

CHESTER COUNTY JUNIOR HIGH SCHOOL

ASBESTOS

MANAGEMENT PLAN

TABLE OF CONTENTS

<u>Page No.</u>	<u>Contents</u>	<u>TAHERA Form No.</u>
	A. Table of Contents	4.0
1.	B. Transmittal Sheet	1.0
2.	C. Cover Sheet	2.0
3.	D. Assurances	3.0
4.	E. School Building List	5.0
	F. School Information Form	
	Chester County Junior High School	
50.	A. School Information Form	6.1
51.	B. Homogeneous Area Summary	6.2
52-59.	C. Homogeneous Area Drawing	6.3
60-62.	D. Follow-up Action	6.6
63-71.	E. Drawing of ACBM To Remain	6.7
72.	F. Operations And Maintenance Plan	6.8
	G. Appendix I	
169-170.	1. Operation And Maintenance Procedures	7.0
171-172.	2. Laboratory Accreditation Statement	8.0
	3. Bulk Sample Analysis	
173-174.	a. Chester County High School	
180-184.	b. East Chester Elementary School	
185-189.	c. North Chester Elementary School	
	4. Accreditation Certificates	
190-191.	a. Inspectors	
192-193.	b. Management Planners	
194.	c. Cards	
195-196.	5. Copy of Notifications	
	H. Appendix II	
197-203.	1. Employee Training Forms	11.0
	2. Cleaning Records	13.0
204.	a. Chester County High School	
205.	b. Chester County Junior High School	
206.	c. East Chester Elementary School	
207.	d. Jacks Creek Elementary School	
208.	e. North Chester Elementary School	
209.	f. West Chester Elementary School	

LEA: Chester County LEA NO.: 120

Date: 9/30/88

TRANSMITTAL SHEET/AHERA SUBMITTALS

1. DEFERRAL REQUEST

SUBMISSION: Original Resubmittal

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

2. MANAGEMENT PLAN

SUBMISSION: Original Resubmittal New Building

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

3. MANAGEMENT PLAN PROGRESS REPORT No. _____ Dated _____

SUBMISSION: Original Resubmittal

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

Reviewer's Signature _____

Dated: _____

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

Address: P.O. Box 327

Henderson, TN 38340

County: Chester County

Superintendent: Dr. Kathy Coatney Mays

Date: 9/30/88

COVER SHEET

No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99 - 519, and Code of Federal Regulations Title 40, Part 763 (ASHERA). 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 reciprocity 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 ASHERA 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 ASHERA laws and regulations.

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

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

LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON

Name: Gene Cain Training Agency: Georgia Tech
Address: 9 Rutherford Ave. Training Course: Inspecting & Managing Asbestos
City/State/Zip: Jackson, TN 38301 Training Dates: March 21-25, 1988
Telephone: 901-427-6428 Total Hours: 40
LEA Designated Person's Signature: *Gene Cain* LEA Superintendent's Signature: *Kathy Coatney Mays*
Dated: 9/30/88 Dated: September 30, 1988

(Management)
(Planner's)
(Seal)

LEA: Chester Co. Board of Edu. LEA NO.: 120
Address: P.O. Box 327
Henderson, TN 38340
Superintendent: Dr. Kathy Coatney Mays
Telephone: 901-989-5134
Date: 9/30/88

ASSURANCES

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

1. The activities of any persons who perform inspections, 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 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).
7. 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: Gene Cain
LEA Designated Person, pursuant
to 40 CFR 763.93(l) and 763.84

Date: 9/30/88

Typed Name: Gene Cain

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

Date: 9/30/88

SCHOOL BUILDING LIST

List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	CITY	ZIP CODE	ACBM		NO ACBM
					F	NF	
120 0005	Chester Co. High.	Hwy. 100 East	Henderson, TN	38340	X	X	
126 0010	Chester Co. Jr. High	Hwy. 100 East	Henderson, TN	38340		X	
	Bus Shop	Hwy. 100 East	Henderson, TN	38340			X
120 0015	East Chester Elem.	Hwy. 100 East	Henderson, TN	38340		X	
120 0025	Jack's Creek Elem.	General Delivery	Henderson, TN	38347		X	
120 0028	North Chester Elem.	Luray Ave.	Henderson, TN	38340	X	X	
0030	West Chester Elem.	Hwy. 100 West	Henderson, TN	38340		X	

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

Date: 9/30/88

1. BUILDING STATISTICS

Date Built	Area Name, Wing Addition, etc.	Use	Total Area (Square Feet)
76	Chester County Jr. High	School	70,693
84	Bus Shop		4,028

2. STRUCTURAL SYSTEMS

Walls:	Floors:	Roof:	Foundation:
<input checked="" type="checkbox"/> Masonry/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Slab-on-grade
<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Concrete	<input type="checkbox"/> Crawlspace
<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Basement
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Notes (Explain Other): _____

3. MECHANICAL SYSTEMS

Heating:		Cooling:	
<input type="checkbox"/> Central HVAC	<input type="checkbox"/> Wall Electric	<input checked="" type="checkbox"/> Central HVAC	<input type="checkbox"/> Window Units
<input type="checkbox"/> Radiator	<input type="checkbox"/> Other	<input type="checkbox"/> Wall Electric	<input type="checkbox"/> Other

Notes (Explain Other): _____

4. ARCHITECTURAL FINISHES

Ceiling:	Flooring:	Walls:
<input type="checkbox"/> Lath and Plaster	<input checked="" type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Lath and Plaster
<input type="checkbox"/> Gypsum Board	<input checked="" type="checkbox"/> Carpet	<input type="checkbox"/> Gypsum Board
<input type="checkbox"/> Acoustical Finish	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Masonry
<input type="checkbox"/> Tile	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Wood/Paneling
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Notes (Explain Other): Terazzo

5. SUMMARY OF DOCUMENTS REVIEWED

<input checked="" type="checkbox"/> Floor Plans	<input type="checkbox"/> Sections	<input type="checkbox"/> Past Abatement Projects
<input checked="" type="checkbox"/> Mechanical Drawings	<input type="checkbox"/> As Built Drawings	<input type="checkbox"/> Past Abatement Spec.s
<input checked="" type="checkbox"/> Specifications	<input type="checkbox"/> Sampling Reports (In-house)	<input type="checkbox"/> Past Abatement Drawing
<input type="checkbox"/> Finish Schedules		<input type="checkbox"/> Past Surveys

6. INSPECTION INFORMATION (Attach copy of certificate for each Inspector.)

Date of Inspection: 7-23-88

Inspection Team Members	Signature	Accreditation Number/State	Affiliation
<u>Gene Cain</u>	_____	<u>477-Georgia</u>	_____
_____	_____	_____	_____

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1.

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	M			0010-1
2	Vinyl Asbestos Tile	M			0010-2
3	None				0010-3
4	Vinyl Asbestos Tile	M			0010-4
5	Vinyl Asbestos Tile	M			0010-5
6	NONE				
7	Vinyl Asbestos Tile	M			0010-7
8	none				0010-8
	Ceiling Tile	M			All

Through Out

2.

HA No.	ACBM				No ACBM	Total Quantity (Show Units)	Exposure Considerations								Assessment Category
	Confirmed F	NF	Assumed F	NF			A	B	C	D	E	F	G	H	
1				X		1800 Sq. Ft.	1	1	1	1	2	4	2	4	5
2				X		212 Sq. Ft.	1	1	1	1	2	4	2	4	5
3					X										
4				X		3066 Sq. Ft.	1	1	1	1	2	4	2	4	5
5				X		5124 Sq. Ft.	1	1	1	1	2	4	2	4	5
6					X										
7				X		164 Sq. Ft.	1	1	1	1	2	4	2	4	5
8					X										
				X		70,000 Sq. Ft.	1	1	1	3	3	3	5	5	5

Through Out

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

- A. Deterioration
- B. Physical Damage
- C. Water Damage
- D. Activity/Vibration
- E. Exposure
- F. Accessibility

- 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:

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

Legend:

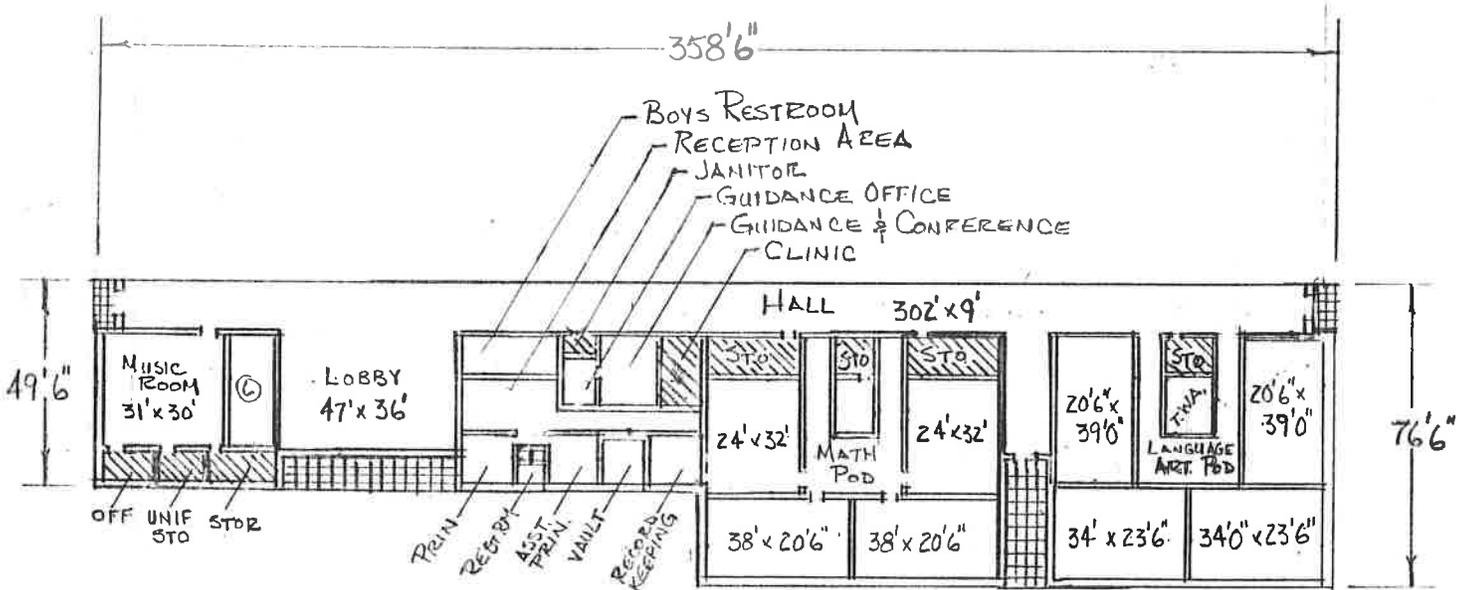
- HA = Homogeneous Area
- T = Thermal System Insulation
- S = Surfacing
- M = Miscellaneous
- BIA = Building Inspection Area (Number assigned by Inspector)

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA A

SCALE 1" = 50'

-  VINYL ASBESTOS FLOOR TILE
-  ASBESTOS BOARD

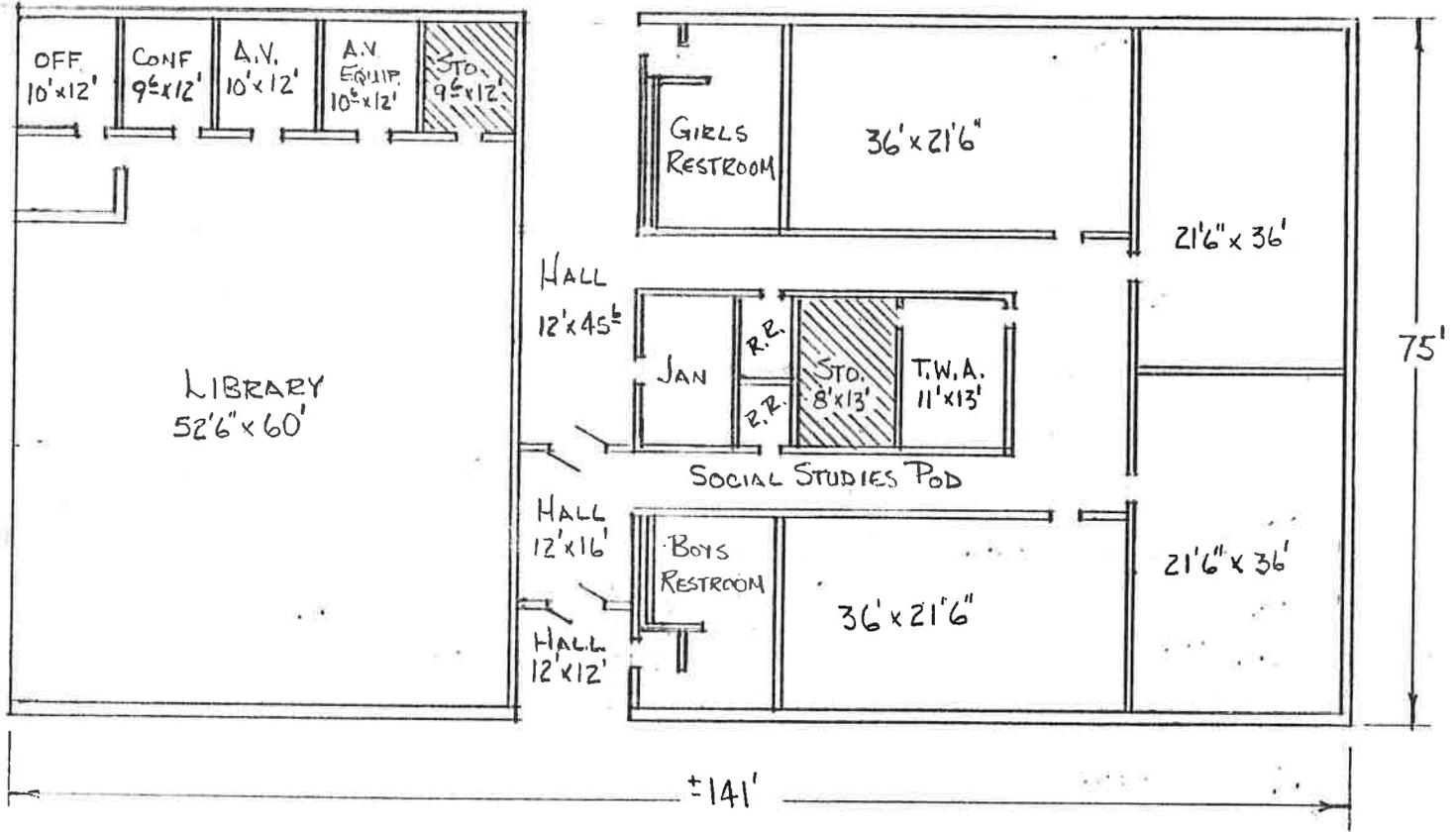
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



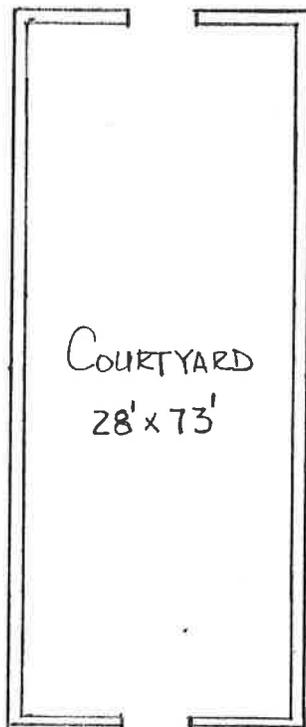
HOMOGENEOUS AREA B
SCALE 1" = 20'

 VYNL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C

SCALE 1" = 20'

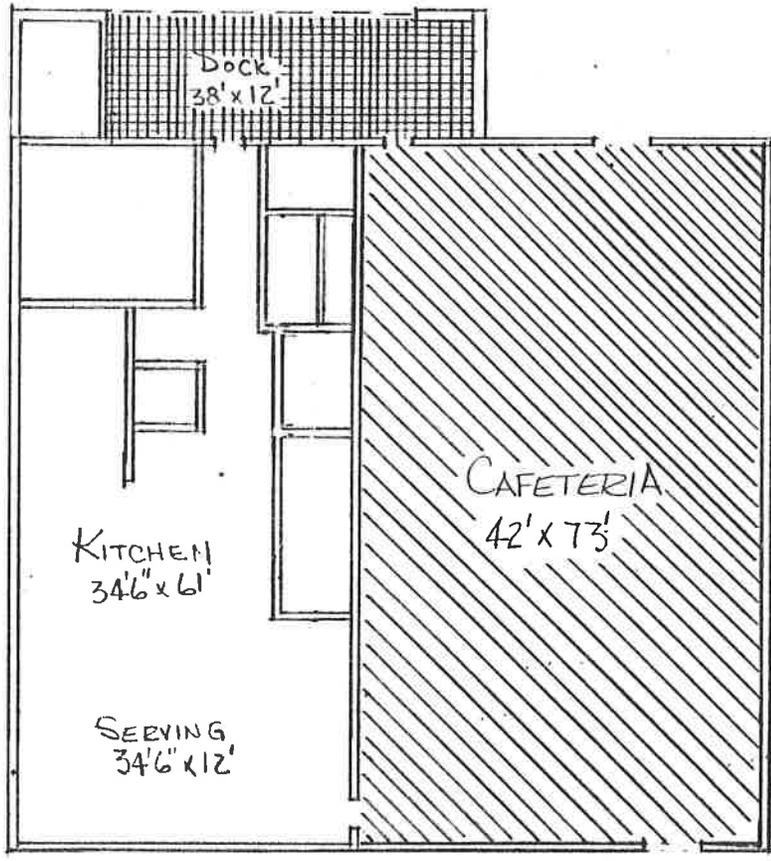
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE 1" = 20'

