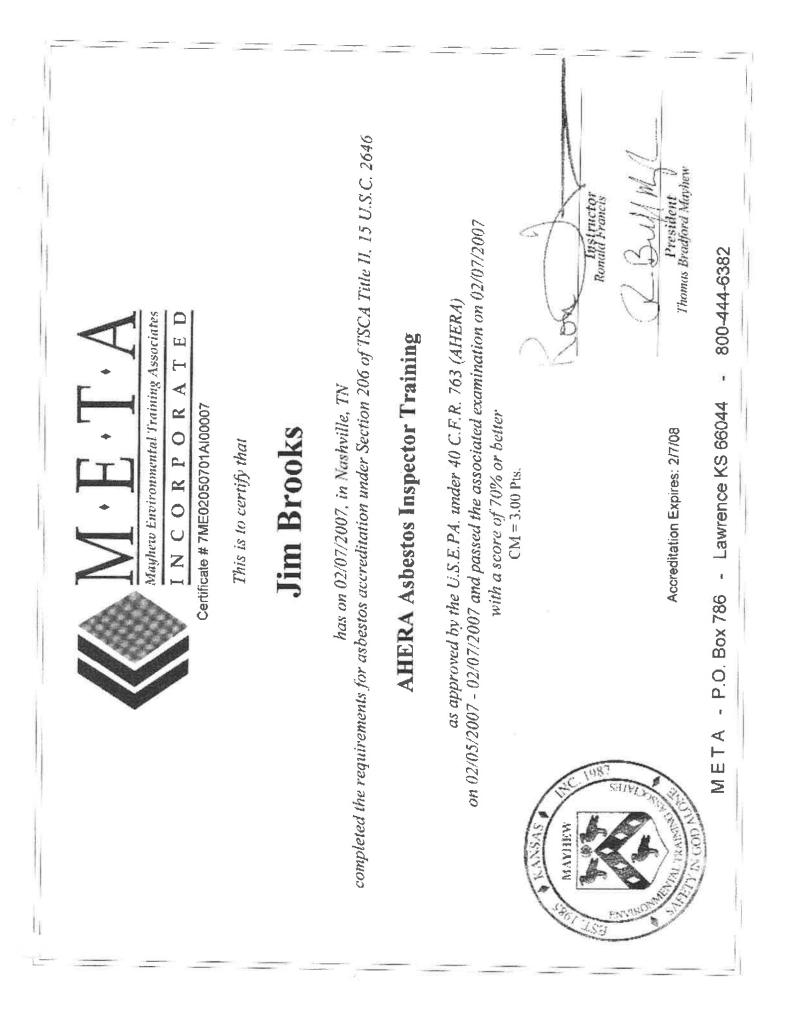
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WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
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	X	X	<u> </u>	^	-			
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2. Damaged friable surface	ing ACBM		ACTINE PROPERTY A LAN 24C	Repair	Statistics)	G. Is H. O		ELSE MERIE
3. Significantly damaged	friable surfa	cing material	D	. Encapsulate		11. 0		
<ol> <li>Damaged/significantly</li> <li>ACBM with potential for</li> </ol>	damaged fri	able mise. ACE	EDGARGINE E	MSECOLO DI ESCENSI	ALLANDON NOTIFIC	NOTES	CONTRACTOR AND	
<ol> <li>ACBM with potential for 6. ACBM with potential for</li> </ol>	rsignificant	damage	•	f previously assume	d ACBM was t	ested, attach TAHER	A 6.2, TAHER	A 6.3, TAHERA 6.
<ol> <li>Any remaining friable /</li> </ol>	CBM or su	spect ACBM	ar ar	TAHERA 80	CHAUSES NUMBER	THE REAL PROPERTY OF A PROPERT	학생님, 아이프 304년	
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Ashlie Rawlings		alle	i hre	1	) i	7ME02160701	TATION #/S	LIN

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

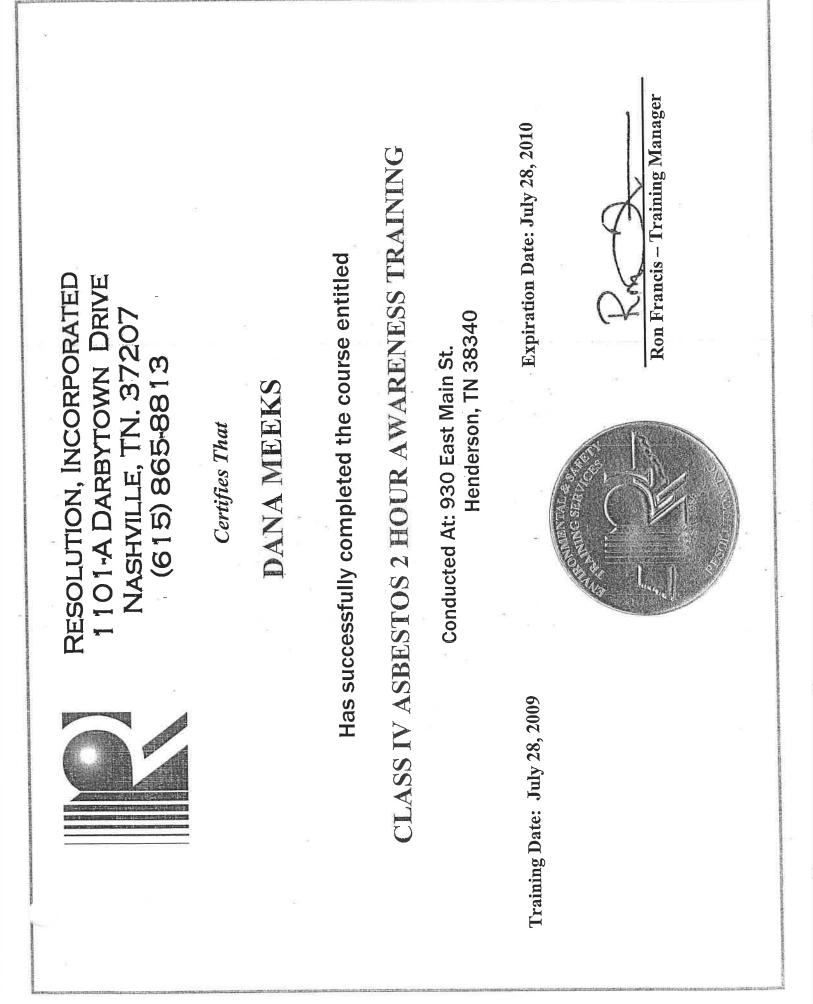
School Building Name:	West Ch	nester Elemer	ntary	æ.		Building #:	Main			
DATE OF IMPLEMENT	ATION OF	MANAGEME	ENT PLAN:		INSPECTION DATE: 6/6/07					
STATUTE STATE		IMBER	REPAIR OF A PARTY OF AND A	HA NUMBER		HA NUMBER		HA NUMBER		
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NON-ACBM										
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WATER DAMAGE	1	1	1		2	2	2	2		
ACTIVITY/VIBRATION	2	2	2	2		1	1	1		
EXPOSURE	1	1	1	1	1					
ACCESSIBILITY	1	1	1	1	1	1- 1	1	to concella so ha cha		
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20 HOUR/WEEK						· · · · · · · · · · · · · · · · · · ·				
40 HOURWEEK	X	X	X	X	• X *	X	Х	X		
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(CHECK ALL APPLICABLE)		Self- Sheek	Station -					a dan in a star with		
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CUSTODIAL	X	X	X	Х	X	X	X	X		
	X	X	X	X	X	Х	Х	X		
FACULTY/STAFF		X	X	X	X	X	X	X		
PUBLIC	X				Cograduate Store	HALLS PROVIDE VENCO	A COLUMN STATE	STATE PROPERTY		
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的现在分词 法保证的 化合物化合物	(NO WINE BUILD	No TEL CARGONIA S			DECDONS	SE ACTIONS LE	GEND			
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4. Damaged/significantly	M									
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6. ACBM with potential fo	r significant	damage	•11	previously assume	d ACBM was t	ested, attach TAHER	A 6.2, TAHER	A 6.3, TAITERA 6.9		
7. Any remaining friable A	CBM or sus	spect ACBM	an	d TAHERA 8.0				TANDA 65		
in this containing master			2017-05 05 <b>1</b> 17 <b>+</b> +	If "current" is diff	erent from "last	3 year", attach revise	a TAHERA 6.4	and TAHERA 6.5		
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Jim Brooks		_ / 4				02050701AI00	CATION #10T			
INSPECTOR (Typed Name) SIGNATURE ACCREDITATION #/STATE										
		ANDA	- 1/0	11	20	71400400704		TN		
Ashlie Rawlings		you	u pu	M/		7ME02160701	TATION #/S			
MANAGEMENT PLANNER			CICNATIID			ACCRED	TATION #/S			



completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646 Thomas Bradford Mayhew Instructor Ronald Francis Trantsar on 02/16/2007 - 02/16/2007 and passed the associated examination on 02/16/2007 -le-AHERA Asbestos Management Planner Refresher Course 800-444-6382 as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) Mayhew Environmental Training Associates -L Ashlie Rawlings has on 02/16/2007, in Nashville, TN INCORPORA - Lawrence KS 66044 Certificate # 7ME02160701AMPR004 with a score of 70% or better Accreditation Expires: 2/16/08 This is to certify that CM = 0.50 Pts.P.O. Box 786 ĩ META 08 THINKING IN CONN ANSAS MAYNEW

Ron Francis – Training Manager **Expiration Date: July 28, 2010** CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (615) 865-8813 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. TERRY MOODY **Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 MIKE TIGNOR **Certifies** That Training Date: July 28, 2009



Ron Francis - Training Manager Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Has successfully completed the course entitled 1101-A DARBYTOWN DRIVE RESOLUTION, INCORPORATED NASHVILLE, TN. 37207 Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 KIM ROBBINS **Certifies** That Training Date: July 28, 2009

RESOLUTION, INCORPORATED 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (615) 865-8813	Certifies That DARLENE HESTER	Has successfully completed the course entitled A SC IV A SRESTOS 2 HOUR AWARENESS TRAINING	Conducted At: 930 East Main St. Henderson, TN 38340	etapiration Date: July 28, 2010
		Has		Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 LAURA GAUGER **Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 **BRENDA PICKETT** Conducted At: 930 East Main St. (615) 865-8813 Certifies That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (615) 865-8813 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. **DEVEN HEARN Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager **Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled RESOLUTION, INCORPORATED **1101-A DARBYTOWN DRIVE** NASHVILLE, TN. 37207 Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 ANGIE PARRISH **Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (615) 865-8813 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. TODD DAVIS **Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (615) 865-8813 RESOLUTION, INCORPORATED DEMETRIUS LOCKETT Henderson, TN 38340 Conducted At: 930 East Main St. **Certifies** That Training Date: July 28, 2009

Ron Francis - Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled RESOLUTION, INCORPORATED 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 Henderson, TN 38340 Conducted At: 930 East Main St. MELISSA MURLEY (615) 865-8813 **Certifies** That Training Date: July 28, 2009

Ron Francis – Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 TERESA CONNER **Certifies** That Training Date: July 28, 2009

Ron Francis – Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 **YVONNE CROSS** Certifies That Training Date: July 28, 2009

Ron Francis - Training Manager **Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 WILLIE TROHER **Certifies** That Training Date: July 28, 2009

**Ron Francis – Training Manager Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1101-A DARBYTOWN DRIVE RESOLUTION, INCORPORATED NASHVILLE, TN. 37207 (615) 865-8813 Henderson, TN 38340 Conducted At: 930 East Main St. JANE SMITH **Certifies** That Training Date: July 28, 2009

Ron Francis – Training Manager Expiration Date: July 28, 2010 **CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 RESOLUTION, INCORPORATED Henderson, TN 38340 Conducted At: 930 East Main St. (615) 865-8813 TERESA WILLIS **Certifies** That Training Date: July 28, 2009

Ron Francis – Training Manager **Expiration Date: July 28, 2010 CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING** Has successfully completed the course entitled **1101-A DARBYTOWN DRIVE** RESOLUTION, INCORPORATED NASHVILLE, TN. 37207 (615) 865-8813 Henderson, TN 38340 Conducted At: 930 East Main St. **KEN WEST** Certifies That Training Date: July 28, 2009

Ron Francis – Training Manager	Training Date: January 20, 2010		CLASS IV ASBE	Has succ	Identification Number: OSHAC4AA100179	
Stephanie Petty - Instructor	Expiration Date	Conducted At: 930 East Main St. Henderson, TN 38340	CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING	Has successfully completed the course entitled	Certifies That PERRY FRYE	RESOLUTION, INCORPORATED 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (6 1 5) 865-88 1 3
Y-Instructor	Expiration Date: January 20, 2011		AINING			

Training Date: January 20, 2010 Ron Francis – Training Manager		CLASS IV ASB	Has suc	Identification Number: OSHAC4AA100178	
Expiration Date: January 20, 2011 Stephanie Petty - Instructor	Conducted At: 930 East Main St. Henderson, TN 38340	CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING	Has successfully completed the course entitled	JAMES CARSON	RESOLUTION, INCORPORATED 1 101-A DARBYTOWN DRIVE NASHVILLE, TN. 37207 (6 1 5) 865-88 1 3

Training Date: January 20, 2010 Ron Francis – Training Manager		CLASS IV ASBI	Has suce	Identification Number: 0SHAC4AA100177	
	Conducted At: 930 East Main St. Henderson, TN 38340	CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING	Has successfully completed the cou	Certifies That CLARENCE PUSSER	Resolution, Incorporated 1 101-A Darbytown Drive Nashville, TN. 37207 (6 1 5) 865-88 1 3
Expiration Date: January 20, 2011 Stephanic Hethy Stephanie Petty - Instructor	St. 38340	ENESS TRAINING	rse entitled	ER	ORATED 1 DRIVE 1207 3

	Monday, November 11, 2013 Trainin Trainin Trainin Trainin Employees wetk@temkl2.m	a training program requiring 2 hours on	Asbestos Awareness (K-12 Full 2 Hour)	Vennie Reeves	Chester County School System	Certificate of Completion	
*		2 hours	Full 2 Hour)	es		npletion	

Monday, November 11, 2013 Training Coordinator's Signature TRAINING TRAINING TRAINING	a training program requiring <b>2 hours</b>	Carissa Miller has completed Asbestos Awareness (K-12 Full 2 Hour)	Chester County School System
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(e);

a training program requiring 2 hours on Monday, November 11, 2013 TRAINING TRAINING	Marílyn Amos has completed Asbestos Awareness (K-12 Full 2 Hour)	Certificate of Completion Chester County School System
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n Training Coordinator's Signature loyees Initials: premk12.net 61022968-2p9r
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STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM				
DATE:	1-20-10			
LEA SYSTEM NAME: <u>Chester County Schools</u>	LEA#: 120			
ADDRESS: PO Box 327, Henderson, Tennessee 38340				
DESIGNATED PERSON: Mr. Ken West	PHONE: <u>731-989-5134</u>			

