EAST CHESTER ELEMENTARY SCHOOL

ASBESTOS

MANAGEMENT PLAN

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203 6			

LEA:	ě	Chester	County			LEA	NO.:120
			Date:_	9/30	0/88		X <b>.</b> ¥

# TRANSMITTAL SHEET/AHERA SUBMITTALS

1.	DEFERRAL REQ	UEST					(20) (20)	
	SUBMISSION:	Original		· [] 1	Resubmitta		4.9	
	STATE REVIEW						•	
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	Ap <del>article Services</del>				No Exc	eptions Taken	. •	0
: <b>:</b> :	€:	3		Ret	turned for I	Reasons Stated		0
2.	MANAGEMENT I	PLAN		<b></b> .				
	SUBMISSION:	Original	<u> </u>	Resubmittal		New Building		
	STATE REVIEW							
	'Remarks:							
						k)		
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e.				Re	turned for	Reasons Stated		
3.	MANAGEMENT	PLAN PROGRES	S REPOR	T No	D	ated	<u>, ,                                  </u>	
361	SUBMISSION:	Original		о .	Resubm	ittal []		2740
	STATE REVIEW					10		8
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					No Ex	ceptions Taken	12	
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Revi Date	ewer's Signature			· · · · · · · · · · · · · · · · · · ·		Š	.e	:
	ON.		LEA:	Chester Co.	Board of	Education LEA	NO.: 12	0
			Address:	P.O. Box 32	7			-
	¥630			Henderson, '	rn 38340			-
	***		County:_	Chester Cou	nty			_
	1;	Şupe	rintenden	Dr. Kathy	Coatney N	Mavs .		
					Date:	9/30/88	-11	-
HERA 1	1 0/8/88)		P:	age 1 of 20	Q			

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.:	118
Firm/LEA: Madison Cou	nty Board of Education		
Address: 701 South H		Training Agency: Geo	orgia Institute of
City/State/Zip: Jackson	, TN 38301	Ter	chnology
Telephone: 901-423-0	270	Training Course: Mar	naging Asbestos in
21	n.	Bu	ildings
Signature: ///	e l'aur	Course Date: March	23-25, 1988
2/2	100	£ 1	
Dated: 9/30	188	3"	\$1
	•		ē
	*		
LOCAL EDUCATION AG	ENCY (LEA) DESIGNATED PERS	ON	
	, , , , , , , , , , , , , , , , , , , ,		18 at
Name: Gene Cain		Training Agency: G	eorgia Tech
Address: 9 Rutherford	Ave.		specting & Managing
City/State/Zip: _lackson	TN 38301		rch 21-25, 1988
Telephone: 901-427-	6428	Total Hours: 40	
LEA Designated Person  Dated: 930/8	LEA Su	September 30	Mayo 1988
( Management ) ( Planner's ) <sub>-</sub> ( Seal )	Address: P.O. Bo		u. LEA NO.: 120
		son, TN 38340	THE STREET STREET
*** **	Superintendent: Dr. Ka		ays
	Telephone: 901-98		
		Date: 9/30/88	
IERA 2.0(8/88)	Page 2 of 209		

sto

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:

- 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.
- 6. 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: Tene aun	Date: 9/38/89
LEA Designated Person, pursuant to 40 CFR 763.93(i) and 763.84	

Typed Name: Gene Cain

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

Date: 9/30/88

## List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	CITY	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					х	
0010				4 30340		^	
120	Bus Shop, Hwy. 100	East, Henderson,	TN 38340		-	-	Х
0015	East Chester Elem.	, Hwy. 100 East, I	Henderson, TN	38340		х	
120			\p[				
0025 120	Jack's Creek Elem.	, General Deliver	y, Henderson,	IN 38347	-	Х	
0028	North Chester Ele	em., Luray Ave., H	enderson, TN 3	B340	х	х	
0030.	West Chester Elem.	, Hwy. 100 West, I	Henderson, TN	38340		х	
(A							
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	**************************************						
					341		
						-	
	18	<u></u>					

### LEGEND:

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

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

1. BUII Date Built		cs me, Wing , etc.	. Uşe		tal Area 🔒 uare Feet)
7-62	East C	hester	School	51	,924
8-66	2 Port	ables		1	,920
8-74	4 Kind	ergarten Rooms	v.	· 5	,700
Walls: Mason	RUCTURAL SYST	EMS Floors: 図 Wood 図 Concrete	Roof: _~ ☐ Wood ☐ Concrete		on: on-grade Ispace
[] Steel		Steel	∏ Steel	Base	ment
3. ME Heating:	CHANICAL SYST		☐ Other  Cooling: 双 Central I	HVAC 阪	Window Units
	· ·	_	G	@P	3.
4. ARCCelling:    Lathe	CHITECTURAL F and Plaster im Board itical Finish	Flooring: 图 Vinyl [] Carpo 图 Wood	Tile et i ished	Walls:    Lathe and Pla   Gypsum Boar   Masonry   Wood/Panelin	d "
5. SU Di Floor Di Mech	Plans anical Drawings fications		ns lit Drawings ing Reports	☐ Past Abatemen ☐ Past Abatemen ☐ Past Abatemen ☐ Past Surveys	t Spec.s
6. INS	te of Inspection:	RMATION (Attach co	opy of certificate for pector.)		Affiliation
Gene Cai			EA: Chester Cou	nty  Date: 9/30/	LEA NO.:_ 120 88

•					7
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 Asbestos Tile	М			0015-1
2	Vinyl Asbestos Tile	М			0015-2
3	Vinyl Asbestos Tile	М			0015-3
4	Vinyl Asbestos Tile	М		0015 11-26-34	0015-4
- 5	None				0015-5
6	Vinyl Asbestos Tile	М			0015-6
7	Vinvl Asbestos Tile	М			0015-7
8	Vinvl Asbestos Tile	M			0015-8
a	Vinyl Ashestos Tile	М			0015-9

HA . No.					No ACBM	Total Quantity (Show Units)	Co	ons	xp id C	era	atic	e ons  F	G	н	Assessment Category
1				Х		3915 Sq. Ft.	1	1	1	1	2	3	2	4	
2	1			X		576 Sq. Ft.	1	1	1	1	2	3	2	4	
3				х		7204 Sg. Ft.	1	1	1	1	2	3	2	4	
4				х.		1785 Sa. Ft.	1	1	1	1	2	3	2	4	
5	1.				Х			L	L	L	L	L		2	
6				x		11417 Sg. Ft.	1	1	1	1	2	3	2	4	
7				x .		10076 Sq. Ft.	1	1	1	1	2	3	2	4	
8				x		1544 Sg. Ft.	1	1	1	1	2	3	2	4	
9				x		960 Sa. Ft.	1	1	1	1	2	3	2	4	

# 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
- G. Length of Exposure
  - 1. 1 hr./week 2. 5 hr./week
  - 3. 10 hr./week 4. 20 hr./week
  - 5. 40 hr./week
- H. Exposure Population
  - 1. Maintenance

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

#### Assessment Categories:

- ACBM with potential for damage
  ACBM with potential for significant damage
  Any remaining friable ACBM or friable
  suspected ACBM

#### Legend:

HA = Homogeneous Area
T = Thermal System Insulation

Surfacing

M = Miscellaneous

BIA= Building Inspection Area (Number assigned by Inspector)

LEA:_	Chester County		LEA NO.:_	120
	Date:	9/30/88		
Page	74  of  209			

100

Through Out

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.
	Ceiling Tile	M			All
					-
					-
				-	-
	7		_		-
		_	-		
		_	_		
			_		-
					<u> </u>

2.

Through Out

HA . No.	Confi	ACI rmed I NF	BM   Ass	umed   NF	No ACBM	Total Quantity (Show Units)	Cor	Ens	xp Ide	os ora D	ure tlo	e ons  F	G	н	Assessment Category
		C CONTRACTOR	A-0.00	Ÿ		52,000 Sq. Ft.	1	1	1	3	3	3	5	5	5
								_			_			_	
							- -	-	_	-	_	H		-	
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-	-	-	+							Γ					
	-	1													
ester c	-		+												

# 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
- G. Length of Exposure
  - 1. I hr./week 2. 5 hr./week
  - 3. 10 hr./week 4. 20 hr./week
  - 5. 40 hr./week
- H. Exposure Population
  - 1. Maintenance

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

## Assessment Categories:

- Damaged/Significantly damaged TSI
   Damaged friable SUHFACING 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

# Legend:

HA = Homogeneous Area T = Thermal System Insulation S = Surfacing

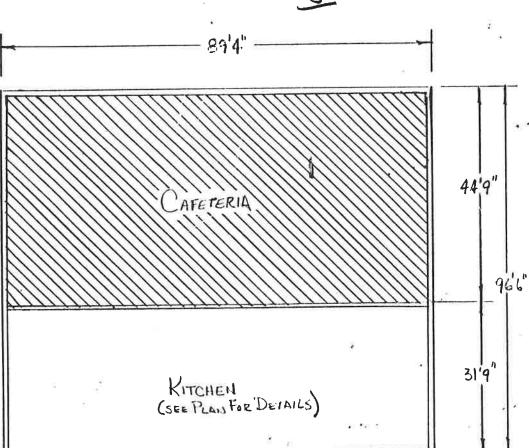
M = Miscellaneous

BIA= Building Inspection Area (Number assigned by Inspector)

LEA: Chester Cou	inty	LEA NO.:_ 120
Date:	9-30-88	Walter State of the State of th

TAHERA 6.2(8/88)

Page \_\_\_ of \_\_



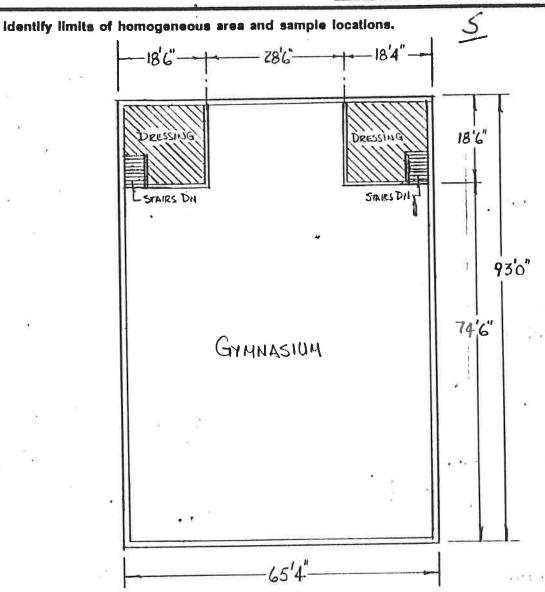
HOMOGENEOUS AREA A

SCALE 1"= 20"

LEA: Chester County

\_ LEA NO.:\_120

9/30/88 Date:



HOMOGENEOUS AREA B

SCALE 1 = 20

VYHL ASBESTOS FLOOR TILE

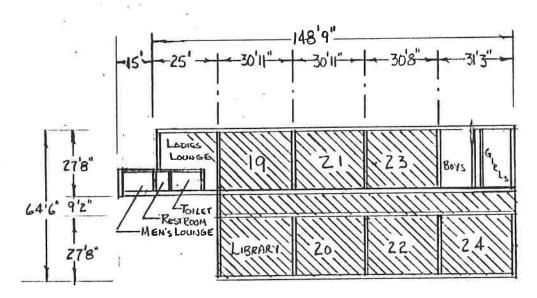
N

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

5



HONOGENEOUS AREA C SCALE 1"= 40'

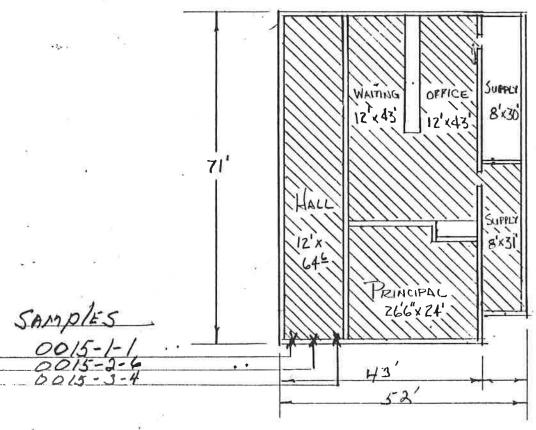
> YYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

5



HOUNGENEOUS AREA D SCALE 1"= 20'

VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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5

BOILER ROOM

HOMOGENEOUS AREA E

SCALE 1"= 20

1

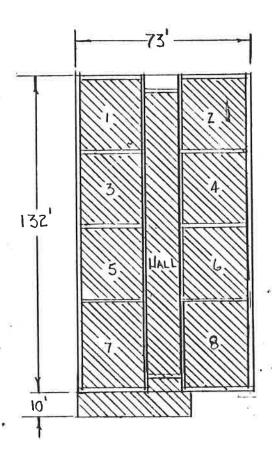
LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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5



HOMOGENEOUS AREA F

SCALE 1"= 40'

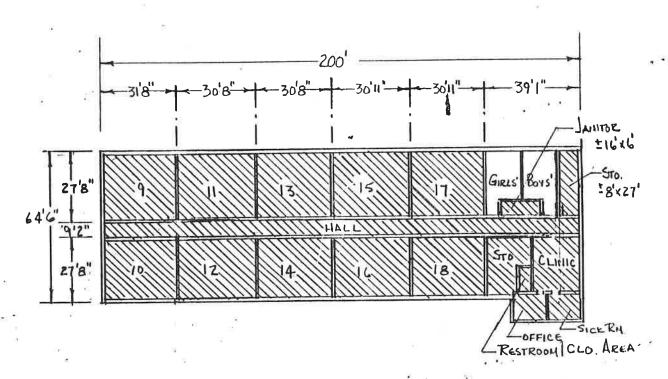


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LEA NO.: 120

Date: 9/30/88

5



HOMOGENEOUS AREA G SCALE 1"2 40

> NYNL ASBESTOS FLOOR TILE

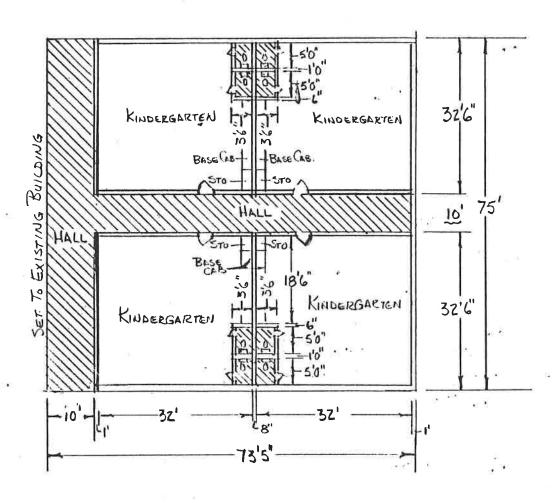
N

LEA: Chester County

\_\_\_\_ LEA NO.: 120

Date: 9/30/88

5



HOMOGENEOUS AREA H

SCALE 1"= 20'

YYML ASBESTOS FLOOR TILE

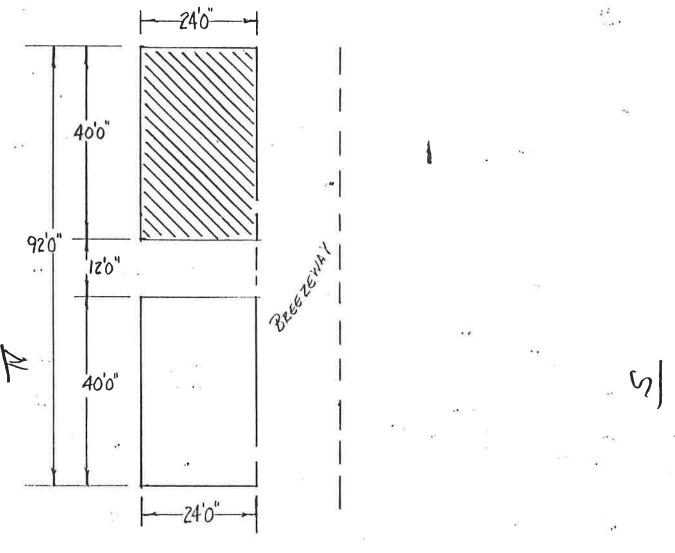
Ñ

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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2.183



HOMOGENEOUS AREA I.

SCALE 1"= 20

\_\_\_\_\_ LEA NO.:\_120 LEA: Chester County

> 9/30/88 Date:

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LEA Selected

HA

Schedule Dates

## Recommended by Management Planner

Management Planner

	No.	Description	Response Action	Response Action*	Start	Complete
Through Out		Ceiling Tile	А-В	A-P	July 1989	Until Removed
		8	©			
				6		
			8			
		7				
蔚						
		<del> </del>				

	8		
		,	
₹			
	1		
		. "	

Management Planner's method for selection of response actions:

\*If 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	County		LEA NO.:_	120
· ·	10	Date:	9-30-88		

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# IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: East Chester Elementary NO.: 0015 (Use separate sheet for each response action listed on Form TAHERA 6.4) RESPONSE ACTION: ∏ Enclose ☐ Institute Preventative Measures Operations and Maintenance Program A Remove ☐ Encapsulate Repair □ Other . [] Isolate . Notes (Explain Other): Ceiling Tile 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. LOCATIONS (List all HA No.s, BIA No.s or attach Drawling):

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

Throughout

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.

 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).
- 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	ull-Xitedoo-roos-2-	LEA NO.: 120
x.	te te	· ·	Date:_	9/30/88	

### September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning the friable and non-friable asbestos at the East 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 may be seen at their convenience.

### INFORMING BUILDING OCCUPANTS

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 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 - Cafeteria Corridor

Area 2 - Dressing Rooms on the stage

Area <sup>3</sup> - Library Corridor

Classrooms 19, 20, 21, 22, 23, 24

Area 4 - Office Area Corridor

Area 6 - Corridor

Corridor closed for storage Classrooms 1, 2, 3, 4, 5, 6, 7, 8

Area 7 - Corridor Classrooms 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 Storage Room Clinic

Sick Room

Clinic Office

Area 8 - Corridor

Four restrooms

Area 9 - Portable classroom

Floor Tile is the ACM.

Area 5 - Boiler Room NONE.

DRAWING OF ACI	зм то	REMAIN /SCHOOL: East	Chester	Elementary	School

NO.: 120-001

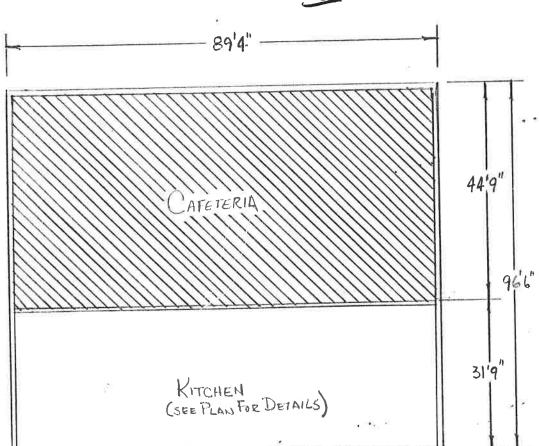
Identify type and extent of ACBM to remain in the building following implementation of response actions.