-  VINYL ASBESTOS FLOOR TILE
-  ASBESTOS BOARD

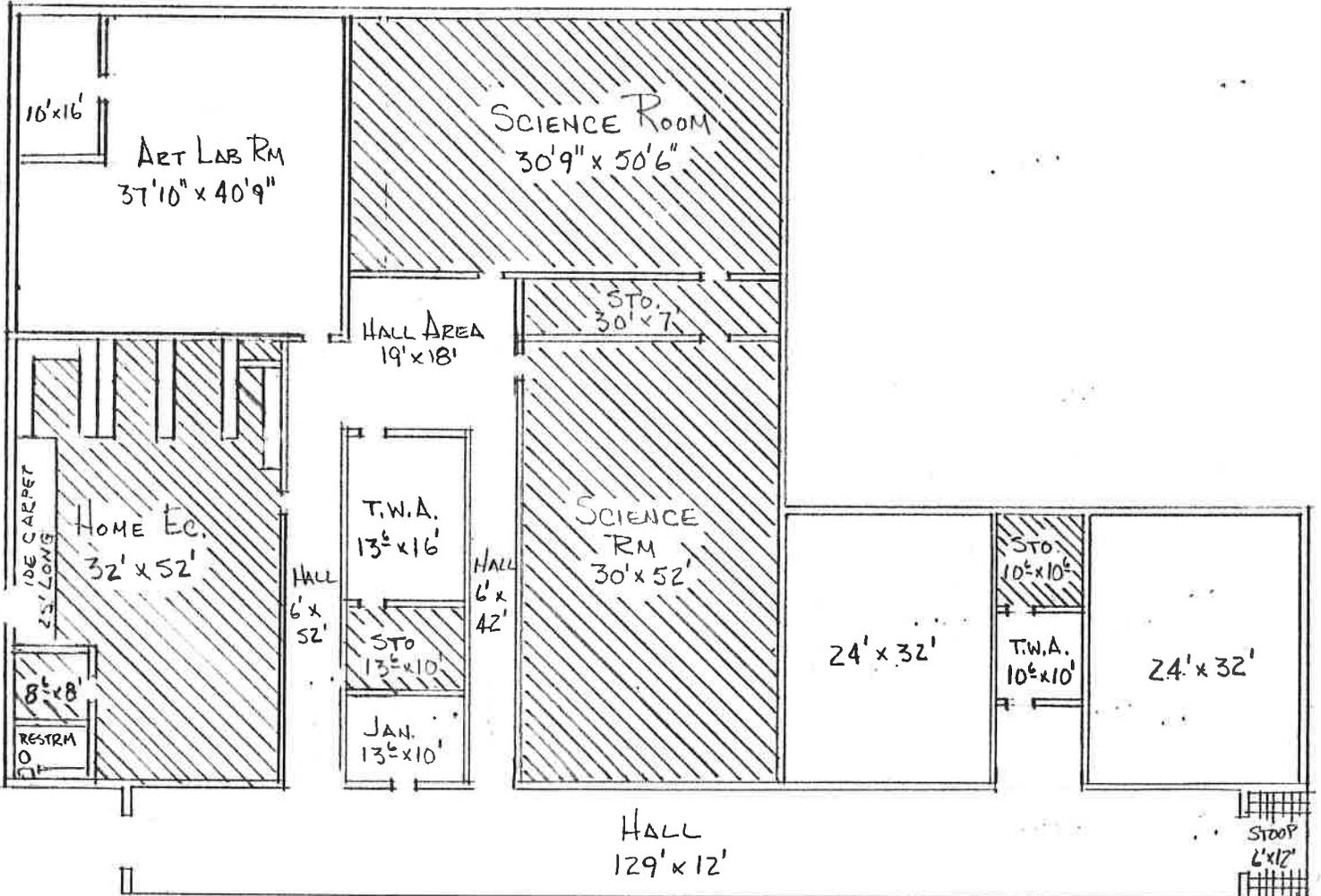
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA E

SCALE 1"=20'

-  VYNL ASBESTOS FLOOR TILE
-  ASBESTOS BOARD

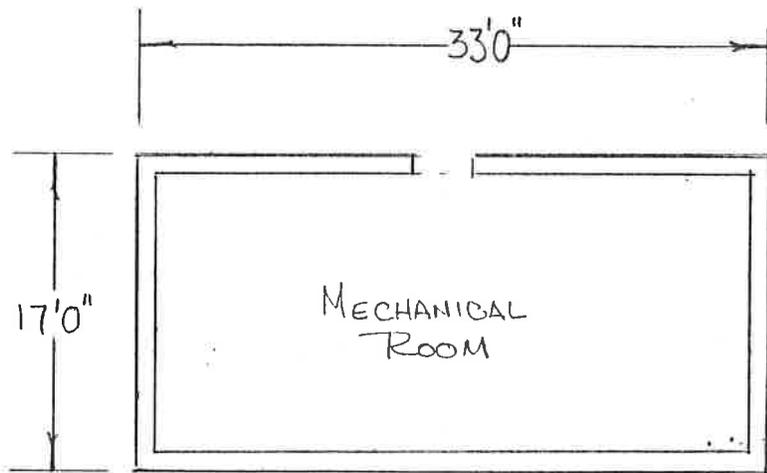
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



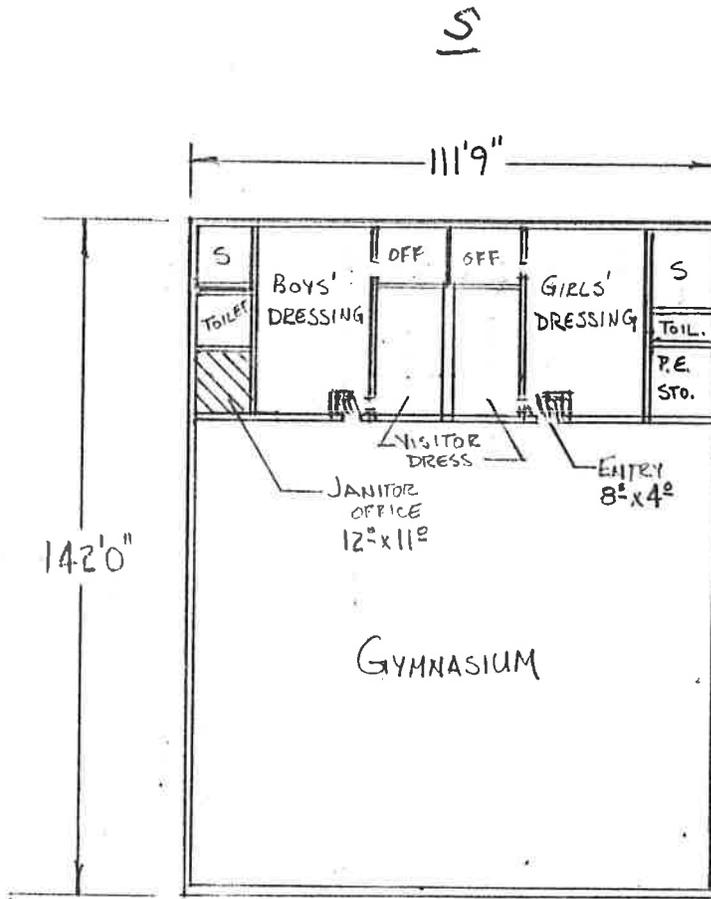
HOMOGENEOUS AREA F
SCALE 1" = 10'

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA G

SCALE 1" = 40'

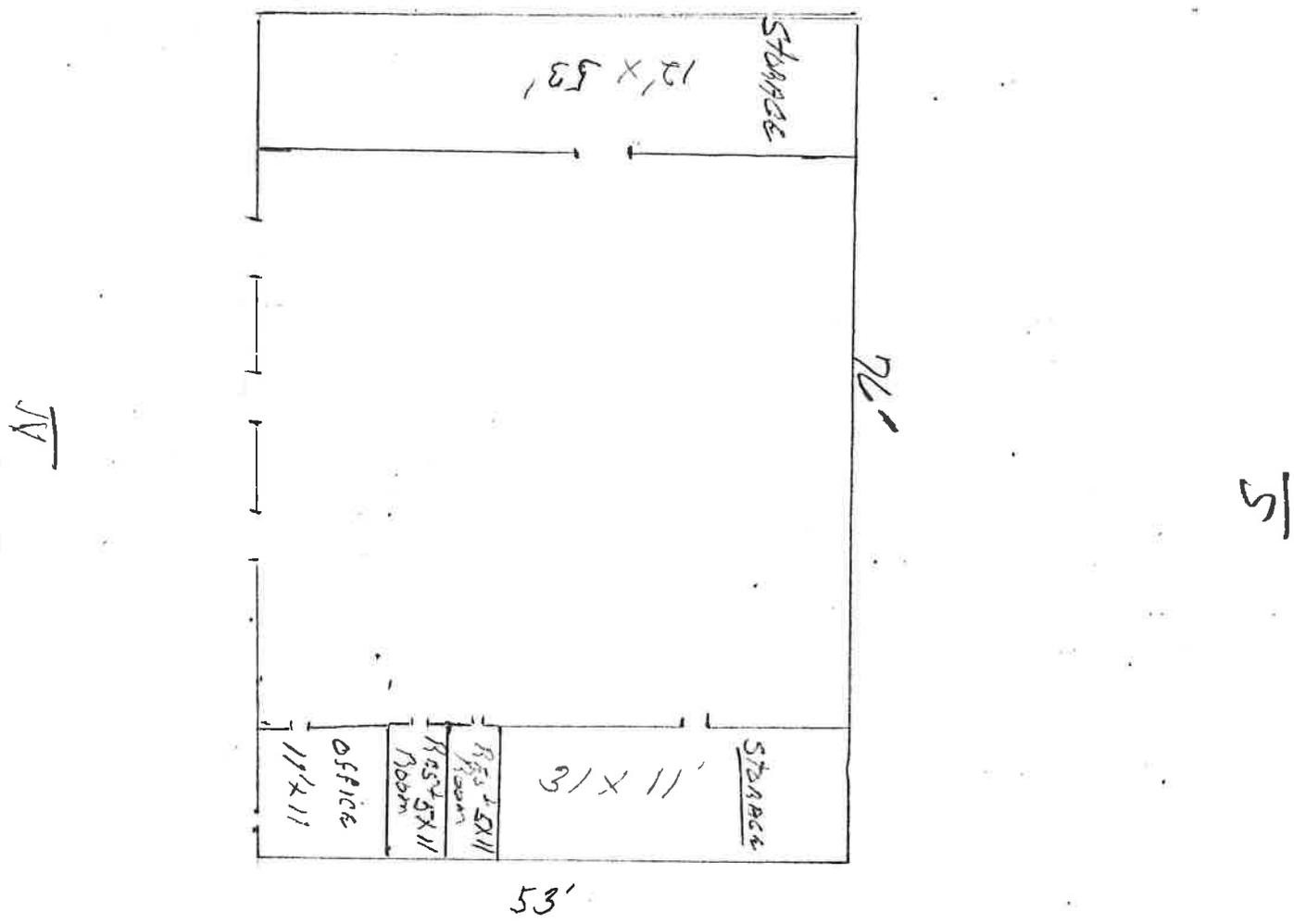
 VYNL ASBESTOS
FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



$\frac{1}{2}'' = 1'$

1. Recommended by Management Planner

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule Dates	
				Start	Complete
1	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
2	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
3	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
4	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
5	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
6	None				
7	Vinyl Asbestos Tile	A-B	A-B	July 1989	Until Removed
8	None				
Through Out	Ceiling Tile	A-B	A-B	July 1989	Until Removed

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

Response action based on hazard ranking required by AHERA Section 763.90.

*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
 Date: 9-30-88

IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: Chester County Junior High **NO.:** 0010

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

1. RESPONSE ACTION:

- | | |
|--|--|
| <input type="checkbox"/> Institute Preventative Measures | <input type="checkbox"/> Enclose |
| <input checked="" type="checkbox"/> Operations and Maintenance Program | <input checked="" type="checkbox"/> Remove |
| <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Encapsulate |
| <input type="checkbox"/> Isolate | <input type="checkbox"/> Other |

Notes (Explain Other): Ceiling Tile

2. DETAILED DESCRIPTION:

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

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

Throughout

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

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

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

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

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

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

FOLLOW-UP ACTIONS

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

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

2. **PERIODIC SURVEILLANCE PLAN: LEA shall perform Periodic Surveillance at least every six (6) months from date of Management Plan implementation (Report surveillance on Form TAHERA 9.0).**

3. **REINSPECTION PLAN: The requirements of a Reinspection Plan are described in Paragraph 763.85(b) of AHERA and shall include performance by an accredited Inspector; frequency (at least every three (3) years); address all friable and nonfriable, known or assumed ACBM; visual reinspection and reassessment; touching of material to determine changes of condition; identification of homogeneous areas where material has become friable since the last inspection; sampling of areas assumed to contain ACBM; reassessment of areas where condition of materials has changed; recording of dates of reinspection; changes of conditions of materials; exact sample locations; manner used to determine sampling locations; and names and signatures of persons making the reinspection, taking samples and reassessing the materials, accreditation numbers and states of accreditation.**

4. **PROGRESS REPORTS: Progress Reports on Management Plan Implementation are to be submitted to the State AHERA Designated Person no later than July 9 of each year beginning 1990. These reports are to include each completed response action, each response action in progress, how these response action schedules compare with the Management Plan schedule, results of Reinspections and Surveillances, a summary of Operations and Maintenance activities and resources needed to continue implementation of the Management Plan. Copies of the Progress Reports should be placed in the Appendix to the Management Plan.**

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

LEA: Chester County LEA NO.: 120

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 non-friable asbestos
at the Chester County Junior 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 amintenance 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

Jr.

The ACM is found in the following locations:

Music Room Office and two Storage Rooms
Janitor Closet in hall
Eight Storage Rooms
Clinic
Two Science Rooms
Home Economics Room
Cafeteria
Janitor Room in Gym
Entranceway into Visitors Dressing Room
The ACM is found in the Floor Tile.

Outside Fascia and Soffitt Area
The ACM is the asbestos board.

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

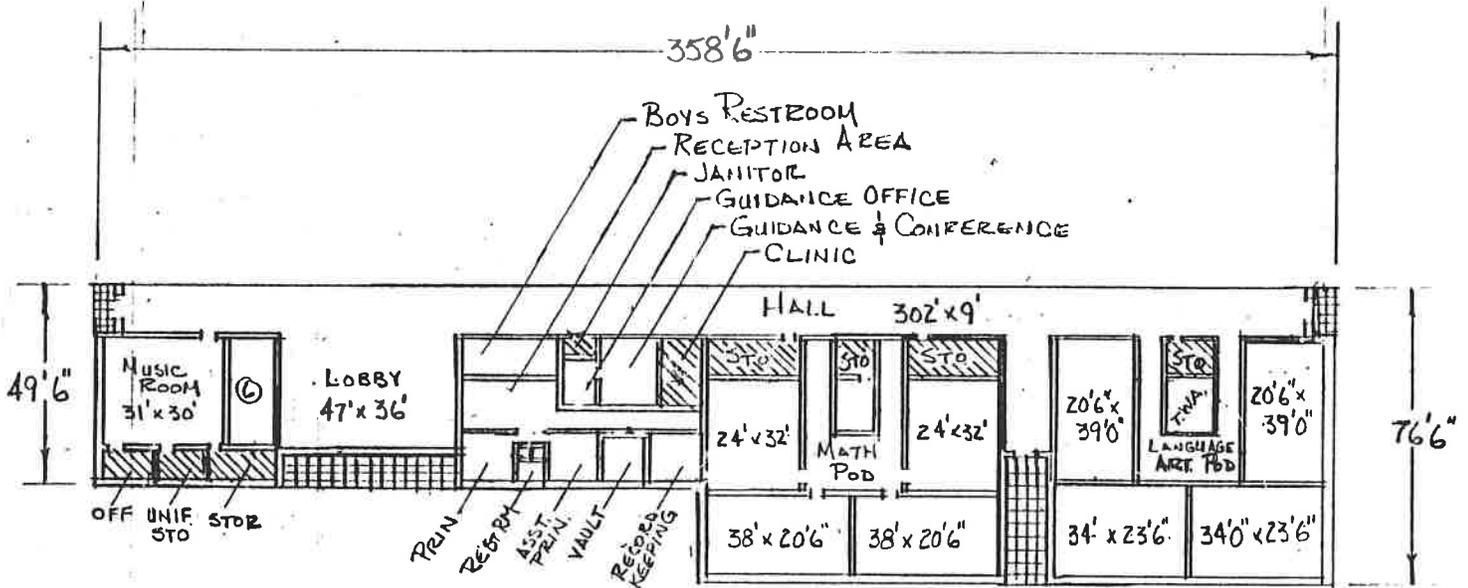
SEE ATTACHED SHEET

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

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA A

SCALE 1"=50'