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
	×	MANAGEMENT PLAN
	1	ASBESTOS FREE MANAGEMENT PLAN
Х		YEARLY PROGRESS REPORT
	25	THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEA NAME: <u>CHESTER COUNTY BOE</u>

LEA NO: \_\_\_\_\_120\_\_\_\_\_

CHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: <u>MAIN</u>

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	
			-		
		-			
		-			
			*IF NO CHANGE	IN CONDITION	WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

GARY W. GRISHAM

Day W. Duchun

AHERA Accreditation Number/Date (if applicable): \_\_\_\_\_ASBBIR0902047 / TN \_\_\_\_\_

AHERA	A TRANSMITTAL/SUBMI DATE: MARCH 2010	
LEA SYSTEM NAME:	Chester County Schools	
ADDRESS: PO Box 327, Her	nderson, Tennessee 38340	

	PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX					
ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT				
		MANAGEMENT PLAN				
		ASBESTOS FREE MANAGEMENT PLAN				
		YEARLY PROGRESS REPORT				
Х		THREE YEAR REINSPECTION				
		OTHER (Please Explain)				

TAHERA 1.0 (2/97)

Γ

	County BO					LEA #: <u>12</u>		
	West Chester Elementary					Building #:Main		
DATE OF IMPLEMEN			ENT PLAN:	1988		INSPECTION		03/16/2010
THE COL		JMBER		UMBER	HA	NUMBER 3	HAN	UMBER 4
NO XVI		1		2 QUANTITY	CUPPER	T QUANTITY	CURREN	T QUANTITY
	CURREN	T QUANTITY	CURRENT	QUANTITY	CORREI	IT QUANTIT		Mana da Suley e de la composition de la
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TSI L SURFACING								
MISCELLANEOUS	Х	X	Х	X	X	Х	X	X
CHECK ONE	ana Pasa	a second and						
ASSUMED ACBM					V			x
CONFIRMED ACBM	X	X	X	X	X	X	X	^
NON-ACBM		Contraction of the second		A MARTIN SALE		A STATE OF A STATE OF A STATE	Manual Parts	STREET, STREET,
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NON-FRIABLE	Х	X	^		<u> </u>	^		
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TO 5 (5 WORST)	A Starting			문제 문제 한 번	A STATES			A MARKED MERINE
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PHYSICAL DAMAGE	1	1	1	1	1		1	1
WATER DAMAGE	1	1	1	1	1 2	2	2	2
ACTIVITY/VIBRATION	2	2	2	2	1	1	1	1
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY ENGTH OF EXPOSURE	THE REPORT OF	THE REPORT OF	128-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	OT ASTRONOMICS	A STRANGT	Successo Sector	12890	部門的時期初期
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1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK							l	
20 HOUR/WEEK				X	X	X	X	x
40 HOUR/WEEK	X	<u> </u>	X	<u> </u>				When he are the
EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	Х	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	<u> </u>	X	X	X	<u> </u>
ASSESSMENT								SALLAND HEAD
(MARK FROM 1 TO 7)	5	5	5	5	5	5	5	5
**RESPONSE ACTIONS						No. of Contract of Contract	Contraction of the second	
(MARK FROM A TO H)	1. 年 21月日 1日					a open a constant		ninger einerstellt
	В	В	В	В	В	В	B	B
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1 Damaged/significantly	cing ACBM		C.	Repair		G. Iso		
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<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> </ol>	damaged fria or damage or significant o	able misc. ACB damage	*If	TAHERA 8.0		ested, attach TAHER		
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> </ol>	damaged fria or damage or significant o	able misc. ACB damage	*If	TAHERA 8.0				
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> </ol>	damaged fria or damage or significant o	able misc. ACB damage	*If and **	TAHERA 8.0 If "current" is diffe		ested, attach TAHER		
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>Any remaining friable A</li> </ol>	damaged fria or damage or significant o	able misc. ACB damage	*If and **	TAHERA 8.0		ested, attach TAHER	d TAHERA 6.4	
Damaged/significantly     Damaged friable surface     Significantly damaged     Damaged/significantly     ACBM with potential for     ACBM with potential for     ACBM with potential for     Any remaining friable A     STEPHANIE PETTY     NSPECTOR (Typed Name	damaged fria or damage or significant of ACBM or sus	able misc. ACB damage	*If and **	TAHERA 8.0 If "current" is diffe it <i>Prtty</i> ,		ested, attach TAHER 3 year", attach revise <u>ASBBIR09</u>	d TAHERA 6.4	and TAHERA 6.5
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>Any remaining friable A</li> </ol>	damaged fria or damage or significant of ACBM or sus	able misc. ACB damage	-If and  	TAHERA 8.0 If "current" is diffe it <i>Prtty</i> ,		ested, attach TAHER 3 year", attach revise <u>ASBBIR09</u>	d TAHERA 6.4	and TAHERA 6.5
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>Any remaining friable A</li> </ol>	damaged fria or damage or significant of ACBM or sus	able misc. ACB damage	-If and  	TAHERA 8.0 If "current" is diffe it <i>Prtty</i> ,		ested, attach TAHER 3 year", attach revise <u>ASBBIR09</u>	d TAHERA 6.4	and TAHERA 6.5
<ol> <li>Damaged friable surface</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>Any remaining friable A</li> </ol>	damaged fria or damage or significant of ACBM or sus	able misc. ACB damage	-If and  	TAHERA 8.0 If "current" is diffe it <i>Prtty</i> ,		ested, attach TAHER 3 year", attach revise <u>ASBBIR09</u> ACCREDIT	d TAHERA 6.4	and TAHERA 6.5

			REE YEA	R REINSI	PECTIO						
EA NAME: Chester	NAME: Chester County BOE							LEA #:			
School Building Name: West Chester Elementary							Building #: Main				
DATE OF IMPLEMEN	TATION OF	MANAGEM	ENT PLAN	: 1988		INSPECTIC		03/16/2010			
DATE OF MALERAL		IMBER	HAN	NUMBER	HA	NUMBER	HA	NUMBER			
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DETERIORATION	1	1	1	1							
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WATER DAMAGE ACTIVITY/VIBRATION	2	2	1	1							
EXPOSURE	2	2	1	1							
ACCESSIBILITY	1	1	1	1							
LENGTH OF EXPOSURE	TERMA HEADE	CHERRY ON PLANS	1. 1881 - A	11 12 AM 1 12	것이 말 좀 구성을						
(CHECK ONE)	10762 S. # 11	Section 1997	9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and second second	C.16(239)	2		Children Color In A			
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10 HOUR/WEEK					_		-				
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EXPOSURE POPULATION (CHECK ALL APPLICABLE)			Sere State		STEVELSKA	1 : 1 : 1 : 1 : 5		190 <u>8 - 200 - 50</u> 0 1			
MAINTENANCE	X	X	X	X							
CUSTODIAL	X	X	X	X							
FACULTY/STAFF	X	X									
PUBLIC	X	X									
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1. Damaged/significantly	damaged TS	51		. O & M Progra	im	ALL AND THE COLOR OF A DESIGN AND A DESIGN	Remove solate				
2. Damaged friable surfa	cing ACBM	a star og de		. Repair			Other				
3. Significantly damaged	friable surface	cing material		). Encapsulate		and with the	Juliel				
4. Damaged/significantly	damaged m	able misc. ACE				NOTES	COAL-TAINT DO FURN	11 million of the last of the last			
5. ACBM with potential f 6. ACBM with potential f	or clamage	damage		If previously assum	ed ACBM was		RA 6.2, TAHER	RA 6.3, TAHERA 6.			
<ol> <li>ACBIN with potential i</li> <li>Any remaining friable</li> </ol>	ACBM or sus	pect ACBM	BI	nd TAHERA 8.0		1000	a share a same				
r. Any remaining mable	. Count of Suc	e a subject in		* If "current" is diff	erent from "las	t 3 year", attach revi	sed TAHERA 6.	4 and TAHERA 6.5			
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JANAGEMENT PLANNE	2		SIGNATUR			AUURED	11/11/01/#/3				

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM						
DATE: 5/19/2011						
LEA SYSTEM NAME:	Chester County Schools	LEA#: 120				
ADDRESS: PO Box 327, Hen	derson, Tennessee 38340					
a,	(a)	2				
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>				

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
Х		YEARLY PROGRESS REPORT
	-	THREE YEAR REINSPECTION
2		OTHER (Please Explain)

Maria and the first

TAHERA 1.0 (2/97)

1 14

LEA NAME: CHESTER COUNTY BOE

LEA NO:	120
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SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			Date (Fall)	2nd six months Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	A11	Good	N/C	
	Transite panels	All	Good	N/C	
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(		2. 27.000 (	3011 F.A. 00000 AM AND	<b></b>	K. 1. 1. 1. 1999 (1994) (1994) (1994)
			E NO CHANCE IN		

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: <u>CHESTER COUNTY BOE</u>

LEA NO:	120

SCHOOL NAME: \_\_\_\_CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	Date (Fall) ACBM CONDITION*	Date 5/18-11 (Spring) ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5A	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7A.	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	All	Good	N/C	
9B	Boiler wrap Insulation	All	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in '99	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

SURVEILLANCE INSPECTOR'S NAME (please print):

Ken l

SURVEILLANCE INSPECTOR'S SIGNATURE:

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

LEA NAME: CHESTER COUNTY BOE

LEA NO:	12

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL 20

120-005 SCHOOL NO .:

BUILDING NAME: MAIN

1NSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

		lst six months Date (Fail)	2nd six months Date 5/18/11 (Spring)	
DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
Floor tile	All	Good	N/C	
2x4 Ceiling tile	All	Good	N/C	
Floor tile	All	Good	N/C	
2x4 Ceiling tile	All	Good 🚽	N/C	
Floor tile	All	Good	N/C	
Pipe Insulation	All	Good	N/C	
2x4 Ceiling tile	All	Good	N/C	
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Transmission of the second	D			
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	Floor tile 2x4 Ceiling tile Floor tile 2x4 Ceiling tile Floor tile Pipe Insulation 2x4 Ceiling tile	DESCRIPTION OF ACBMINSPECTEDFloor tileAll2x4 Ceiling tileAllFloor tileAll2x4 Ceiling tileAllFloor tileAllPipe InsulationAll2x4 Ceiling tileAll112x4 Ceiling tileAll111<	Date (Fail)DESCRIPTION OF ACBMAREA INSPECTEDACBM CONDITION*Floor tileAllGood2x4 Ceiling tileAllGoodFloor tileAllGoodPloor tileAllGood2x4 Ceiling tileAllGoodPipe InsulationAllGood2x4 Ceiling tileAllGoodPipe InsulationAllGood2x4 Ceiling tileAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationAllGoodInsulationInsulati	DateDateS/18/11 (Fail)DESCRIPTION OF ACBMAREA INSPECTEDACBM CONDITION*ACBM CONDITION*Floor tileAllGoodN/C2x4 Ceiling tileAllGoodN/CFloor tileAllGoodN/C2x4 Ceiling tileAllGoodN/CPipe InsulationAllGoodN/C2x4 Ceiling tileAllGoodN/CPipe InsulationAllGoodN/C2x4 Ceiling tileAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationAllGoodN/CInsulationInsul

SURVEILLANCE INSPECTOR'S NAME (please print); ren

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

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LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: EAST CHESTER ELEMENTARY

SCHOOL NO.: <u>120-0015</u>

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

SCRIPTION OF ACBM or tile	AREA INSPECTED All All All All	ACBM- CONDITION* Good Good Good Good	(Spring) ACBM- CONDITION* N/C N/C N/C	DATE REMOVED
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r tile		Good		
	4.11	0000	N/C	6.
-+:10	All	Good	N/C	
	All	Good	N/C	
r tile	All	Good	N/C	
r tile	All	Good	N/C	
r tile	All	Good	N/C	
Ceiling tile	All	Good	N/C	
C	eiling tile	eiling tile All	eiling tile All Good	eiling tile All Good N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u>

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO.: 120-030

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA- INSPECTED	ACBM CONDITION*		- DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	A11	Good	N/C	
6	2X4 Ceiling tile	A11	Good	N/C	
			÷-		500
	С.				
		9			
	1				
				4	
2					
SURVE	LLANCE INSPECTOR'S NAME (please print):	Ken West	NO CHANGE IN	CONDITION WR	ITE N/C

en

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: <u>CHESTER COUNTY BOE</u>

LEA NO: <u>120</u>

SCHOOL NAME: \_\_\_\_JACKS CREEK ELEMENTARY

SCHOOL NO.: \_\_\_120-0025

BUILDING NAME: <u>MAIN</u>

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date (Fall)	Date 5/19/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	×.
	2x4 Ceiling tile	All	Good	N/C	
		-			
				Y	
			F NO CHANGE IN	CONDITION WR	ITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

len W

AHERA Accreditation Number/Date (if applicable): \_\_\_\_

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u>

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO .: NA

JUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date (Fall)	Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	34
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
3) 	2x4 Ceiling Tile	All	Good	N/C	
2					
		$1/2.11/2^{*1}$	F NO CHANGE IN	CONDITION WR	ITE N/C

0

SURVEILLANCE INSPECTOR'S NAME (please print):

Kenu

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM							
DATE: /1/21/11							
LEA SYSTEM NAME:	Chester County Schools		LEA#: 120				
ADDRESS: PO Box 327, Hend	erson, Tennessee 38340	· .	*				
	*	. *	ine Li				
	8 V D	a <sup>i</sup>	ħ.				
DESIGNATED PERSON:	Mr. Ken West		PHONE: <u>731-989-5134</u>				

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
	2. <sup>8</sup> 4 8	MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
Х		YEARLY PROGRESS REPORT
۵	21 5	THREE YEAR REINSPECTION
	52 S	OTHER (Please Explain)

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u> SCHOOL NO.: <u>30</u>

CHOOL NAME: WEST CHESTER ELEMENTARY

BUILDING NAME: \_\_\_\_\_MAIN\_

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date11/16/2011 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	T
6	2X4 Ceiling tile	All	Good	N/C	
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		2			
	3				
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					<u></u>
			v₂		
STIDY	EILLANCE INSPECTOR'S NAME (please print):	Ken West	*IF NO CHANGE I	N CONDITION V	WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

# STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM DATE: 5-17-2012 LEA SYSTEM NAME: Chester County Schools LEA SYSTEM NAME: LEA#: 120 ADDRESS: PO Box 327, Henderson, Tennessee 38340 DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