SEE ATTACHED SHEET

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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HOMOGENEOUS AREA A

SCALE 1"=20"

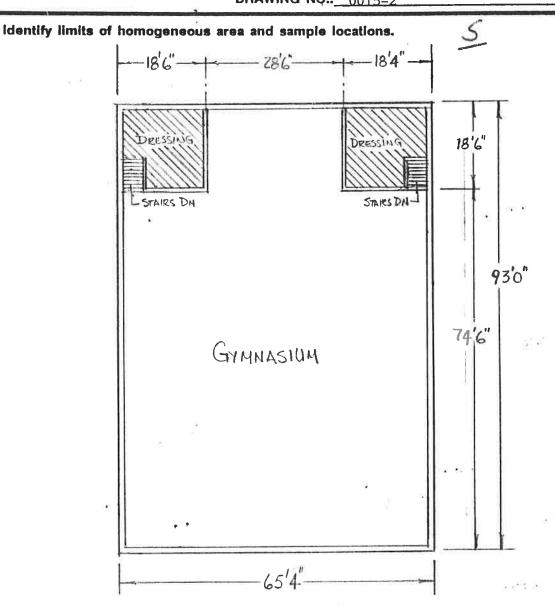
LEA: Chester County

LEA NO.: 120

9/30/88 Date:\_\_\_

HOMOGENEOUS AREA DRAWING/SCHOOL: East Chester Elementary School NO.: 2

DRAWING NO.: 0015-2



HOMOGENEOUS AREA B

SCALE 1"= 20

VYHL ASBESTOS FLOOR TILE

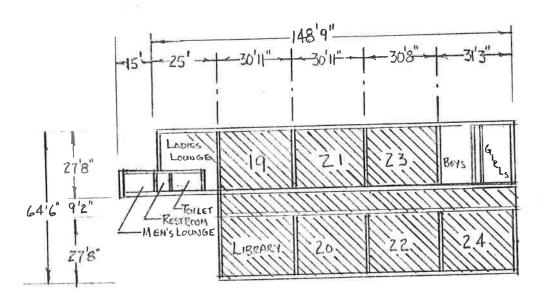
N

LEA: Chester County

\_ LEA NO.: 120

Date: 9/30/88

5



HONOGENEOUS AREA C SCALE 1"= 40'

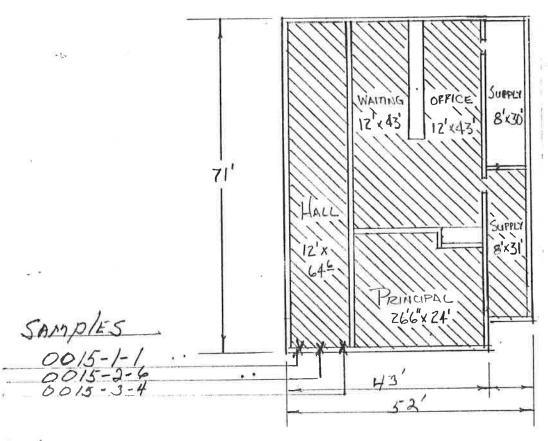
> YYNL ASBESTOS FLOOR TILE

N

LEA; Chester County LEA NO.: 120

Date: 9/30/88

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HOMOGENEOUS AREA D SCALE 1"= 20'

VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County

LEA NO.: 120

Date:\_\_

9/30/88

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BOILER ROOM 16

HOMOGENEOUS AREA E

SCALE 1=20

M

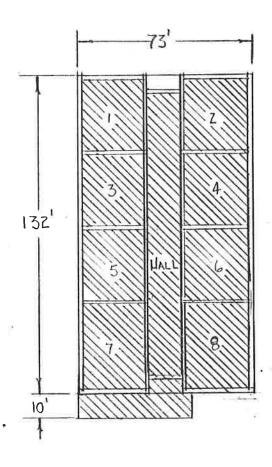
LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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Homogeneous Area F Scale 1"= 40'

> YYNL ASBESTOS FLOOR TILE

N

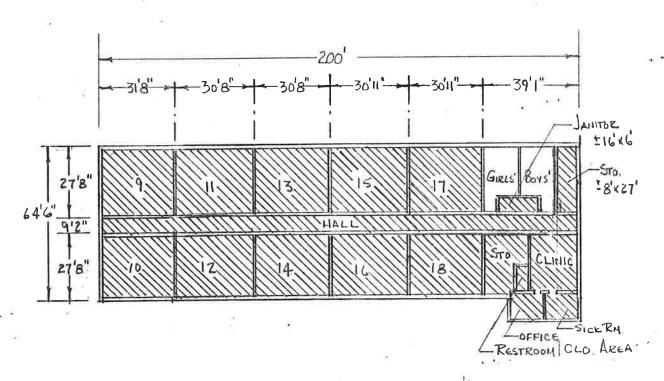
LEA: Chester County

\_\_\_\_ LEA NO.: 120

Date:

9/30/88

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HOMOGENEOUS AREA G SCALE !"2 40

> WYNL ASBESTOS FLOOR TILE

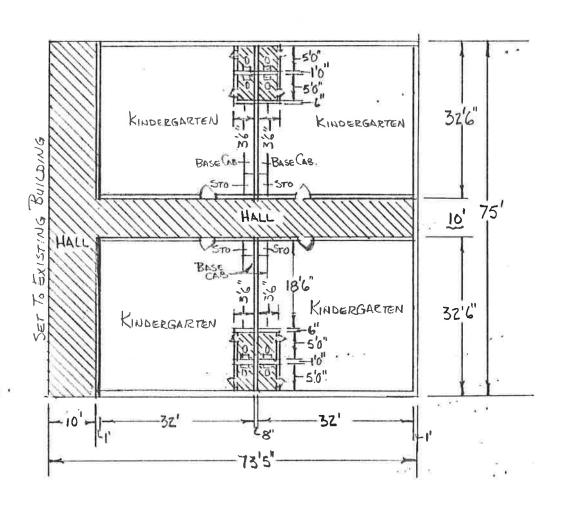
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LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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HOMOGENEOUS AREA H

SCALE 1"= 20'

YYHL ASBESTOS FLOOR TILE

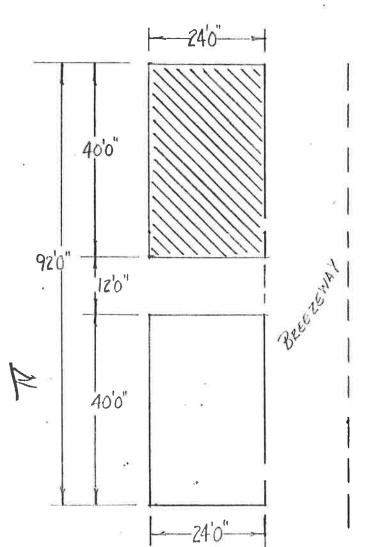
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LEA: Chester County

LEA NO.: 120

Date: 9/30/88

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HOMOGENEOUS AREA I

ECALE 1"= 20"

VYNL ASBESTOS FLOOR TILE

LEA: Chester County

\_ LEA NO.:\_\_120

Date: 9/30/88

Page 96 of 209.

In areas 1,2,3,4,6,7,8 and 9 there is floor tile assumed to contain asbestos. 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:

- The floor is to be cleaned using water and detergents with no chemicals. I.
- The floor is never to be sanded. II.
- All floors should be wet-mopped and all other horizontal surfaces such III. as the tops of light fixtures and file cabinets should be wiped with a damp cloth.
- Custodians will be instructed to avoid dropping anything which may IV. damage the tile.
- No dry brooms, mops or dust cloths are to be used on the tile. ٧.
- A good coat of commerical grade wax is to be kept on the tile at all VI.
- In case of a piece of tile breaking, the following shall be observed: VII.
  - The area is to be marked off.
  - B. Signs posted to prevent entry.
  - 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.
  - The wet cleaning method with HEPA filtered vaccum will be used Ε. 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 NO.:** 120 LEA: Chester County 9/30/88 Date:

NO.	. 1	21	0-	0 (	0	1	2
NO.		. 4 1	<b>–</b>	v	v		-

BULK SAMPLE SUMMARY/SCHOOL: East Chester Element	RIIIK	SAMPLE	SUMMARY/SCHOOL:	East	Chester	Elementar
--	-------	--------	-----------------	------	---------	-----------

Date Samples Collected: 7-25-88	Date Received by Laboratory: 7-26-88
Inspector's Name: Gene Cain	Laboratory Name: Jackson Branch Laboratory
Inspector's Signature:	
Name of Random Number Table Used for Sample Location Selection: _Simpl	ified Sampling Scheme for Friable Surface

Inspector's Sample No.	Description of Material Sampled	Sample Location	Laboratory Sample No.	Asbestos Type/ Percentage		
	Grey Cementitious	Main Entrance				
0015-1-1	Material	of School	2589117	None		
	Grey Cementitious	Main Entrance		N		
0015-2-6	Material	of School	2589118	None		
	Grey Cementitious	Main Entrance				
0015-3-4	Material	of School	2589119	None		
24						
9	Lille		*			
65						
		90	(4) (4)	3.4		
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<del></del>				-		
			8.8			
i.						

· · · · · · · · · · · · · · · · · · ·	LEA: Chester County	LEA NO.: 120
9	Date: 9/30/8	3

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 Asbestos In Buildings Guidance for Service and Maintenance Personnel. 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
    - 3. Date training was completed

(continued)

LEA:	Chester C	ounty		LEA	NO.:	120
***************************************		Date:	9/30/88			

# OPERATIONS AND MAINTENANCE PROCEDURES

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

LEA: Chester County
Date: 9/30/88

LEA NO.: 120

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it is certified by the signature below that the laboratory identified below is accredited by the National Bureau of Standards or has received interim accreditation for polarized light microscopy (PLM) analysis under the EPA Interim Asbestos Bulk Sample Analysis Quality Assurance Program.

	200
Laboratory:	Jackson Branch Laboratory
Address:	295 Summar Drive, P.O. Box 849
	Jackson, Tennessee 38301
Telephone:	(901) 424-9200 ext. 365
Analysis Perf	ormed by: William Jordan English
Laboratory M	anager: Dr. John R. Hitz, Director
	tember 15, 1988  This accreditation statement is reflective of asbestos samples submitted by Mr. Gene Cain, Madison County Board of Education, and analyzed by PLM. Sample numbers are: 2J 89/65 through
Attachment:	2J 89/73.  Copy of Accreditation

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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OMB No. 0693-0003 Expires April 30, 1990 United States Department of Commerce National Bureau of Standards

# National Voluntary Laboratory Accreditation Program (NVLAP)

### ASBESTOS PROGRAM FEE CALCULATION FORM

Α.	Laboratory Name Jackson Branch Laboratory					
	NVLAP Laboratory Code Number 1450					
В.	The Test Method Fee for this Program is:	Line 1.	\$	250		
C.	The Proficiency Testing Fee for Bulk Asbestos analysis is:	Line 2.	\$	875		
D.	The On-Site Assessment Fee for the Main Facility is:	Line 3.	\$	475		
Ε.	The On-site Assessment Fee for Sub-facilities is: sub-facilities @ \$ 250	Line 4.	\$	-0-		
	(The number of subfacilities listed here must be the same as noted in Item 5 of the Subfacilities Form	.)				
F.	The Initial (one-time) Fee is:	Line 5.	\$	250		
G.	The Administrative and Technical Support Fee is:	Line 6.	\$	1650		
	IMPORTANT If your laboratory is participating in another NVLAP accreditation program and has already paid the Administrative and Technical Support Fee to NVLAP, this year, cross out the amount on Line 6 and enter "0".					
Н.	Add Lines 1 through 6 and enter the sum on Line 7.	Line 7.	\$	3,500.00		
I.	IMPORTANT If you have already paid a \$300 deposit, subtr Line 7 and enter the difference on Line 8. Otherwise, e Line 7 on Line 8 and remit that TOTAL FEE to NVLAP.	enter the	anou	int from int from 3,200.00		
r tl	emit the TOTAL FEE with the blue forms. Retain a photocopeference. Make all checks payable to: NATIONAL BUREAU OF the letters "NVLAP" on your check so that your payment will be the appropriate account. Send all blue forms with payment with payment with payment with payment with payment.	F STANDAR L be prop	DS.	Print		

National Bureau of Standards NVLAP Program Billing and Collection Administration A807 Gaithersburg, MD 20899

For help, call (301) 975-4016.

BUL HOMOGENEOUS AR	EA(S):	NALYSIS	School:
Sample Owner	e'ID Lab	Asbestos Type %	Comments
0015-11	2J89/17	None	
0015-26	2589/18	NONE	*
0015.34	2 189/19	None	
			•
	X	r/	
*		•	
**************************************			
25		2	· · · · · · · · · · · · · · · · · · ·
Chandarda o	ic had received all	low that the labora accreditation for p Quality Assurance	tory Identified below is accredited by the National Bureau of colorized light microscope (PLM) analysis under the EPA Interim Program.
	Jackson Bra		Address: 295 Summar Drive, Jackson, TN 38301
Analysis Po	erformed By: Jor		Geologist HI, JBL
Typed Name	¹ Jordan Engl	ish	Signature: Date: 7/29/89

REPORT OF BULK SAMPLE
ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF LABORATORY SERVICES
JACKSON BRANCH LABORATORY
295 SUMMAR DRIVE
JACKSON, TN 38301

SOURCE EAST Chester E. IDENTIFICATION Gray ceme AGENCY EDUCATION SEND REPORT TO: Mr. Gene Cain	lementary LOCATION entitious material at county ? DATE COLLE	? ent.FIELD # 0015-11 BILLING CODE CTED7/25/8&BY_Gene_Cair						
Madison County Board 701 South Highland Av Jackson, TN 38301	of Education [ ]	ANALYSIS REQUESTED: I UUALITATIVE I QUANTITATIVE I QUANTITATE ACM ONLY						
OMEL DATE KEROKIED	7/26/88 BY Jordan Er 7-28-88 BY Jordan En	giist						
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[] UNTREATED [] H	SAMPLE TREATMENT COMOGENIZED (1) OTHE	RDried						
[x] POLARIZED LIGHT MI	METHOD OF ANALYSIS CROSCOPY WITH DISPERSI	on Staining						
[ ] ASBESTOS FOUND [	QUALITATIVE RESULTS [x] NO ASBESTOS OBSERVE	D [ ] UNSATISFACTORY						
	QUANTITATIVE RESULTS	*						
% CONSTITUENT	% CONSTITUENT	% CONSTITUENT						
99 Carbonate								
<1 Cellulose								
( <b>4</b> +								
	9							
* PERCENT BY VOLUME U	NLESS STATED OTHERWISE	II						
	REDITATION AND TEST REFIFICATION, APPROVAL, OF	PORTS DO NOT CONSTITUTE						
OR ANY AGENCY. THIS	ANALYSIS HAS BEEN DONE	IN ACCORDANCE WITH						
FEDERALLY APPROVED PRO	OCEDURES AND INCLUDES	ADEQUATE QUALITY						

SUPERVISOR :

CONTROL ANALYSIS.

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DATE 1/24/88

# REPORT OF BULK SAMPLE ANALYSIS FOR ASBESTOS

TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT BUREAU OF LABORATORY SERVICES

JACKSON BRANCH LABORATORY

295 SUMMAR DRIVE

JACKSON, TN 38301

I DENTI AGENCY	FICATION Grav cem	enti	ttary LOCATION_ tious material at COUNTY? DATE COLLE	ent.	? FIELD # 0015-26 ILLING CODE_ D_ 7/25/8&Y GeneCai
701 Šou	e Cain County Board of th Highland Aven , TN 38301	Edu ue	cation [X	ANA UV QU QU QU	LYSIS REQUESTED: ALITATIVE ANTITATIVE ANTITATE ACM ONLY
LAB USE ONLY.	DATE RECEIVED_ DATE ANALYZED_ DATE REPORTED_		6/88 BY Jordan El 9-88 BY Jordan E	3 <u>qli</u> 1 ngli	sh_LAB.# <u>2J89/18</u>
		IBRC			[ ] Heterogeneous
			SAMPLE TREATMENT SENIZED [1] OTHE	R <u>I</u>	Oried
[ ] 0-	OLARIZED LIGHT PI THER	CROS	THOD OF ANALYSIS SCOPY WITH DISPERSI		
[ ] A	SBESTOS FOUND (			D	[ ] UNSATISFACTORY
		QU	ANTITATIVE RESULTS	*	
%	CONSTITUENT	78	CONSTITUENT	%	CONSTITUENT
99 C	arbonate				
<1 C	ellulose				
	J.				
			*		
* PER	CENT BY VOLUME U	NLES	S STATED OTHERWISE	-	, d

THIS LABORATORY'S ACCREDITATION AND TEST REPORTS DO NOT CONSTITUTE OR IMPLY PRODUCT CERTIFICATION, APPROVAL, OR ENDORSEMENT BY THIS OR ANY AGENCY. THIS ANALYSIS HAS BEEN DONE IN ACCORDANCE WITH FEDERALLY APPROVED PROCEDURES AND INCLUDES ADEQUATE QUALITY CONTROL ANALYSIS.

SUPERVISOR

DATE 7/29/88

REPORT OF BULK SAMPLE
ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF LABORATORY SERVICES
JACKSON BRANCH LABORATORY
295 SUMMAR DRIVE
JACKSON, TN 38301

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Ма 70	dis 1 S	ene Cain on County outh High on, TN	y Board of nland Avenu 38301	Edu ie	cation	*	[ ] [x] [ ]	ANA QU QU QIJ	LYSIS REQUESTED: ALITATIVE ANTITATIVE ANTITATE ACM ONLY
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	59	Binder							
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	* PERCENT BY VOLUME UNLESS STATED OTHERWISE  THIS LABORATORY'S ACCREDITATION AND TEST REPORTS DO NOT CONSTITUTE OR IMPLY PRODUCT CERTIFICATION, APPROVAL, OR ENDORSEMENT BY THIS OR ANY AGENCY. THIS ANALYSIS HAS BEEN DONE IN ACCORDANCE WITH FEDERALLY APPROVED PROCEDURES AND INCLUDES ADEQUATE QUALITY CONTROL ANALYSIS.  SUPERVISOR:  DATE 1/29/88								

# SAMPLE LOG and SAMPLE NOTES

Receiving Analyst's Name Receiving Analyst's Fire

JACKSON BRANCH LABORATILY / TPHE

OCUMENT	NUMBER	Samp	Ing Number and Name  5 EAST Chester Elements  1e Brea/Let Number and Name  Ing/Sketch Number and Name	THIS IS A CHRIN-OF-CUSTODY DOCUMENT. PLEASE FILL OUT COMPLETELY AND SIGN ACCORDINGLY  PAGE OF
Sample Number	Receiv- er's Inttials	Photo.	Description of Sampled Haterial	Sample Site Location
0615.H	Ø	3).FT	GRAY CEMENTITIONS CEMENT That is water Leached	School ENTRANCE of
0015-2-			11 11 11	11 11 11 11
0015-3-	42		That is water heached	School ENTRANCE of School
	ļ: 			
		-		
-				

Page <u>184</u> of <u>209</u>

This is to certify that

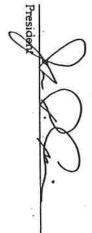
GENE E. CAIN

has successfully completed

Inspecting Buildings For Asbestos Containing Materials

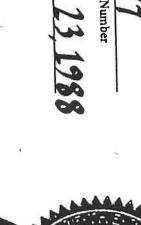
conducted by
GEORGIA TECH
EDUCATION EXTENSION SERVICES
Atlanta, Georgia

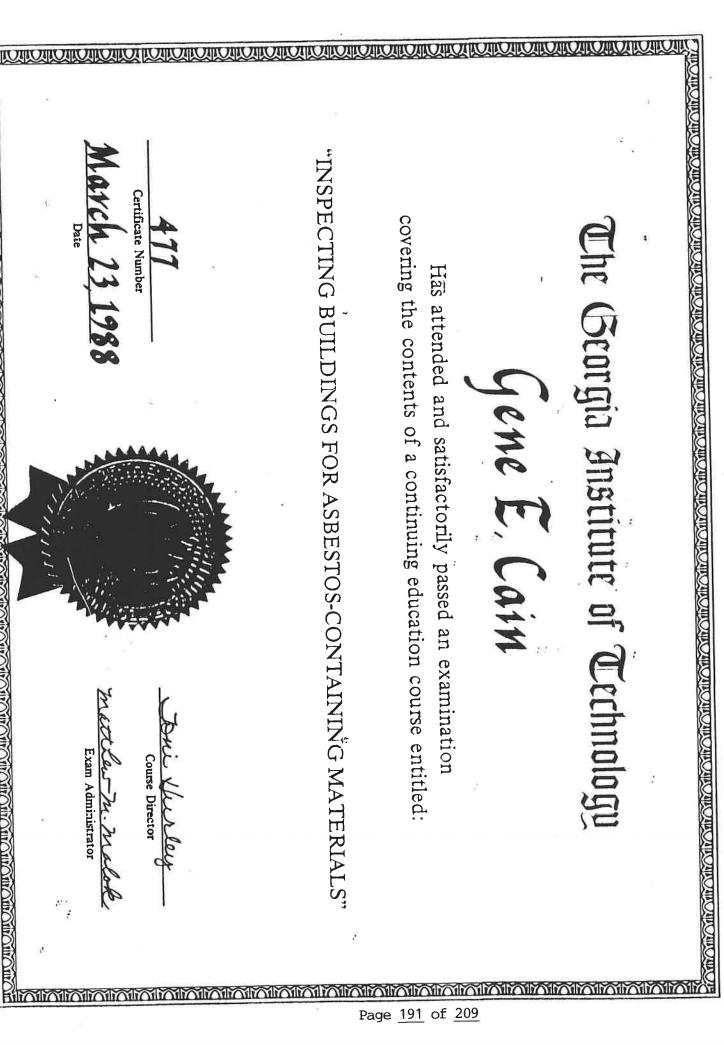
MARCH 21-23, 1988











# The Beorgia Institute of Technology Has attended and satisfactorily passed an examination

covering the contents of a continuing education course entitled:

"MANAGING ASBESTOS IN BUILDINGS"



March 25 19

Certificate Number

自

This is to certify that

GENE E. CAIN

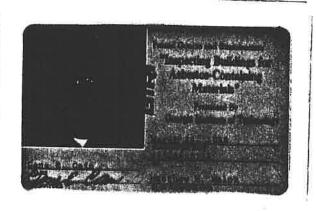
has successfully completed

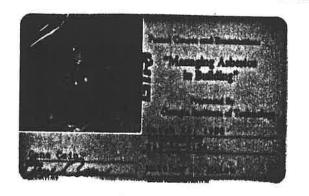
Managing Asbestos in Buildings

conducted by GEORGIA TECH EDUCATION EXTENSION SERVICES

Atlanta, Georgia MARCH 24-25, 1988







QUALITATIVE RESI	PIRATOR FIT TEST
Name: GENE	E. CAIN
Social Security No.: 4/3	5-44-5134
Respirator Type: AlpAL	7/160
By: P. Schnifter	Size
Georgia Tech Re	-/-/-

### 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 non-friable 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.

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

### INFORMING BUILDING OCCUPANTS

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 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	& Custodia
Instructor (Print Name): Gene C	37.	
Subject Matter Covered: T.H.E. A.C.T t	wo hour employee A.H.E.R.A. discussion.	compliance
ATTENDEES:		WA
NAME (Print)	JOB 1	Ganks Crack
P. E. Burross	er Janter Janetos	East Chester
at Tesmilli	_ Gantier No Crestodien	-Eat.
Thought my	Custolin-	- Ir Heat City
Villion Spencer	High Scs	hod .
* LEA Designated Person certifies that the the above described AHERA Compliance	person Indicated attended to Training Program.	i i i i i i i i i i i i i i i i i i i
LEA Designated Person: Gene Cai	n	
Signature: Simu (	Mn	
	LEA: Chester County	LEA NO.:120
Y <sub>20</sub>	Date:	9/30/88

EMPLOYEE TRAINING FORM	Maintenance & Custadeal
Instructor (Print Name): Gene Cair	od of Instruction: 3 Hrs.
Subject Matter Covered: T.H.E. A.C.T two ho training and discus	sion.
NAME (Print)  Johnny Harps  Marion C-Daug  Cary Williamy Marp	Jonitor High School  Janton Jr. High School  Man 11  Alus Seyprintendent
	***
* LEA Designated Person certifies that the person the above described AHERA Compliance Track  LEA Designated Person:  Gene Cain  Signature:	son Indicated attended alining Program.
LEA	Chester County LEA NO.: 120  Date: 9/30/88
	Dute.