 VINYL ASBESTOS FLOOR TILE

 ASBESTOS BOARD

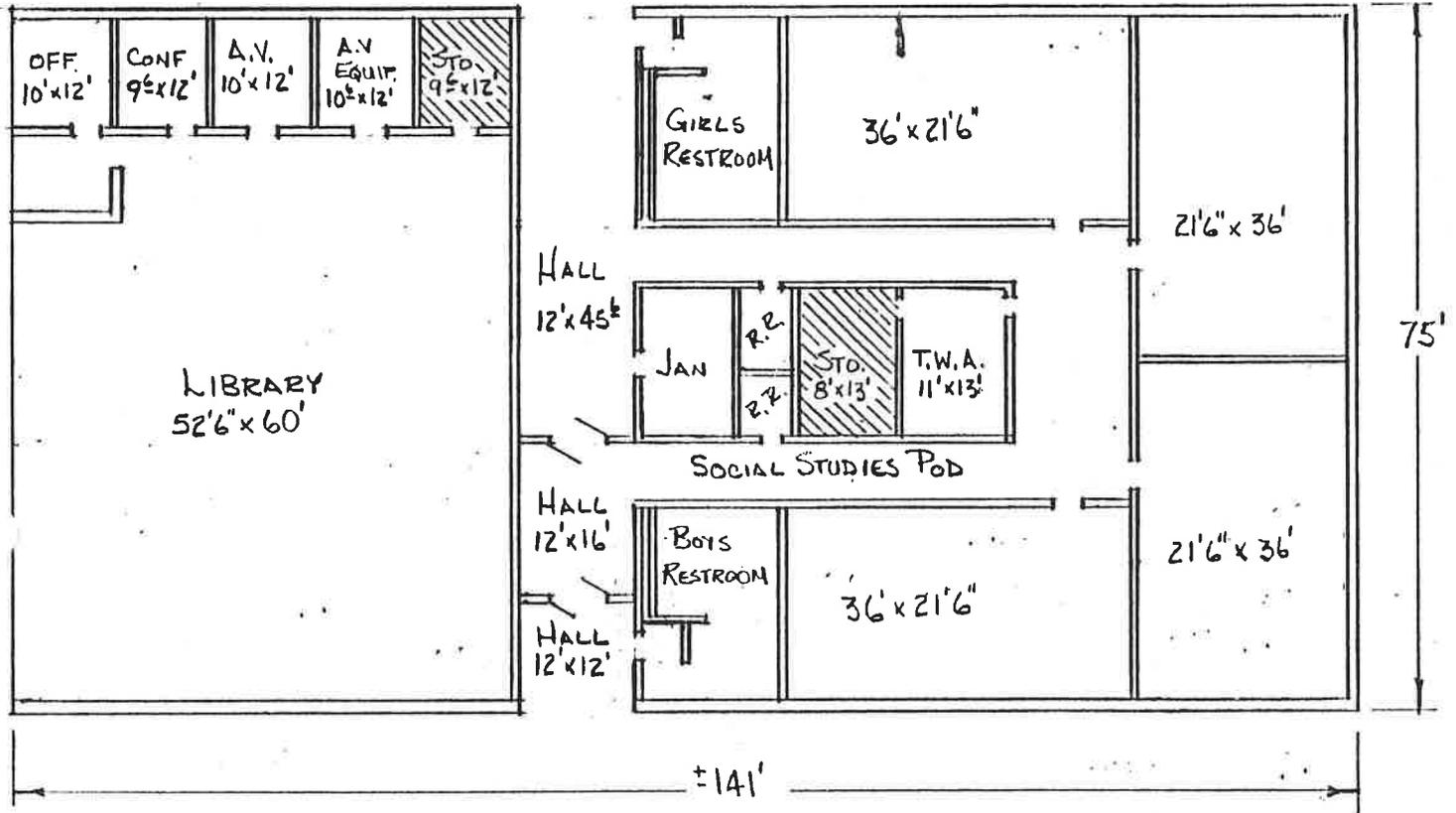
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA B

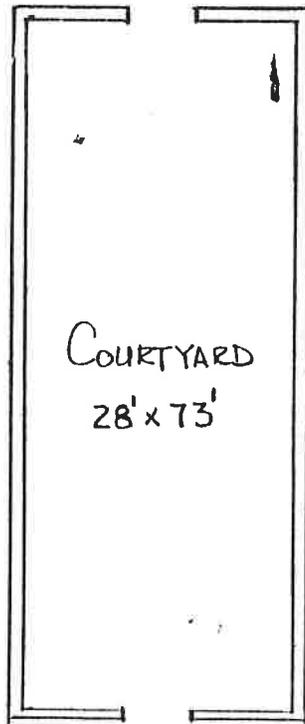
SCALE 1" = 20'

 VYNL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C

SCALE 1" = 20'

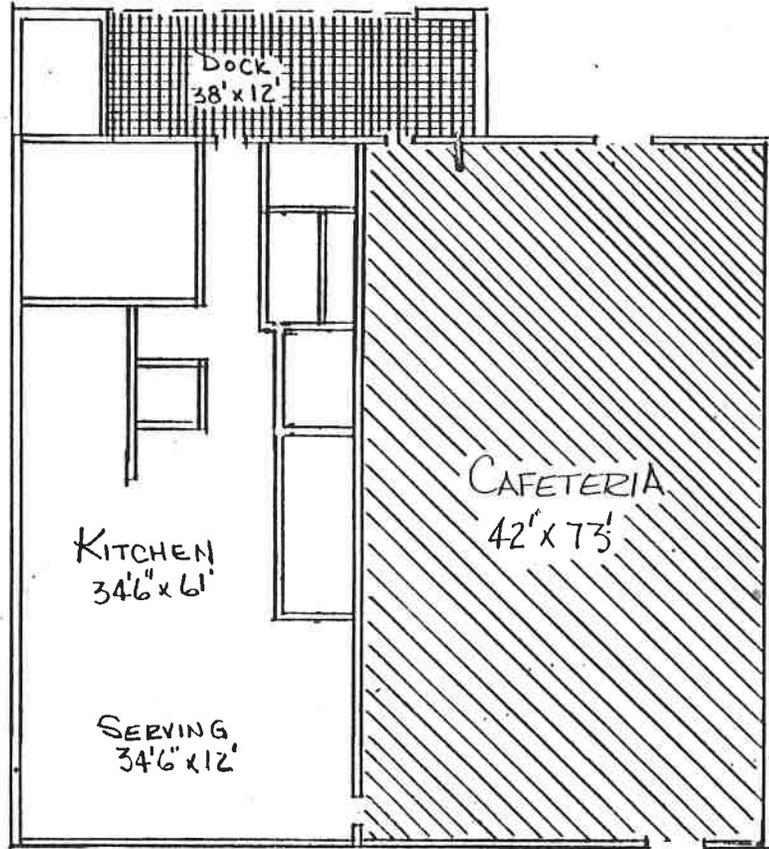
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE 1" = 20'

-  VINYL ASBESTOS FLOOR TILE
-  ASBESTOS BOARD

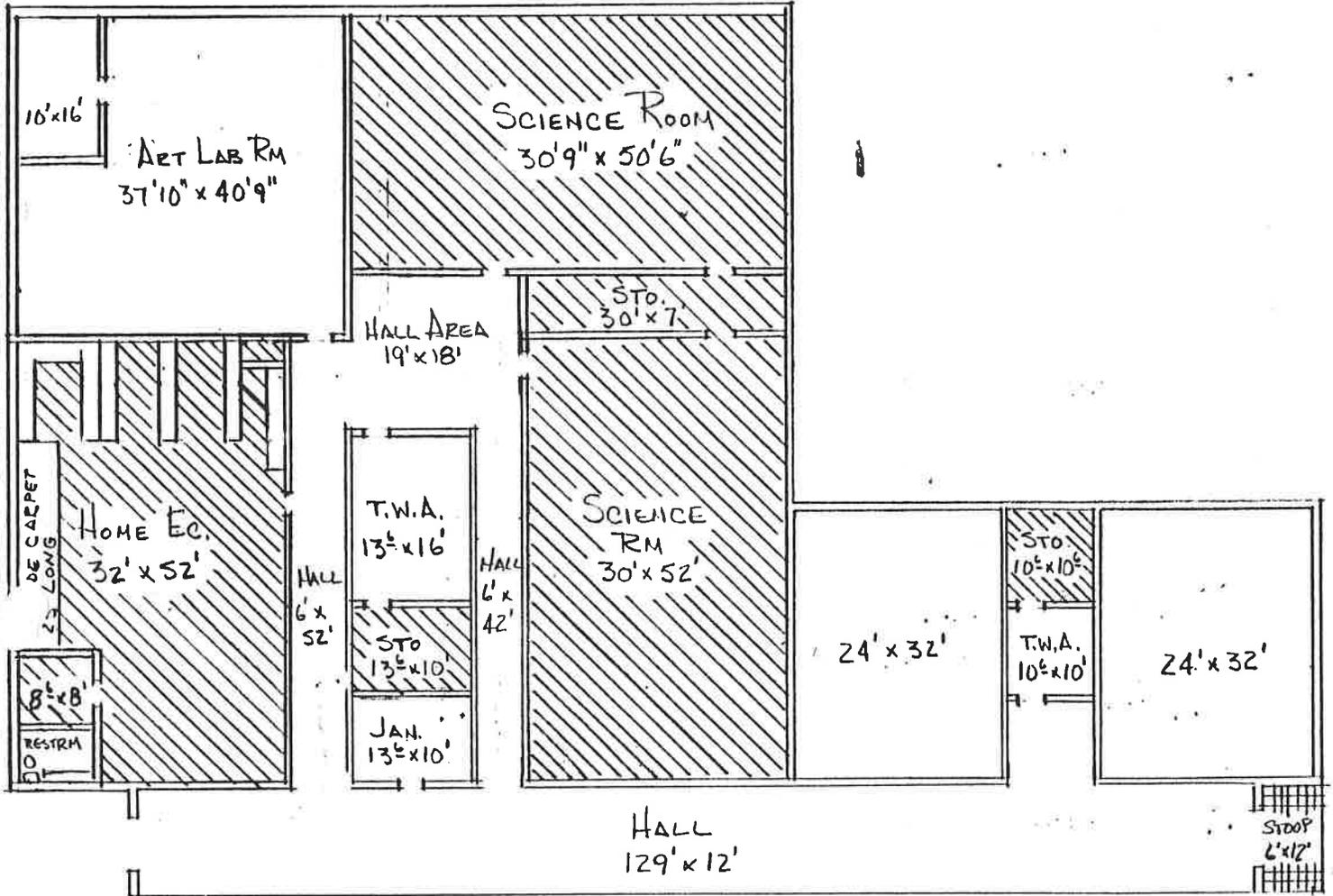
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA E

SCALE 1" = 20'

 VYNL ASBESTOS FLOOR TILE
 ASBESTOS BOARD

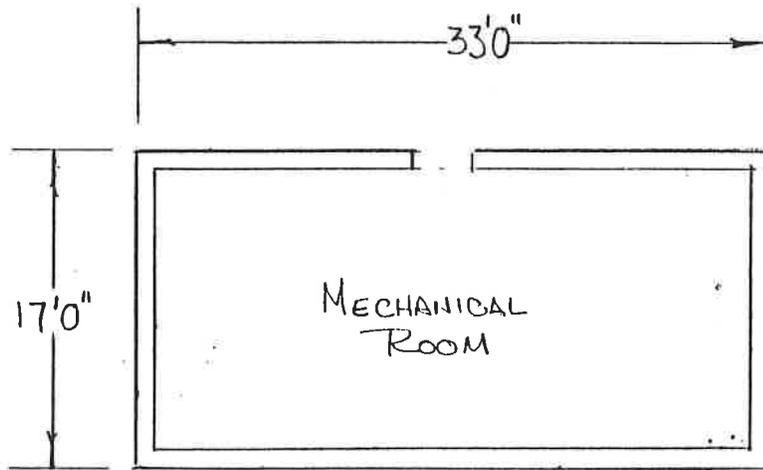
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA F

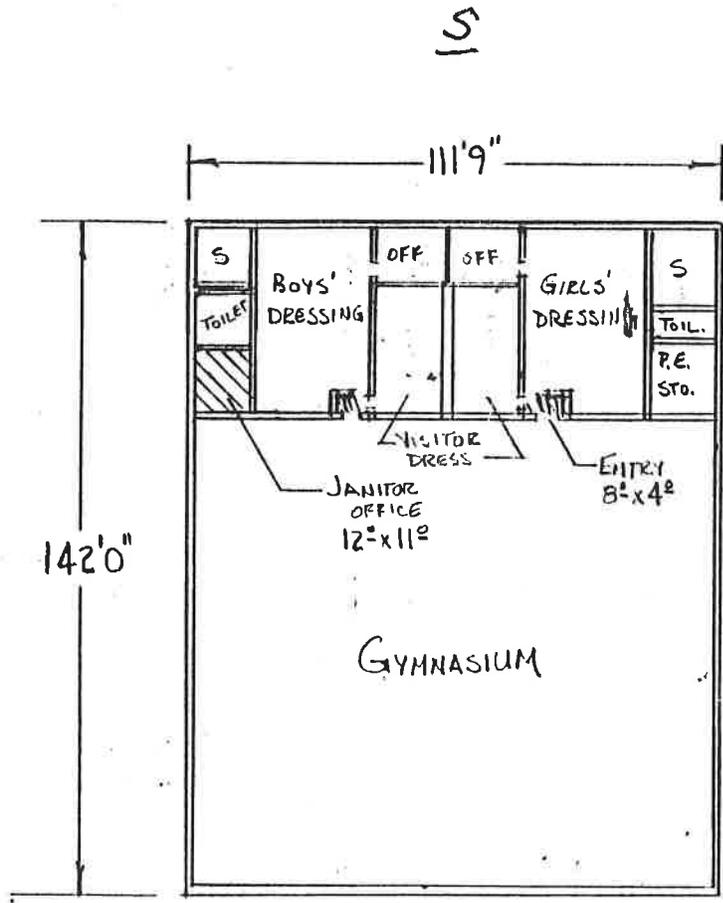
SCALE 1" = 10'

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA G

SCALE 1" = 40'

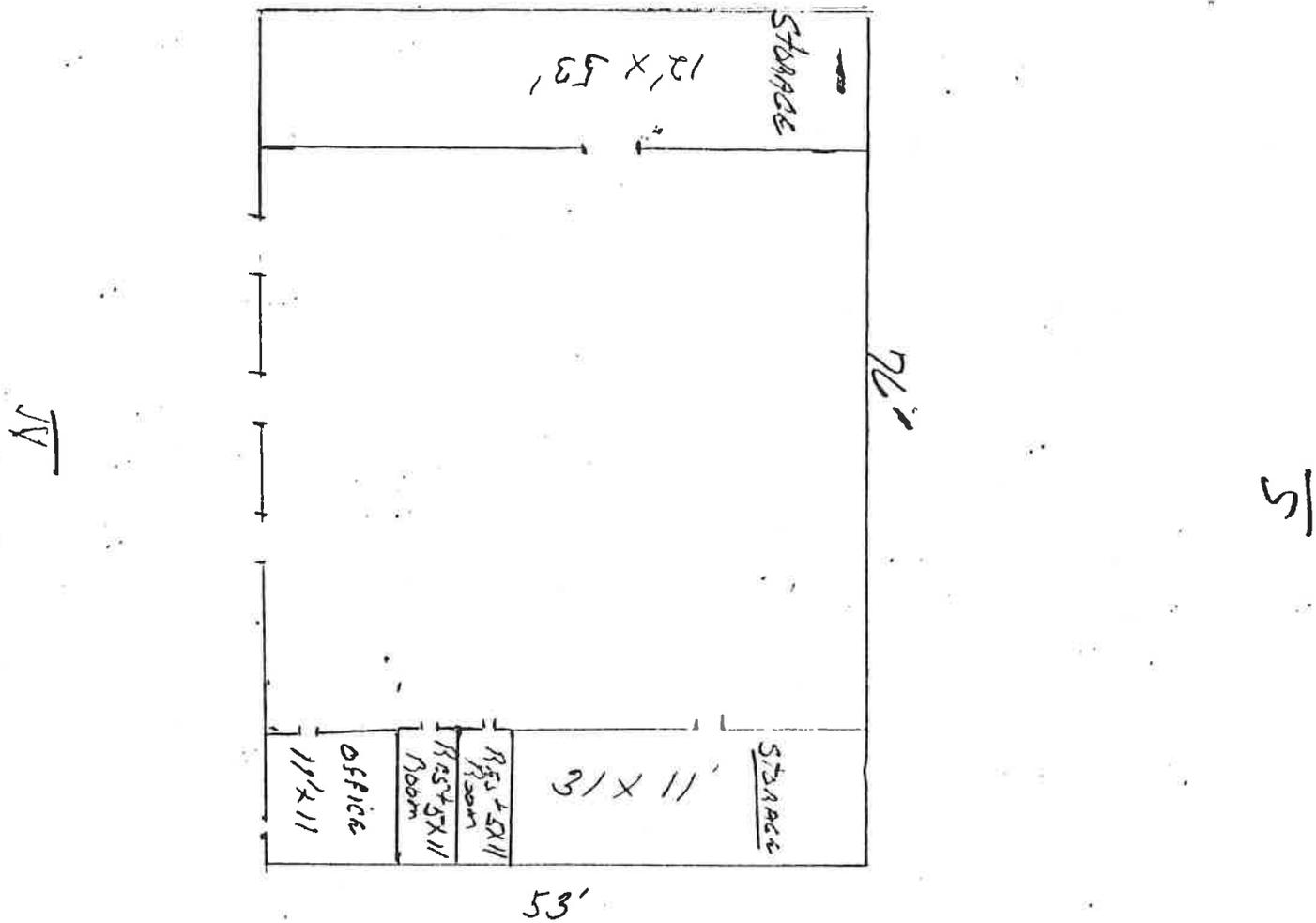
 VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



$\frac{1}{2}'' = 1'$

In areas 1,2,3,4,5 and 6 there is assumed vinyl asbestos floor tile. This is a hard surface and releases fibers at a very slow rate. There should be no drilling, sawing, breaking or sanding without proper equipment. When cleaning the tile, these steps will be followed:

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

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

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 Vacuum. 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 awareness training (T.H.E.-/A.C.T.-/AHERA compliance film plus one hour of discussion of the film). Each will receive a copy 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 vacuum 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 County LEA NO.: 120
Date: 9/30/88

OPERATIONS AND MAINTENANCE PROCEDURES

4. Location of training
 5. Number of hours completed
- B. Initial Cleaning
1. Name of each person performing the cleaning
 2. Date of cleaning
 3. Location
 4. Method used
- C. O and M Activities
1. Name of person performing the activity
 2. Start and completion dates
 3. Location
 4. Description of activity
- D. For Small Scale Fiber Release
1. Date and location of episode
 2. Method of repair
 3. 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.
1. Name and signature of the contractor
 2. State of accreditation
 3. Accreditation number
 4. Start and completion dates
 5. Location of activity
 6. Description of activity
 7. If ACM is removed, name and location of storage or disposal sites

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

GEORGIA INSTITUTE OF TECHNOLOGY

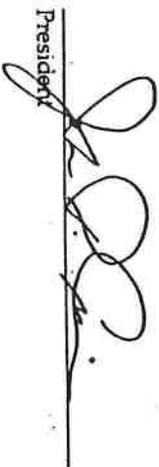
This is to certify that

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


President


Director, Education Extension Services
Associate Vice President for Academic Affairs