та 22	ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
	8. 1		MANAGEMENT PLAN
2	2	<sup>50</sup> e	ASBESTOS FREE MANAGEMENT PLAN
a	X .		YEARLY PROGRESS REPORT
		/	THREE YEAR REINSPECTION
		R.	OTHER (Please Explain)

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: EAST CHESTER ELEMENTARY

LEA NO: <u>120</u>

SCHOOL NO.: <u>120-0015</u>

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date11/16/2011 (Fall)	2nd six months Date <u>5-17-1</u> 2 (Spring)	-
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
		No lur	*IF NO CHANGE I		/RITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_

LEA NAME: \_\_\_\_CHESTER COUNTY BOE\_\_\_

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

LEA NO: <u>120</u>

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date11/16/2011 (Fall)	$\frac{2 \text{nd six months}}{\text{Date } \frac{5 - 17 - 72}{(\text{Spring})}}$	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	2X4 Ceiling tile	ILA	Good	N/C	
	i.				
· · · ·					
SURV	EILLANCE INSPECTOR'S NAME (please	print): Ken W	*IF NO CHANGE I est	N CONDITION W	/RITE N/C

AHERA Accreditation Number/Date (if applicable):

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM		
×	DATE: 12/04/12	
LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: <u>PO Box 327, Hen</u>	derson, Tennessee 38340	۶. ۲
	Mr. Ken West	PHONE: <u>731-989-5134</u>

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
I DEADE HOUSE HER ADDODDIATE BOY
BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
1		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
X		SIX MONTH PROGRESS REPORT
		THREE YEAR REINSPECTION
-		OTHER (Please Explain)

LEA NAME: <u>CHESTER COUNTY BOE</u>	LEA NO:120
CHOOL NAME:WEST CHESTER ELEMENTARY	SCHOOL NO.:

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date12/04/2012	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall) ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	A11	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	
1					
	20 20				
SURV	EILLANCE INSPECTOR'S NAME (please print):	Ken West Ken What	I *IF NO CHANGE	IN CONDITION V	VRITE N/C
SURV	EILLANCE INSPECTOR'S SIGNATURE:	Ken Wha	T		
(Surve	illance Inspector is not required to be AHERA certifie	ed)			

AHERA Accreditation Number/Date (if applicable):

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM				
<b>DATE:</b> 4 -11 -13				
LEA SYSTEM NAME: Chester County Schools LEA#: 120				
ADDRESS: <u>PO Box 327, Henderson, Tennessee 38340</u>				
DESIGNATED PERSON: Mr. Ken West PHONE: _731-989-5134				

PLEASE : B	PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX			
ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT		
		MANAGEMENT PLAN		
		ASBESTOS FREE MANAGEMENT PLAN		
X		YEARLY PROGRESS REPORT/ SIX MONTH		
		THREE YEAR REINSPECTION		
		OTHER (Please Explain)		

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u>

CHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO.: 0030

BUILDING NAME: <u>MAIN</u>

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date	2nd six months Date4-9-13 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All		N/C	
2	Floor tile	All		N/C	
4	Floor tile	All		N/C	
5	Floor tile	All		N/C	
6	2X4 Ceiling tile	All		N/C	
	I EILLANCE INSPECTOR'S NAME (pleas EILLANCE INSPECTOR'S SIGNATURE	e print): <u>Ken We</u> : Ken M	*IF NO CHANGE I	N CONDITION W	/RITE N/C

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM					
DATE: 10-15-13					
LEA SYSTEM NAME: Chester County Schools LEA#: 120					
ADDRESS: 970 East Main St. Henderson, TN 38340					
DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134					

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX							
ORIGINAL CORRECTION/DEFICIENCY SUBMISSION TYPE OF DOCUMENT							
		MANAGEMENT PLAN					
		ASBESTOS FREE MANAGEMENT PLAN					
	<i>ii</i>	YEARLY PROGRESS REPORT					
X		THREE YEAR REINSPECTION					
		OTHER (Please Explain)					

THREE YEAR REINSPECTION         LEA NAME:       Chester County BOE       LEA #: 120									
3 <del>-</del>	School Building Name: West Chester Elementary Building #: Main								
DATE OF IMPLEMEN	ITATION OF	MANAGEM	ENT PLAN:			INSPECTIO	N DATE:	10/15/13	
OF THE STA	HA NU	IMBER 1	and the second se	JMBER 2	langaaninii HA	NUMBER 3	HA N	IUMBER 4	1
	CURREN	T QUANTITY	CURRENT	QUANTITY	CURREI	NT QUANTITY	CURREN	T QUANTITY	
AGRICULTURE									
		ESCRIPTION r Tile		ESCRIPTION		DESCRIPTION	The second s	DESCRIPTION or Tile	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
TSI SURFACING									
MISCELLANEOUS CHECK ONE	X	X	X	X	X	X	X	X	
ASSUMED ACBM CONFIRMED ACBM	x	x	x	X	X	x	x	x	
NON-ACBM CHECK ONE									]
NON-FRIABLE	X	X	X	X	X	X	X	X	
FRIABLE EXPOSURE CONSIDERATIO	N.								
1 TO 5 (5 WORST) DETERIORATION	1	1	1	1	1	1	1	1	
PHYSICAL DAMAGE WATER DAMAGE	1	1	1	1	1	1	1	1	
ACTIVITY/VIBRATION EXPOSURE	2	2	2	2	2 1	2 1	2	2	
ACCESSIBILITY LENGTH OF EXPOSURE	1	1 Dental Distriction	1	1		1	1	1	
(CHECK ONE) 1 HOUR/WEEK									
5 HOUR/WEEK 10 HOUR/WEEK									
20 HOURWEEK 40 HOURWEEK	X	x	x	x	x	X	x	Х	
EXPOSURE POPULATION (CHECK ALL APPLICABLE)									
MAINTENANCE	X	X	X	X X	X X	<u> </u>	X X	X	
CUSTODIAL FACULTY/STAFF	X X	X X	X	X	X	X	Х	X	
PUBLIC	X	X	X			X	X	X	
(MARK FROM 1 TO 7)	5	5	5	5	5	5	5	5	]
**RESPONSE ACTIONS (MARK FROM A TO H)									
	B	B	B	B	В	B	B	B	
ASSESSMI	ENT LEGEND	)		stitute prevent			losure		
1. Damaged/significantly of 2. Damaged friable surface	ing ACBM		C. F	) & M Program Iepair		F. Ren G. Isol	ate		
3. Significantly damaged f 4. Damaged/significantly	lamaged friab			ncapsulate		H. Oth	er		
<ol> <li>ACBM with potential for</li> <li>ACBM with potential for</li> </ol>	significant da	image			ACBM was test	NOTES ted, attach TAHERA	6 2, TAHERA (	3, TAHERA 6.9	
7. Any remaining friable A	CBM or suspe	ect ACBM	** It,	AHERA 8.0 'current'' is differe	nt from "last 3	year", attach revised	TAHERA 6,4 ar	IN TABERA 6.5	
Stephanie Petty		Stephen	ů lety ignature lety			A-MP-47891	-26076/TN		
INSPECTOR (Typed Name)		S	IGNATURE		ACCREDITATION #/STATE		Ē		
Stephanie Petty MANAGEMENT PLANNER			IGNATURE			A-MP-4789 ACCREDITA			

THREE YEAR REINSPECTION						
LEA NAME: Chester County BOE LEA #: 120						
School Building Name: West Chester Elementary Building #: Main						
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 10/15/13						
HA NUMBER HA NUMBER HA NUMBER HA NUMBER						
CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY						
AGRICULTURE	in the second					
MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION	N					
Floor Tile 2x4 Ceiling Tile	attorn and					
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CHECK ONE YEAR COMMENT YEAR YEAR YEAR YEAR						
TSI SURFACING	10.00					
MISCELLANEOUS X X X X X						
CHECK ONE						
ASSUMED ACBM X X	1/2/1					
CONFIRMED ACBM X X						
CHECK ONE						
NON-FRIABLE X X						
FRIABLE     X     X       EXPOSURE CONSIDERATION	and the second					
1 TO 5 (5 WORST)	ry (1997) Teknology					
DETERIORATION 1 1 1 1 1						
PHYSICAL DAMAGE         1         1         1           WATER DAMAGE         1         1         1         1						
WATER DAMAGE         1 <th1< th="">         1         <th1< th="">         1         <th1< th=""> <th1< th=""> <th1< th=""> <th1< t<="" td=""><td></td></th1<></th1<></th1<></th1<></th1<></th1<>						
EXPOSURE 2 2 1 1	-201					
ACCESSIBILITY 1 1 1 1						
LENGTH OF EXPOSURE (CHECK ONE)						
1 HOUR/WEEK X X						
5 HOUR/WEEK	- Contract					
10 HOUR/WEEK	1111 1111					
40 HOURWEEK X X						
EXPOSURE POPULATION	anna an taon a Taon an taon an t					
CHECK ALL APPLICABLE)						
CUSTODIAL X X X X						
FACULTY/STAFF X X						
PUBLIC X X ASSESSMENT						
(MARK FROM 1 TO 7)						
5 5 7 7						
**RESPONSE ACTIONS (MARK FROM A TO H)						
B B B B						
ASSESSMENT / EGEND RESPONSE ACTIONS LEGEND						
ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure						
1. Damaged/significantly damaged TSI B. O & M Program F. Remove						
2. Damaged friable surfacing ACBM     C. Repair     G. Isolate     H. Other						
3. Significantly damaged friable surfacing material     4. Damaged/significantly damaged friable misc. ACBM						
5. ACBM with potential for damage NOTES	a.a.					
<ol> <li>ACBM with potential for significant damage</li> <li>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA</li> </ol>	6.9					
7. Any remaining friable ACBM or Suspect ACBM and TAHERA 3.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA	5					
Attiture Posta						
Stephanie Petty A-MP-47891-26076/TN						
Stephanie Petty     Stipfanie fetty     A-MP-47891-26076/TN_       INSPECTOR (Typed Name)     SIGNATURE     ACCREDITATION #/STATE       Stephanie Petty     A-MP-47891-26076/TN_						
Stephanie Petty <u>A-MP-47891-26076/TN</u>						
MANAGEMENT PLANNER SIGNATURE ACCREDITATION #/STATE						

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM							
DATE: 5-6-2014							
LEA SYSTEM NAME:	Chester County Schools	LEA#: 120					
ADDRESS: <u>PO Box 327, H</u>	ADDRESS: PO Box 327, Henderson, Tennessee 38340						
	x: 3						
DESIGNATED PERSON: _	Mr. Ken West	PHONE: <u>731-989-5134</u>					
	20						

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT	
	±;	MANAGEMENT PLAN	
		ASBESTOS FREE MANAGEMENT PLAN	
X		SIX MONTH PROGRESS REPORT	
		THREE YEAR REINSPECTION	
	5.	OTHER (Please Explain)	

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: 30

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date 10-15-13	2nd six months Date5-6-14	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall) ACBM CONDITION*	(Spring) ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	
10					
31 		E.			
	ж.				2
SUDVI	THE ANCE INSPECTOR'S NAME (please prin	n. Ken West	 _*IF NO CHANGE I	N CONDITION W	/RITE N/C

SURVEILLANCE INSPECTOR'S NAME (please pri

(Surveillance INSPECTOR'S SIGNATURE: Kon With (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM							
DATE: // - // - 2014							
LEA SYSTEM NAME: Chester County Schools LEA#: 120							
ADDRESS: <u>PO Box 327,</u>	Henderson, Tennessee 38340						
DESIGNATED PERSON:	Mr. Ken West PHONE: <u>731-989-5134</u>						

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT	
, , ,		MANAGEMENT PLAN	
		ASBESTOS FREE MANAGEMENT PLAN	
V		YEARLY PROGRESS REPORT 6 mos	
		THREE YEAR REINSPECTION	
ra.		OTHER (Please Explain)	

LEA NO: <u>120</u>

CHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.:

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			ilst six months Dati <mark>]]-i1-14</mark> ((Path)	Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVEI
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	3
4 .	Floor tile	All	Good	N/C	
5	Floor tile	A11	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	
			20		
	2 (1)				25.2
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	ан. Эл	(a)	×		
	e <b>a</b> e	8 v	18.5	(2). (a)	
. *				1	
		2 X	8		8
SURV	EILLANCE INSPECTOR'S NAME (please print): _	Ken We	I *IF NO CHANGE I \$-}	N CONDITION V	/RITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: \_\_\_\_\_KIM (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

	2.40	4						
	STATE OF TENN							
AHERA TRANSMITTAL/SUBMITTAL FORM								
DATE: 4 - 7 - 2015								
	DATE:	4 - 1 = 2013						
TEA OVOTEM NAME.	Chester County Schools	LEA#: 120						
LEASISIEM NAME.	Chester County Sensors							
ADDRESS PO Box 3	27, Henderson, Tennessee 38340							
ADDRESS. TO BOAD		2						
*2	Terra I	3						
	2 <b>.</b>	3						
		8 x J e						
	No. Von Wort	PHONE: 731-989-5134						
DESIGNATED PERSO	N: Mr. Ken West							
	÷							
	iit iii							
PLEASE	INDICATE TYPE OF DOCUM	ENT(S) BEING SUBMITTED						
B	Y PLACING AN "X" IN THE	APPROPRIATE BOX						
		*						
ORIGINAL	CORRECTION/DEFICIENCY	TYPE OF DOCUMENT						
SUBMISSION	SUBMISSION							
		MANAGEMENT PLAN						
		ASBESTOS FREE MANAGEMENT PLAN						
	×	ASBESTOS FREE MANAGEMENT TEAN						
		THE ADDRESS DEPONT & MA						
X		YEARLY PROGRESS REPORT 6 M Periodic Inspection						
<u></u>								
		THREE YEAR REINSPECTION						
	1	OTHER (Please Explain)						

TAHERA 1.0 (2/97)

S.

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

JILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			ficess months . Date (fail)	2016 Six months - Date	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVEI
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	
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			8 C 8	-	
					N. 1. 22
	(x)			s. 7	

SURVEILLANCE INSPECTOR'S NAME (please print):

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

Crailed to ! Deborah Gunter @tn. gov. 10/13/15 9:02a2

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM DATE: 10/13/15						
ADDRESS: PO Box 327, Henderson, Tennessee 38340	8					
DESIGNATED PERSON: Britt Eads PHONE:	731-989-5134					

# PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED BY PLACING AN "X" IN THE APPROPRIATE BOX

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT/ SIX MONTH
		THREE YEAR REINSPECTION
5) 17		OTHER (Please Explain)

LEA NAME: CHESTER COUNTY BOE

LEA NO:	120	
SCHOOL NO .		

CHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date 10/9/15 (Fall)	2nd six months Date	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	(Spring) ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good		
2	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	2X4 Ceiling tile	All .	Good		
		0		- Fi	
( <u>*</u> )			2		
5			14		
			*IF NO CHANGE D	CONDITION W	RITE NIC

0

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

\*IF NO CHANGE IN CONDITION WRITE N/C

AHERA Accreditation Number/Date (if applicable): \_



February 24, 2016

Mr. Britt Eads Chester County Schools 970 East Main Street Henderson, Tennessee 38340 eadsb01@120cc.org (731) 433-7266

### RE: CHESTER COUNTY SCHOOLS 2016 AHERA THREE YEAR REINSPECTION REPORT PROJECT NO. 804416

Mr. Eads:

Enclosed is the three year reinspection report for the schools inspected on February 23, 2016. Please have the school superintendent sign the Assurances Page (TAHERA 3.0).

A copy of this report has been submitted to the following address:

Tennessee Department of Education Division of Finance, Accountability and Technology Budget and Planning 6<sup>TH</sup> Floor, Andrew Johnson Tower 710 James Robertson Parkway Nashville, Tennessee 37243-0375 Attention: Deborah Boshears-Davis

Keep the original report with your management plan and submit a copy to each school under the current O & M Plan. Your next inspection (periodic surveillance inspection) will be in August 2016.

Should you have any questions or require additional information, please feel free to call my office at (615) 865-8813 or my cell at (615) 478-2463.

Sincerely,

**RESOLUTION, INC.** 

timtopl R. Jel

Christopher R. Johnson, PG Manager

Attch: 2016 AHERA Three Year Reinspection Report

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM								
DATE: February 24, 2016								
LEA SYSTEM NAME: Chester County Schools	LEA#: <u>120</u>							
ADDRESS: 970 East Main Street, Henderson, TN 38340								
DESIGNATED PERSON: <u>Mr. Britt Eads</u>	PHONE: <u>(731) 433-7266</u>							

	NDICATE TYPE OF DOCUM Y PLACING AN "X" IN THE A	
ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
x		THREE YEAR REINSPECTION
		OTHER (Please Explain)

TAHERA 1.0 (2/97)

1

# ASSURANCES

# SCHOOL YEAR ENDING: 2016

# LEA SYSTEM NAME: Chester County Schools

LEA NO.: <u>120</u>

This AHERA Management Plan was developed and has been submitted pursuant to the Asbestos Hazard Emergency Response Act of 1986. Public Law 99-519; and the United States Environment Protection Agency Rule: Asbestos Containing Material in Schools; 40 CFR Part 763, Subpart E; and the undersigned does hereby certify that the Local Education Agency (LEA) indicated below has and will ensure the following:

- 1. The activities of any persons who perform inspections, re-inspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other Federal and State regulations and requirements.
- All custodial and maintenance employees are properly trained as required in Part 763 and all other applicable Federal and State regulations (e.g., the Occupational Safety and Health Administration Asbestos Standard for Construction, the EPA Worker Protection Rule or applicable State regulations).
- 3. All workers and building occupants, and their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic re-inspection and surveillance activities, that are planned or in progress.
- 4. All short term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of asbestos-containing materials (ACM).
- 5. All warning labels are posted in accordance with Section 763.93 (g).
- 6. All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Paragraph 763.84 (g) (2).
- 7. The undersigned person designated by the LEA pursuant to Paragraph 763.84 (g) (1) has received adequate training as stipulated in Paragraph 763.84 (g) (2).
- 8. The LEA has and will consider whether any conflict of interest may arise from the interrelationship between the Management Planner and other accredited persons performing AHERA activities.

LEA DESIGNATED PERSON (please print): Britt Eads	
LEA DESIGNATED PERSON'S SIGNATURE:	
DATE: 3/2/10	
DATE: <u>JAND</u> SUPERINTENDENT (please print): <u>TROY KILZER II</u>	- 1. 1.1.4
SUPERINTENDENT SIGNATURE:	DATE: 3/3/16
TAHERA 3.0 (2/97)	

NON-FRIABLE	Х	X	Х	X	X	X	X	X
FRIABLE		Contraction of the second second	NACTOR NO.	and the second second second	Land the land to be the second			
EXPOSURE CONSIDER	RATION							
1 TO 5 (5 WORST) DETERIORATION	1		NUTSHAADSTA			NRIGEREN S	出版などの記述が	
PHYSICAL DAMAGE	1		1	$\frac{1}{1}$	1	1	1	1
WATER DAMAGE	1		1	1 1 3	1	1	1	
ACTIVITY/VIBRATION	2	2	2	2	2	1	1	1
EXPOSURE	1		1	1		2	2	2
ACCESSIBILITY	1		1	1	1	1	1	
LENGTH OF EXPOSUE		Statement of the way of the state	Marin active of	States and the second sec	Contractor of the second	SCADDARW/COMMO	Loc-Manifel Television and and	1
(CHECK ONE)		2.5. · · · · · · · · · · · · · · · · · ·	<b>经济</b> 国际		的主义的法律的		- Manual President	
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5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOURWEEK								
40 HOUR/WEEK	x	X	Х	X	х	X	x	x
EXPOSURE POPULAT		are de la contra de	NUTRE IN		ALT CONTRACTOR	CALCULATION DISTANCE	REPROPERTIES IN	A CONTRACTOR
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	Х	X	X	X
FACULTY/STAFF	X	Х	Х	X	Х	X	X	X
PUBLIC	Х	X	Х	X	х	X	Х	X
ASSESSMENT	State States		1125324	A CARLES AND AND	Contraction of the	ALL BOUTHERS	SALA MANAGAS	
(MARK FROM 1 TO 7)						1994年1月		
	5	5	5	5	5	5	5	5
**RESPONSE ACTIONS	S			· 新聞書書 (17)	1	in a line with a line	CLASS SWIMPSON	自動自然思想以及
(MARK FROM A TO H)	M. C. T.	Section State		<b>资本出去</b> 了。				
	В	В	В	В	В	В	В	В
ASSESSME	NTLEGEND	ALL STREET, SOL BELLEVILLE	之前的主要	CONSIGNATION OF THE	RESPONSE	10071	EGEND	
		Particular data residual data data	A Ins	stitute prevent	ative measure		closure	colume disclosure
1. Damaged/significantly d	amaged TSI			& M Program			move	
2. Damaged friable surfaci			C. Re			G. Iso		
3. Significantly damaged fr	iable surfacing		D. Er	ncapsulate		H. Ot		
4. Damaged/significantly d		le misc. ACBM						
5. ACBM with potential for								
6. ACBM with potential for			國國國	國際和自己的部	中國國民族主義管管	NOTES		名はないです。
<ol><li>Any remaining friable AC</li></ol>	CBM or suspe	ect ACBM	*If prev	viously assumed	ACBM was tes	sted, attach TAH	IERA 6.2, TAHE	RA 6.3,
				RA 6.9 and TAH				
		2	6.5	unent is unere	int nonir last 5 ye	ear, attach rev	ised TAHERA 6.4	and TARERA
		11-1	1	10	0			
Christopher R. John	son 🧹	Lusto	LK	. Col		A-I-42	505-44826/TI	J
SPECTOR (Typed Name)		SIGI	NATURE	1			TATION #/STA	
		11.	1.0	Uni				
Christopher R. John	son (	hurt	5.C	K.C	here	A-MP-	42505-44824	/TN
ANAGEMENT PLANNER		SIG	ATURE	//			TATION #/STA	
				0				
AHERA 16.0 (2/97)		Pag	e of					

## THREE YEAR REINSPECTION

HA NUMBER

2

CURRENT QUANTITY

1488 SF

MATERIAL DESCRIPTION

Floor Tile

CURRENT

Х

Х

LAST 3 YEAR

Х

Х

LEA NAME: Chester County Schools

CHECK ONE

CHECK ONE ASSUMED ACBM CONFIRMED ACBM

NON-ACBM CHECK ONE

TSI SURFACING MISCELLANEOUS LEA #: \_\_\_\_\_

School Building Name: \_\_\_\_Chester County Middle School Building #: Main

HA NUMBER

1

CURRENT QUANTITY

150 SF

MATERIAL DESCRIPTION

Floor Tile

CURRENT

Х

х

LAST 3

YEAR

Х

Х

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

HA NUMBER

3

CURRENT QUANTITY

70 SF

MATERIAL DESCRIPTION

Floor Tile

CURRENT

х

Х

LAST 3 YEAR

х

Х

HA NUMBER

4

CURRENT QUANTITY

2960

MATERIAL DESCRIPTION

Floor Tile

CURRENT

х

Х

LAST 3

YEAR

х

Х

120

Page

of

### HA NUMBER HA NUMBER HA NUMBER HA NUMBER 5A 6 7A 7B CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY 6250 SF 5849 SF 600 LF 12832 MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile **Pipe Insulation** Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR YEAR Х TSI Х SURFACING MISCELLANEOUS Х Х X Х Х Χ CHECK ONE ASSUMED ACBM CONFIRMED ACBM Х Х Х Х Х Х х Х NON-ACBM CHECK ONE Х NON-FRIABLE х X Х Х х FRIABLE х х **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 1 1 PHYSICAL DAMAGE 1 1 1 1 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 1 ACTIVITY/VIBRATION 2 2 2 2 2 2 2 2 **EXPOSURE** 1 1 1 1 1 1 1 1 ACCESSIBILITY 1 1 LENGTH OF EXPOSURE (CHECK ONE) **1 HOURWEEK 5 HOURWEEK** Х Х 10 HOUR/WEEK 20 HOUR/WEEK **40 HOURWEEK** X Х Х х X х **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE Х X Х X X Х X X CUSTODIAL Х Х Х Х Х х Х Х FACULTY/STAFF Х Х Х Х х X PUBLIC X Х X х x х ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 5 **\*\*RESPONSE ACTIONS** (MARK FROM A TO H) В B в B B B B B ASSESSMENT LEGEND **RESPONSE ACTIONS LEGEND** Institute preventative measures Α E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM G. Isolate C. Repair 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM \*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 \*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Christopher R. Johnson A-I-42505-44826/TN SIGNATURE **INSPECTOR** (Typed Name) ACCREDITATION #/STATE Christopher R. Johnson A-MP-42505-44824/TN SIGNATURE MANAGEMENT PLANNER ACCREDITATION #/STATE

### THREE YEAR REINSPECTION

120 LEA #:\_\_\_\_

Building #: Main

School Building Name: Chester County Middle School

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

LEA NAME: Chester County Schools

Page of

# THREE YEAR REINSPECTION

LEA NAME: Chester County Schools

School Building Name: \_\_\_\_Chester County Middle School \_\_\_\_\_ Building #: \_\_\_\_\_Main\_\_\_

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

	HA NU 9			HA NUMBER 9B		HA NUMBER 9C		MBER
	CURRENT QUANTITY 150 SF		CURRENT QUANTITY 160 SF		CURRENT QUANTITY 120 LF		CURRENT QUANTITY Throughout	
	MATERIAL D Pipe Ins		MATERIAL DI Boiler Wrap		MATERIAL D Water Tan		MATERIAL DE 2x4 Ceili	
CHECK ONE	LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRENT
TSI	YEAR X	x	YEAR X	X	YEAR	X	YEAR	
SURFACING					1			
MISCELLANEOUS	0	· · · · · · · · · · · · · · · · · · ·			1		X	X
CHECK ONE								
ASSUMED ACBM	v	~		x	x	x	X	X
CONFIRMED ACBM	X	X	X		<u> </u>	<u> </u>		
CHECK ONE	en dezembre		国的建筑的物质	acontraction de	electron tennes a			
NON-FRIABLE	20131304230110		A STATE OF STREET	110-11-01-01-10-1-10-1-00			Serie School and an in 1983	PODIMUM PLANE
FRIABLE	X	X	X	X	X	X	Х	X
EXPOSURE CONSIDE	RATION		的時期的意思					
1 TO 5 (5 WORST) DETERIORATION	2	2	2	2	2	2		2
PHYSICAL DAMAGE	1	1	1	1	1	1	2	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY		1	NERDINGERSONNER	1	6 August Schement	Accession in the second at	1	And the second s
LENGTH OF EXPOSU (CHECK ONE)	KE.							
1 HOUR/WEEK	X	X	I X	X	I X	X	I X	X
5 HOUR/WEEK	l				1			
10 HOUR/WEEK								
20 HOUR/WEEK					·			
40 HOUR/WEEK	ION	AND CONTRACTOR		INTER SEASE		अने क्षेत्र संस्थित के कि		ALLER D. AL
(CHECK ALL APPLICABLE)	ICIN							
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	Х	Х	X	X	X	X	X	X
FACULTY/STAFF PUBLIC					<b>.</b>			
ASSESSMENT		UL STICHUSING W		STAR DE LA DELLA	CONTROL OF ARREST OF ADAM		In the second	
(MARK FROM 1 TO 7)								
Street and a street and the street of a street	5	5	5	5	5	5	7	7
**RESPONSE ACTION	S							A 107 2 - 500 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
(MARK FROM A TO H)	10000000000000000000000000000000000000			民间、直接和限制	建制的建筑同时			
10 Martin Partie Contractor	B	B	B	B	B	B	B	B
ASSESSM	ENT LEGEND	的如何的意思就是		stitute preven	tative measur		EGEND	
1. Damaged/significantly	damaged TSI			& M Program			emove	
2. Damaged friable surface			C. R	epair		G. Is		
3. Significantly damaged t				ncapsulate		H. O	ther	
4. Damaged/significantly of 5. ACBM with potential for		le misc. ACBI	vi					
6. ACBM with potential for		image	In the first sector was		Sector Constant	NOTES		610.7538
7. Any remaining friable A							HERA 6.2, TAHE	RA 6.3,
				RA 6.9 and TA		ear" attach rev	ised TAHERA 6.	
			6.5					
		//	1 :4.	10	01			
Christopher R. John		- 6	LIC NATURE	R.	the		505-44826/T	
INSPECTOR (Typed Name)		1	SIGNATURE	nch		AUUKEDI	TATION #/STA	
Christopher R. Johr	nson	Chi	ital	R.Y	R	A-MP-	42505-44824	/TN
MANAGEMENT PLANNER			SIGNATURE	//			ITATION #/ST	
				U				

\_\_\_\_\_ LEA #: \_\_\_\_\_ 120

Christopher R. Johnson INSPECTOR (Typed Name)
Christopher R. Johnson MANAGEMENT PLANNER
TAHERA 16.0 (2/97)