EMPL	OY	E	TRAINING	FORM
resalt o	PI	-	HIMHING	CITIE

Location of Training: he les Cores	ty High School
10mm 4F 80	od of Instruction: 2 Hrs.
Instructor (Print Name): Mene Cain	
Subject Matter Covered: Maintaining asbestos	covered pipes and surfaces.
ATTENDEES:	# W W
NAME (Print)	JOB TITLE
Dung Wille	Menot.
Sand H Kima	1/1/
	3 v. t
a 25.7	
8	
10)	*
e l€	
* LEA Designated Person certifies that the person the above described AHERA Compilance Train	
LEA Designated Person: Gene Cain Signature:	
:: LEA:	. Chester County LEA NO.: 120  Dale: 9/30/88

Page 199 of 209

	ty Courthouse
Location of Training: Valer Court	
Date: 92/1988 Perl	od of Instruction: 1 Hrs.
Instructor (Print Name): Bene Coin	
Subject Matter Covered: Respirators for ask	pestos and fitting.
ATTENDEES:	
NAME (Print)	JOB TITLE
Dung VIII	Non
Plent H Kings	10 11
	,5)
	*
9	*
•	,,
	*
* LEA Designated Person certifies that the per- the above described AHERA Compliance Tra	son Indicated attended aining Program.
LEA Designated Person: Gene Cain Signature:	Mn
! LE/	A: Chester County LEA NO.: 120
£	Date: 9/30/88

Page 200 of 209

MFLOYEE TRAINING FORM	
ocallon of Training: Cheter Count	y Courthouse.
ate: 9/2//1988 Per	riod of instruction: 1 Hrs.
structor (Print Name): Gene Cai	
ubject Matter Covered: HEPA vacuum cleane	er for asbestos cleanup.
ATTENDEES:	.7
NAME (Print)	JOB TITLE
Den Ather	Ness no.
Short HKmy	11 1/
	***
***	
*	**
*	,
*	
LEA Designated Person certifies that the per the above described AHERA Compliance Tr	rson Indicated attended raining Program.
EA Designated Person: Gene Cain Signature:	Uni
121	

Page 201 of 209

Date:\_

LEA: Chester County

\_\_\_\_\_ LEA NO.: 120

9/30/88

Location of Training: Charles Count	y High School
Date: 9-24-1988 Period	f of Instruction: 5 Hrs.
Instructor (Print Name): Gene Ca	in
Subject Matter Covered: Repairing TSI with La	ag-Kap, Lag-Kloth and Lag-Kote.
ATTENDEES:	904
NAME (Print)	JOB TITLE
Dung W. Il	Memi *
Slend H Knis	10 1/
11 <b>10</b> 0	*
8	** *** *** ***
27.	* * * * * * * * * * * * * * * * * * *
* LEA Designated Person certifies that the person the above described AHERA Compliance Training LEA Designated Person:    Gene Cain   Gene	Indicated attendeding Program.
: LEA:	Chester County LEA NO.: 120

Page 202<sub>of</sub> 209

Location of Training: Che ter Core	ty High School
Date: 9-24-1988 Perlod	of Instruction: 5 Hrs.
Instructor (Print Name): Gene Cair	)
Subject Matter Covered: Practice use of glov	re bag.
ATTENDEES:	
NAME (Print)	JOB TITLE
Dany Will	Marint
Jelan H. K. My	(/ //
· · · · · · · · · · · · · · · · · · ·	. **
3	
F80	/ ·
E <sub>1</sub>	·.
	*
* LEA Designated Person certifies that the person	Indicated attended
the above described AHERA Compilance Training	
LEA Designated Person: Gene Cain	·
Signature: Alma Min	
÷	
LEA:	
	Date: 9/30/88

TAHERA 11.0(8/88)

1	104	ratic	ne i	cla	ann	ed:

All of the 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 cleaning and training dates:

All of the custodians of the Chester County schools.

- 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

- 4. Date cleaning performed: 6/21-24--7/12-15-/88
- 5. LEA Designated Person: Gene Cair

Signature:

Date: 9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

All of the 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 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 above: 9/21/88

- 4. Date cleaning performed: 7/18-27/88
- 5. LEA Designated Person: Gene Cain.

Signature: Signal Calin

Date: 9/30/88

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

1	Locations	cleaned:
241	Locations	cieaned:

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: 7/28-8/13/88 4 .
- Gene Cair 5. LEA Designated Person:

9/30/88 Date:

> **LEA NO.:** 120 LEA: Chester County

Date:

_		ations	-1	
1.	LOC	ations	Cias	maa:

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 cleaning and training dates:
  - 1. Gàil 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: 6/13-17/88
- 5. LEA Designated Person. Gene Cain

Signature: Sen Ca

9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

- 3. Names of persons performing 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 above: 9/21/88

- 4. Date cleaning performed: 6/3-10/88
- 5. LEA Designated Person: Gene Cain-

Signature: Signature:

Date: 9/30/88

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

_			
1	Locations	cleane	d:

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 cleaning and training dates:
  - 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: 5/27-6/2/88
- 5. LEA Designated Person: Gene Cain

Signature: Slew (M)

Date: 9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

# AHERA YEARLY PROGRESS REPORT PACKAGE



DEPARTMENT OF FINANCE AND ADMINISTRATION
CAPITAL PROJECTS MANAGEMENT
ENVIRONMENTAL PROGRAMS

# ANNUAL PROGRESS REPORT INSTRUCTION GUIDE

This packet contains the forms necessary to complete the AHERA Annual Progress Report. This packet should be completed every year and <u>SUBMITTED BY JULY 9</u> to:

STATE OF TENNESSEE Capital Projects Management Environmental Programs Section Suite 500, 511 Union Street Nashville, TN 37243-0300

Attention: George G. Brummett, Jr.

This packet was developed to help Local Education Agencies (LEAs) to meet the requirements of record keeping as outlined in AHERA. THE LEA Designated Person may complete this packet. AN AHERA accredited inspector or Management Planner does not have to complete this packet.

AT A MINIMUM, completed copies of the following forms should be submitted to the State, the original documents must be kept with your Management Plan.

- 1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)
- Checklist for Yearly Progress Report (TAHERA 1.1)
- Assurances Form (TAHERA 3.0)
- 4. Dated Annual Written Notification
- 5. Periodic Surveillance Report Form (TAHERA 9.0)
- 6. Annual Progress Report (TAHERA 15.0)

Additional forms may also need to be submitted. Please review the Checklist For Yearly Progress Reports (TAHERA 1.1) in order to determine the need for additional forms. The list below indicates the additional forms that have been included for your use if needed.

- School Building List (TAHERA 5.0)
- 2. School Information/Certification Form (TAHERA 6.1A)
- 3. Abatement Action (TAHERA 10.0)
- 4. Employee Training Form (TAHERA 11.0)
- 5. Operations and Maintenance Activity (TAHERA 12.0)
- 6. Cleaning Record (TAHERA 13.0)
- 7. Fiber Release Episode (TAHERA 14.0)

TRANSMITTAL SHEET/AHERA	SUBMITTALS
A System Name: Chester County	LEA # _120
Address: P.O. Box 327, Henderson, TN 38340	
County: Chester	
LEA Designated Person: Gene Cain	Telephone: (901) 424-6428
Date: 6-17-93	

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

*	D1 1.22.0	
ORIGINAL SUBMISSION	CORRECTION/ DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
Х		YEARLY PROGRESS REPORT
		REINSPECTION
X -		Other (please explain) Air samples of Boiler at North Chester Elementary

### CHECKLIST FOR YEARLY PROGRESS REPORTS

### SCHOOL YEAR ENDING 6-30-93

### Page 1 of 2

A Progress Report must be completed and incorporated into your Management Plan yearly to assure compliance with the mandates of AHERA. This checklist and attached forms will assist you in meeting these record keeping requirements.

Attached	Not Applicable	Will be sent by Management Planner	
Х			1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)
Х			2. Checklist for Yearly Progress Reports (TAHERA 1.1)
Х			3. Assurances (TAHERA 3.0)
Х			4. Periodic Surveillance Report (TAHERA 9.0)
Х			5. Annual Progress Report (TAHERA 15.0)
Х			6. Notice to the parents, teachers, and employees stating where the Management Plan is located.

# ADDITIONAL FORMS THAT MAY BE REQUIRED TO BE FILED WITH THE STATE (Please indicate whether any of these forms are necessary for your LEA).

Attached	Not Applicable	Will be sent by Management Planner	*
Х		1946	<ol> <li>Revised School Building List (TAHERA 5.0)</li> <li>This form must include all new school buildings or additions.</li> </ol>
Х			<ol> <li>School Information/Certification Form (TAHERA 6.1A)         This form must be completed for all buildings and additions completed during the last year. Attach letter(s) from Architect, Engineer, or accredited Inspector if:     </li> </ol>
			a. If an existing building is acquired after 10/12/88, and is intended to be used as a new school or as a part of an existing school, an AHERA inspection Management Plan shall be conducted <u>PRIOR</u> to the use of the building as a school building. PLEASE NOTE THAT THE MANAGEMENT PLAN MUST BE SUBMITTED TO THIS OFFICE PRIOR TO USE OF THE BUILDING AS A SCHOOL FACILITY.

### **ASSURANCES**

AHERA Management Plan was developed and has been submitted pursuant to the Asbestos Hazard Emergency hesponse Act of 1986, Public Law 99-519; and the United States Environmental 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:

- 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.
- 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).
- 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.
- 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).
- 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 Paragraph 763.93(g).
  - 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).
- 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'S NAME (please print):  Gene Cain  LEA DESIGNATED PERSON'S SIGNATURE:
SUPERINTENDENT'S NAME (please print): Dr. Kathy Coatney Mays  SUPERINTENDENT'S SIGNATURE: ** Late Coatney Mays
LEA System Name: Chester County  DATE: 6-17-93

## PERIODIC SURVEILLANCE REPORT

SCHOOL NAME: _C	Chester County	
BUILDING NAME:	East Chester Elementary	SCHOOL YEAR: 1992-93
this form out eve	ry six (6) months for each school building; attach to <u>ginal</u> of this document must be kept with your Mana	your Yearly Progress Report and submit a copy gement Plan.)

			1st six months DATE 12-30-92	2nd six months DATE 6-8-93
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION	ACBM CONDITION *
1	Floor Tile	All	d Good	N/C
2	Floor Tile	All	Good	N/C
3	Floor Tile	All	Good	N/C
4	Floor Tile	All	Good	N/C
۴	Floor Tile	All	Good	N/C
	Floor Tile	All	Good	N/C
8	Floor Tile	A11	Good	N/C
9	Floor Tile	All	Good	N/C CONDITION, WRITE N/

9	Floor Tile	All	Good	IGE IN CON	N/C DITION, WRITE N/C
Survei (Surv	llance Inspector's Name (please llance Inspector's Signature: eillance Inspector is not require A Accreditation Number/Date (i	Men Ca	en J	6 ° °	
	System Name:			LEA NO:	

TERA 9.0 (4/93) REVISED

	#1 [X] (1st six mon	ths) Date 12-30-92	
		the) Date	
:===	#2 [ ] (2nd 81% mon		
		East Chester Elementary	
ri:	ll out every six (6) rly Progress Report a	months for each school b nd insert in Appendix of M	uilding and include anagement Plan.)
HA No		Area Inspected	Change in Condition (if any)
1	Floor Tile	A11 /	None
2	Floor Tile	All	None
3	Floor Tile	All	None
4	Floor Tile	All	None
6	Floor Tile	All	None
	Floor Tile	All	None
8	Floor Tile	All	None
9	Floor Tile	All	None
	r.	×	
		**	
Su	rveillance Inspector'	s* Signature:	e Carr
	rveillance Inspector'		
		ber/Date (if applicable)*:	886 2/10/92
	,	is not required to be AHE	
_			

TAHERA9.0(3/91)

LEA System Name: Chester County

LEA NO.: 120

Date: 12-30-92

### ANNUAL PROGRESS REPORT SCHOOL NAME: Chester County SCHOOL YEAR: 1992-93 BUILDING NAME: East Chester Elementary SUMMARY OF RESPONSE ACTIONS: LEGEND Tile Tile Til( Description Institute Preventative Measures Floor 0 & M Floor Floor Floor Floor B Floor C Repair Encapsulate D E Enclose II A fumber F Remove 9 Ŋ 9 $\infty$ 2 $\sim$ Isolate Other (Explain) LEA SELECTED RESPONSE ACTION (See Legend) A X. X D CHECK ONE G H RESPONSE ACTION COMPLETED? YES X X NO CHECK ONE RESPONSE ACTION IN PROGRESS? YES 1.0 CHECK ONE MANAGEMENT PLAN SCHEDULE COMPARISON X X X X X X X X X On Schedule Ahead Schedule CHECK ONE Behind Schedule Gene Cain INSPECTOR'S NAME (please print):

INSPECTOR'S SIGNATURE:

LEA NO:  $\frac{120}{}$ Chester County LEA System Name: **DATE:** 6-17-93

TAHERA 15.0 (4/93)

### August 3, 1992

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning the friable and non-friable asbestos at the East 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 may be seen at their convenience.

### OCCUPANT INFORMATION RECORD

DOC	UME	NT I	NUMBER:_		DATE:		e de
	R	ECE I	PT ACKNO HE PRESE	NCE OF ASBE	HAT I HAVE BE ESTO-CONTAINI RIALS IN:	EEN INFORMED OF NG BUILDING	b
Bulldl 12	ng Nu	mber a	and Name		Bullding Location		
	15	East	Chester El	ementary Schoo.	Highway 100 E Henderson, TN	ast 38340	
	<i>,</i> •		PROAT DE	D TO ME IN	GE THAT THE I CLUDED THE FO	DLLOWING:	
1)	PR	I CH	1 MIGHT	OF ASBESTO HAVE ACCES IE BUILDING	-CONTAINING N S IN THE NORM	MAL COURSE OF M	ΙΥ
2)			AZARDS TO	HEALTH PR	ESENTED BY AS	SBESTOS.	
3)	COI	ATWI	PRIATE BE NING MAT TENTIAL	ERIALS WHI	THE PRESENCE CH WILL PREVI	OF ASBESTO- ENT OR REDUCE	
-1 <b>)</b>	E A 1	∵IA I	I OBSEKA	E A PUSSIB	WHICH I MUST LE CHANGE IN ONTAINING MAT	FOLLOW IN THE THE CONDITION CERIALS.	15
5)	OF	UIA	PROCEDU EMERGENC NING MAT	X WHICH MI	I AM TO FOLLO GHT INVOLVE T	OW IN THE EVENT THE ASBESTOS-	ı
			MY REASO	N FOR BEIN	G IN THE BUII	DING IS:	
			My Stonature L	n acknowledgment o	f the share		
3			of pignitute i	ii acknowledgiicht o	i the above.		
			Please Print Y	our Name		-	
			Employer Name,	Address and Phone	Number		
				THE THE PARTY OF T			

#### INFORMING BUILDING OCCUPANTS

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 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 A - Cafeteria Corridor

Area B - Dressing Rooms on the stage

Area C - Library

Corridor

Classrooms 19, 20, 21, 22, 23, 24

Area D - Office Area

Corridor

Area F - Corridor

Corridor closed for storage

Classrooms 1, 2, 3, 4, 5, 6, 7, 8

Area G - Corridor

Classrooms 9, 10, 11, 12, 13, 14, 15, 16, 17, 18

Storage Room

Clinic

Sick Room

Clinic Office

Area H - Corridor

Four restrooms

Area I - Portable classroom

Floor Tile is the ACM.

Area E - Boiler Room

Pipe wrappings contain the ACM.

SCHOOL YEAR: \_\_\_\_1992-93

### ist all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME ADDRESS CITY CODE	F	CBM  NF	NO ACBM
120 0005	Chester Co. High, Hwy.100 East	X	X	
1126	Henderson, TN 38340 Chester Co. Jr, High	-		
0010	Hwy. 100 East, Henderson, TN 38340		X	
	Bus Shop Hwy, 100 East, Henderson, TN 38340			Х
120 0015	East Chester Elementary Hwy. 100 East, Henderson, TN 38340		х	
120	Jack's Creek Elementary General Delivery, Henderson, TN 38347		Х	
120 0028	North Chester Elementary Luray Ave., Henderson, TN 38340	Х	Х	
120 0030	West Chester Elementary Hwy. 100 West, Henderson, TN 38340		<u>x</u>	
Į.	Administrative Offices Court House, Henderson, TN 38340	Х		
		_		
	*			
1				
	11 ***			
	4			
		13		

### LEGEND:

F	=	Friable
		_ 4

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

LEA	System	Name:	Chester	County	Board	of	Education	LEA NO.:	120	•
							•	6-17-93		

SCHOOL INFORMATION/CERTIFICATION FORM/SCHOOL:	NO.:
CHOOL INFORMATION/CERTIFICATION  BUILDING STATISTICS  Ite Area Name, Wing  Ouilt Addition, etc.  Use	Total Area (Square Feet)
Walls: Floors: Korr	Foundation:  Slab-on-grade Crawlspace Basement Other
Notes: (Explain Other):	
D Radiator D Other D Wall Elect	
Notes: (Explain Other):	
Ceiling:  D Lathe and Plaster  Gypsum Board  Acoustical Finish  Tile  Other  Proofing.  Vinyl Tile  D Carpet  D Wood  D Unfinished  D Other	Walls:  Lathe and Plaster  Gypsum Board  Masonry  Wood/Paneling  Other
Notes: (Explain Other):	
D Mechanical Drawings D As Built Drawings D Part of Specifications D Sampling Reports D Part of Specifications D Finish Schedules (In-House)	-
6. NEW SCHOOL BUILDINGS CONSTRUCTED AFTER OCTOB Date of Building Occupancy:	· ·
I hereby affirm that no ACBM was specified in any construction document reviewed for the best of my knowledge, no ACBM was used in the building.	d as a building material
Print Name: Signature*: Registration or Accreditat	ion No.:
*Statement may be signed by the Architect, paccredited inspector. Attach accreditation censpector.	project engineer, or an rtificate for accredited
EA System Name: Chester County	LEA NO.: 120
	Date: 6-17-93

	· · · · · · · · · · · · · · · · · · ·	%	SCHOOL YEAR: 1992-93
ABATEMENT	ACTION		SCHOOL NO.:
50110011			

JE THIS FORM TO DOCUMENT REMOVAL, ENCLOSURE, ENCAPSULATION OR REPAIR OF JESTOS-CONTAINING MATERIALS GREATER THAN 3 SQUARE OR LINEAR FEET OF ACM. PROVIDE ONE FORM FOR EVERY ACTION AT EVERY SCHOOL.

1. Provide or attach detailed written description of abatement action.

	14		
	Date of Action:	to	
		_ 8	No :
	Original Mangement F	Indicacing rooms	
	·	0	uantity of Material:
	Type of Material:	Q	Tancie, or the same
•	Name of Abatement Co	ontractor:	K.
2.	Name of me	Address:	
	a waditation Number	r/Agency (if applica	ble):
	Accreditation Names	- /	
	Name of Abatement D	esigner:	
3.	Name of Abatement b	Address:	
		Addicati	
	·	*·	
		w/acongy (if applica	ble):
	Accreditation Number	r/Agency (if applica	
			£1
4.	Air Monitoring Labo	ratory:	
4.	P	ddress:	
		7	•
		166	
	a ditation Number	er/Agency (if application	able):
	Accreditation Name		
	Name of Waste Dispo	nsal Site:	
5.	Name of waste bispo	Address:	
		Address.	
		1965	
	18.	,	
			ir testing laboratory liste following information:
6.	Attach Air Monito	ring Report from a.	following information:
0.	shove which provid	ed at a minimum the	IOIIOWING INIOIMADIO
	recation of Sa	mples and Date Colle	cted
	- Docari	BLIGH OF WHET LATER	lethod Used
	b. General Descri	t and Signature	
	c. Name of Analys	L BING DAY	
	d. Result of Anal	yses.	(if applicable)
	e. Laboratory Acc	yses reditation Statement	
-		County	LEA NO.: 120
E	A System Name: Chest	cer county	
	n ojotem man	E.	Date: 6-17-93
			Date.

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

LEA Designated Person:

Sign	ature:	7	1
LEA System Name:	Chester County		LEA NO.: 120

Date: 6-17-93

TAHERA11.0(3/91)

Chester County Schools

P.O. Box 327 • Henderson, Tennessee 38340 901-989-5134 • FAX 901-989-4755

> Kathy Coatney Mays Superintendent

GAYLE BROOKS Food Service

CAROLYN JOHNSON Payroll

> MABEL PERKINS Bookkeeper

CAROLYN'BINGHAM Receptionist/ Secretary to Superintendent MEMO

MIKE TIGNOR Attendance Supervisor

DENISE PERKINS Speech Pathologist

MARGARET BINGHAM Supervisor of Instruction

MATTIE MICKENS Supervisor/ Director of Chapter 1/ Handicapped

TO:

Davis, Principals and Custodians--Gail Ross, Marion Shields, Wilburn Hysmith, Johnny Hays, Spencer, R.C. Burross, J.R. Edgar, Brackston Lindsey, Terry

Ray Johnson

FROM:

Kathy Coatney Mays Kathy Coatney Ways

Custodian Meeting Scheduled for December 16, 1992 SUBJECT:

December 7, 1992 DATE:

All custodians will meet on Wednesday, December 16, 1992 at 8:30 A.M. in the cafeteria at Chester County Junior High School. The following items will be discussed:

- Cleaning procedures for the Christmas clean up--Spike Jones
- Schedule for Christmas break 2.
- Asbestos update and training--Distribute location of asbestos--Discuss procedure to follow 3. asbestos containing materials are disturbed
- Discussion of precautions when body fluids are discharged as related to HIV/AIDS, Hepatitis B 4.
- Watch tape on blood borne pathogens -- How to react 5.
- Right to know update -- MSDS sheets, etc.