The Georgia Institute of Technology

Gene E. Cain

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

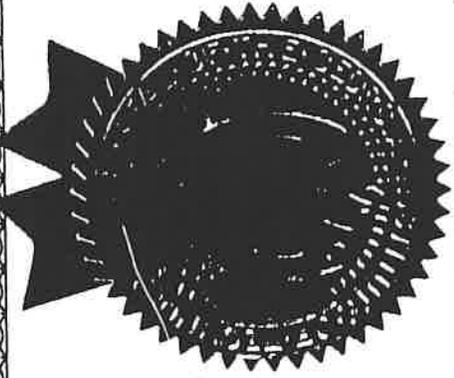
“INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS”

477

Certificate Number

March 23, 1988

Date



Eric Shurlay
Course Director

Mattias M. Mabe
Exam Administrator

The Georgia Institute of Technology

Gene E. Cain

Has attended and satisfactorily passed an examination covering the contents of a continuing education course entitled:

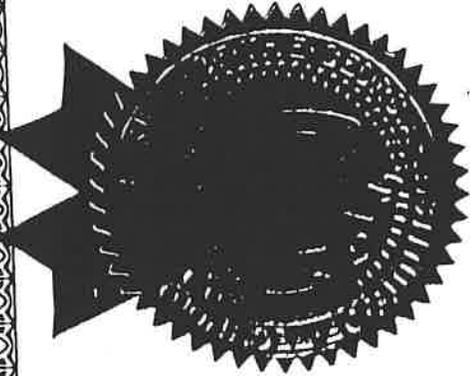
"MANAGING ASBESTOS IN BUILDINGS"

Certificate Number

418

Date

March 25, 1988



Joni Shurley
Course Director

Matthew Marshall
Exam Administrator

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

Managing Asbestos in Buildings

conducted by

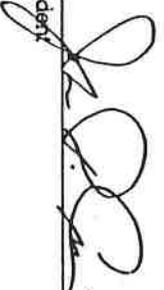
GEORGIA TECH

EDUCATION EXTENSION SERVICES

Atlanta, Georgia

MARCH 24-25, 1988

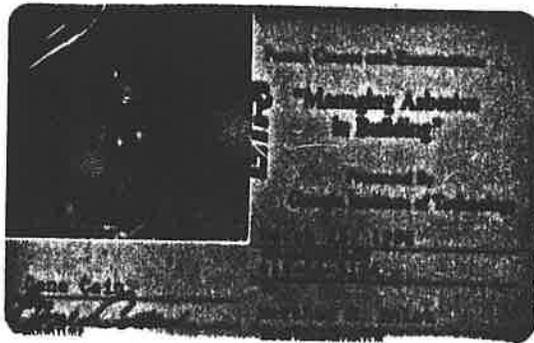
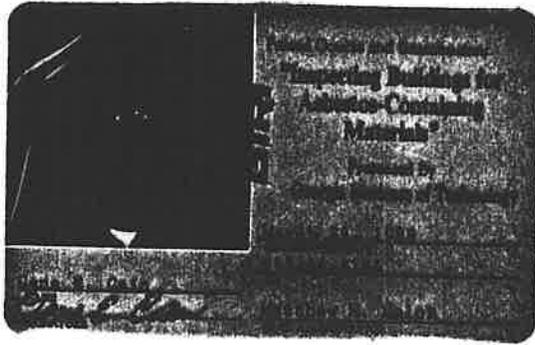




President



Director, Education Extension Services
Associate Vice President for Academic Affairs



QUALITATIVE RESPIRATOR FIT TEST

Name: GENE F. CAIN

Social Security No.: 415-44-5134

Respirator Type: North 7760

Size: M

By: R. Schuster Date: 3/22/88

Georgia Tech Research Institute

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 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:

Dr. 14/1

- 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 - Inlaid linoleum in cafeteria, storage room in kitchen and locker room - Vinyl asbestos floor tile.
- Area 9 - Boiler Room - Pipe wrappings and hot water tank.
- Area 10 - Agriculture Building - Corridors, bookstore and classrooms have vinyl asbestos floor tile. Pipe wrappings in boiler room, shop and shop restroom.
- Area 11 - Business Building - All classrooms have vinyl asbestos floor tile.
- Area 12 - Vocational School - Hall and storage, janitorial room, hall leading to stairs, landing on stairs, hall between shops and locker area, three office areas, janitorial closet and storage room upstairs on the right - vinyl asbestos floor tile. Pipe wrappings on the elbows of hot water tank.

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

Date: September 21, 1988 Period of Instruction: 3 Hrs.

Instructor (Print Name): Gene Cain - Tape (VCR)

Subject Matter Covered: T.H.E. A.C.T two hour employee A.H.E.R.A. compliance training and discussion.

ATTENDEES:

NAME (Print)	JOB TITLE
Gail Ross	Janitor Lakeside
Alonso Roy Climer	Janitor East Chester
P. C. Burross	Janitor West Chester
G. R. Edgson	Janitor North Chester
W. J. Hysmith	Custodian - East
Lloyd King	Janitor
Thomas [unclear]	Custodian - Jr. High C.H.B.
Donald Ross	Janitor [unclear] High School
William Spencer	Janitor High School

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior - High Cafeteria

Date: September 21, 1988 Period of Instruction: 3 Hrs.

Instructor (Print Name): Gene Cain - Tape (VCR)

Subject Matter Covered: T.H.E. A.C.T two hour employee A.H.E.R.A. compliance training and discussion.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Johnny Hayes</u>	<u>Junior High School</u>
<u>Marion C. Davis</u>	<u>Junior Jr. High School</u>
<u>Dwight Walker</u>	<u>Teacher</u>
<u>Kathleen Calneyn Maers</u>	<u>School Superintendent</u>
_____	_____*
_____	_____*
_____	_____*
_____	_____*
_____	_____*

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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:** 7/18-27/88

5. **LEA Designated Person:** Gene Cain

Signature: *Gene Cain*

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

Training date for all above: 9/21/88

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

5. **LEA Designated Person:** Gene Cair

Signature: *Gene Cair*

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 | 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: *Gene Cain*

Date: 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 | 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: 6/3-10/88

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

Date: 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 | 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: 

Date: 9/30/88



CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327
Henderson, Tennessee 38340 Telephone 901/989-5134

KATHY COATNEY MAYS, Superintendent

M E M O

TO: Principals - *Go Ann Jones*
FROM: Kathy Coatney Mays *Kathy Coatney Mays*
SUBJECT: Asbestos Inspection
DATE: January 4, 1990

I am attaching a copy of the Asbestos Periodic Surveillance Report for your school. This report is to be filed in your Asbestos Management Plan in the Appendix.

KCM:cb

DWAIN SEATON, Chairman
Route 2, Beech Bluff

BILL MOORE, Vice-Chairman
1271 W. Main, Henderson

STEVE LONG
573 Woods Dr., Henderson

DANNY SWAFFORD
Enville

JOE COX
522 Jacks Creek Circle, Henderson

GENE HIBBETT
482 White Ave., Henderson

JOE HOLMES, JR.
Route 2, Henderson

1. Fill out every six (6) months and insert in Appendix of Management Plan

HA No.	Description of ACM	Area Inspected	Change in Condition (if any)
1	Vinyl Asbestos Tile	All	None
2	Vinyl Asbestos Tile	All	None
3	Vinyl Asbestos Tile	All	None
4	Vinyl Asbestos Tile	All	None
5	Vinyl Asbestos Tile	All	None
7	Vinyl Asbestos Tile	All	None

2. Attach proof, sign-off sheets, notices, etc. that Paragraphs 2 and 3 on the Assurances Guide Document (TAHERA 3.0) have been properly followed through.

Date of Surveillance: 12/13/89

Surveillance Inspector's* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

AHERA Accreditation Number/Date (if applicable): 161 - 3/21/89

*Surveillance Inspector is not required to be AHERA certified. If not, indicate any relevant asbestos or AHERA training: _____

LEA Designated Person Signature: *Gene Cain*

Dated: 12/20/89

LEA: Chester County LEA NO.: 120

Date: 12/20/89

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 **SUBMITTED BY JULY 9** 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)
2. 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.

1. 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)

PERIODIC SURVEILLANCE REPORT

SCHOOL YEAR: 1990-1991

=====
No. #1 [X] (1st six months) Date 12-26-90

=====
No. #2 [X] (2nd six months) Date 6-8-91
 =====

SCHOOL BUILDING NAME Chester County Junior High 010

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

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Vinyl Asbestos Tile	All	None
2	Vinyl Asbestos Tile	All	None
3	Vinyl Asbestos Tile	All	None
4	Vinyl Asbestos Tile	All	None
5	Vinyl Asbestos Tile	All	None
6	Vinyl Asbestos Tile	All	None

Surveillance Inspector's* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

AHERA Accreditation Number/Date (if applicable)*: 455 2-27-91

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

LEA System Name: Chester County **LEA NO.:** 120

Date: 6-8-91

1. Fill out every six (6) months and insert in Appendix of Management Plan

HA No.	Description of ACM	Area Inspected	Change in Condition (If any)
1	Vinyl Asbestos Tile	All	None
2	Vinyl Asbestos Tile	All	None
3	Vinyl Asbestos Tile	All	None
4	Vinyl Asbestos Tile	All	None
5	Vinyl Asbestos Tile	All	None
6	Vinyl Asbestos Tile	All	None

2. Attach proof, sign-off sheets, notices, etc. that Paragraphs 2 and 3 on the Assurances Guide Document (TAHERA 3.0) have been properly followed through.

Date of Surveillance: 12-26-90

Surveillance Inspector's* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

AHERA Accreditation Number/Date (if applicable): 455 - 3/27/90

*Surveillance Inspector is not required to be AHERA certified. If not, indicate any relevant asbestos or AHERA training: _____

LEA Designated Person Signature: *Gene Cain*

Dated: 12-26-90

LEA: Chester County LEA NO.: 120

Date: 12-26-90

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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:** 7/18-27/88

5. **LEA Designated Person:** Gene Cain

Signature: *Gene Cain*

Date: 9/30/88

**FIBER RELEASE EPISODE
SCHOOL:**

SCHOOL YEAR: 1990-1991
SCHOOL NO.: _____

=====

**USE THIS FORM TO DOCUMENT FIBER RELEASES CAUSED BY FALLING OR DISLODGING
ASBESTOS-CONTAINING MATERIALS IN ANY QUANTITY. PROVIDE ONE FORM FOR
EACH ACTIVITY AT EVERY SCHOOL.**

1. Description of fiber release episode including location, ACBM,
method of repair, preventive measure or response action taken:

2. Date of fiber release episode:

3. Names of person(s) performing any work described above:

4. If ACBM is removed, name and location of storage or disposal site:

5. LEA Designated Person:

Signature: _____

Dated: _____

LEA System Name: Chester County Board of Education LEA NO.: 120

Date: 6-29-91

**ABATEMENT ACTION
SCHOOL:**

SCHOOL YEAR: 1990-1991
SCHOOL NO.: _____

=====

USE THIS FORM TO DOCUMENT REMOVAL, ENCLOSURE, ENCAPSULATION OR REPAIR OF ASBESTOS-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.

Date of Action: _____ to _____

Original Mangement Plan Homogeneous Area No.: _____
(attach TAHERA 6.3 indicating location.)

Type of Material: _____ Quantity of Material: _____

2. Name of Abatement Contractor:
Address:

Accreditation Number/Agency (if applicable):

3. Name of Abatement Designer:
Address:

Accreditation Number/Agency (if applicable):

4. Air Monitoring Laboratory:
Address:

Accreditation Number/Agency (if applicable):

5. Name of Waste Disposal Site:
Address:

6. Attach Air Monitoring Report from air testing laboratory listed above which provided at a minimum the following information:

- a. Location of Samples and Date Collected
- b. General Description of Analyzing Method Used
- c. Name of Analyst and Signature
- d. Result of Analyses
- e. Laboratory Accreditation Statement (if applicable)

LEA System Name: Chester County Board of Education LEA NO.: 120

Date: 6-29-91

PERIODIC SURVEILLANCE REPORT

SCHOOL YEAR: 1991-1992

No. #1 [] (1st six months) Date 12/28/91

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

SCHOOL BUILDING NAME Chester County Junior High 010

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

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Vinyl Asbestos Tile	ALL	NONE
2	Vinyl Asbestos Tile	ALL	NONE
3	Vinyl Asbestos Tile	ALL	NONE
4	Vinyl Asbestos Tile	ALL	NONE
5	Vinyl Asbestos Tile	ALL	NONE
6	Vinyl Asbestos Tile	ALL	NONE

Surveillance Inspector's* Signature: 

Surveillance Inspector's Name: Gene Cain

AHERA Accreditation Number/Date (if applicable)*: 455 2/27/91

*Surveillance Inspector is not required to be AHERA certified.

LEA System Name: Chester County LEA NO.: 120
Date: 12/28/91

PERIODIC SURVEILLANCE REPORT

SCHOOL YEAR: 1992-93

No. #1 (1st six months) Date 12-30-92

No. #2 (2nd six months) Date _____

SCHOOL BUILDING NAME Chester County Junior High

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

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Floor Tile	All	None
2	Floor Tile	All	None
3	Floor Tile	All	None
4	Floor Tile	All	None
5	Floor Tile	All	None
6	Floor Tile	All	None

Surveillance Inspector's* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

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

*Surveillance Inspector is not required to be AHERA certified.

LEA System Name: Chester County LEA NO.: 120

Date: 12-30-92

CHECKLIST FOR YEARLY PROGRESS REPORTS/YEAR: 19⁹⁰-91

=====

PLEASE MAKE A COPY OF THIS CHECKLIST PRIOR TO USE AND RETAIN FOR FUTURE USE.

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 requirements. Please mark [] the status of the checklist items when submitting a Progress Report as [1] attached, [2] will be addressed and submitted by the Management Planner, or [3] not applicable.

-
- 1[X] A. Annual Progress Report Form. TAHERA 15.0(3/91).
 - 1[X] B. Transmittal Sheet/AHERA Submittals Form. TAHERA 1.0(3/91).
 - 1[X] C. Assurances Form. TAHERA 3.0(3/91)
 - 1[X] 2[] 3[] D. Revised School Building List, TAHERA 5.0(3/91).
This form must include all new school buildings or additions.
 - 1[X] E. A notice to the parents, teachers, and employees stating where the Management Plan is located must be sent each year to be in compliance with AHERA. This is also required for schools which do not contain asbestos.
 - 1[X] 2[] 3[] F. School Information/Certification Form, TAHERA 6.1A(3/91). This form must be completed for all buildings and additions completed during the last year. Attach letter(s) from Architects, engineers, or accredited inspectors if:
 - a. If an existing building is acquired after October 12, 1988, 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 prior 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.
 - b. If a new building is constructed after October 12, 1988, and is intended to be used as a school, an AHERA inspection management plan shall be conducted prior to the use of the building as a school building. The inspection and assessment of the building materials may be waived if an architect, project engineer responsible for the construction of the building, or an accredited

inspector signs a statement that (1) no ACBM was specified as a building material in any construction document for the building or (2) to the best of his or her knowledge, no ACBM was used as a building material in the building. If such a statement is obtained, the LEA shall submit a copy of the signed statement to the EPA Regional Office and shall include the statement in the Management Plan for the school.

- 1[X] 2[]
- G. Two (2) sets of **Periodic Surveillance Report Forms**, TAHERA 9.0(3/91). This report must be completed every six (6) months.
- 1[] 2[] 3[X]
- H. The **Abatement Action Form**, TAHERA 10.0(3/91). This form must be completed for any removal, enclosure, encapsulation or repair greater than 3 square or linear feet. Please attach a copy of the air monitoring report.
- 1[X] 2[] 3[]
- I. The **Employee Training Form**, TAHERA 11.0(3/91). This form must be completed for any additional training. New custodial and maintenance employees should be trained within sixty (60) days of commencement of employment.
- 1[X] 2[] 3[]
- J. The **Operations and Maintenance Activity Form**, TAHERA 12.0(3/91). This form must be completed for any removal, enclosure, encapsulation or repair less than 3 square or linear feet.
- 1[X] 2[] 3[]
- K. The **Cleaning Record Form**, TAHERA 13.0(3/91). This form must be completed for any initial or additional cleaning as recommended by your Management Planner. Initial cleaning must be conducted for all schools containing friable asbestos.
- 1[] 2[] 3[X]
- L. The **Fiber Release Episode Form**, TAHERA 14.0(3/91). This form must be completed for the falling or dislodging of asbestos-containing materials in any quantity.

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

Date: 6-29-91

ANNUAL PROGRESS REPORT

SCHOOL BUILDING NAME: Chester Co. Junior High - 010 SCHOOL YEAR: 1990-1991

SUMMARY OF RESPONSE ACTIONS:

LEGEND

- A Institute Preventative Measures
- B O & M
- C Repair
- D Encapsulate
- E Enclose
- F Remove
- G Isolate
- H Other (Explain)

HA Number	Material Description	1	2	3	4	5	6						
	Floor Tile												
	Floor Tile												
	Floor Tile												
	Floor Tile												
	Floor Tile												
	Floor Tile												

LEA SELECTED RESPONSE ACTION
(See Legend)

CHECK ONE

A													
B	X	X	X	X	X	X	X						
C													
D													
E													
F													
G													
H													

RESPONSE ACTION COMPLETED?

CHECK ONE

YES	X	X	X	X	X	X	X						
NO													

RESPONSE ACTION IN PROGRESS?

CHECK ONE

YES	X	X	X	X	X	X	X						
NO													

MANAGEMENT PLAN SCHEDULE COMPARISON

CHECK ONE

On Schedule	X	X	X	X	X	X	X						
Ahead Schedule													
Behind Schedule													

Resource(s) needed to continue implementation of Management Plan: \$ 250.00

COMMENTS: All conditions of the O & M Plan have been completed. Cost of removal of ACM would be approximately \$100,000.