L

SIGNATURE

		THR	EE YEAR R	FINSPECTI	ON			
LEA NAME: Cheste	er County So				A #:	120		
School Building Name:	Chester	County Mid	idle School	Bui	Iding #:	Cafe		
DATE OF IMPLEMENT	ATION OF N	IANAGEME	NT PLAN:	7/9/89 INS	SPECTION [	DATE: <u>2/23/</u>	<u>16</u>	
	HA NU	MBER 3	HA NU	IMBER	HA NU	IMBER	HANUN	IBER
		QUANTITY	CURRENT	QUANTITY	CURRENT	QUANTITY	CURRENT Q	UANTITY
	MATERIAL D Floo		MATERIAL D 2x4 Cei		MATERIAL D	ESCRIPTION	MATERIAL DE	SCRIPTION
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	x	X	x	x				
CHECK ONE						建设运行管理		
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X	X	×	-			
CHECK ONE NON-FRIABLE FRIABLE	X	X	<mark>│ x</mark>	x				
EXPOSURE CONSIDE	RATION							
1 TO 5 (5 WORST) DETERIORATION	1	1 1	1 1					
PHYSICAL DAMAGE	1	1	1	1	1			
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	3	3	1					
ACCESSIBILITY	1	1	1	1				
LENGTH OF EXPOSU	RE						記載自然的書記	
(CHECK ONE) 1 HOUR/WEEK 5 HOUR/WEEK			x	×				
10 HOUR/WEEK 20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULA (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X X	X X	X	X				
FACULTY/STAFF PUBLIC	X	x x						
ASSESSMENT								
(MARK FROM 1 TO 7)	5	5	7	7	같이 말한 16 (AD 19 19 19 19 19 19 19 19 19 19 19 19 19		日期には日本国際に	的现在分词则将
**RESPONSE ACTION		A CONTRACTOR OF A		國國語語語》的				
(MARK FROM A TO H)	2018年1月1日							
ACCECCM	B ENT LEGENI	B	В	B	PESPONS	FACTIONS	EGEND	CONTRACTOR DATE
<ol> <li>Damaged/significantly</li> <li>Damaged friable surfat</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>ANY remaining friable A</li> </ol>	damaged TSI cing ACBM friable surfacin damaged friat or damage or significant da	ng material Sle misc. ACB amage	M B. C C. R D. E The Table	A M Program Repair Incapsulate evicually assume ERA 6.9 and TAI	tative measur ) ed ACBM was te HERA 8.0	E. Er F. Re G. Is H. Of NOTES	nclosure emove olate ther HERA 6.2, TAHE	RA 6.3,
Christopher R. Joh	nson /	1	6.5	current" is differe			ised TAHERA 6.4 505-44826/TI	
INSPECTOR (Typed Name			SIGNATURE	11-			TATION #/STA	

A-MP-42505-44824/TN ACCREDITATION #/STATE

LEA NAME:Cheste	er County S	chools	LEA #:120					
School Building Name:	Chester	County Mic	dle School	Bui	lding #:	Agri		
DATE OF IMPLEMENT	ATION OF N	MANAGEME	NT PLAN:	7/9/89 INS	SPECTION E	DATE: <u>2/23/</u>	<u>'16</u>	
		IMBER		IMBER	HA NU	MBER	HANUN	the second se
	1	0	1(	DB	10	)C	TRANSPORT NEWSPECTRUM	1
	CURRENT	QUANTITY	CURRENT	QUANTITY	CURRENT	QUANTITY	CURRENT	UANTITY
		ESCRIPTION Jacket	MATERIAL D Pipe In:	ESCRIPTION sulation	MATERIAL DI Floor		MATERIAL DE 2x4 Ceili	
	LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRENT
CHECK ONE	YEAR	X	YEAR	X	YEAR	CORRENT	YEAR	CORRENT
SURFACING			<u> </u>	^				
MISCELLANEOUS					Х	X	X	X
CHECK ONE			<b>和</b> 目的的思想。	建立的现在分词			信息和制度的影响	自然思想自动起始出
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	x	x	X	x	x	<u>X</u>	X
CHECK ONE			后,这些1000年6月19日 19				ANE THE REAL	
NON-FRIABLE					X	X		
FRIABLE EXPOSURE CONSIDE	X	X	X	X	COLUMN STREET, ST	N STRATIC PROPERTY AND	X	X
1 TO 5 (5 WORST)	RATION							
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE		1	1	1	1	1	1	1
	1	1 2	1	1 2	1 2	1 2	1 2	1 2
ACTIVITY/VIBRATION EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
LENGTH OF EXPOSU	RE			The Section		State State		
(CHECK ONE)	x	X						
1 HOUR/WEEK 5 HOUR/WEEK		<u> </u>	X	X			X	X
10 HOURWEEK								
20 HOUR/WEEK								
40 HOUR/WEEK					X	X		
EXPOSURE POPULAT	CHENRY, INC. IN STREET, INC.		机制度 化合称					
(CHECK ALL APPLICABLE) MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	x	X
FACULTY/STAFF					X	X		
PUBLIC	NUT OF ACCULATIONS	ANTIN ALL AND DESCRIPTION	AND INCOMENDATION OF A DAMAGE	Mana-uro-solution man era	X	X		
ASSESSMENT	建和基本		Total State					
(MARK FROM 1 TO 7)	5	5	5	5	5	5	7	7
**RESPONSE ACTION		STATES STATES	Service Service	· ·		·····································	Service and a service to	
(MARK FROM A TO H)								
	В	В	В	В	В	B	В	B
ASSESSM	ENT LEGEND		的现在分词	化现在 医结结系统		E ACTIONS L		
4 Democraticization				stitute preven			nclosure	
<ol> <li>Damaged/significantly</li> <li>Damaged friable surface</li> </ol>				& M Program epair		G. Is	emove olate	
3. Significantly damaged		ng material		ncapsulate		H. O		
4. Damaged/significantly	damaged friat		vi					
5. ACBM with potential fo			T-Discou	And the second of		NOTES	11 254 A 200 A - CALLARS	
<ol> <li>ACBM with potential fo</li> <li>Any remaining friable A</li> </ol>			*If pre	viously assume	d ACBM was tes	NOTES	HERA 6.2, TAHE	RA63
r. raily ternaming mabler			TAHE	RA 6.9 and TAH	IERA 8.0		·	19 10 A 10 10 10 10 10
			** If "c 6.5	urrent" is differe	nt from "last 3 y	ear", attach rev	ised TAHERA 6.4	and TAHERA
		11		11	0			
Christopher R. John		Cha	ntol	N.C	K-		505-44826/TI	
INSPECTOR (Typed Name	)	1	SIGNATURE	1/2	0		TATION #/STA	
Christopher R. Joh	neon	11	4.1	PD	A		12505 44924	
MANAGEMENT PLANNER		Conce	SIGNATURE	-Y			42505-44824 ITATION #/ST/	
				0		. ICONED		

THREE YEAR REINSPECTION

		JMBER 12	HA NU	HA NUMBER		IMBER		MBER
	CURRENT	QUANTITY	CURRENT	QUANTITY	CURRENT	QUANTITY	CURRENT	UANTITY
		DESCRIPTION or Tile		ESCRIPTION iling Tile	MATERIAL D	ESCRIPTION	MATERIAL DESCRIPTION	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURREN
SURFACING						1		
MISCELLANEOUS	X	X	X	X				
CHECK ONE								
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	x	X	X	X				
CHECK ONE	和可求在的展示	AND DEPOSITOR	12121312	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	运行将合并F1200度。	SCRIPT STORY	Genterations	
NON-FRIABLE	X	X						
FRIABLE	DATION		X	X	a detudio processi da com	01515-8/14-111572-0	and Clother Street one	and the second sec
TO 5 (5 WORST)	RATION					生活が		
DETERIORATION	1	1	1	1 1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1 2						
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				
ENGTH OF EXPOSU	RE				<b>生活性的</b> 可能			
(CHECK ONE) 1 HOUR/WEEK	A REPORT OF A R		X	<u>  x</u>	WARELED COURS		而是当我自然会动人的合同	
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK		X		0.00.20.20.0000.604	00000075665.94	RECEIPTER STREET	NA-CONTROL PARTICIPULA	000000000000000000000000000000000000000
HECK ALL APPLICABLE)						并且通过也		
MAINTENANCE	X	X	X	X				
CUSTODIAL FACULTY/STAFF	X	X X	X	X				
PUBLIC	x	x						
SSESSMENT		<b>新任何的书记</b> 的书记	建物的常常和影响	South Street and		Sales in the second		法检查 法法法的法
MARK FROM 1 TO 7)			Service Service	自然是出版法			The base of the second	
	5	5	7	7				
RESPONSE ACTION	5			的影响和可能				
	B	B	B	B	2020/16/01/20030	65年末年10月12月前	AREAL PROPERTY AND A DESCRIPTION OF	26日月1日1月1日日
ASSESSM			Section and Sec	3.4.2.5.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	RESPONS	ACTIONS L	EGEND	NES PAREN S P
ASSESSMENT LEGEND 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage				A. Institute preventative measures       E. Enclosure         B. O & M Program       F. Remove         C. Repair       G. Isolate         D. Encapsulate       H. Other				
7. Any remaining friable A	CBM or susp	ect ACBM	TAHE	RA 6.9 and TAH	IERA 8.0		IERA 6.2, TAHEI	
Christopher R. John SPECTOR (Typed Name)		him	SIGNATURE	R. Co			505-44826/TM TATION #/STA	
Christopher R. John		Chu	SIGNATURE	R.G.	l_	ACCRED	42505-44824	TTN TE

School Building Name: \_\_\_\_\_\_Chester County Middle School \_\_\_\_\_ Building #: \_\_\_\_\_Business

TAHERA 16.0 (2/97)

THREE YEAR REINSPECTION **Chester County Schools** 120 LEA NAME: LEA #: \_\_\_\_\_ School Building Name: Chester County Middle School Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER 13B 13 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile **Pipe Insulation** 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR Х Х TSI SURFACING **MISCELLANEOUS** Х Х х х CHECK ONE ASSUMED ACBM Х Х CONFIRMED ACBM Х Х Х Х NON-ACBM CHECK ONE NON-FRIABLE х х х х Х Х FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 2 2 1 1 1 1 PHYSICAL DAMAGE 2 2 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 1 1 1 1 **EXPOSURE** 2 2 1 1 1 1 ACCESSIDII ITV

ACCESSIBILITY		1				1		
LENGTH OF EXPOSU	RE							
(CHECK ONE)						法国用1220		<b>拉哈运会会</b> 。"言
1 HOUR/WEEK			Х	X	X	X		
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X					1	
<b>EXPOSURE POPULAT</b>	ION					and the second	Sec. States a	(1) (1) (1) (1) (1)
(CHECK ALL APPLICABLE)		<b>以及此時間的</b> 。20	"学校"的名词称		· · · · · · · · · · · · · · · · · · ·			
MAINTENANCE	X	X	x	X	X	X		
CUSTODIAL	Х	X	Х	X	X	X	1	
FACULTY/STAFF	Х	X						
PUBLIC	Х	X						
ASSESSMENT	I CHERICAL STREET	Station Contraction		TALL AND SO THE	A DATE OF LITER OF ME			
(MARK FROM 1 TO 7)		相對國家的原始的		國際的法律			加差常的制度	的是要考虑问题
	5	5	5	5	7	7	1	
<b>**RESPONSE ACTION</b>	S		NEW THE	THE WAY SERVICE	的目标家庭的		語》出於aukiters	the solution of the self-
(MARK FROM A TO H)			·清·伯司(1)		- A start dies			
A CONTRACTOR OF	В	B	B	в	B	B	A CONTRACTOR OF THE OWNER	
ASSESSM	ENT LEGEND	10 A	No INCOME OF A	and the state of the state	RESPONSE		EGEND	IN THE OCCUPATION OF
ACCEDON	and a distantia for test the	ALCONTRACTOR OF ALCONTRACTOR		titute preventa	and the second se	and the second se	nclosure	GP-01010209-0-5650400
1. Damaged/significantly of	damaged TSI			& M Program			emove	
2. Damaged friable surfac			C. Re			G. Isolate		
3. Significantly damaged f		ng material		capsulate		Н. О		
4. Damaged/significantly of						1 0		
5. ACBM with potential for								
6. ACBM with potential for		mage	(Address) a	10000000000	TANK AND AND AND	NOTES		2000-2000-05-00-0
7. Any remaining friable A			*If prev	iously assumed			HERA 6.2, TAH	ERA 6.3.
, ,			TAHER	A 6.9 and TAHE	ERA 8.0			
		ō		rrent" is differen	t from "last 3 ye	ar", attach rev	vised TAHERA 6	.4 and TAHERA
		1.	6.5	01				
Christenhau D. Jahr	22222) N	11.	to 0	Dela		A I 40	FOF 44000	
Christopher R. John		mul	MATURE				505-44826/1	
NSPECTOR (Typed Name)		SIG	BAUORE	. 1/10-	0	AUURED	ITATION #/ST	AIE
Christenhar P. John		11	1.1		_	A 840	40505 4400	4.7783
Christopher R. Johr MANAGEMENT PLANNER	15011	Conto	NATURE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			42505-4482	
		516	UNCRE	1		AUUKED	ITATION #/ST	AIE
				2020				

HA NUMBER

CURRENT QUANTITY

CURRENT

能引起来

LAST 3

YEAR

Christopher R. Johnson MANAGEMENT PLANNER
TAHERA 16.0 (2/97)

INSPECTOR (Typed Name)

Christopher R. Johnson

7. Any remaining friable ACBM or suspect ACBM

TSI

SIGNATURE

SIGNATURE

ust

6.5

THREE YEAR REINSPECTION LEA NAME: **Chester County Schools** 120 LEA #: \_\_\_\_\_ School Building Name: \_\_\_\_ West Chester Elementary School \_\_\_\_ Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 1 2 3 4 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY 1770 SF 2140 SF 5603 SF 6240 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR YEAR SURFACING **MISCELLANEOUS** Х х х Х Х х х CHECK ONE ASSUMED ACBM CONFIRMED ACBM х Х Х Х Х х х NON-ACBM CHECK ONE NON-FRIABLE Х х Х Х Х Х FRIABLE Х **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 1 1 1 1 1 1 PHYSICAL DAMAGE 1 1 1 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 2 2 2 2 2 2 2 ACTIVITY/VIBRATION **EXPOSURE** 1 1 1 1 1 1 1 ACCESSIBILITY 1 1 1 1 1 1 LENGTH OF EXPOSURE (CHECK ONE) **1 HOURWEEK 5 HOUR/WEEK** 10 HOUR/WEEK 20 HOUR/WEEK 40 HOUR/WEEK х х Х х х х х EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE Х X х X х Х Х х х CUSTODIAL х х х х х FACULTY/STAFF Х X Х Х Х Х Х х Х PUBLIC х х х х ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 **\*\*RESPONSE ACTIONS** (MARK FROM A TO H) в В B B B В B ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES

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\*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3,

\*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

A-I-42505-44826/TN

ACCREDITATION #/STATE

ACCREDITATION #/STATE A-MP-42505-44824/TN

TAHERA 6.9 and TAHERA 8.0

		HA NUMBER 5		MBER	HA NUI	MBER	HANUN	IBER
	CURRENT	QUANTITY	CURRENT 30,00		CURRENT	QUANTITY	CURRENT Q	UANTITY
	MATERIAL DE Floor		MATERIAL DI 2x4 Ceil		MATERIAL DE	SCRIPTION	MATERIAL DES	SCRIPTION
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	x	x	x	x				
CHECK ONE	A. MARINE LA.	1400 100 100 100			USS - SALLAR	<b>出来这些新教室</b>	Design (States)	大学生、大学生
ASSUMED ACBM CONFIRMED ACBM	x	x	X	X				
NON-ACBM		X		1				
CHECK ONE NON-FRIABLE	X	X						
FRIABLE	^	~	x	X				
EXPOSURE CONSIDE	RATION	51 - Frank weg						
1 TO 5 (5 WORST) DETERIORATION	1	1	1 1	1	Contraction of the second second			
PHYSICAL DAMAGE	1	1	1	<u>1 i</u>			I	
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1 1	$\frac{1}{1}$				
EXPOSURE ACCESSIBILITY	1	2	1	1				
LENGTH OF EXPOSU			The service of					
(CHECK ONE)					部に目的には世界的			法这些历史也是
1 HOURWEEK 5 HOURWEEK			X	X	ł			
10 HOUR/WEEK					1			
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULAT	ION							
(CHECK ALL APPLICABLE) MAINTENANCE	X	X	X	X	Application of the set	20142162502263	11,9413 AND 4626 (CAPITS	
CUSTODIAL	x	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X	Aprel 4 Million and the	2012/2012/01/2012/2012/2012/2012/2012/2	Contractor and the	NO DE LA INSCRIPTIÓN	A CALIFORNIA PORTATION AND	Consequences of the second
ASSESSMENT (MARK FROM 1 TO 7)				時間に				
	5	5	7	7				
**RESPONSE ACTION (MARK FROM A TO H)	S							
	В	В	В	B				
ASSESSM	ENT LEGEND			的理想到自然		ACTIONS I		的影响。空雪雪
<ol> <li>Damaged/significantly</li> <li>Damaged friable surfact</li> <li>Significantly damaged friable surfact</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> </ol>	ing ACBM friable surfacin damaged friab r damage	le misc. ACB	B. O C. R D. E	& M Program	itative measure	es E. Enclosure F. Remove G. Isolate H. Other		
6. ACBM with potential fo	r significant da		EMANNE.	STATE OF THE	140511	NOTES		
7. Any remaining friable A	CBM or suspe	ect ACBM	TAHE	RA 6.9 and TAI	HERA 8.0		HERA 6.2, TAHE	
M LADOD								
Christopher R. John INSPECTOR (Typed Name)		un	SIGNATURE	AS Y			505-44826/TI	
		1		NO	$\gamma \gamma$			
Christopher R. John		-Cla	us top	ERY	K		42505-44824	
MANAGEMENT PLANNER			SIGNATURE	0		ACCRED	ITATION #/ST/	
TAHERA 16.0 (2/97)			Page of					

# THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: \_\_\_\_\_\_ West Chester Elementary School \_\_\_\_\_ Building #: \_\_\_\_\_ Main \_\_\_\_\_

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

1 TO 5 (5 WORST) DETERIORATION				Sar by June 10 and a set	Contraction of the second second second	10日1月1日	
	1	1	1	1	1 1	1	T
PHYSICAL DAMAGE	1	1	1	1	1	1	
WATER DAMAGE	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	
EXPOSURE	1	1	1	1	1	1	
ACCESSIBILITY	1	1	1	1	1	1	
LENGTH OF EXPOSURI	E						
(CHECK ONE) 1 HOUR/WEEK			and the second second	Caral Constant Sec.	0.010.0000.0000.0000.0000.000	HW19702223	CALCULATION OF THE OWNER
5 HOURWEEK							
10 HOUR/WEEK							
20 HOUR/WEEK							
40 HOUR/WEEK	х	X	X	X	X	х	
EXPOSURE POPULATIO		Horizoffer 117 Hallor	CARGE OF MARCHER		Contraction of Station	Indition costs	STATISTICS.
(CHECK ALL APPLICABLE)	JN				3月1月2日日日月月		
MAINTENANCE	x	X	X	X	X	X	
CUSTODIAL	x	X	X	Х	X	Х	
FACULTY/STAFF	x	X	X	Х	X	X	
PUBLIC	X	X	X	Х	X	Х	
ASSESSMENT	な新聞と現象で	1	STATE AND	- Alexandre Salara	10000000000000000000000000000000000000	対応と注意	765-14
(MARK FROM 1 TO 7)				and the least of			各全国
<u> </u>	5	5	5	5	5	5	
(MARK FROM A TO H)	B	В	B	B	B	B	問題
ASSESSME	NT LEGEND		1. (12287) (1947-2)	Sente States at	RESPONSE A	CTIONS L	EGEN
	maged TSI			itute prevent M Program	ative measures	E. En	
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly data</li> </ol>	g ACBM able surfacir imaged frlab	ig material le misc. ACBM	C. Rep			F. Re G. Iso H. Otl	
<ol> <li>Damaged/significantly da</li> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly da</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> </ol>	g ACBM able surfacir imaged frlab damage	le misc. ACBM	C. Rep	pair	N	G. Isc	olate
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly dat</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> </ol>	g ACBM able surfacir imaged frlab damage significant da	le misc. ACBM	C. Rep D. End *If previa TAHER. ** If "cur	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested,	G. Iso H. Oth DTES attach TAH	blate her IERA 6
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly dat</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> <li>ACBM with potential for s</li> <li>Any remaining friable AC</li> </ol>	g AČBM able surfacir imaged frlab Jamage significant da BM or suspe	le misc. ACBM	C. Rep D. End "If previo TAHER	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested, ERA 8.0	G. Isc H. Otl DTES attach TAH	Her Her HERA 6
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly dat</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> <li>ACBM with potential for s</li> <li>Any remaining friable AC</li> </ol> Christopher R. Johns	g AČBM able surfacir imaged frlab Jamage significant da BM or suspe	le misc. ACBM Image ect ACBM	C. Rep D. End "If previe TAHER ** If "cur 6.5	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested, ERA 8.0 ht from "last 3 year"	G. Isc H. Oth DTES attach TAH , attach revi A-I-425	HERA 6 ised TA
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly dat</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> <li>ACBM with potential for s</li> <li>Any remaining friable AC</li> </ol> Christopher R. Johns	g AČBM able surfacir imaged frlab Jamage significant da BM or suspe	le misc. ACBM Image ect ACBM	C. Rep D. End *If previa TAHER. ** If "cur	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested, ERA 8.0 ht from "last 3 year"	G. Isc H. Otl DTES attach TAH	HERA 6 ised TA
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged friat</li> <li>Damaged/significantly dat</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> <li>ACBM with potential for s</li> <li>Any remaining friable AC</li> </ol> Christopher R. Johns	g AČBM able surfacir imaged frlab Jamage significant da BM or suspe	le misc. ACBM Image ect ACBM	C. Rep D. End "If previe TAHER ** If "cur 6.5	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested, ERA 8.0 ht from "last 3 year"	G. Isc H. Oth DTES attach TAH , attach revi A-I-425	HERA 6 ised TA
<ol> <li>Damaged friable surfacin</li> <li>Significantly damaged fria</li> <li>Damaged/significantly da</li> <li>ACBM with potential for c</li> <li>ACBM with potential for s</li> <li>ACBM with potential for s</li> <li>Any remaining friable AC</li> </ol> Christopher R. Johns SPECTOR (Typed Name)	g AČBM able surfacir imaged frlab Jamage significant da BM or suspe	le misc. ACBM	C. Rep D. End "If previe TAHER ** If "cur 6.5	pair capsulate pusly assumed A 6.9 and TAH	ACBM was tested, ERA 8.0 ht from "last 3 year"	G. Isc H. Oth OTES attach TAH , attach revi Attach revi	liera d ised TA 505-4 TATIC

THREE YEA	AR REIN	SPE	CTIC	N
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School Building Name: \_\_\_\_\_North Chester Elementary School\_\_\_\_

Building #: <u>Main</u>

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

		JMBER 2		HA NUMBER 3		MBER 1	HA NUM 5	1997
		QUANTITY 4 SF		QUANTITY SF	CURRENT	QUANTITY	CURRENT 0 476	
		ESCRIPTION r Tile		ESCRIPTION r Tile	MATERIAL DI Floor		MATERIAL DE Floor	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE					1350 5105092	E SHERY STANG		
ASSUMED ACBM CONFIRMED ACBM	x	x	x	x	X	X	x	X
NON-ACBM	^	~	^		<u>^</u>	<u> </u>	~	
CHECK ONE	THE REAL PROPERTY.	合計:12:14 年4		REAL PROPERTY IN		<b>使自己的运行的</b> 的行言	建立的现在分词被	
NON-FRIABLE	X	X	X	X	X	X	Х	X
FRIABLE								
EXPOSURE CONSIDE	RATION				<b>的</b> 外的是"能利率"	Seattle Land		
1 TO 5 (5 WORST) DETERIORATION	29992012109403 1	1		國際總統20月1日3月	1		46421015/AUREASES	
PHYSICAL DAMAGE	1	1	1 1	1	1	1	1 1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1		1	A Number of States of States		1
LENGTH OF EXPOSU	RE		Contractory.					
(CHECK ONE) 1 HOUR/WEEK		CONTRACTOR PORT		Descent room to be		Condition and the second s		The statistical strength
5 HOURWEEK								
10 HOUR/WEEK			1					
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
EXPOSURE POPULAT	states and the state of the second			and the second				
(CHECK ALL APPLICABLE) MAINTENANCE	X	X	1 x	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	x	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	х	X	X	X	X	X	X	X
ASSESSMENT	(注意)是"出现"。	n Mie Speld		a state is the s			的复数东西非常	<b>新学期</b> 参加的
(MARK FROM 1 TO 7)	al give so they			and a state of the				の理論の構成の語言で
	5	5	5	5	5	5	5	5
**RESPONSE ACTION (MARK FROM A TO H)	IS B	В	В	В	В	B	В	В
ACCECCIM			E SAFEWERK BURGER			E ACTIONS L	11	
ASSESSM	LNILEGEN	ALCO RECEIPTING	A. Ir	stitute preven			closure	and the state of t
1. Damaged/significantly			B. C	& M Program		F. Re	move	
2. Damaged friable surface	cing ACBM			epair		G. Iso		
<ol> <li>Significantly damaged</li> <li>Damaged/significantly</li> </ol>	triable surfacil	ng material		ncapsulate		H. Ot	ner	
<ol> <li>Damaged/significantly</li> <li>ACBM with potential for</li> </ol>		JIE THISC. ACBI						
6. ACBM with potential fo		amage	Con Control		NEW REAL	NOTES		15187 (S. 8) (S. 6)
7. Any remaining friable A	CBM or susp	ect ACBM					IERA 6.2, TAHE	RA 6.3,
				RA 6.9 and TAP current" is differe		/ear", attach revi	sed TAHERA 6.4	4 and TAHERA
		11	:1= 1	DI	Jac	A 1 40	EDE 44000	
Christopher R. John INSPECTOR (Typed Name		m	SIGNATURE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1000		505-44826/TI TATION #/STA	
intor Euror (Typed Name	1	1	2 - 1	a Al				
Christopher R. John	nson	Che	istonle	LK.	ale	A-MP-	42505-44824	/TN
MANAGEMENT PLANNER			SIGNATURE	//	/		TATION #/ST	
				$\mathcal{O}$				

SIGNATURE

Page

of

A-I-42505-44826/TN ACCREDITATION #/STATE A-MP-42505-44824/TN

ACCREDITATION #/STATE

Christopher R. Johnson INSPECTOR (Typed Name)

MANAGEMENT PLANNER

Christopher R. Johnson

		THR	EE YEAR R	EINSPECTI	ON			
LEA NAME: Cheste	r County So	chools		LE/	A #:	120		
School Building Name:	North C	hester Elem	entary Sch	ool Bui	lding #:	Main		
DATE OF IMPLEMENT	ATION OF N	IANAGEME	NT PLAN: <u>7</u>	<u>//9/89</u> INS	PECTION [	DATE: <u>2/23/</u>	16	
	HA NU	MBER	HA NU	MBER	HANU	MBER	HA NUI	MBER
	<b>و</b> مەربىيەتتەت تەرەت	S Printed and print	7 10-11-11-11-12-14-11			3 58557715575557	2091-1017-11-122-12	
		QUANTITY ) SF	CURRENT 6669		CURRENT 86		CURRENT C	9.04
	MATERIAL D Floo	ESCRIPTION Tile	MATERIAL DI Floor		MATERIAL D Floor		MATERIAL DE 2x4 Ceili	12000
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE ASSUMED ACBM		BIAS PARANTESSE	2010/22/07/201		ness needers I	05655360023	X	X
CONFIRMED ACBM NON-ACBM	X	Х	X	X	X	X		
CHECK ONE			的问题时间是	and the sea		での対応する時	暗烈。這國家	的日本主要的利
NON-FRIABLE FRIABLE	X	X	X	X	X	X	x	x
EXPOSURE CONSIDE	RATION							
1 TO 5 (5 WORST) DETERIORATION	2327289-22499	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
	1	1 2	1	1 2	1 2	1 2	1 1	1
ACTIVITY/VIBRATION EXPOSURE	2	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1 1	1	1 1	1	1
LENGTH OF EXPOSU	RE							
(CHECK ONE) 1 HOUR/WEEK		BORDED DE LE SERVICE	Carlot and the second second second	Constraint and the second		SPORTED STREET	X	X
5 HOUR/WEEK				_				
10 HOURWEEK 20 HOURWEEK								
40 HOUR/WEEK	х	X	X	X	Х	X		
EXPOSURE POPULAT	and a francisco and a strend of the							
(CHECK ALL APPLICABLE) MAINTENANCE	X	X	I X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF PUBLIC	X	X	X X	X	X X	X		
ASSESSMENT	Susai de la					制成专行的国际		
(MARK FROM 1 TO 7)	5	5	5	5	5	5	7	
**RESPONSE ACTION				EN LONGINES	And the second second	Cale and Cale	· 编》中的"回来"。	
(MARK FROM A TO H)	Б	B	В	В	В	B	В	B
ASSESSM	ENT LEGEN					E ACTIONS I		
<ol> <li>Damaged/significantly of Damaged friable surfact</li> <li>Significantly damaged field</li> <li>Damaged/significantly of Damaged/significantly of Damaged/significantly of</li> </ol>	damaged TSI sing ACBM friable surfacii damaged friat	ng material	B. O C. R D. E	stitute preven & M Program epair ncapsulate	tative measur	es E. El F. Re G. Is H. O	nclosure emove olate	
<ol> <li>ACBM with potential for</li> <li>Any remaining friable A</li> </ol>	r significant da	amage ect ACBM	TAHE	RA 6.9 and TAI	HERA 8.0		HERA 6.2, TAHE vised TAHERA 6.	10001