KCM:cb

December 16, 1992 askestos training session School Tersonnel. 1. Lather Contray Marso 2. Willhorse Dysuits alldchools Easel 3. William Spencer COHS 4 Johnny Hayes CoCo to So 5 R. C. Burross west C. 6. J.R. Edger north C 1 Brockston Junday 9 Billy Sheld Junior High lo. Lery Johnson Dession conducted by:

Mame Droganization

Munay Lofton - National Laboratories

RARping James - Munyax Sloan

This is to carlify participated i sedesloss raining on May 12,1993, conduited sty 1. Kally Coalney Marps 2. P. C. Blurroad Marps S. J. R. Edgor Y Johnny Hayes 5 Sail Koss 1. Levy Johnse 7. Drane Hymith 8. Wilher Elynit 10. Willow Spiences 11. Billy I Shields

	al .			
CCHO	ATIONS AND MAINTENANCE ACTIVITY OL:	SCHOOL SCHOOL	YEAR: 199 NO.:	2-93
====				
ROVI	THIS FORM TO DOCUMENT REMOVAL, ENCLOSURE, ENC STOS-CONTAINING MATERIALS LESS THAN 3 SO DE ONE FORM FOR EACH ACTIVITY AT EVERY SCHOOL	L.		
1.	Description of locations of Operations an fiber releasse episodes, and cleaning activi	d Mainter ties:	nance (O	& M),
			R	
				fi
2.	Start and completion dates of activitity or	episode:		ž.
	to	50 G 100 kg		
*()	· ·			
3.	Describe preventive methods to limit fiber workers and occupants:	release	and to p	rotect
	*			8
£	*	33		
4.	Cleaning methods used:	20		0#1
	*	15		
		*		5
				1
5.	If ACBM is removed, name and location of st	torage or	disposal	site:
		\ <del>\</del>	*	ś
		19	*	
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	n ' wahad Downon'		3.50	
LEA	Designated Person:	Da	te:	
Sig	nature:		4	· ·
				120
ים ז	A System Name: _Chester County	10 750 10 7	LEA NO.	120
المتدلة	- D1000m	Date:_	6-17-93	
	0.0	_		

SCH	R RELEASE EPISODE OOL:		=======================================	SCHO	OOL YEAR: 1 OOL NO.:	992 <u>-93</u>
_sb1	THIS FORM TO DOCUMENT ESTOS-CONTAINING MAY ACTIVITY AT EVERY E	TERIALS I			LING OR DIE	
1.	Description of fi method of repair, p	ber relea preventive	se episod measure o	e includin r response	g location action take	, ACBM
			×		2001	
				) 402	18.	
				*		( <b>•</b>
2.	Date of fiber relea	se episod	e:	e.		
				240		51
3.	Names of person(s)	performin	g any work	described	above:	
				k*	3	
4.	If ACBM is removed,	name and	location	of storage (	or disposal	site:
	4			•		8
		200	3	E +1 <sup>75</sup>		
5.	LEA Designated Pers	on:				
J•	_	,011.			W.	×
	Signature:					
	Dated:		*	9		
			. 10 <sup>©</sup>	70		
LEA	System Name: Chester	r County			LEA NO.	120

FAHERA14.0(3/91)

Date: 6-17-93

### 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

Classroom Instructor

MIL

Field Instructor

Director of Programs

# Asbestos

### CERTIFICATE OF ACHIEVEMENT

Awarded to

### LARRY EDDIE MILLER

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



Asbestos REFRESHER

# Asbestos

### CERTIFICATE OF ACHIEVEMENT

Awarded to

### LARRY EDDIE MILLER

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 19, 1999

Examination Date

May 19, 1999...

Course Date

May 19, 2000

Expiration Date

Environmental Technologies

coill in

P. O. Box 21243 Little Rock, AR 72221

(501) 580-4284

Asbestos REFRESHER

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

### CERTIFICATION OF COMPLETION

this certifies that

### Eddie Miller

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 18th, 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

May 18th, 2000 Examination Date

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

**Expiration Date** 



Certificate # 7ME01187306MPR004

This is to certify that

# **Eddie Miller**

completed the requirements for asbestos accreditation under Section 206 of TSCA, Title II, 15 U.S.C. 2646 has on 01/18/01, in MEMPHIS, TN

# AHERA Asbestos Management Planner Recertification Course

on 01/18/01 - 01/18/01 and passed the associated examination on 01/18/01 as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)

with a score of 70% or better

MAYHEW

Instructor

Soc. Sec #: 431-53-1229 Accreditation Expires: 01/18/02

N GOD A

Lawrence KS 66044

# Asbestos

### 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, 2002.

Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date

Environmental Technologies

P.O. Box 21243

Little Rock, AR 72221

(501) 425-9585





# Asbestos

### 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

Course Date

January 23, 2004

Expiration Date

**Environmental Technologies** 

P. O. Box 21243 Little Rock, AR 72221

(501) 425-9585





### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** 8/14/98\_\_\_\_

			a
ea system name: _	Chester County Board of Education		LEA #: 120
ADDRESS:	Courthouse		
_	Henderson, TN 38340	afi	je.
	4		
esignated person:	John H, Shelton	PHONE:	(901) 664-2561

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

ORIGINAL SUBMISSION	CORRECTION/DESIGNATION SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
* x		YEARLY PROGRESS REPORT
X		THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEANAME: Chester Co	ounty Sch	hools			LE.	A #:	120	8			
SCHOOL BUILDING NAME:	East C	hester E	Element	ary	BUILDING #: Main Building						
DATE OF IMPLEMENTATION	OF MANA	GEMENT PLA	<b>N</b> : <u>7-09</u> -	-89			DATE: _8-				
OTHE STAX	eand 1	MERIE	на	NUMBER 2			UMBER 3	BAM 4	DARBER		
AGRICULTURE	сиявыя 3915 s	q. ft.	301	sq. ft.		CURRENT	QUANTIY Sq. ft.	1192	Sq. ft.		
	Floor	Tile		Tile		MATERIAL Floor	Tile	Floor	tile		
CHECK ONE	IAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT		LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT		
TSI SURFACING MISCELLANEOUS CHECK ONE	Х	X	X	X	3	Х	Х	χ.	X		
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	Х	X	X		Х	Х	X	X		
CHECK ONE NON-FRIABLE FRIABLE EXPOSURE CONSIDERATION	X	X	X	X	3	Х	X	X	X		
1TO 5 (S WORST) DETERIORATION PHYSICAL DAMAGE WATER DAMAGE	1 1	1 1	1 1	1 1		1 1 1	1 1 1				
ACTIVITY/VIBRATION EXPOSURE ACCESSIBILITY LENGTH OF EXPOSURE	3 5 5	7 5 5	5 5	3 5 5		3 5 5	3 5 5	3 5 5	3 5 5		
(CHECK ONE)  1 HOUR / WEEK  5 HOUR / WEEK  10 HOUR / WEEK						-					
OHOUR/WEEK HOUR/WEEK EXPOSURE POPULATION (CHECK ALL AFFLICABLE)	X	.Х	<del>L</del> x	X	∃	Х	X	<u> </u>	<u> </u>		
MAINTENANCE CUSTODIAL FACULTY/STAFF PUBLIC ASSESSMENT (MARIFRON), TO 7)	X X X X	X X X	X X X X	X X X X		X X X X	X X X X	X X X X	X X X X		
RESPONSE ACTIONS (WARE FROM A TO H)	5	5	5_	1 3 B		5 3 B	5 X_B	5 A=B	5		
<ol> <li>Damaged/significantly dan</li> <li>Damaged friable surfacing</li> <li>Significantly damaged fria</li> <li>Damaged/significantly dan</li> </ol>	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  A-B										
5. ACBM with potential for 6. ACBM with potential for 7. Any remaining friable AC	significant da							RA 63, TAHERA 63 and TAHERA 65	and TAHERA &.C		
Eddie Miller INSPECTOR (Typed name)		SIGNATUR	E				31531229 CCREDITA	/ TN TION #/STA	ATE		
Eddie Miller MANAGEMENT PLANNE	R	SIGNATUR	E		_		31531229 CCREDITA	/ TN ATION #/ST	ATE		

Chester Co	unty Sch	nools			LEA	V#:	120		
CHOOL BUILDING NAME: _			Lementar				Main Bu	ilding	
ATE OF IMPLEMENTATION	OF MANA	SEMENT PLA	N: <u>7-09-8</u>	9			DATE: 8-0		
THE	HA NO		HA NU	DMERCE 7		<b>BAN</b>	JMBER.	HA M	TMBER.
	CURRENT	Sq.ft	10,070	ouammy sq.ft	] [	1,54	quanuty 4 sq.ft		q. ft.
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CHECK ONE	LAST 5 YEAR	CURRENT	LAST 5 YEAR	CURRENT		LAST 5 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SI URFACING IISCELLANEOUS	X	X	X	Х		X	Х	Χ·	Х
• CHECK ONE SSUMED ACBM ONFIRMED ACBM ON-ACBM	X	X	X	X		X	Х	X	X
CHECK ONE ON-FRIABLE RIABLE	X	X	X	X	3	X	X	Х	X
EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE	<b>,</b> - <del> </del>	1	$\frac{1}{1}$			1 1			1 1
H ISICAL DAMAGE VATER DAMAGE ACTIVITY / VIBRATION EXPOSURE	1 3 5	1 3 5	1 3 5	1 3 1 5		1 3 5	1 3 5	3 5	3 5
ACCESSBILITY LENGTH OF EXPOSURE (CHECK ONE)	5	5	L 5	1 5 T	_ _	[5	l 3		1 3 T
HOUR/WEEK HOUR/WEEK OHOUR/WEEK									
0 HOUR / WEEK 0 HOUR / WEEK EXPOSURE POPULATION (CHECT ALL APPLICABLE)	х	Х	X	X		X	X		1 X
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RESPONSE ACTIONS (WARE FROM A TO E)	A-B	A-B	] <u>A-B</u>	I A-B		A-B	A-B		I A-B
ASSESSMENT I  1. Damaged/significantly d  2. Damaged friable surfact  3. Significantly damaged fr  4. Damaged/significantly d	amaged TSI ng ACBM lable surfacing	g material		A. Institute B. O & M F C. Repair D. Encapsu	, togra	entative meas	ACTIONS LEG	GEND  E. Enclosure F. Remove G. Isolate H. Other	
5. ACBM with potential fi 6. ACBM with potential fi 7. Any remaining friable	or damage or significant (	lamage (	• If previou	dy sessoned ACB	M am	NOTES tested, attach T. t 3 year", attach r	AHERA 6.2, TABE	RA 6.3, TAHERA 4 and TAHERA 6.3	6.9 and TAHER
Eddie Miller INSPECTOR (Typed name		SIGNATU	HAR	N/			43153122 ACCREDITA	, 9 / TN <sup>.</sup>	
Eddie Miller	<u>-</u> -	SIGNATU	WW	$\bigvee \bigvee$		=	43153122	9 / TN	OT A TEL

EA NAME: Chester C	ounty Sc	hools				LEA#:120						
CHOOL BUILDING NAME:			eme	entary		BU	ILDING #:	Porta	ab1	es		
ATE OF IMPLEMENTATION	OF MANA	GEMENT PL	AN	7-09-8	19	INS	PECTION	DATE: _8	-03	<b>-</b> 98		
·海里新。	Through				O) CERTA			UMBEG	] [		TMOBER.	
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SSUMED ACBM ONFIRMED ACBM ON-ACBM	X	X							]			
CHECK ONE ON-FRIABLE RIABLE	X	X	}			3		-	]			
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(CHECK ALL APPLICABLE)			400						Щ.	r		
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2. Damaged friable surface					B. O & M	Progra	ım	€.	F.	Remove		
3. Significantly damaged	friable surfacing	g material			C. Repair					Isolate		
4. Damaged/significantly	-	e misc. ACBM			D. Encapsu	ulate			H	Other	010.70000000000000000000000000000000000	
<ol><li>ACBM with potential</li></ol>				\			NOTES	Assessment and a second				
6. ACBM with potential	•	-		1	,			AHERA 62, TAI				
7. Any remaining friable	ACBM or susp	ect ACBM	000000	A H chile	m mulliprent fr	om Tast	3 year", attach r	evised TAHERA	0.4 10	r IVHEKY 07		
	000000000000000000000000000000000000000	/ /A /	1	1 / /	1					• • 1 000 W.C. 12 P.O. (2010 C. 1970 C		
Eddia Millow		1/ /// X	1	MIN				4315312	29	/ TN		
Eddie Miller		SIGNATI	V /	B 110 1	1 /		- 7	CCREDI	_		TATE	
INSPECTOR (Typed nam	16)	Stehan	- Le	7. 7	N /1				-471	1011 #/0		
		( )	1	VVI	// //							
Eddie Miller			V	1741	IV			4315312				
MANAGEMENT PLAN	VER	SIGNAT	UR	E	/		-	ACCREDI	TA'	TION #/S	TATE	
			_					***************************************				
AHERA 16.0 (12/93)				PAG	iE0	F	_	€				

### PERIODIC SURVEILLANCE REPORT

LEA NAME:

CHESTER COUNTY SCHOOLS

LEA#:

791

SCHOOL NAME: EAST CHESTER ELEMENTARY

SCHOOL #:

MAIN

BUILDING NAME:

EAST 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

> 1ST SIX MONTHS 2ND SIX MONTHS DATE FALL: 10-6-97 DATE SPRING 4-03-98



			DATE FALL: 10-6-97	DATE SPRING 4-03-98	1000年1000年100日
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	Э
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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
				B	a:
					N.
					TE N/C
			*IF NO CHANGI	E IN CONDITION WRI	I E N/C

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): CDDIE MILLER

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

AHERA Accreditation Number/Date (if applicable): ENVIRONMENTAL TECHNOLOGIES #431531229 - 5/20/98-99

TAHERA 9.0 (12/93)

													- 1
2.		VNNAVT	PROC	RESS	REP	ORT	*						
SCHOOL NAME:	East Chester Ele	mentary			.,	<del>ne sala</del>	-						
ILDING NAME: 1	Main						30	\$	CHOO	L YE/	<b>IR:</b> 97	<del>-</del> 98	
UMMARY OF RESPO	NSE ACTION	<u>\$:</u>										o)	
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F Remove G Isolate H Other (Explai	n)	H.A. Kimber	-	7	е	4	ហ	9	7	ω	6		
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·	K.				//w-								
Inspector's NAM	E (please print):	Eddie 1	Mille	TA	11	\			• ,				
inspector's sign	ATURE:		101	10									
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						•					120		
LEA System Name	Chester Count	ty								V NO:			_
LISA Bystem Mime			-					-	DA'	re: 8-	-3-98		
			() t										

		VNNUVT	PROG	RESS	REF	ORT	*		•				
SCHOOL NAME:	East Chester Fle	mentary					-4						
20	Main					<b>S</b>	N <sup>‡</sup>	\$	CHOO	LYEA	R: 97-	<b>-</b> 98	
SUMMARY OF RESPO		_						<u>0</u>					
Measures B O & M C Repair D Encapsulate	eventative	Material Rescription	Floor Tile	Floor Tile	Floor Tile	Floor Tile	Floor Tile	Floor Tile	Floor Tile	Floor Tile	Floor Tile	2 x 4 Ceiling Til	
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H Other (Explain LEA SELECTED RE	SPONSE ACT					1							
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inspector's na inspector's sig		: Eddie	Milk	er V					•.				_
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LEA System Nor	Chester Cou	nty							LI	eano	: 120		
-			886					,	DA	YTE: §	,-5-50		

1999 Yearly Progress Report

### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

SYSTEM NAME:C					ű.	
ORESS:						
			<u>2</u> 0		i.	
	Henderson, TN	38340				
_	-	k				
			рно	NE:	(901) 664-	2561
SIGNATED PERSON:	John Pipkin					
-				*		
2			9			p (#2

## BY PLACING AN "X" IN THE APPROPRIATE BOX.

RIGHAL EUBMISSION	CORRECTION DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
* #	× 833143143	MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 1999
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

### PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:12	20
SCHOOL NAME:	EAST CHESTER ELEMENTARY	SCHOOL#:	MAIN
BUILDING NAME	: EAST CHESTER ELEMENTARY		
INSTRUCTIONS	AHERA regulations require a Periodic Surve School building containing ACBM must be in fill in the HA#, Description of ACBM, and Are put the date removed in the appropriate colu	rspected. Put the date in the action is a line in the action of the action in the action is a second in the action in the action in the action is a second in the action in the action in the action is a second in the action in the action in the action is a second in the action in the action in the action is a second in the action in the action in the action is a second in the action in the action in the action in the action is a second in the action in the acti	ne appropriate column, I has been removed,

HQL/HARRISTO			1ST SIX M		2ND SIX MONTHS	
			DATE FALL:	11-16-98	DATE SPRING 4-23-99	
HA#	DESCRIPTION OF ACB	AREA INSPECTED	ACE CONDI	BM FION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GC	OOD	N/C	
2	FLOOR TILE	ALL	GC	OOD	N/C	
3	FLOOR TILE	ALL	GG	DOD	N/C	
4	FLOOR TILE	ALL	G	OOD	N/C	
5	FLOOR TILE	ALL	G	OOD	N/C	
6	FLOOR TILE	ALL	G	OOD	N/C	
7	FLOOR TILE	ALL	G	OOD	N/C	
8	FLOOR TILE	ALL	G	OOD	N/C	
9	FLOOR TILE	ALL	G	OOD	N/C	
	2 X 4 CEILING TILE	ALL	G	OOD	N/C	
						+

I	*IF NO CHANGE IN CONDITION WRITE N/C
SURVEILLANCE INSPECTOR'S NAME (please print):	CHESTER ERVIN
SURVEILLANCE INSPECTOR'S SIGNATURE:	Chesto. Ez
(Surveillance Inspector is not required to be AHERA certi	fied
AHERA Accreditation Number/Date (if applicable):	SEE TAHERA FORM 2.0 ATTACHMENTS
TAHERA 9.0 (12/93)	

2000 Yearly Progress Report

### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

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ea system name:	thester County Boos			
DDRESS:				
	fa fa		-M.	#
	Henderson, TN	38340		
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esignated person:	John Pipkin	8 11	PHONE:	(901) 664-2561
ESIGNATED TELESTION			* * *	X
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	·	,740	MANAGEMENT PLAN	4.
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	45 Ø	9	THREE YEAR REINSPE	CTION
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		1	OTHER (Please Explain)	
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### PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:120
EE, (10 title)	EAST CHESTER ELEMENTARY	SCHOOL#: MAIN
BUILDING NAME	EAST CHESTER ELEMENTARY	
INSTRUCTIONS:	School building containing ACBM must be in	illance be conducted every six (6) months. Each aspected. Put the date in the appropriate column, as Inspected. If the ACBM has been removed, imn. Keep the original with your Management

A CONTRACTOR			IST SIX MONTHS	2ND SIX MONTHS	
S N P REAL			DATE FALL: 9-22-99	DATE SPRING 3-31-00	
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	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	-1
	2 X 4 CEILINĞ TILE	2. ALL	GOOD	N/C	
7.					
		3.50		3	

		*IF NO CHANGE IN CONDITION WRITE N/C
	LANCE INSPECTOR'S NAME (please print):	CHESTER ERVIN
SURVEIL	LANCE INSPECTOR'S SIGNATURE:	Chill Co
(Surveilla	ance Inspector is not required to be AHERA cer	rtified
•	Accreditation Number/Date (if applicable):	SEE TAHERA FORM 2.0 ATTACHMENTS
TAHERA	v 9.0 (12/93)	

### 2001 Three Year Reinspection

### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME:	Chester County Boar	d of Education		LEA#: 120	
LEA SYSTEM NAME:				51	
ADDRESS:					
-	×		2007 2007	*:	20
	Henderson, TN	38340		<u> </u>	ñ.
_			©	In .	
DESIGNATED PERSON	John Pipkin		PHONE:	(901) 664-2561	
BLOIGIAL -	# # I	s 2	,		
	8			· · · · · · · · · · · · · · · · · · ·	9)

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

ORIGINAL EURMISSION	CORRECTION DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
X		THREE YEAR REINSPECTION - 2001
		OTHER (Please Explain)
		W.

			TH	IREE Y	EAR REIN	ISPE	CTION	湿						慶
	CUES	CHESTER COUNTY SCHOOLS							LEA #: 120					
LEA NAME:	EAST CHESTER ELEMENTARY						BUILDING # MAIN BUILDING							
SCHOOL BLDG, NAME:	1/01		****	**************************************	7/9/1989	THE STATE OF	INSPEC	TION	DATE:		8	/13/200	03 20 00 - 50 00 00	
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2 Cignificant	ly damaged		able	misc. ACI	SIVI.	A PAPER	THE PERSON		Marin Military	Not	es	E I DIEN	)	7111
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THREE YEAR REINSPECTION 120 CHESTER COUNTY SCHOOLS LEA#: LEA NAME: MAIN BUILDING **BUILDING #** EAST CHESTER ELEMENTARY SCHOOL BLDG. NAME: INSPECTION DATE: 8/13/2003 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/1989 **HA 09** the construction **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY 960 MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION FLOOR TILE LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT YEAR CURRENT YEAR YEAR CURRENT T, S or M YEAR MATERIAL TYPE 9935 Check One ASSUMED ACBM X X CONFIRMED ACBM NON-ACBM Check One NON-FRIABLE FRIABLE Exposure Consideration 1 1 DETERIORATION PHYS. DAMAGE 1 WATER DAMAGE 1 ACTIVITY / VIBR. 3 3 5 3 **EXPOSURE** 5 5 **ACCESSIBILITY** Length of Exposure 1 HOUR / WEEK 5 HOUR / WEEK 10 HOUR / WEEK X 20 HOUR / WEEK 40 HOUR / WEEK Exposure Population MAINTENANCE Χ Χ Χ Х CUSTODIAL FACULTY / STAFF Χ Χ **PUBLIC** Χ **产利益的基本的 在1982年 美加拿出的**自己的 Assessment **用的复数形式图像** March To Live Soften \*\* Response Actions **新市的加州的** Response Actions Legend Assessment Legend A. Institute Preventative Measures E, Enclosure 1. Damaged/ significantly damaged TSI F. Remove B. O and M Program 2. Damaged friable surfacing ACBM G. Isolate C. Repair 3. Significantly damaged friable surfacing material H. Other D. Encapsulate 4. Damaged/significantly damaged friable misc. ACBM Notes 5. ACBM with potential for damage \*If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0. 6. ACBM with potential for significant damage "If "current" is different from "last 3 year", attach revised TAHERA 5.4 and TAHERA 6.5 7. Any remaining friable ACBM or suspect ACM CHESTER ERVIN SIGNATURE **ACCREDITATION # /STATE INSPECTOR** (Typed Name) BMPR 431-53-1229 **EDDIE MILLER ACCREDITATION # /STATE** MANAGEMENT PLANNER

TAHERA 16.0 (12/93)

THREE YEAR REINSPECTION 120 LEA#: CHESTER COUNTY SCHOOLS LEA NAME: **PORTABLES** BUILDING # SCHOOL BLDG. NAME: EAST CHESTER ELEMENTARY DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 8/13/2003 7/9/89 THROUGHOUT 公司 医中央元子系统 公立 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 52,000 MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2 X 4 CEILING TILE THE PROPERTY OF THE PROPERTY O LAST 3 LAST 3 LAST 3 LAST 3 YEAR CURRENT T, S or M YEAR YEAR CURRENT CURRENT YEAR CURRENT MATERIAL TYPE M M Check One X ASSUMED ACBM Х CONFIRMED ACBM **NON-ACBM** Check One NON-FRIABLE FRIABLE **Exposure Consideration** DETERIORATION PHYS. DAMAGE 1 1 1 WATER DAMAGE 3 3 ACTIVITY / VIBR. 3 3 **EXPOSURE** 5 5 **ACCESSIBILITY** Length of Exposure 1 HOUR / WEEK 5 HOUR / WEEK 10 HOUR / WEEK 20 HOUR / WEEK 40 HOUR / WEEK Exposure Population X X MAINTENANCE X X CUSTODIAL Х FACULTY / STAFF Х **PUBLIC** Χ **不可以可以为一个企业** 罗州李和西林村 阿里拉斯 Assessment **有效的现在分词** MARKET SERVICES \*\* Response Actions A-B Response Actions Legend Assessment Legend A. Institute Preventative Measures E. Enclosure 1. Damaged/ significantly damaged TSI F. Remove B. O and M Program 2. Damaged friable surfacing ACBM G. Isolate C. Repair 3. Significantly damaged friable surfacing material H. Other 4. Damaged/significantly damaged friable misc. ACBM D. Encapsulate 5. ACBM with potential for damage Notes 6. ACBM with potential for significant damage "If previously assumed ACBM was tested, attach TAHERAS 2, TAHERAS 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 7. Any remaining friable ACBM or suspect ACM CHESTER ERVIN SIGNATURE ACCREDITATION # /STATE INSPECTOR (Typed Name) **EDDIE MILLER** AR 431531229 ACCREDITATION # /STATE MANAGEMENT PLANNER

TAHERA 16.0 (12/93)

2002 Yearly Progress Report

#### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: _	Chester County Board of Edu	cation		LEA#: 120
ADDRESS:	2 191			51 50 50
*	Henderson, TN 38340	*	pil.	
_	nenderson, IN 33314	0 .	¥	ii
DESIGNATED PERSON	John Pipkin		PHONE:	(901) 664-2561
	,	1.		