LEA SYSTEM NAME: Chester County Board of Education LEA NUMBER: 120

TRANSMITTAL SHEET/AHERA SUBMITTALS

1. MANAGEMENT PLAN

SUBMISSION: Original Resubmittal New Building

STATE REVIEW:

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

2. MANAGEMENT PLAN PROGRESS REPORT No. _____ Dated _____

SUBMISSION: Original Resubmittal New Building

STATE REVIEW:

Remarks: _____

3. MANAGEMENT PLAN REINSPECTION REPORT No. _____ Dated _____

SUBMISSION: Original Resubmittal New Building

STATE REVIEW:

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

Reviewer's Signature _____

Dated: _____

LEA System Name: Chester County Board of Education LEA NO.: 120

Address: P. O. Box 327, Henderson, TN 38340

County: Chester

Superintendent: Dr. Kathy Coatney Mays

Date: 6-27-91

ASSURANCES

SCHOOL YEAR: 1990-1991

Submit along with TAHERA forms 9.0(3/91), 10.0(3/91), 11.0(3/91) and 12.0(3/91) to Office of Special Initiatives, Suite 206, John Sevier State Office Building, Nashville, Tennessee 37243-0290 prior to July 9 of every year.

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, 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, 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 Paragraph 763.93(g).
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.

Signed: *Gene Cain*
LEA Designated Person, pursuant to 40 CFR 763.93(i) and 763.84

Signed: _____
Superintendent

Typed Name: Gene Cain

Typed Name: Dr. Kathy Coatney Mays

LEA System Name: Chester County Board of Education LEA NO.: 120

Date: 6-29-91

SCHOOL BUILDING LIST

SCHOOL YEAR: 1990-1991

List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	CITY	ZIP CODE	ACBM		NO ACBM
					F	NF	
120 0005	Chester Co. High,	Hwy. 100 East,	Henderson, TN	38340	x	x	
126 0010	Chester Co. Jr. High,	Hwy. 100E,	Henderson, TN	38340		x	
	Bus Shop,	Hwy. 100 East,	Henderson, TN	38340			x
120 0015	East Chester Elem.,	Hwy. 100 East,	Henderson TN	38340		x	
120 0025	Jack's Creek Elem.,	Gen. Del.,	Henderson, TN	38347		x	
120 0028	North Chester Elem.,	Luray Ave.,	Henderson, TN	38340	x	x	
120 0030	West Chester Elem.,	Hwy 100 West,	Henderson, TN	38340		x	
	Administrative Offices -	Court House,	Henderson	38340	x		

LEGEND:

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

LEA System Name: Chester Co. Board of Education **LEA NO.:** 120

Date: 6-22-91

TRANSMITTAL SHEET/AHERA SUBMITTALS

LEA 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

ORIGINAL SUBMISSION	CORRECTION/ DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		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	
X			1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)
X			2. Checklist for Yearly Progress Reports (TAHERA 1.1)
X			3. Assurances (TAHERA 3.0)
X			4. Periodic Surveillance Report (TAHERA 9.0)
X			5. Annual Progress Report (TAHERA 15.0)
X			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	
X			1. Revised School Building List (TAHERA 5.0) This form must include all new school buildings or additions.
X			2. 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: 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

SCHOOL YEAR ENDING 6-30-93

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, 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, 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 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 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).
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'S NAME (please print): Gene Cain

LEA DESIGNATED PERSON'S SIGNATURE: *Gene Cain*

SUPERINTENDENT'S NAME (please print): Dr. Kathy Coatney Mays

SUPERINTENDENT'S SIGNATURE: *Kathy Coatney Mays*

LEA System Name: Chester County

LEA NO: 120

DATE: 6-17-93

PERIODIC SURVEILLANCE REPORT

SCHOOL NAME: Chester County

BUILDING NAME: Chester County Junior High

SCHOOL YEAR: 1992-93

this form out every six (6) months for each school building; attach to your Yearly Progress Report and submit a copy to the State. The original of this document must be kept with your Management Plan.)

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months
			DATE <u>12-30-93</u>	DATE <u>6-8-93</u>
			ACBM CONDITION *	ACBM CONDITION *
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
	Floor Tile	All	Good	N/C
o	Floor Tile	All	Good	N/C

* IF NO CHANGE IN CONDITION, WRITE N/C

Surveillance Inspector's Name (please print): Gene Cain

Surveillance Inspector's Signature: *Gene Cain*
 (Surveillance Inspector is not required to be AHERA certified.)

AHERA Accreditation Number/Date (if applicable): 1187 - -2/9/93

LEA System Name: Chester County LEA NO: 120

DATE: 6-17-93

PERIODIC SURVEILLANCE REPORT

SCHOOL YEAR: 1992-93

No. #1 [X] (1st six months) Date 12-30-92

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

SCHOOL BUILDING NAME Chester County Junior High

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

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Floor Tile	All	None
2	Floor Tile	All	None
3	Floor Tile	All	None
4	Floor Tile	All	None
5	Floor Tile	All	None
6	Floor Tile	All	None

Surveillance Inspector's* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

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

*Surveillance Inspector is not required to be AHERA certified.

LEA System Name: Chester County LEA NO.: 120

Date: 12-30-92

Chester County Schools

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

Kathy Coatney Mays
Superintendent

MIKE TIGNOR
Attendance Supervisor

DENISE PERKINS
Speech Pathologist

MARGARET BINGHAM
Supervisor of Instruction

MATTIE MICKENS
Supervisor/
Director of Chapter 1/
Handicapped

GAYLE BROOKS
Food Service

CAROLYN JOHNSON
Payroll

MABEL PERKINS
Bookkeeper

CAROLYN BINGHAM
Receptionist/
Secretary to Superintendent

M E M O

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

FROM: Kathy Coatney Mays *Kathy Coatney Mays*

SUBJECT: Custodian Meeting Scheduled for December 16, 1992

DATE: December 7, 1992

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:

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

KCM:cb

Asbestos Training
December 16, 1992

The following custodians attended an
asbestos training session

<u>Personnel</u>	<u>School</u>
1. Kathy Courtney Maye	all schools
2. Wilburne Stephens	East
3. Wilbom Spencer	COHS
4. Johnny Hayes	Co. H. S.
5. P. C. Burross	West C.
6. J. R. Edger	north C.
7. Brackton Lindsay	
8. Billy Shuck	
9. Marion C-Davis	Junior High
10. Terry Johnson	
11.	
12.	

Session conducted by:

<u>Name</u>	<u>Organization</u>
1. Murray Lofter	- National Laboratories
2. RA Spike Jones	- Murray Sloan

ANNUAL PROGRESS REPORT

SCHOOL NAME: Chester County

BUILDING NAME: Chester County Junior High

SCHOOL YEAR: 1992-93

SUMMARY OF RESPONSE ACTIONS:

LEGEND

- A Institute Preventative Measures
- B O & M
- C Repair
- D Encapsulate
- E Enclose
- F Remove
- G Isolate
- H Other (Explain)

Material Description	1	2	3	4	5	6								
IIA Number	FLOOR TILE													

LEA SELECTED RESPONSE ACTION

(See Legend)

CHECK ONE

A														
B	X	X	X	X	X	X								
C														
D														
E														
F														
G														
H														

RESPONSE ACTION COMPLETED?

CHECK ONE

YES														
NO	X	X	X	X	X	X								

RESPONSE ACTION IN PROGRESS?

CHECK ONE

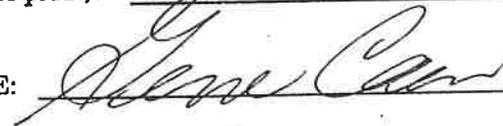
YES	X	X	X	X	X	X								
NO														

MANAGEMENT PLAN SCHEDULE COMPARISON

CHECK ONE

On Schedule	X	X	X	X	X	X								
Ahead Schedule														
Behind Schedule														

INSPECTOR'S NAME (please print): Gene Cain

INSPECTOR'S SIGNATURE: 

LEA System Name: Chester County LEA NO: 120

DATE: 6-17-93

SCHOOL BUILDING LIST

SCHOOL YEAR: 1992-93

List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	CITY	ZIP CODE	ACBM		NO ACBM
					F	NF	
120 0005	Chester Co. High,	Hwy.100 East			X	X	
	Henderson,	TN 38340					
1126 0010	Chester Co. Jr, High	Hwy. 100 East,	Henderson,	TN 38340		X	
	Bus Shop	Hwy. 100 East,	Henderson,	TN 38340			X
120 0015	East Chester Elementary	Hwy. 100 East,	Henderson,	TN 38340		X	
120 0025	Jack's Creek Elementary	General Delivery,	Henderson,	TN 38347		X	
120 0028	North Chester Elementary	Luray Ave.,	Henderson,	TN 38340	X	X	
120 0030	West Chester Elementary	Hwy. 100 West,	Henderson,	TN 38340		X	
	Administrative Offices	Court House,	Henderson,	TN 38340	X		

LEGEND:

- F = Friable
- 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

Date: 6-17-93

1. BUILDING STATISTICS

Date Built Area Name, Wing Addition, etc. Use Total Area (Square Feet)

2. STRUCTURAL SYSTEMS

Walls: Floors: Roof: Foundation:
Masonry/Concrete Wood Wood Slab-on-grade
Steel Concrete Wood Crawlspace
Wood Steel Steel Basement
Other Other Other Other

Notes: (Explain Other):

3. MECHANICAL SYSTEMS

Heating: Cooling:
Central HVAC Wall Electric Central HVAC Window Units
Radiator Other Wall Electric Other

Notes: (Explain Other):

4. ARCHITECTURAL FINISHES

Ceiling: Flooring: Walls:
Lathe and Plaster Vinyl Tile Lathe and Plaster
Gypsum Board Carpet Gypsum Board
Acoustical Finish Wood Masonry
Tile Unfinished Wood/Paneling
Other Other Other

Notes: (Explain Other):

5. SUMMARY OF DOCUMENTS REVIEWED

Floor Plans Sections Past Abatement Projects
Mechanical Drawings As Built Drawings Past Abatement Spec.s
Specifications Sampling Reports Past Surveys
Finish Schedules (In-House)

6. NEW SCHOOL BUILDINGS CONSTRUCTED AFTER OCTOBER 12, 1988

Date of Building Occupancy:

I hereby affirm that no ACM was specified as a building material in any construction document reviewed for the building or that to the best of my knowledge, no ACM was used as a building material in the building.

Print Name: Signature*:
Registration or Accreditation No.:

*Statement may be signed by the Architect, project engineer, or an accredited inspector. Attach accreditation certificate for accredited inspector.

EA System Name: Chester County LEA NO.: 120

Date: 6-17-93

**ABATEMENT ACTION
SCHOOL:**

SCHOOL YEAR: 1992-93
SCHOOL NO.: _____

=====

USE THIS FORM TO DOCUMENT REMOVAL, ENCLOSURE, ENCAPSULATION OR REPAIR OF
BESTOS-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.

Date of Action: _____ to _____

Original Mangement Plan Homogeneous Area No.: _____
(attach TAHERA 6.3 indicating location.)

Type of Material: _____ Quantity of Material: _____

2. Name of Abatement Contractor:
Address:

Accreditation Number/Agency (if applicable):

3. Name of Abatement Designer:
Address:

Accreditation Number/Agency (if applicable):

4. Air Monitoring Laboratory:
Address:

Accreditation Number/Agency (if applicable):

5. Name of Waste Disposal Site:
Address:

6. Attach Air Monitoring Report from air testing laboratory listed
above which provided at a minimum the following information:

- a. Location of Samples and Date Collected
- b. General Description of Analyzing Method Used
- c. Name of Analyst and Signature
- d. Result of Analyses
- e. Laboratory Accreditation Statement (if applicable)

EA System Name: Chester County

LEA NO.: 120

Date: 6-17-93

This is to certify that I
participated in asbestos training
on May 12, 1993, conducted by
Spike Jones:

1. Kathy Coalney Maup
2. P. C. Burruss
3. J. R. Edgar
4. Johnny Hayes
5. Gail Ross
6. Terry Johnson
7. Diane Hymith
8. Wilbur Hymith
9. Marion C. Davis
10. Wilton Spencer
11. Billy J. Shields

OPERATIONS AND MAINTENANCE ACTIVITY
SCHOOL :

SCHOOL YEAR: 1992-93
SCHOOL NO.: _____

=====

USE THIS FORM TO DOCUMENT REMOVAL, ENCLOSURE, ENCAPSULATION OR REPAIR OF ASBESTOS-CONTAINING MATERIALS LESS THAN 3 SQUARE OR LINEAR FEET. PROVIDE ONE FORM FOR EACH ACTIVITY AT EVERY SCHOOL.

1. Description of locations of Operations and Maintenance (O & M), fiber release episodes, and cleaning activities:

2. Start and completion dates of activity or episode:

_____ to _____

3. Describe preventive methods to limit fiber release and to protect workers and occupants:

4. Cleaning methods used:

5. If ACBM is removed, name and location of storage or disposal site:

LEA Designated Person:

Signature: _____ Date: _____

LEA System Name: Chester County. LEA NO.: 120

Date: 6-17-93

**CLEANING RECORD
SCHOOL:**

SCHOOL YEAR: 1992-93
SCHOOL NO.: _____

=====

USE THIS FORM TO DOCUMENT INITIAL AND ADDITIONAL CLEANING AS RECOMMENDED BY YOUR MANAGEMENT PLAN. PROVIDE ONE FORM FOR EACH ACTIVITY AT EVERY SCHOOL.

1. Locations cleaned:

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

3. Names of persons performing cleaning and training dates:

4. Date cleaning performed:

5. LEA Designated Person:

Signature: _____

Dated:

EA System Name: Chester County

LEA NO.: 120

Date: 6-17-93

FIBER RELEASE EPISODE
SCHOOL:

SCHOOL YEAR: 1992-93
SCHOOL NO.: _____

=====

USE THIS FORM TO DOCUMENT FIBER RELEASES CAUSED BY FALLING OR DISLODGING
SBESTOS-CONTAINING MATERIALS IN ANY QUANTITY. PROVIDE ONE FORM FOR
EACH ACTIVITY AT EVERY SCHOOL.

1. Description of fiber release episode including location, ACBM,
method of repair, preventive measure or response action taken:

2. Date of fiber release episode:

3. Names of person(s) performing any work described above:

4. If ACBM is removed, name and location of storage or disposal site:

5. LEA Designated Person:

Signature: _____

Dated:

LEA System Name: Chester County

LEA NO.: 120

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 IDAHO and the United States Environmental Protection Agency and is pursuant to current AHERA regulations

MP010

Certificate Number

12/03/1993

Examination Date

12/03/1994

Date of Expiration

Melanie M Wright
Classroom Instructor

Dr. B. Wright
Field Instructor

Melanie M Wright
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

Thyllis Moore

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



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

Phyllis Moore

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



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

CERTIFICATION OF COMPLETION

this certifies that

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 18th, 2001
Expiration Date

David B. Wright
Classroom Instructor

Melanie M. Wright
Melanie M. Wright, Course Administrator





M·E·T·A

Mayhew Environmental Training Associates

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

Certificate # 7ME01187306MPR004

This is to certify that

Eddie Miller

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

AHERA Asbestos Management Planner Recertification Course

*as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)
on 01/18/01 - 01/18/01 and passed the associated examination on 01/18/01
with a score of 70% or better*

CM =

[Signature]

Instructor

[Signature]

President



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

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

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

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

January 23, 2002

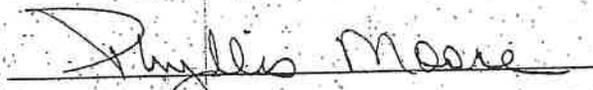
Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date



Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



Asbestos
REFRESHER

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

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

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



Asbestos
REFRESHER

YEARLY PROGRESS REPORT PACKAGE

AND

ADDITIONAL FORMS



DECEMBER 1993

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
CAPITAL PROJECTS MANAGEMENT DIVISION
ENVIRONMENTAL PROGRAMS SECTION

YEARLY PROGRESS REPORT

INSTRUCTION GUIDE

This packet contains the forms necessary to complete the AHERA Yearly Progress Report. The Report should be completed every year and SUBMITTED BY JULY 9 for:

George Brummett
State of Tennessee
Capital Projects Management
Environmental Programs Section
Suite 500, 511 Union Street
Nashville, TN 37243-0300

This packet was developed to help Local Education Agencies (LEAs) meet the requirements of record keeping as outlined in AHERA. The LEA Designated Person is qualified to complete this packet.

MINIMUM REQUIREMENTS

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)
2. Assurances Form (TAHERA 3.0)
3. Periodic Surveillance Report Form (TAHERA 9.0)
4. Dated Annual Notification to parents, teachers and LEA employees

* NOTE: The Annual Progress Report Form (TAHERA 15.0) is no longer required.

Additional forms may also need to be submitted. A Checklist For Additional Forms (TAHERA 1.1) has been attached. Please use this checklist to determine the need for additional forms. The TAHERA 1.1 does not need to be returned to the State. The list below indicates the additional forms that have been included for your use. **If there have been no changes, you do not need to submit these forms.**

1. 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)

**STATE OF TENNESSEE
TAHERA TRANSMITTAL/SUBMITTAL FORM**

DATE: 6-06-94

LEA SYSTEM NAME: Chester County **LEA #:** 120

ADDRESS:
P.O. Box 327
Henderson, TN 38340

DESIGNATED PERSON: Gene Cain **PHONE:** (901) 424-6428

**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		YEARLY PROGRESS REPORT
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

ASSURANCES

SCHOOL YEAR ENDING June 30, 1994

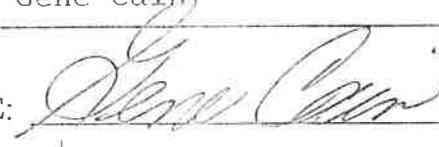
LEA SYSTEM NAME: Chester County

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 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:

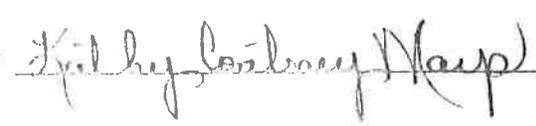
1. The activities of any persons who perform inspections, reinspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other Federal and State regulations 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 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 materials (ACM).
5. All warning labels are posted in accordance with Section 763.95.
All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Paragraph 763.93(g).
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): Gene Cain

LEA DESIGNATED PERSON'S SIGNATURE: 

DATE: 6-06-94

SUPERINTENDENT (please print): Dr. Kathy Coatney Mays

SUPERINTENDENT'S SIGNATURE: 

DATE: 6-06-94



CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327
Henderson, Tennessee 38340 Telephone 901/989-5134

KATHY COATNEY MAYS, Superintendent

September 23, 1993

Tennessee Department of Finance & Administration
Capital Projects Management Division
Suite 500, Nashville City Center
511 Union Street
Nashville, Tennessee 37245-0300

Dear Sir:

This is to verify that the Chester County School System has duplicated the attached asbestos letters and disseminated to all students, parents, personnel, and Parent-Teacher Organization officers. These were distributed on September 9, 1993.