<ol> <li>ACBM with potential for damage</li> <li>ACBM with potential for significant damage</li> <li>Any remaining friable ACBM or suspect ACBM</li> </ol>	I	If previ AHER * If "cu
Christopher R. Johnson	.1	5m
INSPECTOR (Typed Name) SIGN Christopher R. Johnson		The The
MANAGEMENT PLANNER SIGN	IATL	JRE
TAHERA 16.0 (2/97) Pag	e c	of

		JMBER 1		IMBER 2	HANU	MBER 3	HA NUI 4	
		QUANTITY 5 SF	CURRENT 576	QUANTITY SF	CURRENT 7204		CURRENT QUANTITY 1192 SF	
in de la suite br>La suite de la s		ESCRIPTION r Tile		ESCRIPTION r Tile	MATERIAL DESCRIPTION Floor Tile		MATERIAL DE Floor	29
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING	x	x	x	x	x	x	x	x
MISCELLANEOUS	A CONTRACTOR	A CONTRACTOR OF A	A state of the state		MARINE HERRICE		EN LE MULLER SPACE	
ASSUMED ACBM	SCHEREN BERTH	NATE AND	1220-1230-234 MIN-94-04	+3ch/3550/454700501708	ALLON COMPLET	- distance della controlati	Cese La constancia de la c	Stone Are The Stone House
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM							1	
CHECK ONE	の意思の現代日本		<b>关于10000000</b> 0	目的支持政治自	展示で記述また	们的现在分词为	而且另他自己之	Same Part
NON-FRIABLE	Х	X	X	X	Х	X	X	X
FRIABLE			Adda. Un. of Stationer	1	TTO ALC NUMBER OF THE		and a second to the Local State of the	and the second second
EXPOSURE CONSIDER	RATION			はないときた方				
1 TO 5 (5 WORST)		1	1	1		1	SUPERSENSES OF	1 1
DETERIORATION PHYSICAL DAMAGE	11	1	1	1	1			
WATER DAMAGE	1	1	1	1 1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	11	1	1 1	1	1	1	1
LENGTH OF EXPOSUR	8E	建装饰领袖	·清景 · · · · ·			A STATIST		
(CHECK ONE)		10月10日2月1日日				如何的复数形式 医前侧关注		
1 HOUR/WEEK				_				
10 HOURWEEK				1				
20 HOUR/WEEK								
40 HOUR/WEEK	х	X	X	X	X	X	X	X
EXPOSURE POPULAT	ION	AN TARSON	的形式的形式的方	1月21日日	速度到外面的			ting (constant)
(CHECK ALL APPLICABLE)						保持的问题。例如		
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL FACULTY/STAFF	<u>x</u> x	X	X	X	X X	X	x	X
PUBLIC	x	1 x	Â	x	x	x	1 x	X
ASSESSMENT	A CONTRACTOR	CONTRACTOR OF CONTRACTOR	CARRIED STATISTICS	12 Control owner	湖西北部省市区市	STREET SHITE	as head so that	AND STATISTICS
(MARK FROM 1 TO 7)	And the states							
Comparison of the second s	5	5	5	5	5	5	5	5
**RESPONSE ACTION	S				New Yorks	12.Solutions and		
(MARK FROM A TO H)		開始認識的		21. 经指令		能为即主义的特		
	В	B	В	В	В	В	В	В
ASSESSME	ENT LEGEN				A REAL PROPERTY AND A REAL	E ACTIONS I	and the second state of th	
<ol> <li>Damaged/significantly of Damaged friable surfactions</li> <li>Significantly damaged for Damaged/significantly of</li> </ol>	ing ACBM riable surfaci	ng material	B. C C. F D. E	nstitute preven ) & M Program Repair Encapsulate				
5. ACBM with potential for	damage		-					
6. ACBM with potential for			3.85		14001	NOTES		
7. Any remaining friable A	CBM or susp	ect ACBM	TAHE	ERA 6.9 and TAI	HERA 8.0		HERA 6.2, TAHI vised TAHERA 6	
		1	1-2	1 /	201	000000000000		
Christopher R. John		-06	mlin	m-R	you		505-44826/T	
NSPECTOR (Typed Name)		1	SIGNATURE	1 N	d n	ACCRED	ITATION #/ST	ATE
Christopher R. Johr	ison	Ch	iston	RRA	John	A-MP-	42505-4482	4/TN
MANAGEMENT PLANNER			SIGNATURE				ITATION #/ST	

# THREE YEAR REINSPECTION

LEA NAME: Chester County Schools

\_\_\_\_\_ LEA #: \_\_\_\_\_ 120

School Building Name: \_\_\_\_\_\_ East Chester Elementary School \_\_\_\_\_ Building #: \_\_\_\_\_ Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

LEA #: \_\_\_\_\_120

School Building Name: \_\_\_\_\_East Chester Elementary School \_\_\_\_\_ Building #: \_\_\_\_\_Main\_\_\_\_

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

	HA NU			IMBER S	HA NUMBER 7		HA NUM 8	MBER
	CURRENT	QUANTITY	CURRENT 1141		CURRENT 1007		CURRENT Q 1544	1904
	MATERIAL DI Floor		MATERIAL D Floor		MATERIAL DI Floor		MATERIAL DE	
CHECK ONE TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	X	x	x	x	x	x	x	X
CHECK ONE ASSUMED ACBM CONFIRMED ACBM	x	x	x	x	x	x	X	X
NON-ACBM CHECK ONE	5142 HU 72 H	1.5.5.0.2.5.4	hinage charter in s	N BREELEN			and the second	が必要ないなどないない
NON-FRIABLE FRIABLE	X	X	X	X	X	X	X	X
EXPOSURE CONSIDE	RATION							
1 TO 5 (5 WORST) DETERIORATION	1	1	1	0504438012344	な問題にはなり見ないが用い	1		2019-1-1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION EXPOSURE	2	2	2	2	2	2	2	2
ACCESSIBILITY	1	1	1	1	1	1		1
LENGTH OF EXPOSU	RE							
(CHECK ONE) 1 HOUR/WEEK		是這個時期的利益			的調整的認識認識			的制度服用的作品
5 HOUR/WEEK 10 HOUR/WEEK								
20 HOURWEEK		v	v	×			V	
40 HOUR/WEEK		X	X	X	X	X	X	X
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	<u>X</u>	X
FACULTY/STAFF PUBLIC	X		X	X	X	X	X	X
ASSESSMENT								
(MARK FROM 1 TO 7)	四, 明书 200月							
HDEODOLIOE	5	5	5	5	5	5	5	5
**RESPONSE ACTION (MARK FROM A TO H)				P				
ASSESSM	B ENT LEGEND	B	B	B	B	B	B EGEND	B
<ol> <li>Damaged/significantly</li> <li>Damaged friable surfaction</li> <li>Significantly damaged</li> <li>Damaged/significantly</li> <li>ACBM with potential for</li> </ol>	damaged TSI bing ACBM friable surfacin damaged friab r damage	g material le misc. ACBl	B. O C. R D. E	& M Program	tative measure	es E. Er F. Re G. Is H. O	nclosure emove olate	
<ol> <li>ACBM with potential fo</li> <li>Any remaining friable A</li> </ol>	r significant da CBM or suspe	image ect ACBM	TAHE	RA 6.9 and TAI	HERA 8.0		HERA 6.2, TAHE	
Christopher R. John INSPECTOR (Typed Name		hu	SIGNATURE	ĽĿĢ	d_		<u>505-44826/TI</u> ITATION #/STA	
Christopher R. John MANAGEMENT PLANNER	nson	Che	SIGNATURE	L)	he	A-MP-	42505-44824	/TN
				$\mathcal{O}$	<i></i>	ACCILLD		··· ←

TAHERA 16.0 (2/97)

TAHERA	16.0	(2/97)
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THREE	YFAR	REINSPECTION

School Building Name: \_\_\_\_\_\_ East Chester Elementary School \_\_\_\_\_

LEA #: \_\_\_\_\_120

Building #: <u>Main</u>

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

	HA NU S		HA NU	IMBER	HA NU	MBER	HANUM	BER
	CURRENT 960			QUANTITY 00 SF	CURRENT	QUANTITY	CURRENT Q	UANTITY
	MATERIAL DI Floor		MATERIAL D 2x4 Cei	ESCRIPTION	MATERIAL DE	ESCRIPTION	MATERIAL DES	SCRIPTION
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	X	x	x	x				
CHECK ONE			A CONTRACTOR OF CONTRACTOR	CALL NO.	<b>はいうのはまだがある</b>	State and the		Seption of the second
ASSUMED ACBM	NERGALINAS NOTE	STATIS MORNING A	<u>  x</u>	X	attenden son franksionen			REFILECTION
CONFIRMED ACBM	Х	X						
NON-ACBM	ALD ENCADED STATISTICS	Andrewski Hitsawi	CHEROMAN HELCHOOM	CONTRACTOR AND	HALL HALL HALL HALL HALL HALL HALL HALL	Holipetranscology	SUCHASCA CONCERN	STATES AND IN CONTRACTOR
CHECK ONE NON-FRIABLE	X	X	Realized and the second second	E MAX SHA				
FRIABLE	<u> </u>	<u> </u>	X	x		· · · · · · · · · · · · · · · · · · ·		
EXPOSURE CONSIDE	RATION	La contesta da		· · · · · · · · · · · · · · · · · · ·			的理想分词理想要能	調算的能量
1 TO 5 (5 WORST)			History and	國際政府研究	E man e de la		station data	
DETERIORATION	1		1					
PHYSICAL DAMAGE	1	1	1	1 1				
ACTIVITY/VIBRATION	2	2	1	1 1		1	1 1	
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1 1				
LENGTH OF EXPOSU	RE			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		教学校会新生	<b>美国国家分野</b> 市街	
(CHECK ONE) 1 HOUR/WEEK	Install control 200		X	X	selectores (Finite Style	83333050 STEDE		ALC: SET ALC
5 HOURWEEK			1 ^			1		
10 HOURWEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X					Monte and a state of the state	THE REPORT OF CALLSREED
EXPOSURE POPULAT (CHECK ALL APPLICABLE)	ION		age 5 动脉之外					
MAINTENANCE	X	X	1 X	X	HOLESDAY OLD GET HER		Stepper-Dates and	CEMIER PROPERTY
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X	X	X				
PUBLIC	X	X	X	X	INFO CALCULATION OF STATE	CONTRACTOR AND		And Anna and Anna and Anna and Anna
ASSESSMENT (MARK FROM 1 TO 7)								
(MARK PROM 110 7)	5	5	7	7	Constant and a second	865.3301263568	GREEN CONTRACTOR	a len de la Norke
**RESPONSE ACTION (MARK FROM A TO H)	0.000							
	В	В	В	B	I			and the second se
ASSESSM	ENT LEGEND			が明らいは非正	RESPONSE	E ACTIONS L	EGEND	
<ol> <li>Damaged/significantly of 2. Damaged friable surfact</li> <li>Significantly damaged friable surfact</li> <li>Damaged/significantly of 5. ACBM with potential for</li> </ol>	cing ACBM friable surfacir damaged friab		B. O C. R D. E	nstitute preven & M Program Repair Incapsulate	tative measure			
6. ACBM with potential for	r significant da		132463	201 Jan 201	NO STREET	NOTES	1 MELEA FRANCE	用品牌的
7. Any remaining friable A	CBM or suspe	ect ACBM	TAHE	RA 6.9 and TAH	HERA 8.0	č.	HERA 6.2, TAHEF	-
Christenha - D. J. L		//	1.54	101	1.0	A 1 40	505 4400CT	
Christopher R. John INSPECTOR (Typed Name)			SIGNATURE	~ /h	00		505-44826/TN TATION #/STA	
Christopher R. Johr		- Ch	ustra	KY!	John		42505-44824/	
MANAGEMENT PLANNER			SIGNATURE	0	1	ACCRED	ITATION #/STA	TE

DECTION DATE: 2/22/4

THREE	YFAR	REINSPE	CTION
		ILCHILOI L	

LEA #: <u>120</u>

School Building Name: \_\_\_\_\_\_\_ Jacks Creek Elementary School

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

	HA NUMBER 1			IMBER 2		HA NUMBER 3		MBER
	CURRENT QUANTITY 6401 SF			CURRENT QUANTITY 42 SF		CURRENT QUANTITY 959 SF		UANTITY SF
	MATERIAL D Floo	ESCRIPTION r Tile	MATERIAL DI Flooi		MATERIAL DI Floor		MATERIAL DE Floor	1.10
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	x	x	x	x	x	x	x	x
CHECK ONE ASSUMED ACBM CONFIRMED ACBM	x	X	x	X	x	x	x	X
NON-ACBM CHECK ONE NON-FRIABLE	x		I I x		l I x			
FRIABLE EXPOSURE CONSIDE							X	X
1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE	1	1 1 1			1 1 1	1 1 1	1	<u>1</u> 1
WATER DAMAGE ACTIVITY/VIBRATION EXPOSURE	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1
ACCESSIBILITY LENGTH OF EXPOSU (CHECK ONE)	1 RE	1 	1			1	1	1
1 HOURWEEK 5 HOURWEEK 10 HOURWEEK								
20 HOUR/WEEK 40 HOUR/WEEK	X	x	x	x	x	x	x	x
EXPOSURE POPULAT (CHECK ALL APPLICABLE) MAINTENANCE	X	X	X	<u>x</u>	X	X	X	X
CUSTODIAL FACULTY/STAFF PUBLIC	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
ASSESSMENT (MARK FROM 1 TO 7)	5	5	5	1 5	5	5	5	5
**RESPONSE ACTION (MARK FROM A TO H)	S							
ACCECCM	B	B	B	B	B	B E ACTIONS I	B	B
ASSESSMENT LEGEND  1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage		B. O C. R D. E	A. Institute preventative measures B. O & M ProgramE. Enclosure F. RemoveC. RepairG. IsolateD. EncapsulateH. Other					
<ol> <li>ACBM with potential for significant damage</li> <li>Any remaining friable ACBM or suspect ACBM</li> </ol>			TAHE	NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA				
Christopher R. Johr		Ch	inton	LR.	John		505-44826/T	
INSPECTOR (Typed Name) Christopher R. John		l	SIGNATORE	LA	R		ITATION #/STA -42505-44824	
MANAGEMENT PLANNER			SIGNATURE	0	/		DITATION #/ST/	