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

ECTONDEFICIENCY ESHON	TYPE OF DOCUMENT
	MANAGEMENT PLAN
9)	YEARLY PROGRESS REPORT - 2002
Exercise 19	THREE YEAR REINSPECTION
	OTHER (Please Explain)
	ECTONDER(SECCE)

#### PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:1	20
SCHOOL NAME:	EAST CHESTER ELEMENTARY	SCHOOL #:	MAIN
BUILDING NAME	EAST CHESTER ELEMENTARY	e e	
INSTRUCTIONS	AHERA regulations require a Periodic Surve School building containing ACBM must be in fill in the HA#, Description of ACBM, and Are put the date removed in the appropriate colu	nspected. Put the date in ea Inspected. If the ACBN	the appropriate column, M.has been removed,

			1ST SIX MONTHS	2ND SIX MONTHS	
			DATE 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	14
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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
		2			
					134

			*IF NO CHANC	SE IN COND	ITION WRITE	N/C
SURVEIL	LANCE INSPECTOR'S NAME (please prin	): CHEST	ER ERVIN			
SURVEIL	LANCE INSPECTOR'S SIGNATURE:		July C			
(Surveilla	nce Inspector is not required to be AHERA	certified				
AHERA A	ccreditation Number/Date (if applicable):	SE	E TAHERA FOI	RM 2.0 ATT	ACHMENTS	
TAHERA	9.0 (12/93)					

2003 Yearly Progress Report

Ashluz Resolutions Inc.
(assistos Inspection)

May 30?

615-865-8813

615-868-4140 FAX

#### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

lea system name: _	Chester County Board	of Education		LEA#: 120	12
ADDRESS:					Ē
8			ਲ: ਗੁੱਪ	14.1 14.1	ži.
- x-	Henderson, TN 3	38340	ê		
DESIGNATED PERSON:	John Pipkin		PHONE:	(901) 664-2561	<del></del> )
			: - 2		

#### 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	2.4	YEARLY PROGRESS REPORT - 2003
		THREE YEAR REINSPECTION
	¥.	OTHER (Please Explain)
2	4	

#### PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:120	)
SCHOOL NAME:	EAST CHESTER ELEMENTARY	SCHOOL#:	MAIN
BUILDING NAME	EAST CHESTER ELEMENTARY	-n  ¥	
INSTRUCTIONS	AHERA regulations require a Periodic Surve	eillance 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

<b>计</b> 经知识是是现代的	The state of the s		ST SIX MONTHS	2ND SIX MONTHS	
		D.	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	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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
	-				

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):	CHESTER ERVIN
SURVEILLANCE INSPECTOR'S SIGNATURE:	Club. Es
(Surveillance Inspector is not required to be AHERA certification)	ied
AHERA Accreditation Number/Date (if applicable):	SEE TAHERA FORM 2.0 ATTACHMENTS
TAHERA 9.0 (12/93)	

#### STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: July 2007

LEA SYSTEM NAME: Chester County Board of Education		LEA#:120
ADDRESS: P.O. Box 327  Henderson, TN 38340		
	i i	
DESIGNATED PERSON: John Pipkin	> <u>.</u>	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				
:82		ASBESTOS FREE MANAGEMENT PLAN				
		YEARLY PROGRESS REPORT				
X		THREE YEAR REINSPECTION				
		OTHER (Please Explain)				

		THE	REE YEA	R REINSF	PECTIO	N			
LEA NAME: Cheste	r County BO	E				LEA #: 12	0		
School Building Name		ester Eleme				Building #:	Main		
DATE OF IMPLEMEN	NTATION OF	MANAGEM	IENT PLAN			INSPECTION		6/6/07	
	HA NI	JMBER	HA N	IUMBER	НА	NUMBER	HA N	NUMBER	
OF THE ST		1		2		3		4	
AGRICULTURE	CURREN	T QUANTITY	CURREN	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
MMERC	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		
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	Х	Х	Х	X	
CHECK ONE									
ASSUMED ACBM					V	v		X	
CONFIRMED ACBM	X	Х	X	X	Х	X	X		
NON-ACBM			L						
CHECK ONE		Х	■ X	X	X	Х	Х	X	
NON-FRIABLE	X			^	_^			~	
FRIABLE EXPOSURE CONSIDERATION	N.								
1 TO 5 (5 WORST)	/N						-,	1	
DETERIORATION	1	1	1	1	1	1	1	1	
PHYSICAL DAMAGE	1	1	1	11	1	11	1	11	
WATER DAMAGE	1	1	1	1	1	1	1	1	
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	
EXPOSURE	1	11	11	1	1	1	1	1	
ACCESSIBILITY	1	1	1	1	1	11	1	1	
LENGTH OF EXPOSURE	11-								
(CHECK ONE)				1					
1 HOURWEEK									
5 HOURWEEK					-		-		
10 HOUR/WEEK					-				
20 HOUR/WEEK		X	X	X	Х	Х	X	X	
40 HOUR/WEEK	X								
EXPOSURE POPULATION (CHECK ALL APPLICABLE)									
MAINTENANCE	X	X	X	X	X	X	X	X	
CUSTODIAL	X	X	X	X	X	Х	Х	X	
FACULTY/STAFF	Х	Х	Х	X	X	Х	X	Х	
PUBLIC	X	Х	Х	X	X	X	X	X	
ASSESSMENT	1								
(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	В	
					"		-		
ASSESSM	ENT LEGENI	)			RESPONS	E ACTIONS LE	GEND		
13.436.15.41			Α.	Institute preven	tative meas		closure		
1. Damaged/significantly	damaged TSI			O & M Program	1	F. Rer			
2. Damaged friable surface	cing ACBM			Repair		G. Iso			
3. Significantly damaged	friable surfaci	ng material		Encapsulate		H. Oth	ner		
4. Damaged/significantly	damaged frial	ole misc. ACBI	M						
5. ACBM with potential for	r damage				1 CD3 /	NOTES	es marron	C 2 TAUCD A CO	
6. ACBM with potential for	r significant d	amage		reviously assumed TAHERA 8.0	ACBM was te	sted, attach TAHERA	0.2, TAHEKA	6.3, TAHEKA 0.9	
7. Any remaining friable A	ACBM or susp	ect ACBIVI	** I	f "current" is differe	ent from "last 3	year", attach revised	TAHERA 6.4	and TAHERA 6.5	
		67.	Z.	ooks			:		
Jim Brooks		Tan			<u>7ME</u>	02050701Al00			
INSPECTOR (Typed Name			SIGNATURE			ACCREDITA	A FION #/STA	ATE.	
		$\bigcirc$ M) (†	// /	1	_	MEDO460704 A	MDDOOAT	'NI	
Ashlie Rawlings		tully	J KILLY	/		ME02160701A			
MANAGEMENT PLANNER	12	SIGNATURE	il	ACCREDITATION #/STATE					

A NAME: Chester C	ounty BOE					LEA#:			
			ton/			Building #			
chool Building Name:	East Che	ster Elemen	LATE			INSPECTI		6/6/07	
CHOOL BUILDING NAME.  DATE OF IMPLEMENT	ATION OF	MANAGEM	ENT PLAN	NUMBER	HAN	UMBER	HA N	UMBER	
ATE OF HAN ELLINE	HA NUMBER H			77.3757		7		8	
THE ST	5		6 CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		
WI W	CURRENT	QUANTITY	CURREN	II QUANTITI	V		(		
AGRICULTURE				DECORIDITION	MATERIAL	DESCRIPTIO	N MATERIAL	DESCRIPTION	
	MATERIAL DE	SCRIPTION	MATERIAL DESCRIPTION Floor Tile		Floor Tile		Flo	or Tile	
CHIMERO S	Floor	Tile	FIC	of the					
7796			LAST 3		LAST 3	CURRENT	LAST 3 YEAR	CURRENT	
*********	LAST 3	CURRENT	YEAR	CURRENT	YEAR		ILAK		
CHECK ONE	YEAR								
rsi _					V	Х	X	X	
SURFACING	X	X	Х	X	X				
MISCELLANEOUS	^_		- CV						
CHECK ONE					X	X	X	X	
ASSUMED ACBM	X	X	X	X					
CONFIRMED ACBM									
NON-ACBM					X	X	X	X	
CHECK ONE	Х	X	X	X	- ^-				
NON-FRIABLE					4				
FRIABLE LESSINGERATION	N							1 1	
TO 5 (5 WORST)	··		1	1	1	1	1	4	
DETERIORATION	1	1	1	1	1	1	1 1	1	
PHYSICAL DAMAGE	1	1	1	1	1	1	1 2	2	
WATER DAMAGE	1	1	2	2	2	2		1 1	
ACTIVITY/VIBRATION	22	2	1	1	1	1	1	1	
EXPOSURE	11	1	1	1	1	11			
ACCESSIBILITY	1	11							
LENGTH OF EXPOSURE									
(CHECK ONE)						-			
1 HOURWEEK		+							
5 HOUR/WEEK									
10 HOUR/WEEK					- V	X	X	X	
20 HOUR/WEEK	X	X	X	X	X				
40 HOUR/WEEK								-1	
EXPOSURE POPULATION	`				X	X	X	X	
(CHECK ALL APPLICABLE	X	X	X	X	X	X	X	X	
MAINTENANCE	X	X	X	V	X	X	X	X	
CUSTODIAL	X	X	X		X	X	X	X	
FACULTY/STAFF	X	X	X						
PUBLIC ASSESSMENT								5	
(MARK FROM 1 TO 7)	V			5	5	5	5	5	
(MICHAEL LANDING LANDI	5	5	5						
**RESPONSE ACTIONS							В	В	
(MARK FROM A TO H)		В	В	В	В	E	5		
	В	В				NICE ACTIO	NS LEGEND		
	MENTIFOR	ND			RESPO	NOE ACTIO	E. Enclosure		
ASSESS	MENT LEGE	140		A. Institute pre	eventative me	easures	F. Remove		
24	lu damaged	rsı		B. O&M Prog	gram		G. Isolate		
Damaged/significant				C. Repair			H. Other		
Damaged friable sur	d Frieble surf	acing materia	d	D. Encapsulat	le				
Significantly damage     Damaged/significant	ly damaged	riable misc. A	CBM			NOT	ES	11000	
4. Damaged/significant	for damage				and ACDM	as tested, attach	TAHERA 6.2, TAI	IERA 6.3, TAHERA 6	
ACBM with potential     ACBM with potential	for significan	nt damage		*If previously ass and TAHERA 8.0	milieu ACDIVI W		V. 00002 00000000	A 6 A and TAHERA 6	
ACBM with potential     Any remaining friable	e ACBM or s	uspect ACBN	l l	** If "current" is	different from "	last 3 year", atta	ich revised TAHER/	A 6.4 and TAHERA 6	
7. Any remaining made	**************************************			II cultem is					
			7 -	Brooks	30 <u>_</u> 00	E000E070	AJOOOO7/TN		
		4	u .	Sissies	7N	IEU205070	REDITATION #	/STATE	
				TUDE		ACC	MEDITATION		
Jim Brooks			SIGNA	IURE :					
Jim Brooks INSPECTOR (Typed Na	me)		SIGNA	DE DI		71/15/02/1	60701AMPR0	04/TN	
Jim Brooks INSPECTOR (Typed Na Ashlie Rawlings	me)	a M	SIGNA	harl		7ME021	60701AMPRO	04/TN_ #/STATE	

		THE	EE YEA	R REINSF	PECTIO	N					
LEA NAME: Chester County BOE							LEA #: 120				
School Building Name: East Chester Elementary						Building #: Main					
DATE OF IMPLEMENT						INSPE	CTION	DATE:	6/6/07		
DATE OF IMPLEMEN		JMBER	HAI	NUMBER	HAI	NUMBER		HAN	IUMBER		
OF THE STOR		9									
AGRICULTURE	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY				
AGRICULTURE E	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION 2x4 Ceiling Tile		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION				
7796	LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRE	ENT	LAST 3 YEAR	CURRENT		
CHECK ONE	YEAR	OUNTER	YEAR		YEAR			TEAR			
TSI											
SURFACING	X	X	X	X							
MISCELLANEOUS [											
ASSUMED ACBM		T T	Х	X							
CONFIRMED ACBM	Х	Х									
NON-ACBM											
CHECK ONE		***									
NON-FRIABLE	Х	X									
FRIABLE			Х	X							
XPOSURE CONSIDERATIO	N	-									
TO 5 (5 WORST)	4	1 4	1	1 1							
DETERIORATION	1	1 1	1	1 1							
PHYSICAL DAMAGE	1	1	1	1							
WATER DAMAGE	1	1 2	1	<del>                                     </del>							
ACTIVITY/VIBRATION	2	2	1	1							
EXPOSURE	1	1	1	1							
ACCESSIBILITY									fi		
ENGTH OF EXPOSURE (CHECK ONE)											
1 HOURWEEK			Х	X							
5 HOURWEEK											
10 HOUR/WEEK											
20 HOUR/WEEK											
40 HOUR/WEEK	Х	X			1						
EXPOSURE POPULATION											
CHECK ALL APPLICABLE)	V		Х	X	T						
MAINTENANCE	X	X	X	X							
CUSTODIAL	X	X									
FACULTY/STAFF											
PUBLIC ASSESSMENT	X	X			.11	A		31,			
(MARK FROM 1 TO 7)											
(	5	5	7	7							
**RESPONSE ACTIONS				· N							
(MARK FROM A TO H)									1		
	В	В	В	В							
40000011	ENTLECEN	n			RESPONS	SE ACTIO	NS LE	GEND			
ASSESSM	ENT LEGEN		Δ	Institute prever				closure			
1. Damaged/significantly	damaged TS			O & M Program			F. Re				
Damaged friable surface	cing ACBM			Repair			G. Iso				
<ol> <li>Significantly damaged:</li> </ol>	friable surfac	ing material	D.	Encapsulate			H. Otl	her			
<ol> <li>Damaged/significantly</li> </ol>	damaged fria	ble misc. ACB	M			7022					
5 ACBM with potential fo	r damage					NOTE	S	V.C.) TABLED	63 TAUEDA 6		
6 ACBM with potential for	r significant of	lamage	*11	previously assumed	I ACBM was te	ested, attach	I AHER	A 0.2, I AHERA	A 0.3, LAPIEKA 0.		
7. Any remaining friable A	ACBM or sus	pect ACBM	and **	TAHERA 8.0  If "current" is differ	ent from "last	3 year", attac	ch revise	d TAHERA 6.4	and TAHERA 6.5		
		7			- mai	y and y determine					
lim Procks		fu	- 5	rooks	7ME	E020507	01AI0	0007/TN			
<u>Jim Brooks</u> NSPECTOR (Typed Name	<del>2)</del>		SIGNATUR	E,	_	ACC	REDIT	ATION #/ST	ATE		
NOTECTOR (Typed Maine	-1	ON N-	1	1	33						
Ashlie Rawlings		Gillile	e bar	1		/ME0216	0/01/	MPR004/I	IN		
MANAGEMENT PLANNER		•	SIGNATUR	Ž		ACC	KEDIT	ATION #/ST	MIL		



This is to certify that

#### Jim Brooks

completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646 has on 02/07/2007, in Nashville, TN

### AHERA Asbestos Inspector Training

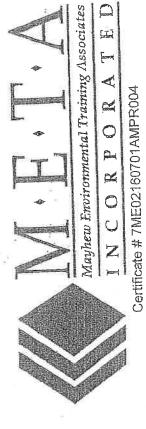
on 02/05/2007 - 02/07/2007 and passed the associated examination on 02/07/2007 as approved by the U.S.E.PA. under 40 C.F.R. 763 (AHERA) with a score of 70% or better CM = 3.00 Pts.



Accreditation Expires: 2/7/08

Thomas Bradford Mayhew

800-444-6382 Lawrence KS 66044 P.O. Box 786 META



This is to certify that

### L Ashie Rawlings

completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646 has on 02/16/2007, in Nashville, TN

# AHERA Asbestos Management Planner Refresher Course

on 02/16/2007 - 02/16/2007 and passed the associated examination on 02/16/2007 as approved by the U.S.E.P.4. under 40 C.F.R. 763 (AHERA)

with a score of 70% or better

CM = 0.50 Pts.

Accreditation Expires: 2/16/08

TRAINING

MAYHEW

KANSAS

Ronald Francis

President President

META - P.O. Box 786 - Lawrence KS 66044

800-444-6382



Certifies That

#### TERRY MOODY

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009







Certifies That

#### MIKE TIGNOR

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Expiration Date: July 28, 2010

Training Date: July 28, 2009





Certifies That

#### DANA MEEKS

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

#### KIM ROBBINS

# Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010

Kar



Certifies That

### DARLENE HESTER

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

### LAURA GAUGER

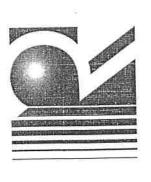
Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

### BRENDA PICKETT

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

#### DEVEN HEARN

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

### ANGIE PARRISH

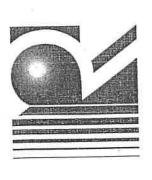
Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

#### TODD DAVIS

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

### DEMETRIUS LOCKETT

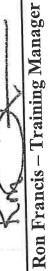
Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

### MELISSA MURLEY

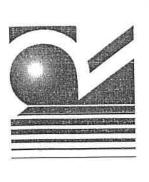
Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

### TERESA CONNER

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

TANK THE PARTY OF THE PARTY OF

Expiration Date: July 28, 2010

Training Date: July 28, 2009

Rand



Certifies That

### YVONNE CROSS

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

### WILLE TROHER

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

#### JANE SMITH

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

### TERESA WILLIS

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

#### KEN WEST

Has successfully completed the course entitled

### CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

Identification

Number: OSHAC4AA100179

PERRY FRYE

Has successfully completed the course entitled

Conducted At: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

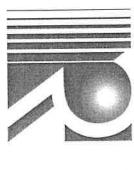
Henderson, TN 38340

Training Date: January 20, 2010

Ron Francis - Training Manager

Expiration Date: January 20, 2011

StepHanie Petty - Instructor



Certifies That

Identification

Number: OSHAC4AA100178

JAMES CARSON

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Conducted At: 930 East Main St.