Sincerely,

Kathy Coatney Mays, Superintendent
Chester County Schools

KCM:dr

Attachments

DWAIN SEATON, Chairman
Route 2, Beech Bluff

DANNY SWAFFORD, V. Chairman
Erville

MARCEL DAVIDSON
814 N. Hearn St., Henderson

DWIGHT BRIGHAM
P.O. Box 251, Henderson

JIM CHANDLER
155 Second St., Henderson

BOB MOORE
Route 1, Box 236, Finger

GLENN NAYLOR
Route 1 Box 402, Finger

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning non-friable asbestos
at the Chester County Junior 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.

OCCUPANT INFORMATION RECORD

DOCUMENT NUMBER: _____

DATE: _____

RECEIPT ACKNOWLEDGING THAT I HAVE BEEN INFORMED OF
THE PRESENCE OF ASBESTO-CONTAINING BUILDING
MATERIALS IN:

Building Number and Name

120	Chester County Junior High School
0010	

Building Location

Highway 100 East Henderson, TN 38340

I FURTHER ACKNOWLEDGE THAT THE INFORMATION
PROVIDED TO ME INCLUDED THE FOLLOWING:

- 1) THE LOCATIONS OF ASBESTO-CONTAINING MATERIALS TO WHICH I MIGHT HAVE ACCESS IN THE NORMAL COURSE OF MY PRESENCE IN THE BUILDING.
- 2) THE HAZARDS TO HEALTH PRESENTED BY ASBESTOS.
- 3) APPROPRIATE BEHAVIOR IN THE PRESENCE OF ASBESTO-CONTAINING MATERIALS WHICH WILL PREVENT OR REDUCE THE POTENTIAL HAZARD.
- 4) NOTIFICATION PROCEDURES WHICH I MUST FOLLOW IN THE EVENT I OBSERVE A POSSIBLE CHANGE IN THE CONDITION OF ANY OF THE ASBESTOS-CONTAINING MATERIALS.
- 5) SAFETY PROCEDURES WHICH I AM TO FOLLOW IN THE EVENT OF AN EMERGENCY WHICH MIGHT INVOLVE THE ASBESTOS-CONTAINING MATERIALS.

MY REASON FOR BEING IN THE BUILDING IS:

My Signature in acknowledgment of the above.

Please Print Your Name

Employer Name, Address and Phone Number

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 amintenance 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:

Music Room Office and two Storage Rooms
Janitor Closet in hall
Eight Storage Rooms
Clinic
Two Science Rooms
Home Economics Room
Cafeteria
Janitor Room in Gym
Entranceway into Visitors Dressing Room
The ACM is found in the Floor Tile.

Outside Fascia and Soffitt Area
The ACM is the asbestos board.

PERIODIC SURVEILLANCE REPORT

SCHOOL NAME: Chester County Junior High

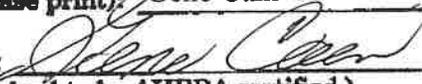
BUILDING NAME: Main Building

SCHOOL YEAR: 94 - 95

(Fill this form out every six (6) months for each school building; attach to your Yearly Progress Report and submit a copy to the State. The original of this document must be kept with your Management Plan.)

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months
			DATE <u>12-07-94</u>	DATE <u>05-23-95</u>
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
7	Floor Tile	ALL	Good	N/C
	2 x 4 Ceiling Tile	ALL	Good	N/C

Surveillance Inspector's Name (please print): Gene Cain

Surveillance Inspector's Signature: 
 (Surveillance Inspector is not required to be AHERA certified.)

AHERA Accreditation Number/Date (if applicable): Georgia Tech - 1839 - 2/7/95

LEA System Name: <u>Chester County</u>	LEA NO: <u>120</u>
	DATE: <u>May 24, 1995</u>

ANNUAL PROGRESS REPORT

SCHOOL NAME: Chester County Junior High

BUILDING NAME: Main

SCHOOL YEAR: 94 - 95

SUMMARY OF RESPONSE ACTIONS:

LEGEND

- A Institute Preventative Measures
- B O & M
- C Repair
- D Encapsulate
- E Enclose
- F Remove
- G Isolate
- H Other (Explain)

Material Description	1	2	4	5	7	Through 2 x 4 Out Ceiling Tiles						
Floor Tile												
Floor Tile												
Floor Tile												
Floor Tile												
Floor Tile												
Through 2 x 4 Out Ceiling Tiles												

LEA SELECTED RESPONSE ACTION (See Legend)

CHECK ONE

A	X	X	X	X	X	X						
B	X	X	X	X	X	X						
C												
D												
E												
F												
G												
H												

RESPONSE ACTION COMPLETED?

CHECK ONE

YES												
NO	X	X	X	X	X	X						

RESPONSE ACTION IN PROGRESS?

CHECK ONE

YES	X	X	X	X	X	X						
NO												

MANAGEMENT PLAN SCHEDULE COMPARISON

CHECK ONE

On Schedule	X	X	X	X	X	X						
Ahead Schedule												
Behind Schedule												

INSPECTOR'S NAME (please print): Gene Cain

INSPECTOR'S SIGNATURE: *Gene Cain*

LEA System Name: Chester County

LEA NO: 120

DATE: May 24, 1995

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 SUBMITTED BY JULY 9 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)
2. Checklist for Yearly Progress Report (TAHERA 1.1)
3. 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.

1. 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

LEA System Name: Chester County LEA # 120

Address: P O Box 327

County: Henderson TN 38340

LEA Designated Person: Gene Cain Telephone: 901-424-6428

Date: May 24, 1995

**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		YEARLY PROGRESS REPORT
		REINSPECTION
		Other (please explain)

CHECKLIST FOR YEARLY PROGRESS REPORTS

SCHOOL YEAR ENDING June 30, 1995

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	
X			1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)
X			2. Checklist for Yearly Progress Reports (TAHERA 1.1)
X			3. Assurances (TAHERA 3.0)
X			4. Periodic Surveillance Report (TAHERA 9.0)
X			5. Annual Progress Report (TAHERA 15.0)
X			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	
	X		1. Revised School Building List (TAHERA 5.0) This form must include all new school buildings or additions.
	X		2. 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: 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.

CHECKLIST FOR YEARLY PROGRESS REPORTS

Page 2 of 2

Attached	Not Applicable	Will be sent by Management Planner	
	X		<p>b. If a new building is constructed after 10/12/88, and is intended to be used as a school, an AHERA inspection Management Plan shall be conducted <u>PRIOR</u> to the use of the building as a school building. The inspection and assessment of the building materials may be waived if an Architect, Project Engineer responsible for the construction of the building, or an accredited inspector signs a statement that (1) no ACM was specified as a building material in any construction document for the building or (2) to the best of his/her knowledge, no ACM was used as a building material in the building. If such a statement is obtained, the LEA shall submit a copy of the signed statement to EPA Regional Office and shall include the statement in the Management Plan for the school.</p>
	X		<p>8. Abatement Action (TAHERA 10.0) This form must be completed for any removal, enclosure, encapsulation or repair greater than 3 square or linear feet. Please attach a copy of the air monitoring report.</p>
X			<p>4. Employee Training Form (TAHERA 11.0) This form must be completed for any new custodial and maintenance employees. Training must be completed within sixty days (60) days of commencement of employment.</p>
	X		<p>5. Operations and Maintenance Activity (TAHERA 12.0) This form must be completed for any removal, enclosure, encapsulation or repair less than 3 square or linear feet.</p>
	X		<p>6. Cleaning Record (TAHERA 13.0) This form must be completed for any initial or additional cleaning as recommended by your Management Planner. Initial cleaning must be conducted for all schools containing friable asbestos.</p>
	X		<p>7. Fiber Release Episode Form (TAHERA 14.0) This form must be completed for the falling or dislodging of asbestos-containing materials in any quantity.</p>

LEA System Name: <u>Chester County</u>	LEA NO: <u>120</u>
	DATE: <u>May 24, 1995</u>

ASSURANCES

SCHOOL YEAR ENDING

06-30-95

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, 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, 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 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 Paragraph 763.93(g).
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'S NAME (please print): Gene Cain

LEA DESIGNATED PERSON'S SIGNATURE: *Gene Cain*

SUPERINTENDENT'S NAME (please print): Dr. Kathy Coatney Mays

SUPERINTENDENT'S SIGNATURE: *Kathy Coatney Mays*

LEA System Name: <u>Chester County</u>	LEA NO: <u>120</u>
	DATE: <u>May 24, 1995</u>

PERIODIC SURVEILLANCE REPORT

SCHOOL NAME: Chester County Junior High

BUILDING NAME: Main Building

SCHOOL YEAR: 94 - 95

(Fill this form out every six (6) months for each school building; attach to your Yearly Progress Report and submit a copy to the State. The original of this document must be kept with your Management Plan.)

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months
			DATE <u>12-07-94</u>	DATE <u>05-23-95</u>
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
7	Floor Tile	ALL	Good	N/C
	2 x 4 Ceiling Tile	ALL	Good	N/C

Surveillance Inspector's Name (please print): Gene Cain

Surveillance Inspector's Signature: *Gene Cain*
 (Surveillance Inspector is not required to be AHERA certified.)

AHERA Accreditation Number/Date (if applicable): Georgia Tech - 1839 - 2/7/95

LEA System Name: <u>Chester County</u>	LEA NO: <u>120</u>
	DATE: <u>May 24, 1995</u>

ANNUAL PROGRESS REPORT

SCHOOL NAME: Chester County Junior High

BUILDING NAME: Main

SCHOOL YEAR: 94 - 95

SUMMARY OF RESPONSE ACTIONS:

LEGEND

- A Institute Preventative Measures
- B O & M
- C Repair
- D Encapsulate
- E Enclose
- F Remove
- G Isolate
- H Other (Explain)

Material Description	1	2	3	4	5	7	Through 2 x 4 Out Ceiling Tile				
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
NA Number	1	2	3	4	5	7					

LEA SELECTED RESPONSE ACTION (See Legend)

A	X	X	X	X	X	X	X				
B	X	X	X	X	X	X	X				
C											
D											
E											
F											
G											
H											

RESPONSE ACTION COMPLETED?

YES											
NO	X	X	X	X	X	X	X				

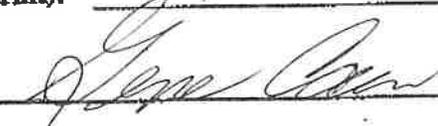
RESPONSE ACTION IN PROGRESS?

YES	X	X	X	X	X	X	X				
NO											

MANAGEMENT PLAN SCHEDULE COMPARISON

On Schedule	X	X	X	X	X	X	X				
Ahead Schedule											
Behind Schedule											

INSPECTOR'S NAME (please print): Gene Cain

INSPECTOR'S SIGNATURE: 

LEA System Name: Chester County **LEA NO:** 120

DATE: May 24, 1995



CHESTER COUNTY BOARD OF EDUCATION

P.O. Box 327 • Henderson, Tennessee 38340 • Telephone 901 989-5134
KATHY COATNEY MAYS, Superintendent

August 10, 1994

DWAIN SEATON, Chairman
Route 2 • Beech Bluff

DANNY SWAFFORD, Vice Chairman
Enville

MABEL DAVIDSON
814 Hearn St. - Henderson

DWIGHT BINGHAM
P.O. Box 251 - Henderson

JIM CHANDLER
155 Second St. - Henderson

BOB MOORE
2435 Old Friendship Rd. - Finger

GLENN NAYLOR
3420 Old Finger Rd. - Finger

Tennessee Department of Finance & Administration
Capital Projects Management Division
Suite 500, Nashville City Center
511 Union Street
Nashville, Tennessee 37245-0300

Dear Sir:

This is to verify that the Chester County School System has duplicated the attached asbestos letters and disseminated to all students, parents, personnel, and Parent-Teacher Organization officers. These were distributed on August 10, 1994.

Sincerely,

A handwritten signature in cursive script that reads 'Kathy Coatney Mays'.

Kathy Coatney Mays, Superintendent
Chester County Schools

KCM:cb

Attachments

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

FROM: Dr. Kathy Oatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning non-friable asbestos
at the Chester County Junior 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.

**AHERA THREE YEAR REINSPECTION FORM
AND
INSTRUCTION PACKAGE**



DECEMBER 1993

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
CAPITAL PROJECTS MANAGEMENT DIVISION
ENVIRONMENTAL PROGRAMS SECTION**

**STATE OF TENNESSEE
 AHJRA TRANSMITTAL/SUBMITTAL FORM**

DATE: May 24, 1995

LEA SYSTEM NAME: Chester County

LEA #: 120

ADDRESS: P.O. Box 327

Henderson, TN 38340

DESIGNATED PERSON: Gene Cain

PHONE: 901-424-6428

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

CHECK FOR SUBMISSION	CORRECTION DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
X		THREE YEAR REINSPECTION
		OTHER (Please Explain)

THREE YEAR REINSPECTION

LUA NAME: Chester County

LRA #: 120

SCHOOL BUILDING NAME: Chester County Junior High

BUILDING #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 07-09-89

INSPECTION DATE: 05-22-95



CHECK ONE

TSI
SURFACING
MISCELLANEOUS
CHECK ONE
ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM
CHECK ONE
NON-FRIABLE
FRIABLE
EXPOSURE CONSIDERATION
(1 TO 5 WORKS)
DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY / VIBRATION
EXPOSURE
ACCESSIBILITY
LENGTH OF EXPOSURE
(CHECK ONE)
1 HOUR / WEEK
5 HOUR / WEEK
10 HOUR / WEEK
20 HOUR / WEEK
40 HOUR / WEEK
EXPOSURE POPULATION
(CHECK ALL APPLICABLE)
MAINTENANCE
CUSTODIAL
FACULTY / STAFF
PUBLIC
ASSESSMENT
(MARK FROM 1 TO 7)
RESPONSE ACTIONS
(MARK FROM A TO H)

IA NUMBER <u>1</u>	IA NUMBER <u>2</u>	IA NUMBER <u>4</u>	IA NUMBER <u>5</u>																								
CURRENT QUANTITY <u>1800 sq. ft.</u>	CURRENT QUANTITY <u>212 sq. ft.</u>	CURRENT QUANTITY <u>3066 sq. ft.</u>	CURRENT QUANTITY <u>5124 sq. ft.</u>																								
MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>LAST 3 YEAR</th> <th>CURRENT</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	LAST 3 YEAR	CURRENT			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>LAST 3 YEAR</th> <th>CURRENT</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	LAST 3 YEAR	CURRENT			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>LAST 3 YEAR</th> <th>CURRENT</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	LAST 3 YEAR	CURRENT			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>LAST 3 YEAR</th> <th>CURRENT</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	LAST 3 YEAR	CURRENT			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAST 3 YEAR	CURRENT																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
LAST 3 YEAR	CURRENT																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
LAST 3 YEAR	CURRENT																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
LAST 3 YEAR	CURRENT																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>1</th> <th>1</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td></tr></table>	1	1				
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
1	1																										

THREE YEAR REINSPECTION

LEA NAME: Chester County **LEA #:** 120
SCHOOL BUILDING NAME: Chester County Junior High **BUILDING #:** Main
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 07-09-89 **INSPECTION DATE:** 05-22-95



	EA NUMBER	EA NUMBER	EA NUMBER	EA NUMBER
	7	Through Out		
	CURRENT QUANTITY 164 sq. ft.	CURRENT QUANTITY 70,000 sq. ft.	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2 x 4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI				
SURFACING				
MISCELLANEOUS	X	X	X	X
CHECK ONE				
ASSUMED ACBM	X	X		
CONFIRMED ACBM				
NON-ACBM				
CHECK ONE				
NON-FRIABLE	X	X	X	X
FRIABLE				
EXPOSURE CONSIDERATION				
CHECK ONE				
DETERIORATION	1	1		
PHYSICAL DAMAGE	1	1		
WATER DAMAGE	1	1		
ACTIVITY / VIBRATION	2	2		
EXPOSURE	3	3		
ACCESSIBILITY	4	4		
LENGTH OF EXPOSURE				
(CHECK ONE)				
1 HOUR / WEEK				
5 HOUR / WEEK				
10 HOUR / WEEK				
20 HOUR / WEEK	X	X		
40 HOUR / WEEK				
EXPOSURE POPULATION				
(CHECK ALL APPLICABLE)				
MAINTENANCE	X	X	X	X
CUSTODIAL	X	X	X	X
FACULTY / STAFF	X	X	X	X
PUBLIC	X	X	X	X
ASSESSMENT				
(MARK FROM 1 TO 7)				
	5	5	5	5
RESPONSE ACTIONS				
(MARK FROM A TO H)				
	A-B	A-B	A-B	A-B

- ASSESSMENT LEGEND**
1. Damaged/significantly damaged TSI
 2. Damaged friable surfacing ACBM
 3. Significantly damaged friable surfacing material
 4. Damaged/significantly damaged friable misc. ACBM
 5. ACBM with potential for damage
 6. ACBM with potential for significant damage
 7. Any remaining friable ACBM or suspect ACBM

- RESPONSE ACTIONS LEGEND**
- | | |
|------------------------------------|--------------|
| A. Institute preventative measures | E. Enclosure |
| B. O & M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |
- NOTES**
- * If previously assessed ACBM was tested, attach TAHERA 61, TAHERA 63, TAHERA 68 and TAHERA 82
 - ** If "current" is different from "last 3 year", attach revised TAHERA 64 and TAHERA 65

Gene Cain
 INSPECTOR (Typed name)
 Gene Cain
 MANAGEMENT PLANNER

SIGNATURE

 SIGNATURE

Georgia Tech - 1839
 ACCREDITATION #/STATE
 Georgia Tech - 1519
 ACCREDITATION #/STATE

OCCUPANT INFORMATION RECORD

DOCUMENT NUMBER: _____

DATE: _____

RECEIPT ACKNOWLEDGING THAT I HAVE BEEN INFORMED OF
THE PRESENCE OF ASBESTO-CONTAINING BUILDING
MATERIALS IN:

Building Number and Name		Building Location
120	Chester County Junior High School	Highway 100 East
0010		Henderson, TN 38340

I FURTHER ACKNOWLEDGE THAT THE INFORMATION
PROVIDED TO ME INCLUDED THE FOLLOWING:

- 1) THE LOCATIONS OF ASBESTO-CONTAINING MATERIALS TO WHICH I MIGHT HAVE ACCESS IN THE NORMAL COURSE OF MY PRESENCE IN THE BUILDING.
- 2) THE HAZARDS TO HEALTH PRESENTED BY ASBESTOS.
- 3) APPROPRIATE BEHAVIOR IN THE PRESENCE OF ASBESTO-CONTAINING MATERIALS WHICH WILL PREVENT OR REDUCE THE POTENTIAL HAZARD.
- 4) NOTIFICATION PROCEDURES WHICH I MUST FOLLOW IN THE EVENT I OBSERVE A POSSIBLE CHANGE IN THE CONDITION OF ANY OF THE ASBESTOS-CONTAINING MATERIALS.
- 5) SAFETY PROCEDURES WHICH I AM TO FOLLOW IN THE EVENT OF AN EMERGENCY WHICH MIGHT INVOLVE THE ASBESTOS-CONTAINING MATERIALS.