Building #: Main

offisiopher R. ooffis						
MANAGEMENT PLANNER						
TAHERA 16.0 (2/97)						

Page of

0

School Building Name:	Jacks C	reek Eleme	ntary Sch	ool Bui	ilding #:	Main		
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16								
	HA NUMBER		1 AH	HANUMBER		HA NUMBER		IBER
		QUANTITY 00 SF	CURREN	T QUANTITY	CURRENT QUANTITY		CURRENT Q	UANTITY
		ESCRIPTION iling Tile	MATERIAL	DESCRIPTION	MATERIAL D	ESCRIPTION	MATERIAL DES	SCRIPTION
CHECK ONE TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS CHECK ONE	X	X		942743/3#933/3				
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X						
CHECK ONE NON-FRIABLE FRIABLE		x						
EXPOSURE CONSIDE 1 TO 5 (5 WORST)	RATION							
DETERIORATION PHYSICAL DAMAGE	1	1						
WATER DAMAGE ACTIVITY/VIBRATION EXPOSURE	1 1 1	1 1 1			_			
ACCESSIBILITY LENGTH OF EXPOSU	1 PERIOSISTEN	1	RANK ACTION	Station - Station	1650 (211 (25 (25 (25 (25 (25 (25 (25 (25 (25 (25			
(CHECK ONE)				日本語言の言語				
1 HOURWEEK 5 HOURWEEK	X	X						
10 HOURWEEK 20 HOURWEEK								
40 HOURWEEK EXPOSURE POPULAT	TION							
(CHECK ALL APPLICABLE) MAINTENANCE	X	X			es cast demi	CALLED TO COLUMN	经估计常常有关的意义	and the second second
CUSTODIAL FACULTY/STAFF	X	X						
PUBLIC ASSESSMENT								
(MARK FROM 1 TO 7)	7	7		Ridgen Street				
**RESPONSE ACTION (MARK FROM A TO H)								
ASSESSM	B	B	o Marshall Shakes	0004258(2020-00-00-00-00-00-00-00-00-00-00-00-00	PESDONS	EACTIONS	ECEND	CORD OF THE REAL PROPERTY OF
ASSESSMENT LEGEND       RESPONSE ACTIONS LEGEND         1. Damaged/significantly damaged TSI       A. Institute preventative measures       E. Enclosure         2. Damaged friable surfacing ACBM       B. O & M Program       F. Remove         3. Significantly damaged friable surfacing material       D. Encapsulate       H. Other         4. Damaged/significantly damaged friable misc. ACBM       D. Encapsulate       H. Other								
<ul> <li>ACBM with potential for significant damage</li> <li>Any remaining friable ACBM or suspect ACBM</li> <li>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</li> <li>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</li> </ul>								
Christopher R. John		Chi	SIGNATOR	<u>LR</u>	John		505-44826/TI	
INSPECTOR (Typed Name	)	1		16	$\bigcap \square$		TATION #/STA	
Christopher R. Johnson A-MP-42505-44824/TN MANAGEMENT PLANNER SIGNAZORE ACCREDITATION #/STATE								

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

MANAGEMENT PLANNER

**Chester County Schools** LEA NAME:

120 LEA #: \_\_\_\_\_

Building #:

School Building Name: Chester County Jr. High School

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89

INSPECTION DATE: 2/23/16

Main

ACCREDITATION #/STATE

HA NUMBER HA NUMBER HA NUMBER HA NUMBER 2 1 4 5 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY 1800 SF 212 SF 3066 SF 5124 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** х х Х Х х X х х CHECK ONE ASSUMED ACBM Х Х х Х Х Х х X CONFIRMED ACBM NON-ACBM CHECK ONE NON-FRIABLE X х Х х х х Х Х FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 1 1 1 1 1 PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 1 ACTIVITY/VIBRATION 2 2 2 2 2 2 2 2 **EXPOSURE** 1 1 1 1 1 1 1 1 ACCESSIBILITY 1 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOUR/WEEK **5 HOUR/WEEK** 10 HOUR/WEEK 20 HOUR/WEEK **40 HOUR/WEEK** Х X х Х Х Х Х х EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE X X X х X Х х X X Х Х X Х CUSTODIAL Х Х х X FACULTY/STAFF х х х Х х х Х PUBLIC ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) в В В В В в В B ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove 2. Damaged friable surfacing ACBM Repair G. Isolate C. 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES \*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, 7. Any remaining friable ACBM or suspect ACBM TAHERA 6.9 and TAHERA 8.0 \*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Christopher R. Johnson A-I-42505-44826/TN SIGNATORE **INSPECTOR** (Typed Name) ACCREDITATION #/STATE Christopher R. Johnson A-MP-42505-44824/TN in SIGNATORE

LEA NAME: Chester County Schools LEA #: 120								
School Building Name:Chester County Jr. High School Building #: Main								
DATE OF IMPLEMENT	ATION OF I	MANAGEME	ENT PLAN:	<u>7/9/89</u> INS	SPECTION I	DATE: <u>2/23/</u>	<u>16</u>	
		JMBER 7	HANU	HA NUMBER		HA NUMBER		MBER
		QUANTITY SF		QUANTITY 0 SF	CURRENT	QUANTITY	CURRENT	UANTITY
		ESCRIPTION r Tile		ESCRIPTION ling Tile	MATERIAL D	ESCRIPTION	MATERIAL DE	SCRIPTION
CHECK ONE TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS CHECK ONE	X	X	x	x	asme mexicina			
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X	X	X				
CHECK ONE NON-FRIABLE FRIABLE	X	X	interesting x	×				
EXPOSURE CONSIDE 1 TO 5 (5 WORST)								
DETERIORATION PHYSICAL DAMAGE WATER DAMAGE	1 1 1	1	1 1 1	1 1 1				
ACTIVITY/VIBRATION EXPOSURE ACCESSIBILITY	2 1 1	2 1 1	2 1 1	2 1 1				
LENGTH OF EXPOSU (CHECK ONE) 1 HOUR/WEEK	RE		I X	x				
5 HOUR/WEEK 10 HOUR/WEEK 20 HOUR/WEEK								
40 HOUR/WEEK EXPOSURE POPULAT (CHECK ALL APPLICABLE)	法国际贸易管理	<b>X</b>						
MAINTENANCE CUSTODIAL FACULTY/STAFF	X X X	X X X	X X	x				
PUBLIC ASSESSMENT (MARK FROM 1 TO 7)	X	X						
**RESPONSE ACTION (MARK FROM A TO H)	5 S	5	<b>7</b>	7				
ASSESSM	B ENT/LEGEND	B	B	B		ACTIONS L		
1. Damaged/significantly damaged TSI       A. Institute preventative measures       E. Enclosure         2. Damaged friable surfacing ACBM       B. O & M Program       F. Remove         3. Significantly damaged friable surfacing material       Damaged/significantly damaged friable misc. ACBM       D. Encapsulate       H. Other         4. Damaged/significantly damaged friable misc. ACBM       D. Encapsulate       H. Other								
6. ACBM with potential for significant damage         7. Any remaining friable ACBM or suspect ACBM         *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 6.0         ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								
Christopher R. John INSPECTOR (Typed Name)	ison d	Chris	GIGNATURE	R.J	h		05-44826/TN ATION #/STA	
Christopher R. John		Chi	" topl	<u>L</u> , (	John	A-MP-4	2505-44824/	TN
MANAGEMENT PLANNER		Ş	GNATURE	0		ACCREDI	TATION #/STA	TE

THREE YEAR REINSPECTION



# THE STATE OF TENNESSEE

Department of Environment and Conservation Division of Solid Waste Management Toxic Substances Program William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 14th Floor Nashville TN 37243

By virtue of the authority vested by the Division of Solid Waste Management, the Company named below is hereby accreditted to offer and/or conduct Asbestos activities pursuant to Rule 1200-01-20:

# **Resolution Incorporated**

1101-A Darbytown Dr. Nashville TN, 37207

to conduct ASBESTOS ACTIVITIES in schools or public and commercial buildings in Tennessee. This firm is responsible for compliance with the applicable requirements of Rule 1200-01-20.

Discipline	Туре	Accreditation Number	Effective Date	Expiration Date
Accreditation	Re-Accreditation	A-F-690-46059	December 01, 2015	December 31, 2016



Given under the Seal of the State of Tennessee in Nashville.

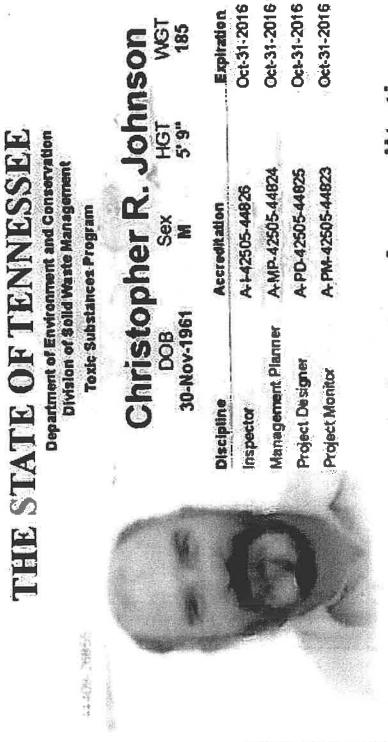
Day of December 2015

This 18th

Division of Solid Waste Management Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020



# Asbestos Accreditation

Re-Accreditation

LEA NAME: \_\_\_\_CHESTER COUNTY BOE\_\_\_

LEA NO:	120	

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.:

BUILDING NAME: <u>MAIN</u>

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good		it.
2	Floor tile	AII	Good		
4	Floor tile	All	Good	8 °	
5	Floor tile	All	Good	N	
6	2X4 Ceiling tile	All	Good		
			-		
-					
	8				
URVEII	LLANCE INSPECTOR'S NAME (please p LLANCE INSPECTOR'S SIGNATURE: _ unce Inspector is not required to be AHERA	But Surt	IF NO CHANGE IN	CONDITION WR	ITE N/C

AHERA Accreditation Number/Date (if applicable):

LEA NAME: CHESTER COUNTY BOE

LEA NO: \_\_\_\_\_120\_\_\_\_

JCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO .: \_\_\_\_\_

BUILDING NAME: \_\_\_\_\_MAIN\_\_\_\_

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date 2/9/2017 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
I	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	2X4 Ceiling tile	All	Good	Good	
5					
				<u>.</u>	
		I	*IF NO CHANGE IN	I CONDITION W	RITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: CHESTER COUNTY BOE	LEA NO: <u>120</u>
SCHOOL NAME:WEST CHESTER ELEMENTARY	SCHOOL NO.:
BUILDING NAME: MAIN	

INSTRUCTIONS: MILRA regulations require a Periodic Surveillance be conducted every six (6) month. I acl: School building containing ACBM must be inspected. Put the date in the appropriate column, Fill in the H.V., Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan-

			1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVEI
1	Floor tile	All	Good		
2	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	A11	Good		
6	2X4 Ceiling tile	All	Good		
0000000					
			LI NO CHANGE IN	CONDITION WR	THENE

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (if applicable): \_\_\_\_

LEA NAME: \_\_CHESTER COUNTY BOE\_\_

LEA NO: \_\_\_\_\_120

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY

SCHOOL NO .: \_\_\_\_\_

BUILDING NAME: \_\_\_\_\_MAIN\_\_\_

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

		1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date <u>2/8/2017</u> (Spring)	
DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
Floor tile	All	Good	Good	
Floor tile	All	Good	Good	
Floor tile	A11	Good	Good	
Floor tile	A11	Good	Good	
2X4 Ceiling tile	All	Good	Good	
	Floor tile Floor tile Floor tile Floor tile	DESCRIPTION OF ACBM     INSPECTED       Floor tile     All       Floor tile     All       Floor tile     All	Date <u>8/9/2017 (Fail)</u> DESCRIPTION OF ACBMAREA INSPECTEDACBM CONDITION*Floor tileAllGoodFloor tileAllGoodFloor tileAllGoodFloor tileAllGood	Date <u>8/9/2017</u> (Fail)Date <u>2/8/2017</u> (Spring)DESCRIPTION OF ACBMAREA INSPECTEDACBM CONDITION*ACBM CONDITION*Floor tileAllGoodGoodFloor tileAllGoodGoodFloor tileAllGoodGoodFloor tileAllGoodGoodFloor tileAllGoodGood

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u>

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO .:

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/6/2018</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good		
2	Floor tile	All	Good		
4	Floor tile	Ali	Good		
5	Floor tile	All	Good		
6	2X4 Ceiling tile	All	Good		
4					
					] 
			*IF NO CHANGE IÌ		DITE N/C
SURVE	ILLANCE INSPECTOR'S NAME (please print): ILLANCE INSPECTOR'S SIGNATURE:	Britt Eads			ατε Ν/C
AHERA	Accreditation Number/Date (if applicable):			-	

LEA NAME: CHESTER COUNTY BOE

LEA NO: <u>120</u>

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY

SCHOOL NO.:

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/6/2018</u> (Fall)	2nd six months Date 2/13/2019 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	2X4 Ceiling tile	Ali	Good	Good	
	71				
			-		
			I *IF NO CHANGE IN	I CONDITION WI	RITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: CHESTER COUNTY BOE

LEA NO: \_\_\_\_120\_\_\_\_

SCHOOL NAME: \_\_\_\_WEST CHESTER ELEMENTARY\_\_\_

SCHOOL NO.:

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	2X4 Ceiling tile	All	Good	Good	
			*IF NO CHANGE IN	CONDITION WI	N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

LEA NAME: <u>CHESTER COUNTY BOE</u>

LEA NO: \_\_\_\_\_120\_\_\_\_

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.:

BUILDING NAME: \_\_MAIN\_\_

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date <u>2/7/2020</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	2X4 Ceiling tile	All	Good	Good	
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				4	
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SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE:

AHERA Accreditation Number/Date (if applicable):

LEA NAME: <u>CHESTER COUNTY BOE</u>

LEA NO: <u>120</u>

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

		1st six months Date <u>8/4/2020</u> (Fall)	2nd six months Date (Spring)		
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good		
2	Floor tile	All	Good	3	
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	2X4 Ceiling tile	All	Good		
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SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_\_\_\_