Henderson, TN 38340

Training Date: January 20, 2010

Ron Francis - Training Manager

Expiration Date: January 20, 2011

Stepleanie Petty - Instructor



Certifies That

Identification

Number: OSHAC4AA100177

CLARENCE PUSSER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Conducted At: 930 East Main St. Henderson, TN 38340

Training Date: January 20, 2010

Ron Francis - Training Manager

Expiration Date: January 20, 2011

Stephanie Petty - Instructor

**Chester County School System** 

### Shane Burkeens

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

Monday, November 11, 2013

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





**Chester County School System** 

### Vennie Reeves

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





Chester County School System

### Carissa Miller

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Tráining Coordinator's Signature

**Employees Initials:** 

westk@tennk12.net 61029q68-2p9r





**Chester County School System** 

### Marilyn Amos

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

Monday, November 11, 2013

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





**Chester County School System** 

### Laura Poe

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

Monday, November 11, 2013

Tráining Coordinator's Signature

westk@tennk12.net 61029q68-2p9r

**Employees Initials:** 





**Chester County School System** 

### Shane Burkeens

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

9n

Monday, November 11, 2013

Training Coordinator's Signature
Employees Initials:

westk@tennk12.net 61029q68-2p9r





DATE: /-20-10

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, Hende	erson, Tennessee 38340	
	± 20	
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>
_	(2) m	

ORIGINAL CORRECTION/DEFICIENC SUBMISSION		TYPE OF DOCUMENT
		MANAGEMENT PLAN
. :		ASBESTOS FREE MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT
	F.	THREE YEAR REINSPECTION
		OTHER (Please Explain)

	AME: CHESTER COUNTY BOE		LEA NO: _	120	
	L NAME: <u>EAST CHESTER ELEMENTA</u>	RY	SCHOOL N	NO.: <u>120-0015</u>	
BUILD	ING NAME: <u>MAIN</u>		=1		
	RUCTIONS: AHERA regulations require School building containing Fill in the HA#, Description the date removed in the approximation.	ACBM must be insported of ACBM, and Area	pected. Put the dat Inspected. If the	te in the appropr ACBM has been	removed put
			1st six months Date	2nd six months Date	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall)  ACBM  CONDITION*	(Spring) ACBM CONDITION*	DATE REMOVED
T	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	1
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	
	¥				
4			8		
SUR	/EILLANCE INSPECTOR'S NAME (please p	rint):GARY W. GRIS		IN CONDITION I	WRITE N/C
SUR'	VEILLANCE INSPECTOR'S SIGNATURE: _ eillance Inspector is not required to be AHERA	May h	V nihun		

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

DATE: MARCH 2010

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, Hend	derson, Tennessee 38340	
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>

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

EA NAME: Chester Control Building Name:	East Che	ester Elemen				Building #:		02/46/2010
DATE OF IMPLEMENT			ENT PLAN:	1988		INSPECTION		03/16/2010
DATE OF IMPLEMENT	HA NU	MBER	HA NL	JMBER	HAN	UMBER	HAN	UMBER 4
THE ST	TIA IIC			2		3		4
		TQUANTITY	CURRENT	QUANTITY	CURREN	T QUANTITY	CURRENT	QUANTITY
AGRICUITURE	MATERIAL D	ESCRIPTION r Tile		DESCRIPTION or Tile		DESCRIPTION or Tile		DESCRIPTION or Tile
7796	LAST 3	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
CHECK ONE	YEAR		TEAR					
TSI								X
SURFACING L	X	X	Х	Х	X	X	X	<u> </u>
MISCELLANEOUS L	INCOME.	TO WAS I	A Prisoner					
CHECK ONE								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM	^	- ~						College of the state of
NON-ACBM L	V-String in the	THE SECOND		IN FIRE HOLD				
CHECK ONE	X	1 x	X	X	X	X	Х	X
NON-FRIABLE		7						AT THE OWNER OF THE OWNER OF THE OWNER.
FRIABLE	Medite 21/2/20	TEXEST STATE	0.111770/11178				4514.50	
XPOSURE CONSIDERATION TO 5 (5 WORST)				130 00 00 5	2 2 2 2 2	4	I 1	1
DETERIORATION [	1	1	1	11	1	1	1	1
PHYSICAL DAMAGE	1	1	1	11	1	1	1 1	i
PHISICAL DAMAGE	1	1	1	1	1	1		2
WATER DAMAGE ACTIVITY/VIBRATION	2	2	2	2	2	2	2	1
	1	1	1	11	1	11	1 1	1
EXPOSURE	1	1	1	11	1	11	1	
ACCESSIBILITY	SARAHAMAN	English and	Sinche	F. 1294 Chr.				
ENGTH OF EXPOSURE				5/85/16	TO THE REAL PROPERTY.			
(CHECK ONE)							-	
1 HOURWEEK	8	1						-
5 HOUR/WEEK								
10 HOUR/WEEK							<del></del>	X
20 HOUR/WEEK	X	X	Х	X	X	X	X	
40 HOUR/WEEK	18.010 IS 100	Care Disease III post	stwoji comie	The Street E	200			
EXPOSURE POPULATION (CHECK ALL APPLICABLE)						7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	1 x
MAINTENANCE	X	X	X	X	X	X	- x	X
CUSTODIAL	X	X	X	X	X	X	X	×
FACULTY/STAFF	X	X	X	X	X	X	X	Ŷ
	X	X	X	X	X	X		W BANANCE RELEASE
PUBLIC	HUDDA, R	St. 2 1 14-3700						
ASSESSMENT (MARK FROM 1 TO 7)				STREET, STREET	-		5	5
(multirinom i ioi)	5	5	5	5	5	5	3	
**RESPONSE ACTIONS	CALL COLD	THE PROPERTY OF THE PARTY OF TH			V. III.			
(MARK FROM A TO H)	TAMES IN	day sanday M			D	ГВ	В	В
function is a state of	В	В	В	В	В	D	-7 WASS 80	RATIONAL CO.
SOUTH ASSAULT SOUTH		MAN HE SH		A ROLL OF STREET OF	RESPON	SE ACTIONS L	EGEND	
ASSESSN	IENT LEGE	ND	7	. Institute prev			Enclosure	
Damaged/significantly     Damaged friable surfa     Significantly damaged     Damaged/significantly	cing ACBM friable surfa	icing material	8 C D	. O & M Progra . Repair . Encapsulate	am	F. F G. I H. (	Remove solate Other	
<ol> <li>Damageo/significantly</li> <li>ACBM with potential for</li> <li>ACBM with potential for</li> <li>Any remaining friable</li> </ol>	or damage or significan	damage	-			NOTES tested, attach TAHI t 3 year", attach rev		
STEPHANIE PETTY INSPECTOR (Typed Name	e)			some Petty:		ASBBIR	0910310/TN ITATION #/S	
			XCU				PR1002145/T	

LEA NAME: Chester C	County BO		EE YEA	R REINSF	ECTION	<b>J</b> LEA#: 12	0	
			tan/			Building #:		
School Building Name:	East Ch	ester Elemen	TAIT DI ANI:	1988		INSPECTION		03/16/2010
DATE OF IMPLEMENT	ATION OF	MANAGEMI	ENT PLAN.	UMBER	HAN	NUMBER		UMBER
THE CO.		JMBER	1 1 TE (5.11.5)	6	+,,,,,	7		8
XVI		5		QUANTITY	CURREN	T QUANTITY	CURREN	T QUANTITY
AGRICULTURE L	CURREN	T QUANTITY	CORRENT	QUARTITI	COMME			
		DESCRIPTION or Tile	ı	DESCRIPTION or Tile		DESCRIPTION or Tile		DESCRIPTION or Tile
7798	LAST 3		LAST 3	CURRENT	LAST 3	CURRENT	LAST 3	CURRENT
CHECK ONE	YEAR	CURRENT	YEAR	CORRENT	YEAR	OURILLITY	YEAR	
SURFACING							<b>-</b> -	X
MISCELLANEOUS	Х	X	X	X	X	X	X	^
CHECK ONE			10 W					
ASSUMED ACBM					<b>-</b> , -		X	Х
CONFIRMED ACBM	X	Х	X	X	X	X	<b>^-</b>	
NON-ACBM			L		100000000000000000000000000000000000000			HV JURGES
CHECK ONE			C PER MAL	to the street of	1 v 1	X	T X	l x
NON-FRIABLE	Х	X	X	X	X	Λ	<b>-</b> ^-	
FRIABLE				4,		Serve en August	American Vac	STATE SAME IN THE
XPOSURE CONSIDERATION								
TO 5 (5 WORST)	10 E EV.		1	1 1	1 1	1	1 1	1
DETERIORATION	1	1 1	1	1 1	1	1	1	1
PHYSICAL DAMAGE	1	1_1_		1 1	1	i	1	1
WATER DAMAGE	1	1	1	2	2	2	2	2
ACTIVITY/VIBRATION [	2	2	2	1 1	1	1	1	1
EXPOSURE L	1	11	1	1	1	i	1	1
ACCESSIBILITY	1	1	11	STATE OF THE SAME OF	CONTRACTOR OF THE	TO DO THE SEC AL	MR COUNTY	COLOR STATE OF STATE
ENGTH OF EXPOSURE								
(CHECK ONE)	VE OFFICE	CHIEFE ACTION	THE PROPERTY OF THE PARTY OF TH					
1 HOUR/WEEK			-	+			1	
5 HOUR/WEEK			1		1	-		<b>*</b>
10 HOUR/WEEK					1			
20 HOUR/WEEK				<del></del>	X	X	X	X
40 HOUR/WEEK	X	X	X	X	^	MANUAL MINISTERIES	MINERAL DENAMESH	PENT TO RIVERS
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)	V	T X	1 X	1 X	X	X	X	X
MAINTENANCE	X	$\frac{\lambda}{x}$	X	X	X	X	X	X
CUSTODIAL	X	X	X	$\frac{\lambda}{x}$	X	X	X	X
FACULTY/STAFF	X		X	X	$\frac{x}{x}$	X	X	X
PUBLIC	Х	X	^	^	OF EURY IIII	WITH STREET	TOWN TRIVINGS	S. Ingalia
ASSESSMENT		Market St.					notes de la compa	THE STATE OF
(MARK FROM 1 TO 7)		5	5	T 5	5	5	5	5
	5	1 5	3	UNIV.	20111111111111	THE PLANE SHOW		W. H. HELLY
**RESPONSE ACTIONS							PER CHANGE	1 15 75 N
(MARK FROM A TO H)	В	В	В	В	В	В	В	В
	CONTRACTOR OF THE PERSON OF TH	200000000000000000000000000000000000000	De Company				50 100 100	I WE SINCE
ASSESSM	ENTLEGE	ND		hi zaronavizak		SE ACTIONS L		A BHIDDE VON
MOGEOGINI		Control of	I A.	Institute preve	ntative meas	sures E. E	nclosure	
1. Damaged/significantly	damaged T	31	В.	O & M Progra	m	F. R	emove	
Damaged/significantly of the control of the co	ing ACBM			Repair		Service and a service of the second service.	solate	V 100 100 100 100
Significantly damaged to	friable surfa	cing material		Encapsulate		H. C	ther	
Damaged/significantly	damaged fr	able misc. ACE					New All Principals	ALIMAN STREET, DATE OF
ACBM with potential for	r damage				THE PARTY	NOTES		
6. ACBM with potential fo	r significant	damage	*16	f previously assum	d ACBM was t	ested, attach TAHE	RA 6.2, TAHER	A 6.3, TAHERA 6.
7. Any remaining friable A	CBM or su	spect ACBM		TALLEDARO				
r. mily remaining madic r		Macatago (1757-1999)	**	If "current" is diff	erent from "last	3 year", attach revis	sed TAHERA 6.4	and LAMERA 6.3
			and	- Det				
and the second s			Tuplan	is letty		ASBBIR09	10310/TN	
STEPHANIE PETTY_			SIGNATURE	-		ACCREDI	TATION #/ST	ATE
NSPECTOR (Typed Name	)		SIGNATURE	1947				
			VIC ()	80				
			21					
CONTRACTOR AND THE			5361E	V)			R1002145/TN	
STEVE CHAMBLISS MANAGEMENT PLANNER	N	-	SIGNATUR	F			TATION #/S	
ASSESSMENT OF ANNIED			SIGNATUR	L			CONTRACTOR OF COMMERCIAL CONTRACTOR	

A NAME: Chester	County BOI	antor Elamon	tanı			LEA #: 12 Building #:			
hool Building Name:	East Ch	ester Elemen	TAT DI AN	1988		INSPECTION		03/16/2010	
ATE OF IMPLEMEN	ATION OF	MANAGEMI	ENT PLAN	NUMBER	HAI	UMBER		UMBER	
THE ST	1, 7, 100, 120, 120, 120, 120, 120, 120, 120	MBER 9	TIA I	OMBLIC					
NVI V		T QUANTITY	CURREN	IT QUANTITY	CURREN	T QUANTITY	CURREN	T QUANTITY	
	CURREN	I QUARTITI							
AGRICULTURE		MINISTER OF	11 TO 11 TO 11 TO	Elowich hybrid	S- 1 - 2/M				
- A	MATERIAL D	ESCRIPTION		DESCRIPTION	MATERIAL	DESCRIPTION	MATERIAL	DESCRIPTION	
Commerc /		r Tile	2x4 C	eiling Tile			1	11 N PT C 1-518	
7796	2 2 70 0 1	1875 E.S.	T STATE OF		LACT 2	US Pro-	LAST 3	AUDDENT	
	LAST 3	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	YEAR	CURRENT	
CHECK ONE	YEAR		TEAR						
IDEACING									
RFACING SCELLANEOUS	X	X	Х	X				1 15 11 15 1 15 1	
CHECK ONE		UNIVEST D				STATE OF LOW	(320)	T	
SUMED ACBM			X	X					
NFIRMED ACBM	X	X							
N-ACBM					1000	MOSCHIEVI PER	STATE TO A	S M WELL W.	
HECK ONE	William Mark	11 - 12 - 12	RESIDENCES		1				
N-FRIABLE	X	X	X	X	-				
RIABLE	NI SECURIO	P. Call Silver	^	e de la constante	1200 (600)	Margar May =			
OSURE CONSIDERATIO	N STATE OF					WHEN SHEET	VELOCIAL STREET		
5 (5 WORST) ETERIORATION	1	1	1	1					
HYSICAL DAMAGE	1	11	1	1			_		
ATER DAMAGE	1	1	1	1	-				
CTIVITY/VIBRATION	2	22	1 1	1					
KPOSURE	2	2	1	1 1					
CCESSIBILITY	1	1		art of State of	2,240.2				
IGTH OF EXPOSURE (CHECK ONE)					A VESTIVALE				
HOURWEEK			X	X					
HOURWEEK									
HOUR/WEEK							-1	1	
HOUR/WEEK					-	<u> </u>			
0 HOUR/WEEK	X	X	_		A THE REAL PROPERTY.	PARTURE MEDICAL			
POSURE POPULATION							mik terilini ke	DEBRICO KIN	
HECK ALL APPLICABLE	X	T X	X	X					
USTODIAL	X	X	X	X		_		-	
ACULTY/STAFF	X	X					_		
PUBLIC	X	Х			Name and	ELEMENT IN S	WINEZASSOVIII		
SESSMENT							eto vis		
ARK FROM 1 TO 7)	1,5105101889	5	7	7					
	5	3		18850001970188	sa tillha mi	ATTENDED BY			
RESPONSE ACTIONS ARK FROM A TO H)						A THE PARTY OF THE		SEATING CONTINUES OF	
ARR FROM A TO TI	В	В	В	В				13712-000-000	
o prisidenti di Creatio	West Hard		1, 8000		PESPON	ISE ACTIONS	LEGEND	DAS IN URBINITION	
ASSESS	MENT LEGE	ND		A. Institute prev	entative mea	asures E.	Enclosure		
		CI		B. O & M Progr	am	F.	Remove		
Damaged/significantl	y damaged 1	31		C. Repair			Isolate		
Damaged friable surf Significantly damage	d friable surfa	cing material		D. Encapsulate		H.	Other		
Damaged/significant	v damaged fi	iable misc. AC	BM					EXPENSES SELECT	
ACRM with potential	for damage			*If previously assum	THE STANSFALL	NOTES	EDA 62 TAHE	RA 63 TAHERA	
ACDM with notential	for significan	t damage	17.0	a rest & washing & O. O.					
. Any remaining friable	ACBM or su	spect ACBM		** If "current" is di	Terent from "la	st 3 year", attach re-	vised TAHERA 6	6.4 and TAHERA	
DATA MORNA CONTRA				- 12					
			Sty	RE		ASBBIR	R0910310/TN		
TEPHANIE PETTY	20)		SIGNATU	RE		ACCRE	DITATION #/S	STATE	
SPECTOR (Typed Nan	IC)		D C	90					
			A)C	MXO					
TEVE CHAMBLISS			110			ASRA	1PR1002145/T	N	

DATE: 5/19/2011

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, Hend	erson, Tennessee 38340	
é	9	/et
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 1 200 32 HER WILLIAM (NO.	a Leant-monomer villing	ASBESTOS FREE MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT
	×	THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
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. Keen the original with your Management Plan

			1st six months 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	AII	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	All	Good	N/C	
	Transite panels	All	Good	N/C	
				Si	
c == (=)()((1.5)			S OF THE TRANSMISSION	erne sernio - 1 a 10° becom	I I I I I bette to e a signific
¥.	*				

\*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:CHESTER COUNTY BOE	LEA NO:	120	11
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.

	the date removed in the ap		1st six months 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	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	same in the same
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

10A	Boiler Jacket	All	0000		
10B	Pipe Insulation	All	Good	N/C	
SURVEI	ILLANCE INSPECTOR'S NAME (please print):  ILLANCE INSPECTOR'S SIGNATURE: ance Inspector is not required to be AHERA certified)	len West	F NO CHANGE IN	CONDITION W	RITE N/C
AHERA	Accreditation Number/Date (if applicable):				
TAHER	A 9.0 (2/91).				

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
SCHOOL NAME:CHESTER COUNTY MIDDLE SCHOOL	SCHOOL NO.:120-005
BUILDING NAME:MAIN	
INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be	

HA#	DESCRIPTION OF ACBM	AREA	ACBM	ACBM	DATE
			(Fall)	(Spring)	<b>化学的数据</b>
			Date	Date 5/18/11	
			1st six months	2nd six months	
	the date removed in the appropr	iate column. Keep ti	he original with y	our Managemei	nt Plan.
Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put					
School building containing ACBM must be inspected. Put the date in the appropriate column.					
11 10 11 0	.0011011111111111111111111111111111111			- ' '	

			Date (Fall)	Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
12	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
13A	Floor tile	All	Good	N/C	Y
13B	Pipe Insulation	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
					F-25
	1 0 5				
		E			
Marie L	The state of the same of the s				

SURVEI	LLANCE INSPECTOR'S NAME (please print):  LLANCE INSPECTOR'S SIGNATURE:  ance Inspector is not required to be AHERA certified)	Ken West West	F NO CHANGE IN	CONDITION W	RITE N/C
	Accreditation Number/Date (if applicable):			<u></u>	
TAHERA	A 9.0 (2/97)				

PERIC	DIC SURVEILLANCE REPORT				
LEA NA	ME:CHESTER COUNTY BOE		LEA NO:	120	
SCHOO	L NAME:EAST CHESTER ELEMENTARY		SCHOOL N	O.: <u>120-0015</u>	
BUILDI	NG NAME: <u>MAIN</u>	·			
INSTR	UCTIONS: AHERA regulations require a Pe School building containing ACB Fill in the HA#, Description of A the date removed in the appropria	M must be inspec CBM, and Area Ir	eted. Put the date respected. If the A he original with y	in the appropr CBM has been four Managemen	iate column. removed put
			Date	2nd six months Date 5/18/11	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall)  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	ž.
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	Ali	Good	N/C	
	0.5				
SURVE	ILLANCE INSPECTOR'S NAME (please print):  ILLANCE INSPECTOR'S SIGNATURE:  ance Inspector is not required to be AHERA certified)	Ken Wes-	F NO CHANGE IN	CONDITION WR	RITE N/C

AHERA Accreditation Number/Date (if applicable):

LEA NA	ME:CHESTER COUNTY BOE	<b>→</b> :	LEA NO: _	120	i 1	
SCH001	SCHOOL NAME: WEST CHESTER ELEMENTARY SCHOOL NO.: 120-030					
BUILDII	NG NAME: <u>MAIN</u>					
INSTR'	UCTIONS: AHERA regulations require a Pe School building containing ACB Fill in the HA#, Description of AC the date removed in the appropria	M must be inspec CBM, and Area In	ited. Put the date ispected. If the A	in the appropri CBM has been	ate column. removed put	
			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	Ali	Good	N/C		
	×					
		4				
				D		
a						
SURVEI	LLANCE INSPECTOR'S NAME (please print):	Ken West	F NO CHANGE IN	CONDITION WR	ITE N/C	
SURVEI (Surveill	LLANCE INSPECTOR'S SIGNATURE:ance Inspector is not required to be AHERA certified)	en West	it.	<del></del> i		
AHERA	Accreditation Number/Date (if applicable):			<del>_</del>		

LEA NA	ME: <u>CHES</u>	TER COUNTY BOE	<u> </u>	LEA NO: _	120		
SCHOO	SCHOOL NAME:JACKS CREEK ELEMENTARY SCHOOL NO.:120-0025						
BUILDI	NG NAME:	MAIN					
NSTR	;	AHERA regulations require a Pe School building containing ACBI Fill in the HA#, Description of AC the date removed in the appropria	M must be inspec CBM, and Area Ir	cted. Put the date aspected. If the A he original with y	in the appropri CBM has been to our Managemen	iate column. removed put	
				Date	2nd six months Date 5/19/11 (Spring)		
HA#	DESCRIPTION	ON OF ACBM	AREA INSPECTED	ACBM	ACBM CONDITION*	PATE REMOVED	
1	Floor tile	N	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		
			9				
			4				
					È		
URVEII Surveilla	LLANCE INSF ance Inspector i	PECTOR'S NAME (please print): PECTOR'S SIGNATURE: s not required to be AHERA certified)  Jumber/Date (if applicable):	Ken West <sup>II</sup> n West	NO CHANGE IN	CONDITION WR	ITE N/C	

LEA NAME:CHESTER COUNTY BOE LEA NO:120					
SCHOOL NAME: NORTH CHESTER ELEMENTARY SCHOOL NO.: NA					
BUILDI	BUILDING NAME: MAIN				
	UCTIONS: AHERA regulations require a Pe School building containing ACB Fill in the HA#, Description of A the date removed in the appropria	M must be inspec CBM, and Area Ir	cted. Put the date ispected. If the A he original with y	in the appropri CBM has been i our Managemer	iate column. removed put
			The control of the co	2nd six months Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	Ň/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	7/2
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	k.1
E .	2x4 Ceiling Tile	All	Good	N/C	
18					
lt.					
	ø5				
SURVEI	LLANCE INSPECTOR'S NAME (please print):/	Ken Wes	NO CHANGE IN	CONDITION WR ———	ITE N/C
SURVEI (Surveilla	LLANCE INSPECTOR'S SIGNATURE:  ance Inspector is not required to be AHERA certified)  Accreditation Number/Date (if applicable):	en West			н

DATE: ///21/1/

LEA SYSTEM NAME: Chester Cou	unty Schools	LEA#: 120
ADDRESS: PO Box 327, Henderson, Tenne	essee 38340	8
	φ α <u>γ</u>	
DESIGNATED PERSON: Mr.	Ken West	PHONE: <u>731-989-5134</u>
	. 8 4 *	

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
11		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT
	27	THREE YEAR REINSPECTION
	2 4	OTHER (Please Explain)