MY REASON FOR BEING IN THE BUILDING IS:

My Signature in acknowledgment of the above.

Please Print Your Name

Employer Name, Address and Phone Number

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 amintenance 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:

Music Room Office and two Storage Rooms
Janitor Closet in hall
Eight Storage Rooms
Clinic
Two Science Rooms
Home Economics Room
Cafeteria
Janitor Room in Gym
Entranceway into Visitors Dressing Room
The ACM is found in the Floor Tile.

Outside Fascia and Soffitt Area
The ACM is the asbestos board.

Asbestos - Awareness Training

I have this date, December 14, 1994 participated in an awareness training session for asbestos awareness.

NAME

SCHOOL

- | | <u>NAME</u> | <u>SCHOOL</u> |
|-----|-------------------|---------------|
| 1. | Tommy Kipping | CLHS |
| 2. | Bracton J. Lacey | |
| 3. | P. C. Burrass | West Chester |
| 4. | M. Davis | CCHS |
| 5. | Kenneth Schindler | CCHS |
| 6. | Pattie Stearns | North |
| 7. | Ken St. John | Voc |
| 8. | Phil St. John | |
| 9. | Johnny Hayes | C. C. H. S. |
| 10. | William Spencer | CCHS |
| 11. | Wilbur Hymith | East |
| 12. | Dianne Hymith | East |
| 13. | Gail Ross | J. C. School |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |

May 12, 1994

This is to certify that I participated in safety training with Michael Young on May 12, 1994. This included safety procedures, wearing back braces, right-to-know, blood borne pathogens, asbestos, dangers, etc. Michael covered proper lifting procedures also

School

1. Kathy Coatney (Map)
2. Willow Spence
3. Johnny Hayes
4. Gail Ross
5. Terry Johnson
6. P.C. Curran
7. Patti Strang
8. Dianne Higginth
9. Wilbur Higginth
10. Kevin Schindler
11. Marion O. Davis
- 12.

Superintendent Office
C.C.H.S.
High School
Jack Creek

West Chester
North Chester
East Chester
East
CCHS
CCJHS

Joint Meeting
May 8, 1995

The following participated in training
on May 8, 1995 at Chester County Junior
High School on handwashing procedures,
Hepatitis B and A guidelines to follow,
right-to-know, and asbestos procedures.

1. Kathy Coakley (Mayor)
2. Wilbur W. Hysmith
3. Dianne Hysmith
4. Pattie S. Strang
5. Gail Ross
6. Johnny Hayes
7. Willson Spencer
8. Tommy Kiffin
9. Marion C. Davis
10. Dr. C. Burross
- 11.

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

DATE: 8/14/98

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS: Courthouse

Henderson, TN 38340

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

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Chester County Junior High

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



	HA NUMBER 1		HA NUMBER 2		HA NUMBER 4		HA NUMBER 5	
CURRENT QUANTITY	1800 sq. ft		212 sq. ft.		3066 sq.ft.		5124 sq. ft	
MATERIAL DESCRIPTION	Floor Tile		Floor Tile		Floor Tile		Floor Tile	
	LAST 3 YEAR	CURRENT						
TSI SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
EXPOSURE CONSIDERATION								
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	1	1	2	2	3	3	3	1
EXPOSURE	2	2	4	4	5	5	5	2
ACCESSIBILITY	4	4	4	4	5	5	5	4
LENGTH OF EXPOSURE								
1 HOUR / WEEK	X	X	X	X				
5 HOUR / WEEK								
10 HOUR / WEEK					X	X		X
1 HOUR / WEEK							X	
40 HOUR / WEEK								
EXPOSURE POPULATION								
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								
ASSESSMENT								
(MARK FROM 1 TO 7)	5	5	5	5	5	5	5	5
RESPONSE ACTIONS								
(MARK FROM A TO H)	A-B	A-B	A-B	A-B	A-B	A-B	A-B	A-B

ASSESSMENT LEGEND

- Damaged/significantly damaged TSI
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing material
- Damaged/significantly damaged friable misc. ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or suspect ACBM

RESPONSE ACTIONS LEGEND

- A. Institute preventative measures
- B. O & M Program
- C. Repair
- D. Encapsulate
- E. Enclosure
- F. Remove
- G. Isolate
- H. Other

NOTES

* If previously assumed ACBM was tested, attach TAHERA 62, TAHERA 63, TAHERA 69 and TAHERA 80
 ** If "current" is different from "last 3 year", attach revised TAHERA 64 and TAHERA 65

Eddie Miller
INSPECTOR (Typed name)

[Signature]
SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

[Signature]
SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Chester County Junior High

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



	EA NUMBER 7		EA NUMBER Through Out		EA NUMBER		EA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
* CHECK ONE								
ASSUMED ACBM	X	X	X	X				
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X				
FRIABLE								
EXPOSURE CONSIDERATION								
(1 TO 5 (\$ WORST))								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY / VIBRATION	2	2	3	3				
EXPOSURE	3	3	3	3				
ACCESSIBILITY	4	4	3	3				
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
1 HOUR / WEEK	X	X						
1 HOUR / WEEK			X	X				
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY / STAFF	X	X	X	X				
PUBLIC	X	X	X	X				
ASSESSMENT								
(MARK FROM 1 TO 7)								
RESPONSE ACTIONS	5	5	5	5				
(MARK FROM A TO H)								
	A-B	A-B	A-B	A-B				

ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

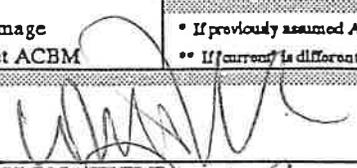
RESPONSE ACTIONS LEGEND

- | | |
|------------------------------------|--------------|
| A. Institute preventative measures | E. Enclosure |
| B. O & M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |

NOTES

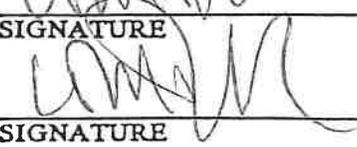
- * If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 6.0
- ** If current is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Eddie Miller
INSPECTOR (Typed name)


SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER


SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

ANNUAL PROGRESS REPORT

SCHOOL NAME: Chester County Junior High

BUILDING NAME: Main

SCHOOL YEAR: 97-98

SUMMARY OF RESPONSE ACTIONS:

LEGEND

- A Institute Preventative Measures
- B O & M
- C Repair
- D Encapsulate
- E Enclose
- F Remove
- G Isolate
- H Other (Explain)

NA Number	Material Description	1	2	4	5	7	Through 2 x 4 Out Ceiling Tile				
1	Floor Tile										
2	Floor Tile										
4	Floor Tile										
5	Floor Tile										
7	Floor Tile										

LEA SELECTED RESPONSE ACTION (See Legend)

CHECK ONE

A	<input checked="" type="checkbox"/>										
B	<input checked="" type="checkbox"/>										
C											
D											
E											
F											
G											
H											

RESPONSE ACTION COMPLETED?

CHECK ONE

YES											
NO	<input checked="" type="checkbox"/>										

RESPONSE ACTION IN PROGRESS?

CHECK ONE

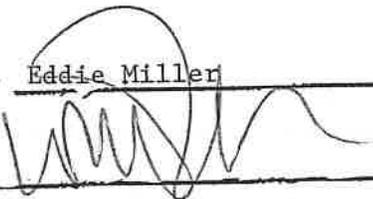
YES	<input checked="" type="checkbox"/>										
NO											

MANAGEMENT PLAN SCHEDULE COMPARISON

CHECK ONE

On Schedule	<input checked="" type="checkbox"/>										
Ahead Schedule											
Behind Schedule											

INSPECTOR'S NAME (please print): Eddie Miller

INSPECTOR'S SIGNATURE: 

LEA System Name: Chester County LEA NO: 120

DATE: 8-3-98

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

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

THREE YEAR REINSPECTION

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:	120
SCHOOL BLDG. NAME:	CHESTER COUNTY JUNIOR HIGH	BUILDING #:	MAIN BUILDING
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:	7/9/1989	INSPECTION DATE:	8/13/2003



	HA 01		HA 02		HA 03		HA 04	
	LAST 3 YEAR	CURRENT						
CURRENT QUANTITY								
1800			212		3066		5124	
MATERIAL DESCRIPTION	FLOOR TILE		FLOOR TILE		FLOOR TILE		FLOOR TILE	
MATERIAL TYPE	M	M	M	M	M	M	M	M

Check One								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								

Check One								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								

Exposure Consideration								
DETERIORATION	1	1	1	1	1	1	1	1
PHYS. DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY / VIBR.	1	3	2	3	3	3	1	3
EXPOSURE	2	5	4	5	5	5	2	5
ACCESSIBILITY	4	5	4	5	5	5	4	5

Length of Exposure								
1 HOUR / WEEK								
5 HOUR / WEEK	X	X	X	X				
10 HOUR / WEEK								
20 HOUR / WEEK					X	X	X	X
40 HOUR / WEEK								

Exposure Population								
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

Assessment								
	5	5	5	5	5	5	5	5

Response Actions								
	A-B	B	A-B	B	A-B	B	A-B	B

- Assessment Legend**
1. Damaged/ significantly damaged TSI
 2. Damaged friable surfacing ACBM
 3. Significantly damaged friable surfacing material
 4. Damaged/significantly damaged friable misc. ACBM
 5. ACBM with potential for damage
 6. ACBM with potential for significant damage
 7. Any remaining friable ACBM or suspect ACM

- Response Actions Legend**
- | | |
|------------------------------------|--------------|
| A. Institute Preventative Measures | E. Enclosure |
| B. O and M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |
- Notes**
- *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 6.6.
**If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

CHESTER ERVIN
INSPECTOR (Typed Name)

EDDIE MILLER
MANAGEMENT PLANNER

Chester Ervin
SIGNATURE

Eddie Miller
SIGNATURE

ACCREDITATION # / STATE

431531229 / TN

ACCREDITATION # / STATE

THREE YEAR REINSPECTION

LEA NAME: **CHESTER COUNTY SCHOOLS** LEA #: **120**
 SCHOOL BLDG. NAME: **CHESTER COUNTY JUNIOR HIGH** BUILDING #: **MAIN BUILDING**
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: **7/9/1989** INSPECTION DATE: **8/13/2003**



	HA 07		THROUGHOUT			THROUGHOUT			
CURRENT QUANTITY	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	CURRENT QUANTITY		CURRENT QUANTITY	
164					70,000				
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
FLOOR TILE					2 X 4 CEILING TILE				
T, S or M		LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MATERIAL TYPE		M	M			M	M		

Check One

ASSUMED ACBM	X	X			X	X		
CONFIRMED ACBM								
NON-ACBM								

Check One

NON-FRIABLE	X	X			X	X		
FRIABLE								
Exposure Consideration								
DETERIORATION	1	1			1	1		
PHYS. DAMAGE	1	1			1	1		
WATER DAMAGE	1	1			1	1		
ACTIVITY / VIBR.	2	2			3	3		
EXPOSURE	3	3			3	3		
ACCESSIBILITY	4	4			3	3		

Length of Exposure

1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK	X	X						
40 HOUR / WEEK					X	X		

Exposure Population

MAINTENANCE	X	X			X	X		
CUSTODIAL	X	X			X	X		
FACULTY / STAFF	X	X			X	X		
PUBLIC	X	X			X	X		

Assessment

	5	5			5	5		
--	---	---	--	--	---	---	--	--

Response Actions

	A-B	B			A-B	B		
--	-----	---	--	--	-----	---	--	--

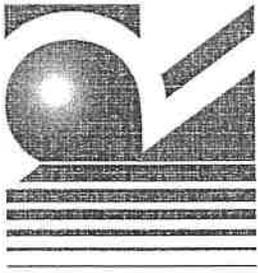
- Assessment Legend**
1. Damaged/ significantly damaged TSI
 2. Damaged friable surfacing ACBM
 3. Significantly damaged friable surfacing material
 4. Damaged/significantly damaged friable misc. ACBM
 5. ACBM with potential for damage
 6. ACBM with potential for significant damage
 7. Any remaining friable ACBM or suspect ACM

- Response Actions Legend**
- | | |
|------------------------------------|--------------|
| A. Institute Preventative Measures | E. Enclosure |
| B. O and M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |
- Notes**
- *If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0.
 **If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

CHESTER ERVIN
 INSPECTOR (Typed Name)
EDDIE MILLER
 MANAGEMENT PLANNER

Chester Ervin
 SIGNATURE
Eddie Miller
 SIGNATURE

ACCREDITATION # / STATE
BMPR 431-53-1229
 ACCREDITATION # / STATE



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

TERRY MOODY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

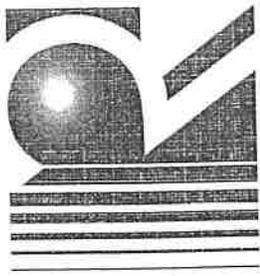
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

MIKE TIGNOR

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

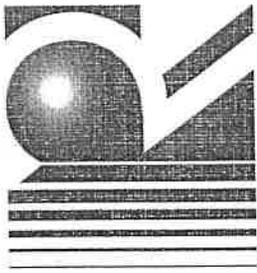
Conducted At: 930 East Main St.
Henderson, TN 38340

Expiration Date: July 28, 2010

Training Date: July 28, 2009



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

DANA MEEKS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

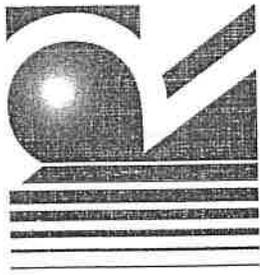
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

KIM ROBBINS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

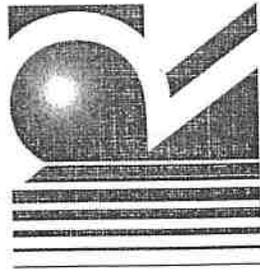
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

DARLENE HESTER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

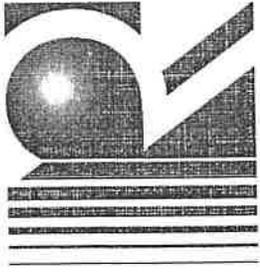
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

LAURA GAUGER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

BRENDA PICKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

DEVEN HEARN

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

ANGIE PARRISH

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Conducted At: 930 East Main St.