PERIO	DDIC SURVEILLANCE REPORT				
LEA NA	AME:CHESTER COUNTY BOE	_	LEA NO: _	120_	
CHOC	L NAME: <u>EAST CHESTER ELEMENTARY</u>		SCHOOL N	TO.: <u>120-0015</u>	*
	ING NAME: MAIN		s 18	*1	
	School building containing ACE Fill in the HA#, Description of A the date removed in the appropria	M must be inspe CBM, and Area I	cted. Put the dat nspected. If the A the original with	e in the appropriate in the ACBM has been your Manageme	removed put
			Date11/16/2011 (Hall):	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1 .	Floor tile	All	Good .	N/C	W)
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	v
9	Floor tile	All	Good	N/C	e .
	2x4 Ceiling tile	All	Good	N/C	
	á				
- 1	8				
	(t)				
		Dr.		1	I

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West \*IF NO CHANGE IN CONDITION WRITE F

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

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AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA Accreditation Number/Date (if applicable): Least \*IF NO CHANGE IN CONDITION WRITE F

AHERA ACCREDITATION WRITE F

AHERA ACCRE

**DATE: 5-17-2012** 

LEA SYSTEM NAME: Chester County Schools	LEA#: 120
	×
ADDRESS: PO Box 327, Henderson, Tennessee 38340	5 -
	8
	2
	:
DESIGNATED PERSON: Mr. Ken West	PHONE: <u>731-989-5134</u>
1.40	×
	4-

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
	7	MANAGEMENT PLAN
1197	3h.j.	ASBESTOS FREE MANAGEMENT PLAN
. X	97	YEARLY PROGRESS REPORT
	G .	THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEA NAME:CHESTER COUNTY BOE	LEA NO:	120
SCHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.: _	120-0015
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 5-17-/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	A11	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

			51		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	Da. Luc	*IF NO CHANGE	IN CONDITION	WKITE N/C
SURVE	EILLANCE INSPECTOR'S NAME (please print):	ten ur	7 1		
	61	en Delan	<del>/</del>	<b>9</b> 3	
SURVI	EILLANCE INSPECTOR'S SIGNATURE:	Ch . MX			
(Survei	Ilance Inspector is not required to be AHERA certifie	cu)			
AHER	A Accreditation Number/Date (if applicable):				
A Y TT71	RA 9.0 (2/97)				
ALL	M 7.0 (4/71)				

**DATE: 12/04/12** 

	LEA#: 120	Chester County Schools	LEA SYSTEM NAME:
	•	Henderson, Tennessee 38340	ADDRESS: PO Box 327, Her
<u>5134</u>	PHONE: <u>731-989-5134</u>	Mr. Ken West	DESIGNATED PERSON:
	PHONE: <u>731-989</u>	Mr. Ken West	

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

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
CHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.: 120-0015
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 Date1/03/2012 (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	
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	
	Floor tile	All	Good	N/C	
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
		======			
			*IENO CHANCE		VD ITE N/C

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	EILLANCE INSPECTOR'S NAME (please print):		*IE NO CHANGE I	N CONDITION V	VRITE N/C
		1/ 1/10	IF NO CHANGE	I COMDITION	11012
CI ID V	FILL ANCE INSPECTOR'S NAME (please print):	Ken West			
SOIC	EIDD/AIGD IIIDI EO I OIL S III III - G	1			
		a notit			
SURV	EILLANCE INSPECTOR'S SIGNATURE:	en was			
(C11=10	illance Inspector is not required to be AHERA certifi	ed)			
(om ve	mance mapector is not required to service	*			
AHER	A Accreditation Number/Date (if applicable):				
TAHE	RA 9.0 (2/97)				

DATE: 4 - 11 - 13

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, H	enderson, Tennessee 38340	
DESIGNATED PERSON: _	Mr. Ken West	PHONE: <u>731-989-5134</u>

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

LEA NAME: CHESTER COUNTY BOE	LEA NO:	120
CHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.:	120-0015
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:4-9-13 (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	
3	Floor tile	All		N/C	
4	Floor tile	All		N/C	
5	Floor tile	All		N/C	
6	Floor tile	All		N/C	
7	Floor tile	All		N/C	
8	Floor tile	All		N/C	
9	Floor tile	All		N/C	
	2x4 Ceiling tile	All		N/C	
	,				
			*IF NO CHANGE	IN COMPITION	WRITE N/C

	<del> </del>			
SURVEILLANCE INSPECTOR'S NAME (please print): SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certification Number/Date (if applicable):		*IF NO CHANG	GE IN CONDITIO	)N WRITE N/C
ı'AHERA 9.0 (2/97)				

DATE: 10 - 15 - 13

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: 970 East Main St. H	enderson, TN 38340	
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
	14	MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
X	-9-	THREE YEAR REINSPECTION
		OTHER (Please Explain)

### THREE YEAR REINSPECTION LEA NAME: Chester County BOE LEA #: 120 School Building Name: East Chester Elementary Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 10/15/13 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 2 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY AGRICULTURE 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** X X X X CHECK ONE ASSUMED ACBM CONFIRMED ACBM NON-ACBM CHECK ONE Χ NON-FRIABLE Х Х Χ Х X Х **FRIABLE** EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 1 1 1 1 PHYSICAL DAMAGE 1 WATER DAMAGE 1 1 1 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 2 **EXPOSURE** 1 1 1 **ACCESSIBILITY** 1 1 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOUR/WEEK 5 HOURWEEK 10 HOUR/WEEK 20 HOUR/WEEK X X X X 40 HOUR/WEEK EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE **CUSTODIAL** X $\overline{\mathsf{x}}$ X X X X Х $\overline{\mathsf{x}}$ FACULTY/STAFF X X X X X X X X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND Institute preventative measures Enclosure В O & M Program Damaged/significantly damaged TSI Remove Damaged friable surfacing ACBM C. Repair G. Isolate Significantly damaged friable surfacing material D. Encapsulate\_ H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage. NOTES 6. ACBM with potential for significant damage If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9. Any remaining friable ACBM or suspect ACBM and TAHERA 8.0 \*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Stipheni Patys SIGNATURE Stipheni Patys A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE INSPECTOR (Typed Name) A-MP-47891-26076/TN Stephanie Petty MANAGEMENT PLANNER **ACCREDITATION #/STATE**

### THREE YEAR REINSPECTION LEA #: \_\_120 LEA NAME: Chester County BOE Building #: Main School Building Name: East Chester Elementary **INSPECTION DATE:** 10/15/13 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: HA NUMBER HA NUMBER HA NUMBER HA NUMBER 6 8 5 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY AGRICULTURE MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION OR STATE Floor Tile Floor Tile Floor Tile Floor Tile 1796\* LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR YEAR CHECK ONE YEAR YEAR TSI SURFACING $\overline{\mathsf{x}}$ Х **MISCELLANEOUS** CHECK ONE ASSUMED ACBM X CONFIRMED ACBM X **NON-ACBM** CHECK ONE Х Х **NON-FRIABLE** X Х Х X Х **FRIABLE** EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) 1 **DETERIORATION** 1 PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 2 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 1 1 1 1 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOUR/WEEK X X X X **40 HOUR/WEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) X **MAINTENANCE** Х X X X X X X X CUSTODIAL X X Х X X X Х FACULTY/STAFF X **PUBLIC** ASSESSMEN' (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В B В В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND Institute preventative measures E. Enclosure Damaged/significantly damaged TSI Damaged friable surfacing ACBM O & M Program Remove B. G. Isolate C. Repair Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 7. Any remaining friable ACBM or suspect ACBM and TAHERA 8.0 \* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Stifbuni Letty SIGNATURE Stifbuni Lety A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE INSPECTOR (Typed Name) A-MP-47891-26076/TN Stephanie Petty **ACCREDITATION #/STATE** MANAGEMENT PLANNER

### THREE YEAR REINSPECTION LEA #: 120 LEA NAME: Chester County BOE Building #: Main East Chester Elementary School Building Name: 10/15/13 INSPECTION DATE: DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: HA NUMBER HA NUMBER HA NUMBER HA NUMBER THE ST TAL **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY CURRENT QUANTITY AGRICULTURE MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile 7796\* LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR YEAR YEAR CHECK ONE TSI SURFACING X X Х **MISCELLANEOUS** Х CHECK ONE ASSUMED ACBM CONFIRMED ACBM NON-ACBM CHECK ONE Х **NON-FRIABLE** X FRIABLE EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 1 PHYSICAL DAMAGE 1 1 1 WATER DAMAGE 1 2 1 **ACTIVITY/VIBRATION** 2 2 2 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) Х X 1 HOUR/WEEK 5 HOUR/WEEK 10 HOURWEEK 20 HOUR/WEEK 40 HOUR/WEEK EXPOSURE POPULATION (CHECK ALL APPLICABLE) X MAINTENANCE X X Χ **CUSTODIAL** X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure Institute preventative measures B. O & M Program F. Remove Damaged/significantly damaged TSI G. Isolate C. Repair Damaged friable surfacing ACBM Significantly damaged friable surfacing material H. Other D. Encapsulate Damaged/significantly damaged friable misc. ACBM NOTES 5. ACBM with potential for damage \*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9, ACBM with potential for significant damage and TAHERA 8.0 Any remaining friable ACBM or suspect ACBM \*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Stiphuni Petys SIGNATURE Stiphuni Petys A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE MANAGEMENT PLANNER

**DATE: 5-6-2014** 

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327,	Henderson, Tennessee 38340	8
	8 %	
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>
	8.	*

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

LEA NAME: <u>CHES</u>	TER COUNTY BOE	LEA NO:	120
CHOOL NAME:	EAST CHESTER ELEMENTARY	SCHOOL NO.: _	120-0015
BUILDING NAME: _	MAIN		
	AHERA regulations require a Periodic Surveillance be School building containing ACBM must be inspected. Fill in the HA#, Description of ACBM, and Area Inspect	Put the date in t ted. If the ACBN	he appropriate column.  I has been removed put

			1st six months Date 10-15-13 (Fall)	2nd six months Date5-6-14 (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	11
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
			_		

	2x4 Ceiling tile	All	Good	1110	
			8		
SURVE (Survei	EILLANCE INSPECTOR'S NAME (please print):  EILLANCE INSPECTOR'S SIGNATURE:  Illance Inspector is not required to be AHERA certifie  A Accreditation Number/Date (if applicable):	h · Mai	*IF NO CHANGE I	N CONDITION V	VRITE N/C
AHEI	RA 9.0 (2/97)				

DATE: //-//-2014

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120					
ADDRESS: PO Box 327, Henderson, Tennessee 38340							
	8 0	W.					
8 8		×					
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>					
	8						
		£ (4)					

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
Cl <sub>2</sub>		ASBESTOS FREE MANAGEMENT PLAN
V		YEARLY PROGRESS REPORT 6 mo.
		THREE YEAR REINSPECTION
2		OTHER (Please Explain)

LEA NAME: CHESTER COUNTY BOE	LEA NO:	120
HOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.:	120-0015
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.

			ist stramonths a Dal <u>II-II-i</u> (	2nd shamouna Date (Spains)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	Ail	Good	. N/C	
2	Floor tile	A11	Good	N/C	
		All	Good	N/C	
3	Floor tile	A11	Good	N/C	
4	Floor tile .	- A11	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floortile	All	Good	N/C	
.7	Ploor de	All	Good	N/C ·	3
8	Floor tile	All	Good	N/C	
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	e			
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SURVI (Survei	EILLANCE INSPECTOR'S NAME (please print): _ EILLANCE INSPECTOR'S SIGNATURE: _ Illance Inspector is not required to be AHERA certifi A Accreditation Number/Date (if applicable):	Ken M	(est)	IN CONDITION W	2 3
TAHE	RA 9.0 (2/97)		. 3	at 5	ñ

# STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 4-7-2015

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120	-
ADDRESS: PO Box 327, He	nderson, Tennessee 38340		
* *	×	590 2	
8	×0	- MES	
<u>\$</u>			
DESIGNATED PERSON:	Mr. Ken West	PHONE: 731-989-5134	
3			i.
		<u> </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
X	e e	YEARLY PROGRESS REPORT 6 Md
		THREE YEAR REINSPECTION
	79	OTHER (Please Explain)

TAHERA 9.0 (2/97)

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
SCHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.: <u>120-0015</u>
BIII DING 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.

			IDMe	2milencementus Dene	
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	Į.
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	21
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	)   (8
8	Floor tile	All	Good	N/C	
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	Ali	Good	N/C	
	. 9 9 9		4	E (p)	3
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		•		X	
				2.7	- 5 8 W
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			2.7	v
(				
SURVEILLANCE INSPECTOR'S NAME (please print): SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certi	Hen We	*IF NO CHANGE IN	CONDITION	WRITE N/C
AHERA Accreditation Number/Date (if applicable):	- II		-	

Deborah Bunter @tn. gov. 10/13/15 9:02 an

# STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE: 10/13/15** 

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120	
ADDRESS: PO Box 327, Hen	derson, Tennessee 38340	¥I	
DESIGNATED PERSON:	Britt Eads	PHONE: <u>731-989-5134</u>	

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

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

PERIO	DIC SURVEILLANCE REPORT				
LEA NAI	ME:CHESTER COUNTY BOE	<del></del> :	LEA NO: _	120	
CHOOL	NAME: <u>EAST CHESTER ELEMENTARY</u>		SCHOOL N	O.: <u>120-0015</u>	
BUILDIN	NG NAME: <u>MAIN</u>				
INSTRU	UCTIONS: AHERA regulations require a P School building containing ACI Fill in the HA#, Description of A the date removed in the appropri	BM must be inspect ACBM, and Area In	cted. Put the date nspected. If the A	in the appropri CBM has been r	emoved put
			1st six months Date 10/9/2015 (Fall)	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	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
9	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
	,				
				A COMPLETON III	DITTE NI/C
SURVE	EILLANCE INSPECTOR'S NAME (please print): E	Britt Eads	*IF NO CHANGE I	N CONDITION W	KITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE:
(Surveillance Inspector is not required to be AHERA certified) AHERA Accreditation Number/Date (if applicable):

'AHERA 9.0 (2/97)



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.

Christopher R. Johnson, PG

Chintople L. John

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#: 120
ADDRESS:	970 East Main Street, Henderson, TN 38340	
		DITONE (534) 432 534
DESIGNATED PERSO	N: Mr. Britt Eads	PHONE: (731) 433-7266

## 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
X		THREE YEAR REINSPECTION
		OTHER (Please Explain)

#### **ASSURANCES**

**SCHOOL YEAR ENDING: 2016** 

LEA SYSTEM NAME: Chester County Schools

**LEA NO.:** 120

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.
- 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, 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: 3/2/16	
SUPERINTENDENT (please print):	717/11
SUPERINTENDENT SIGNATURE:	DATE: 3/3//6
TAHERA 3.0 (2/97)	

#### THREE YEAR REINSPECTION LEA #: 120 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 NUMBER HA NUMBER HA NUMBER HA NUMBER 1 2 3 4 **CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY CURRENT QUANTITY** 1488 SF 70 SF 2960 150 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 X Х X **MISCELLANEOUS** X **CHECK ONE ASSUMED ACBM** X **CONFIRMED ACBM** NON-ACBM CHECK ONE X X X X X Х **NON-FRIABLE** FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** 1 1 1 1 1 1 PHYSICAL DAMAGE WATER DAMAGE 1 1 1 1 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 2 2 **EXPOSURE** 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOUR/WEEK 10 HOURWEEK 20 HOUR/WEEK X X X X X X X 40 HOUR/WEEK **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE х X X X X X X **CUSTODIAL** X X X X X X $\overline{\mathsf{x}}$ FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) B В В B

ASSESSMENT LEGEND
 Damaged/significantly damaged TSI

- Damaged friable surfacing ACBM
   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
- 7. Any remaining friable ACBM or suspect ACBM
- A. Institute preventative measures
- A. Institute preventative measure
- B. O & M Program C. Repair
- D. Encapsulate

- E. Enclosure
- F. Remove
- G. Isolate
- H. Other

NOTES

RESPONSE ACTIONS LEGEND

\*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

INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER SIGNATURE R. O.L. SIGNATURE

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

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_ 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 NUMBER HA NUMBER HA NUMBER HA NUMBER 7B 7A 6 5A **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 12832 5849 SF 600 LF 6250 SF MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Pipe Insulation Floor Tile LAST 3 LAST 3 LAST 3 CURRENT LAST 3 CURRENT CURRENT CURRENT YEAR YEAR YEAR **CHECK ONE** YEAR X TSI SURFACING Х Х **MISCELLANEOUS** х CHECK ONE ASSUMED ACBM X X Х Х X X CONFIRMED ACBM NON-ACBM CHECK ONE X X **NON-FRIABLE** X FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** 1 1 1 PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 2 1 1 1 1 **EXPOSURE** 1 ACCESSIBILITY LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK Х **5 HOURWEEK** 10 HOURWEEK 20 HOURWEEK X X X **40 HOURWEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) X MAINTENANCE X X $\overline{\mathsf{x}}$ X Х Х X CUSTODIAL X X X X X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В В B В B RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure A. Institute preventative measures F. Remove B. O & M Program 1. Damaged/significantly damaged TSI G. Isolate C. Repair Damaged friable surfacing ACBM H. Other 3. Significantly damaged friable surfacing material D. Encapsulate 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-42505-44824/TN Christopher R. Johnson ACCREDITATION #/STATE

SIGNATURE

MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION LEA #: \_\_\_\_\_ 120 LEA NAME: Chester County Schools School Building Name: Chester County Middle School Building #: \_\_\_\_Main INSPECTION DATE: 2/23/16 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 9C 9B 9A CURRENT QUANTITY **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY Throughout 160 SF 120 LF 150 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Water Tank Insulation Boiler Wrap Insulation Pipe Insulation LAST 3 LAST 3 CURRENT LAST 3 CURRENT LAST 3 CURRENT CURRENT YEAR YEAR **CHECK ONE** YEAR YEAR X X X Х X TSI SURFACING X **MISCELLANEOUS** CHECK ONE X ASSUMED ACBM X Х Х Х CONFIRMED ACBM **NON-ACBM** CHECK ONE NON-FRIABLE X X X **FRIABLE** EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) 2 2 DETERIORATION 1 1 1 1 PHYSICAL DAMAGE 1 1 1 1 1 WATER DAMAGE 1 1 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 1 1 1 1 1 1 **EXPOSURE** 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X X X X 1 HOURWEEK 5 HOUR/WEEK 10 HOUR/WEEK 20 HOUR/WEEK **40 HOURWEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) X х X MAINTENANCE X X X X X X х CUSTODIAL FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В R B В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure A. Institute preventative measures B. O & M Program F. Remove Damaged/significantly damaged TSI G. Isolate Damaged friable surfacing ACBM C. Repair H. Other 3. Significantly damaged friable surfacing material D. Encapsulate Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN

Christopher R. Johnson **INSPECTOR (Typed Name)** 

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE SIGNATURE ACCREDITATION #/STATE

#### THREE YEAR REINSPECTION 120 LEA NAME: \_ Chester County Schools LEA #: \_\_\_\_ Building #: \_\_\_\_Cafe School Building Name: Chester County Middle School DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 **HA NUMBER** HA NUMBER **HA NUMBER** HA NUMBER 8 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** CHECK ONE **ASSUMED ACBM** Χ CONFIRMED ACBM NON-ACBM CHECK ONE NON-FRIABLE X Х **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE WATER DAMAGE 1 1 1 3 3 1 **ACTIVITY/VIBRATION** 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X X 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOUR/WEEK X **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** X X X X CUSTODIAL X X FACULTY/STAFF **PUBLIC** X ASSESSMENT (MARK FROM 1 TO 7) 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) 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 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 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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE **ACCREDITATION #/STATE** INSPECTOR (Typed Name)

TAHERA 16.0 (2/97)

Christopher R. Johnson

MANAGEMENT PLANNER

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SIGNATURE

A-MP-42505-44824/TN

ACCREDITATION #/STATE

#### THREE YEAR REINSPECTION 120 LEA #: \_\_\_\_ LEA NAME: Chester County Schools School Building Name: Chester County Middle School \_\_\_ Building #: \_\_\_\_ Agri DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 10C 10B 10 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile Pipe Insulation **Boiler Jacket** LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT **CURRENT CHECK ONE** YEAR YEAR YEAR YEAR TSI X SURFACING Х Х X **MISCELLANEOUS CHECK ONE** X Х ASSUMED ACBM X X X X Х Х CONFIRMED ACBM **NON-ACBM** CHECK ONE **NON-FRIABLE** X X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) 2 2 2 DETERIORATION PHYSICAL DAMAGE 1 1 1 1 1 WATER DAMAGE 1 1 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 2 1 1 1 1 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X Х Х 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK **40 HOURWEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) X X X X X MAINTENANCE X Х X Х X X Х CUSTODIAL X **FACULTY/STAFF PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 7 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) B В В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI F. Remove B. O & M Program C. Repair G. Isolate 2. Damaged friable surfacing ACBM H. Other 3. Significantly damaged friable surfacing material D. Encapsulate 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 A-I-42505-44826/TN Christopher R. Johnson ACCREDITATION #/STATE SIGNATURE INSPECTOR (Typed Name) A-MP-42505-44824/TN Christopher R. Johnson

Page of

SIGNATURE

ACCREDITATION #/STATE

MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_\_\_ Chester County Schools LEA NAME: Building #: Business School Building Name: Chester County Middle School DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 12 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR TSI SURFACING $\overline{\mathsf{x}}$ X Х **MISCELLANEOUS CHECK ONE** Х X ASSUMED ACBM CONFIRMED ACBM X Χ NON-ACBM CHECK ONE X NON-FRIABLE X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 WATER DAMAGE 2 1 1 **ACTIVITY/VIBRATION** 2 1 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X X 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOUR/WEEK 40 HOURWEEK **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE X X X X Х CUSTODIAL X X X FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) \*\*RESPONSE ACTIONS (MARK FROM A TO H) B B ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND E. Enclosure A. Institute preventative measures F. Remove B. O & M Program 1. Damaged/significantly damaged TSI G. Isolate 2. Damaged friable surfacing ACBM C. Repair D. Encapsulate H. Other 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 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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-42505-44824/TN Christopher R. Johnson

SIGNATURE

ACCREDITATION #/STATE

MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_ 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 NUMBER **HA NUMBER** HA NUMBER HA NUMBER 13B 13 **CURRENT QUANTITY 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 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR **CHECK ONE** YEAR YEAR YEAR Х TSI SURFACING X X MISCELLANEOUS CHECK ONE Х X ASSUMED ACBM X Х Х CONFIRMED ACBM NON-ACBM CHECK ONE X **NON-FRIABLE** X X X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 2 2 1 1 PHYSICAL DAMAGE 1 WATER DAMAGE 1 1 1 1 1 2 2 **ACTIVITY/VIBRATION** 1 1 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X Х 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK Х **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) X MAINTENANCE X X X X Χ Х CUSTODIAL X X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В B В В B RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure A. Institute preventative measures B. O & M Program F. Remove 1. Damaged/significantly damaged TSI G. Isolate 2. Damaged friable surfacing ACBM 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 NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE INSPECTOR (Typed Name) A-MP-42505-44824/TN Christopher R. Johnson ACCREDITATION #/STATE SIGNATURE MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION LEA #: \_\_\_ \_\_ 120 Chester County Schools LEA NAME: 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 2 3 **CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY CURRENT QUANTITY** 5603 SF 6240 SF 1770 SF 2140 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 X Х Х X Х X X **MISCELLANEOUS CHECK ONE** ASSUMED ACBM X Х X X X Х Х CONFIRMED ACBM **NON-ACBM** CHECK ONE X Х NON-FRIABLE X FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 PHYSICAL DAMAGE 1 1 WATER DAMAGE 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 1 1 1 1 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOURWEEK 20 HOUR/WEEK X Х Х **40 HOURWEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) X X MAINTENANCE Х X X CUSTODIAL Х Х X X X **FACULTY/STAFF** Х X PUBLIC ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure B. O & M Program F. Remove 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM C. Repair G. Isolate H. Other D. Encapsulate 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 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 Christopher R. Johnson A-I-42505-44826/TN

**INSPECTOR** (Typed Name)

SIGNATURE

**ACCREDITATION #/STATE** 

#### THREE YEAR REINSPECTION 120 LEA #: \_\_\_\_\_ **Chester County Schools** LEA NAME: School Building Name: West Chester Elementary School Building #:\_\_\_ Main INSPECTION DATE: 2/23/16 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 5 6 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 30,000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR TSI SURFACING Х **MISCELLANEOUS** CHECK ONE Х X ASSUMED ACBM CONFIRMED ACBM X Х NON-ACBM **CHECK ONE** X NON-FRIABLE FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE 1 1 WATER DAMAGE 2 2 1 **ACTIVITY/VIBRATION** 1 2 2 1 1 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X Х 1 HOURWEEK 5 HOURWEEK 10 HOUR/WEEK 20 HOUR/WEEK **40 HOUR/WEEK** X **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE X X Х X CUSTODIAL Х Х X FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND Institute preventative measures E. Enclosure B. O & M Program F. Remove 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM C. Repair G. Isolate H. Other D. Encapsulate 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-42505-44824/TN Christopher R. Johnson SIGNATURE **ACCREDITATION #/STATE** MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_\_ LEA NAME: Chester County Schools Building #: \_ Main School Building Name: North Chester Elementary School DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 3 2 **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY** 4768 3904 SF 200 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 X **MISCELLANEOUS CHECK ONE ASSUMED ACBM** Х Х X Х X X CONFIRMED ACBM **NON-ACBM** CHECK ONE X Χ X Х X X **NON-FRIABLE** X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 1 1 1 1 PHYSICAL DAMAGE 1 WATER DAMAGE 1 1 1 1 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 1 1 1 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOUR/WEEK 20 HOUR/WEEK Х X X Х Х Х 40 HOUR/WEEK **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) X X MAINTENANCE X X X X X X X X **CUSTODIAL** X X X Х X X X Х FACULTY/STAFF PUBLIC ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure A. Institute preventative measures B. O & M Program F. Remove 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM C. Repair G. Isolate D. Encapsulate H. Other 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-42505-44824/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE MANAGEMENT PLANNER

### THREE YEAR REINSPECTION \_\_\_\_ LEA #: \_\_\_\_\_**120** LEA NAME: Chester County Schools School Building Name: North Chester Elementary School Building #: Main

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		QUANTITY 0 SF	CURRENT 666	QUANTITY 9 SF	CURRENT 86		CURRENT C	
		ESCRIPTION r Tile		ESCRIPTION r Tile	MATERIAL DI Flooi		MATERIAL DE 2x4 Ceili	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING MISCELLANEOUS	X	Х	Х	X	X	X	X	X
CHECK ONE						<b>经验证的</b> 的		
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X	Х	X	X	x	Х	X
CHECK ONE	250 V01373 96				四次自己及司法	<b>不是包括</b>		
NON-FRIABLE FRIABLE	X	X	Х	X	Х	X	Х	X
EXPOSURE CONSIDI	RATION							
TO 5 (5 WORST)			Curta Maria				<b>建设建设设置</b>	de la company
DETERIORATION	11	1	1	11	1	1 1	1 1	1
PHYSICAL DAMAGE	1	1	11	11	11	11	1 1	1
WATER DAMAGE	11	1	11	1_1_	1	1	1	11
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	11
EXPOSURE	1	1	11	11	1	1	1	11
ACCESSIBILITY	1	I AND A COURT OF COURT	1	1	1 No time of the Workship Land	FILESON, METEROLOGICO	1 POVERNITED IN CAUSE	Setmonovistopus
ENGTH OF EXPOSU	JRE	<b>图</b> 表示						
(CHECK ONE)		BREARSHIN AND MA	ESTERAL SHIELDS	Cheese threat		18/20/2015 TANK	×	X
1 HOURWEEK				+		_	_ ^	
5 HOURWEEK		_			-			
10 HOURWEEK					<del> </del>	+		+
20 HOURWEEK	X	x	X	X	X	X		-
40 HOURWEEK EXPOSURE POPULA		data electrica de la compansión de la comp	PARTHER DESCRIPTION	SH RIGHT HOLD WEST	STATISTICS	STATE OF THE PARTY.	<b>的人们都在15天成</b> 形式	SANGERHANDING
CHECK ALL APPLICABLE	TO A VINE OF THE REST OF THE REST							
MAINTENANCE	X	T x	X	X	X	l x	X	X
CUSTODIAL	X	X	x	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		
ASSESSMENT	DESERVATE GAVAGE		SEE STREET			* MATERIAL TOTAL	460年1月1日	
MARK FROM 1 TO 7)								
	5	5	5	5	5	5	7	7
*RESPONSE ACTIO	NS	<b>建筑部等</b> 原					<b>的</b> 是哪么一样的	
MARK FROM A TO H)						100000		The Stray of the
	В	В	В	В	В	В	В	В
ASSESSI	MENT LEGEN	Date			RESPONS	E ACTIONS	LEGEND	
Damaged/significantly     Damaged friable surfa     Significantly damaged     Damaged/significantly     ACBM with potential f	damaged TS acing ACBM I friable surfact damaged fria	ing material	B. C C. F D. E	nstitute prever D & M Progran Repair Encapsulate	ntative measu	res E. E F. R	nclosure emove solate	
ACBM with potential f     ACBM with potential f		lamage	\$150.0	GOLDE AND	151 Mars. 57	NOTES	A STREET, THE P	THE BOUNDS
7. Any remaining friable			TAH	ERA 6.9 and TA	HERA 8.0	ested, attach TA	HERA 6.2, TAHE	

INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

#### THREE YEAR REINSPECTION LEA #: \_\_\_\_ 120 LEA NAME: **Chester County Schools** Building #: \_\_\_ Main School Building Name: East Chester Elementary School DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 3 1 2 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 1192 SF 3915 SF 576 SF 7204 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 X X X X **MISCELLANEOUS** Х **CHECK ONE** ASSUMED ACBM X X X X X X CONFIRMED ACBM **NON-ACBM** CHECK ONE X X X **NON-FRIABLE FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION 1 PHYSICAL DAMAGE 1 1 1 1 1 WATER DAMAGE 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 1 1 1 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOURWEEK Х **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) Х X X MAINTENANCE Х X X X X X CUSTODIAL Х X FACULTY/STAFF **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 B RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure F. Remove 1. Damaged/significantly damaged TSI B. O & M Program Repair G. Isolate 2. Damaged friable surfacing ACBM D. Encapsulate H. Other 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
- 7. Any remaining friable ACBM or suspect ACBM

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. Johnson **INSPECTOR (Typed Name)** 

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE SIGNATURE

A-I-42505-44826/TN **ACCREDITATION #/STATE** 

#### THREE YEAR REINSPECTION 120 LEA NAME: **Chester County Schools** LEA #: School Building Name: <u>East Chester Elementary School</u> Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 5 6 7 8 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 11417 SF 10070 SF 1544 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 X X Х X Х Х Х CHECK ONE ASSUMED ACBM Х Х X X X X X CONFIRMED ACBM Х NON-ACBM CHECK ONE X X NON-FRIABLE FRIABLE EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 1 1 PHYSICAL DAMAGE 1 1 WATER DAMAGE 2 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 **EXPOSURE** 1 1 1 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOUR/WEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOUR/WEEK Х X X X X Х 40 HOUR/WEEK EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE X X CUSTODIAL Χ Х Х Х Х X Х X Х X Х FACULTY/STAFF X PUBLIC ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В В RESPONSE ACTIONS LEGEND ASSESSMENT 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 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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE **INSPECTOR (Typed Name)** ACCREDITATION #/STATE

Christopher R. Johnson MANAGEMENT PLANNER Les toph SIGNATURE

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_\_ LEA NAME: Chester County Schools School Building Name: East 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 9 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 52000 SF 960 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR YEAR **CHECK ONE** YEAR YEAR TSI SURFACING Х **MISCELLANEOUS** X Х **CHECK ONE** Х ASSUMED ACBM Х CONFIRMED ACBM **NON-ACBM** CHECK ONE X **NON-FRIABLE** X FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** 1 PHYSICAL DAMAGE 1 1 1 WATER DAMAGE 1 **ACTIVITY/VIBRATION** 2 2 1 1 **EXPOSURE** 2 2 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X X 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOURWEEK 40 HOUR/WEEK **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE X X Х CUSTODIAL X X x FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 7 5 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В B В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure F. Remove O & M Program 1. Damaged/significantly damaged TSI G. Isolate C. Repair 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material H. Other D. Encapsulate 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE INSPECTOR (Typed Name) A-MP-42505-44824/TN Christopher R. Johnson ACCREDITATION #/STATE SIGNATURE MANAGEMENT PLANNER

#### THREE YEAR REINSPECTION 120 LEA #:\_\_\_\_ LEA NAME: Chester County Schools School Building Name: \_\_\_\_\_\_ Jacks Creek Elementary School Main Building #:\_\_ INSPECTION DATE: 2/23/16 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 3 4 2 1 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 6401 SF 42 SF 959 SF 1512 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** X X Х X CHECK ONE ASSUMED ACBM Х X X X Х Х X CONFIRMED ACBM Х **NON-ACBM** CHECK ONE NON-FRIABLE X X FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE 1 1 1 1 1 1 WATER DAMAGE **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 2 **EXPOSURE** 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOUR/WEEK 20 HOURWEEK Х **40 HOUR/WEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) **MAINTENANCE** X X X X Х X X X CUSTODIAL X FACULTY/STAFF 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 ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program F. Remove Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM C. Repair G. Isolate D. Encapsulate H. Other 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 **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

Christopher R. Johnson INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE

SIGNATURE

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

#### THREE YEAR REINSPECTION LEA NAME: **Chester County Schools** LEA #: \_\_\_\_ 120 School Building Name: Jacks Creek 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 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 15000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2X4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X **CHECK ONE** ASSUMED ACBM Х Х CONFIRMED ACBM NON-ACBM CHECK ONE **NON-FRIABLE FRIABLE** EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE WATER DAMAGE **ACTIVITY/VIBRATION EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOUR/WEEK **40 HOURWEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL Х FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) \*\*RESPONSE ACTIONS (MARK FROM A TO H) RESPONSE ACTIONS LEGEND ASSESSMENT 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 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 SIGNATURE Christopher R. Johnson A-I-42505-44826/TN **INSPECTOR (Typed Name)** ACCREDITATION #/STATE Christopher R. Johnson A-MP-42505-44824/TN SIGNATURE MANAGEMENT PLANNER **ACCREDITATION #/STATE**

#### THREE YEAR REINSPECTION LEA NAME: Chester County Schools LEA #: 120 School Building Name: Chester County Jr. High School Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16

	d.	IMBER 1		IMBER 2		MBER 1	HA NUI	100
	1	QUANTITY 0 SF	CURRENT 212		CURRENT 3066		CURRENT C 5124	10.5
		ESCRIPTION r Tile	MATERIAL D Floor		MATERIAL D Floor		MATERIAL DE Floor	Car
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	х	×
CHECK ONE	<b>经规则积22</b> 等级			HATE WATER	RECEIVE VEHICLE	NAME OF BLACK POR	ALTO THE TRANSPORT	
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X	X	X	X	X	X	X
CHECK ONE			STATE OF THE PARTY	<b>多数的设备</b> 有数			<b>建</b>	Name and R
NON-FRIABLE FRIABLE	Х	X	Х	X	Х	X	Х	X
EXPOSURE CONSIDE	RATION							
DETERIORATION	1	1	1	1	1	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	111	11	1 1	11	1 1	11	1 1	1
(CHECK ONE)	RE							
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	Х	X
EXPOSURE POPULAT	TION				EN STATE OF SE			DE SERVICE
(CHECK ALL APPLICABLE)				<b>用的面影性医多</b> 星				
MAINTENANCE	X	X	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	X	X	X	X	X	X	X	<u> </u>
ASSESSMENT (MARK FROM 1 TO 7)								
(MARK FROM 1 (U.I)	5	5	5	5	5	5	5	5
**RESPONSE ACTION								
(MARK FROM A TO H)	В	В	В	В	В	В	В	В
ASSESSM	ENT LEGEN		STEP WITH SAME		RESPONS	E ACTIONS I	EGEND	THE DAY SHOW
Damaged/significantly damaged TSI     Damaged friable surfacing ACBM     Significantly damaged friable surfacing material     Damaged/significantly damaged friable misc. ACBM     ACBM with potential for damage			B. O C. R D. E	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate  E. Enclosure F. Remove G. Isolate H. Other				
6. ACBM with potential fo	r significant d		10000	TE USE .	SIESE GUINTEN	NOTES		ESSENTA ES
7. Any remaining friable A	ACBM or susp	ect ACBM	TAHE	RA 6.9 and TA	HERA 8.0		HERA 6.2, TAHE rised TAHERA 6.	

Christopher R. Johnson INSPECTOR (Typed Name)

of

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

#### THREE YEAR REINSPECTION 120 LEA #: LEA NAME: Chester County Schools Main School Building Name: Chester County Jr. High School Building #: \_\_\_ INSPECTION DATE: 2/23/16 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 7 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 164 SF 70000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR YEAR **CHECK ONE** YEAR YEAR TSI SURFACING X Х Х X **MISCELLANEOUS** CHECK ONE X X ASSUMED ACBM Χ X CONFIRMED ACBM **NON-ACBM** CHECK ONE X NON-FRIABLE X FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE WATER DAMAGE 2 2 2 **ACTIVITY/VIBRATION** 2 **EXPOSURE** 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) X Х 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK X **40 HOUR/WEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE X CUSTODIAL FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 7 5 \*\*RESPONSE ACTIONS (MARK FROM A TO H) В В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND E. Enclosure A. Institute preventative measures B. O & M Program F. Remove 1. Damaged/significantly damaged TSI G. Isolate C. Repair 2. Damaged friable surfacing ACBM D. Encapsulate H. Other 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage NOTES 6. ACBM with potential for significant damage \*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 A-I-42505-44826/TN Christopher R. Johnson **ACCREDITATION #/STATE** SIGNATURE INSPECTOR (Typed Name) A-MP-42505-44824/TN Christopher R. Johnson SIGNATURE ACCREDITATION #/STATE MANAGEMENT PLANNER



#### 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 Type 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.

This 18th Day of December 2015

Division of Solid Waste Management Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020

# THE STATE OF TENNESSEE

Department of Environment and Conservation Division of Solid Waste Management Toxic Substances Program

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# Christopher R. Johnson 5.64 5.64

DOB 30-Nov-1961

Accreditation

A-MP-42505-44824 A-1-42505-44826

Oct-31-2016

Oct-31-2016 Expiration

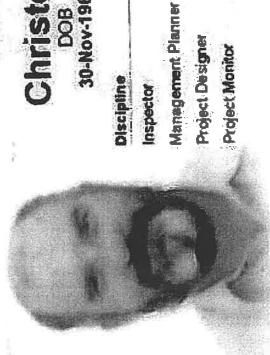
A-PD-42505-44825

A-PM-42505-44823

Oct-31-2016

Oct-31-2016

Asbestos Accreditation



Re-Accreditation

PERIC	DIC SURVEILLANCE REPORT	-		1	
LEA NA	ME: <u>CHESTER COUNTY BOE</u>		LEA NO:	120	
SCH00	L NAME: <u>EAST CHESTER ELEMEN</u>	TARY_	SCHOOL N	O.: <u>120-0015</u>	
BUILDI	NG NAME: <u>MAIN</u>		-		
INSTR	Fill in the HA# Descript	uire a Periodic Surveillar ng ACBM must be inspe ion of ACBM, and Area appropriate column, Keep	ected. Put the date Inspected. If the A the original with	e in the appropri CBM has been r your Managemen	emoved put
			1st six months Date 8/22/2016 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
Ť	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
9	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
	3				
			*IF NO CHANGE I	NI CONDITION W	RITE N/C
SURVE	EILLANCE INSPECTOR'S NAME (please EILLANCE INSPECTOR'S SIGNATURE: Ilance Inspector is not required to be AHER	5000 500	)		

AHERA 9.0 (2/97)

AHERA Accreditation Number/Date (if applicable):

	ME: CHESTER COLDITY DOE		LEA NO.	120	
LEA NA	ME: <u>CHESTER COUNTY BOE</u>		LEA NO:	120	
sCH00	L NAME: <u>EAST CHESTER ELEMENTARY</u>		SCHOOL N	O.: <u>120-0015</u>	
BUILDI	NG NAME: <u>MAIN</u>				
INSTR	UCTIONS: AHERA regulations require a P School building containing ACE Fill in the HA#, Description of A the date removed in the appropri	BM must be inspec CBM, and Area I	cted. Put the date rspected. If the A he original with y	in the appropri CBM has been in our Managemen	ate column. removed put
			1st six months Date 8/22/2016 (Fall)	2nd six months Date 2/9/2017 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
l	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	Ali	Good	Good	-
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
9	Floor tile	AII	Good	Good	
	2x4 Ceiling tile	All	Good	Good	<u> </u>
		1			
SURVE	ILLANCE INSPECTOR'S NAME (please print): Br		IF NO CHANGE IN	CONDITION W	RITE N/C

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

AHERA Accreditation Number/Date (if applicable):

AHERA 9.0 (2/97)

EA NA	ME:CHESTER COUNTY BOE		LEA NO:	120	
	NAME:EAST CHESTER ELEMEN	TARY	SCHOOL N	O.: <u>120-0015</u>	Carrier 1
	NG NAME: <u>MAIN</u> UCHONS: AHIRA regulations req	Davis the Specialland	or be conducted (	every six (6) me	outs L.J
\\   R	School building contain	ing ACBM must be inspe- ion of ACBM, and Area b appropriate column. Keep t	nspected. If the A	CBM has been t	างการจะสำคั
	the date removed in the i	ippropriate column, Rech	1st six months Date 8/9/2017 (Fall)	Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVE
ì	Floor tile	ΛII	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		,
8	Floor tile	All	Good		
9	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
			7		
1			*IF NO CHANGE		DICL N. C.

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

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.

	the date removes as an	арриориате согания кеср.	1st six months Date 8/9/2017 (Fall)	2nd six months Date 2/8/2017 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	Ali	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
9	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
			*IF NO CHANGE I	20121710111	DITL XI

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): \_\_\_\_\_\_

TAHERA 9.0 (2/97)

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

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.

		арргориасе селини. кеер	1st six months Date 8/6/2018 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
T.	Floor tile	A11	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
9	Floor tile	All	Good		
	2x4 Ceiling tile	Ali	Good		

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)	NO CHANGE IN	I CONDITION W	KHE N/C
AHERA Accreditation Number/Date (if applicable):		_	
TAHERA 9.0 (2/97)			

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
SCHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.:120-0015
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.

	the date removed in the	appropriate column. Keep		your Managemer	it Plan.
			1st six months Date 8/6/2018 (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	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
9	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

	2x4 Ceiling tile	All	Good	Good	
-					
SURVEI	LLANCE INSPECTOR'S NAME (please print): Britt  LLANCE INSPECTOR'S SIGNATURE:  ance Inspector is not required to be AHERA certified)	Eads S	F NO CHANGE IN	CONDITION W	RITE N/C
AHERA	Accreditation Number/Date (if applicable):			_	
(AHERA	A 9.0 (2/97)				

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
SCHOOL NAME: <u>EAST CHESTER ELEMENTARY</u>	SCHOOL NO.:120-0015
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 8/8/2018 (Fall)	2nd six months Date (Spring)	
ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
Good	Good	
	Good	Good Good Good

	LLANCE INSPECTOR'S NAME (please print): Britt  LLANCE INSPECTOR'S SIGNATURE:  ance Inspector is not required to be AHERA certified)	Eads	IF NO CHANGE IN	CONDITION W	RITE N/C
AHERA	Accreditation Number/Date (if applicable):			<b>-</b>	

TAHERA 9.0 (2/97)

LEA NAME:CHESTER COUNTY BOE	LEA NO:	120
SCHOOL NAME:EAST CHESTER ELEMENTARY	SCHOOL NO.:	120-0015
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.

		appropriate column. Keep	1st six months Date 8/8/2018 (Fall)	2nd six months Date 2/7/2020 (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	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
9	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
		ie .		1 10 1	
					•

\*IF NO CHANGE IN CONDITION WRITE N/C

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):	

TAHERA 9.0 (2/97)