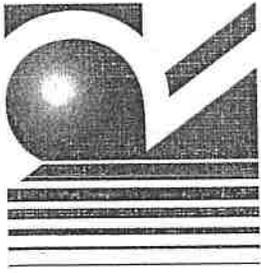
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

TODD DAVIS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

DEMETRIUS LOCKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

MELISSA MURLEY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

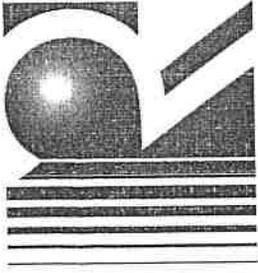
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

TERESA CONNER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

YVONNE CROSS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

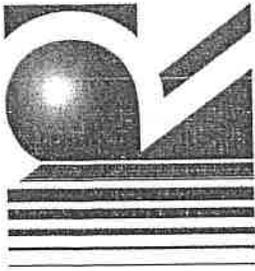
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

WILLIE TROHER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

JANE SMITH

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

TERESA WILLIS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

KEN WEST

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

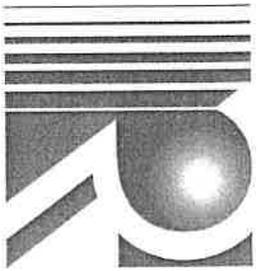
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

Identification

Number: OSHAC4AAA100179

PERRY FRYE

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

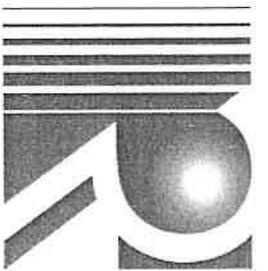
Training Date: January 20, 2010

Expiration Date: January 20, 2011


Ron Francis – Training Manager




Stephanie Petty - Instructor



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

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

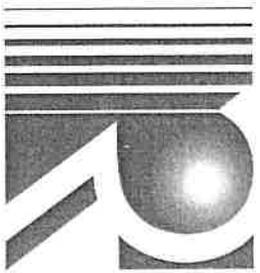
Training Date: January 20, 2010

Expiration Date: January 20, 2011

Ron Francis – Training Manager



Stephanie Petty - Instructor



RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

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

Expiration Date: January 20, 2011



Ron Francis - Training Manager





Stephanie Petty - Instructor

Certificate of Completion

Chester County School System

Vernie Reeves

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

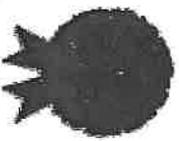
on

Monday, November 11, 2013


Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029q68-2p9r



saferSCHOOLS
TRAINING

Certificate of Completion

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


Training Coordinator's Signature

Employees Initials: _____



westik@benk12.net 61029966-2p9r

Certificate of Completion

Chester County School System

Marilyn Amos

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013


Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029968-2p9r



safesCHOOLS

TRAINING

Certificate of Completion

Chester County School System

Laura Poe

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

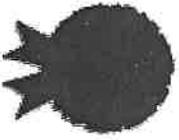
on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: _____

westk@lenk12.net 61029968-2p9r



safeschools
TRAINING

Certificate of Completion

Chester County School System

Shane Burkeens

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013


Training Coordinator's Signature

Employees Initials: _____



westk@tennk12.net 6102968-2p9r

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

DATE: 1-20-10

LEA SYSTEM NAME: Chester County Schools **LEA#:** 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West **PHONE:** 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

			1st six months Date _____ (Fall)	2nd six months Date _____ (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): GARY W. GRISHAM

SURVEILLANCE INSPECTOR'S SIGNATURE: *Gary W. Grisham*
 (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): ASBBIR0902047 / TN

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

DATE: MARCH 2010

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Junior High

Building #: 126

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER 1	HA NUMBER 2	HA NUMBER 4	HA NUMBER 5
CURRENT QUANTITY 1,800	CURRENT QUANTITY 212	CURRENT QUANTITY 3,066	CURRENT QUANTITY 5124

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile
------------------------------------	------------------------------------	------------------------------------	------------------------------------

CHECK ONE

TSI
SURFACING
MISCELLANEOUS

HA NUMBER 1		HA NUMBER 2		HA NUMBER 4		HA NUMBER 5	
LAST 3 YEAR	CURRENT						
X	X	X	X	X	X	X	X

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

CHECK ONE

NON-FRIABLE
FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)**

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1

**LENGTH OF EXPOSURE
(CHECK ONE)**

1 HOUR/WEEK
5 HOUR/WEEK
10 HOUR/WEEK
20 HOUR/WEEK
40 HOUR/WEEK

		X	X				
X	X			X	X	X	X

**EXPOSURE POPULATION
(CHECK ALL APPLICABLE)**

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X			X	X	X	X
X	X			X	X	X	X

**ASSESSMENT
(MARK FROM 1 TO 7)**

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

****RESPONSE ACTIONS
(MARK FROM A TO H)**

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

RESPONSE ACTIONS LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate | <ul style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other |
|---|---|

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 6.5

STEPHANIE PETTY
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

Steve Chambliss
SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Junior High

Building #: 126

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



CHECK ONE

TSI
SURFACING
MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
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 HOUR/WEEK
5 HOUR/WEEK
10 HOUR/WEEK
20 HOUR/WEEK
40 HOUR/WEEK

**EXPOSURE POPULATION
(CHECK ALL APPLICABLE)**

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

**ASSESSMENT
(MARK FROM 1 TO 7)**

****RESPONSE ACTIONS
(MARK FROM A TO H)**

HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
7	8	9	10
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
164			500

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	2x4 Ceiling Tile	Transite Panels	Floor Tile 8 x 2 1/2

LAST 3 YEAR	CURRENT						
X	X	X	X	X	X	X	X

		X	X				
X	X			X	X	X	X

X	X			X	X	X	X
		X	X				

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
2	2	1	1	1	1	2	2
2	2	1	1	1	1	2	2
1	1	1	1	1	1	1	1

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	X
X	X	X	X	X	X	X	X

5	5	7	7	5	5	5	5
---	---	---	---	---	---	---	---

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

- A. Institute preventative measures
- B. O & M Program
- C. Repair
- D. Encapsulate

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

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 6.5

STEPHANIE PETTY
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

Steve Chambliss
SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

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

DATE: 5/19/2011

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date (Fall)	Date 5/18/11 (Spring)	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

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

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

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

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.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date _____ (Fall)	Date 5/18/11 (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
9	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West *IF NO CHANGE IN CONDITION WRITE N/C

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date (Fall)	Date 5/18/11 (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
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	
	2x4 Ceiling Tile	All	Good	N/C	

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West *IF NO CHANGE IN CONDITION WRITE N/C

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 11/21/11

LEA SYSTEM NAME: Chester County Schools **LEA#:** 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West **PHONE:** 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 11/17/2011 (Fall)	Date (Spring)	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 5-17-2012

LEA SYSTEM NAME: Chester County Schools **LEA#:** 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West **PHONE:** 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

			1st six months Date <u>11/17/2011</u> (Fall)	2nd six months Date <u>5-16-12</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 12/04/12

LEA SYSTEM NAME: Chester County Schools **LEA#: 120**

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West **PHONE:** 731-989-5134

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

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)

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 12/03/2012 (Fall)	Date _____ (Spring)	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 4 - 11 - 13

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. 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 1800 sf	All		N/C	
2	Floor tile 212 sf	All		N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All		N/C	
5	Floor tile 5124 sf	All		N/C	
7	Floor tile 164 sf	All		N/C	
	Ceiling tile	All		N/C	
	Transite panels	All		N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 10-15-13

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: 970 East Main St. Henderson, TN 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Junior High

Building #: 126-0010 Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER 1	HA NUMBER 2	HA NUMBER 4	HA NUMBER 5
CURRENT QUANTITY 1800 sq. ft.	CURRENT QUANTITY 212 sq. ft.	CURRENT QUANTITY 3066 sq. ft.	CURRENT QUANTITY 5124 sq. ft.
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile 12x12 Green	MATERIAL DESCRIPTION Floor Tile

	CHECK ONE		CHECK ONE		CHECK ONE		CHECK ONE	
TSI SURFACING MISCELLANEOUS	LAST 3 YEAR	CURRENT						
	X	X	X	X	X	X	X	X

	CHECK ONE		CHECK ONE		CHECK ONE		CHECK ONE	
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	LAST 3 YEAR	CURRENT						
	X	X	X	X	X	X	X	X

	CHECK ONE		CHECK ONE		CHECK ONE		CHECK ONE	
NON-FRIABLE FRIABLE	LAST 3 YEAR	CURRENT						
	X	X	X	X	X	X	X	X

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR	CURRENT						
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	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT						
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT						
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	X

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT						
	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT						
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

- | | |
|---|---|
| <ul style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate | <ul style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other |
|---|---|

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 6.5

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

A-MP-47891-26076/TN
ACCREDITATION #/STATE

Stephanie Petty
MANAGEMENT PLANNER

Stephanie Petty
SIGNATURE

A-MP-47891-26076/TN
ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Junior High

Building #: 126-0010 Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
7			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
164			

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Ceiling Tiles	Transite Panels	

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X		
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE								

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR	CURRENT						
DETERIORATION	1	1	2	2	1	1		
PHYSICAL DAMAGE	1	1	2	2	1	1		
WATER DAMAGE	1	1	2	2	1	1		
ACTIVITY/VIBRATION	2	2	2	2	1	1		
EXPOSURE	1	1	2	2	1	1		
ACCESSIBILITY	1	1	1	1	1	1		

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT						
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X		

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT						
MAINTENANCE	X	X	X	X	X	X		
CUSTODIAL	X	X	X	X	X	X		
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT						
	5	5	7	7	5	5		

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT						
	B	B	B	B	B	B		

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

- A. Institute preventative measures
- B. O & M Program
- C. Repair
- D. Encapsulate

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

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 6.5

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

A-MP-47891-26076/TN
ACCREDITATION #/STATE

Stephanie Petty
MANAGEMENT PLANNER

Stephanie Petty
SIGNATURE

A-MP-47891-26076/TN
ACCREDITATION #/STATE

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

DATE: 5-6-2014

LEA SYSTEM NAME: Chester County Schools **LEA#:** 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West **PHONE:** 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 010

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 10-15-13 (Fall)	Date 5-6-14 (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
✓		YEARLY PROGRESS REPORT <i>6 mos</i>
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date _____ (Fall)	Date _____ (Spring)	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West PHONE: 731-989-5134

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT <i>6 mo. Periodic Inspection</i>
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date _____ (Fall)	Date _____ (Spring)	
1	Floor tile 1800 sf	All	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): _____

*emailed to:
Deborah.Gunter@tn.gov.
10/13/15 9:02am*

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

DATE: 10/13/15

LEA SYSTEM NAME: Chester County Schools **LEA#: 120**

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Britt Eads **PHONE:** 731-989-5134

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

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

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>10/9/2015</u> (Fall)	Date _____ (Spring)	
1	Floor tile 1800 sf	All	Good		
2	Floor tile 212 sf	All	Good		
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good		
5	Floor tile 5124 sf	All	Good		
7	Floor tile 164 sf	All	Good		
	Ceiling tile	All	Good		
	Transite panels	All	Good		

*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): _____



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
6TH 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
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

DESIGNATED PERSON: 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:

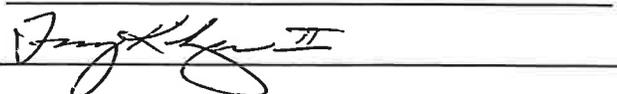
1. The activities of any persons who perform inspections, re-inspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other Federal and State regulations 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): TROY KILZER II

SUPERINTENDENT SIGNATURE: 

DATE: 3/3/16

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
CURRENT QUANTITY 150 SF	CURRENT QUANTITY 1488 SF	CURRENT QUANTITY 70 SF	CURRENT QUANTITY 2960
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
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	1	1	1	1	1	1	1	1

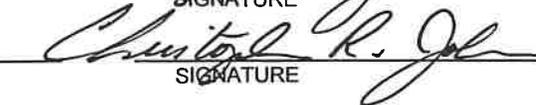
LENGTH OF EXPOSURE (CHECK ONE)	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
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	X

ASSESSMENT (MARK FROM 1 TO 7)	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT						
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-I-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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 5A		HA NUMBER 6		HA NUMBER 7A		HA NUMBER 7B
	CURRENT QUANTITY 6250 SF		CURRENT QUANTITY 5849 SF		CURRENT QUANTITY 600 LF		CURRENT QUANTITY 12832
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Pipe Insulation		MATERIAL DESCRIPTION Floor Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI					X	X		
SURFACING								
MISCELLANEOUS	X	X	X	X			X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X			X	X
FRIABLE					X	X		

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

	1	1	1	1	1	1	1	1
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	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE
(CHECK ONE)

	1	1	1	1	1	1	1	1
1 HOUR/WEEK								
5 HOUR/WEEK					X	X		
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X			X	X

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

	1	1	1	1	1	1	1	1
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
PUBLIC	X	X	X	X			X	X

ASSESSMENT
(MARK FROM 1 TO 7)

	1	1	1	1	1	1	1	1
	5	5	5	5	5	5	5	5

****RESPONSE ACTIONS**
(MARK FROM A TO H)

	1	1	1	1	1	1	1	1
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson
INSPECTOR (Typed Name)


SIGNATURE

A-1-42505-44826/TN
ACCREDITATION #/STATE

Christopher R. Johnson
MANAGEMENT PLANNER


SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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 9A		HA NUMBER 9B		HA NUMBER 9C		HA NUMBER
	CURRENT QUANTITY 150 SF		CURRENT QUANTITY 160 SF		CURRENT QUANTITY 120 LF		CURRENT QUANTITY Throughout
	MATERIAL DESCRIPTION Pipe Insulation		MATERIAL DESCRIPTION Boiler Wrap Insulation		MATERIAL DESCRIPTION Water Tank Insulation		MATERIAL DESCRIPTION 2x4 Ceiling Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI	X	X	X	X	X	X		
SURFACING								
MISCELLANEOUS							X	X
CHECK ONE								
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								
CHECK ONE								
NON-FRIABLE								
FRIABLE	X	X	X	X	X	X	X	X
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK	X	X	X	X	X	X	X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK								
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF								
PUBLIC								
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	7	7
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

A-142505-44826/TN
ACCREDITATION #/STATE

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Chester County Middle School Building #: Cafe

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

	HA NUMBER 8		HA NUMBER		HA NUMBER		HA NUMBER
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION 2x4 Ceiling Tile		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
CHECK ONE								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	3	3	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	7	7				
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B				

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson		A-I-42505-44826/TN
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION #/STATE
Christopher R. Johnson		A-MP-42505-44824/TN
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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 10	HA NUMBER 10B	HA NUMBER 10C	HA NUMBER				
	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY				
	MATERIAL DESCRIPTION Boiler Jacket	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile				
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	X	X	X	X				
TSI								
SURFACING								
MISCELLANEOUS					X	X	X	X
CHECK ONE								
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								
CHECK ONE								
NON-FRIABLE					X	X		
FRIABLE	X	X	X	X			X	X
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK	X	X	X	X			X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK					X	X		
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF					X	X		
PUBLIC					X	X		
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	7	7
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B
ASSESSMENT LEGEND				RESPONSE ACTIONS LEGEND				
1. Damaged/significantly damaged TSI				A. Institute preventative measures		E. Enclosure		
2. Damaged friable surfacing ACBM				B. O & M Program		F. Remove		
3. Significantly damaged friable surfacing material				C. Repair		G. Isolate		
4. Damaged/significantly damaged friable misc. ACBM				D. Encapsulate		H. Other		
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 6.5								

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Chester County Middle School Building #: Business

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

	HA NUMBER 12	HA NUMBER	HA NUMBER	HA NUMBER				
	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY				
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION				
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				
CHECK ONE								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	7	7				
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B				
ASSESSMENT LEGEND					RESPONSE ACTIONS LEGEND			
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM					A. Institute preventative measures		E. Enclosure	
					B. O & M Program		F. Remove	
					C. Repair		G. Isolate	
					D. Encapsulate		H. Other	
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 6.5								

Christopher R. Johnson		A-I-42505-44826/TN
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION #/STATE
Christopher R. Johnson		A-MP-42505-44824/TN
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION #/STATE

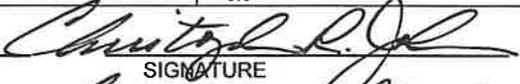
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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 13		HA NUMBER 13B		HA NUMBER		HA NUMBER	
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Pipe Insulation		MATERIAL DESCRIPTION 2x4 Ceiling Tile		MATERIAL DESCRIPTION	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	TSI		X	X				
SURFACING								
MISCELLANEOUS	X	X			X	X		
CHECK ONE								
ASSUMED ACBM					X	X		
CONFIRMED ACBM	X	X	X	X				
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X	X	X		
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	2	2	1	1		
PHYSICAL DAMAGE	1	1	2	2	1	1		
WATER DAMAGE	1	1	1	1	1	1		
ACTIVITY/VIBRATION	2	2	1	1	1	1		
EXPOSURE	2	2	1	1	1	1		
ACCESSIBILITY	1	1	1	1	1	1		
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK			X	X	X	X		
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X		
CUSTODIAL	X	X	X	X	X	X		
FACULTY/STAFF	X	X						
PUBLIC	X	X						
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	7	7		
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B		
ASSESSMENT LEGEND					RESPONSE ACTIONS LEGEND			
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM					A. Institute preventative measures		E. Enclosure	
					B. O & M Program		F. Remove	
					C. Repair		G. Isolate	
					D. Encapsulate		H. Other	
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 6.5								

Christopher R. Johnson		A-I-42505-44826/TN
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION #/STATE
Christopher R. Johnson		A-MP-42505-44824/TN
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	CURRENT QUANTITY 1770 SF		CURRENT QUANTITY 2140 SF		CURRENT QUANTITY 5603 SF		CURRENT QUANTITY 6240 SF	
	MATERIAL DESCRIPTION Floor Tile							

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)								
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	1	1	1	1	1	1	1	1

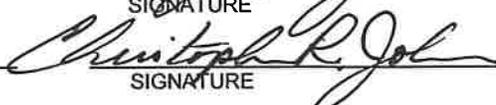
LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X

ASSESSMENT (MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)								
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
<ol style="list-style-type: none"> 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM 	<ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES	
<p>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</p> <p>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</p>	

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-I-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

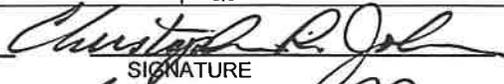
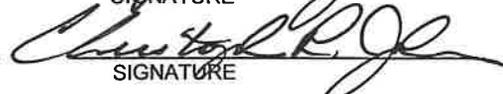
School Building Name: West Chester Elementary School Building #: Main

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

	HA NUMBER 5	HA NUMBER 6	HA NUMBER	HA NUMBER
	CURRENT QUANTITY	CURRENT QUANTITY 30,000 SF	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
CHECK ONE								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	7	7				
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B				

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-I-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: North Chester Elementary School Building #: Main

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

	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4	HA NUMBER 5
	CURRENT QUANTITY 3904 SF	CURRENT QUANTITY 200 SF	CURRENT QUANTITY	CURRENT QUANTITY 4768
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)								
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	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X

ASSESSMENT (MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)								
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other

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 6.5

Christopher R. Johnson INSPECTOR (Typed Name)	SIGNATURE	A-I-42505-44826/TN ACCREDITATION #/STATE
Christopher R. Johnson MANAGEMENT PLANNER	SIGNATURE	A-MP-42505-44824/TN ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: North Chester Elementary School Building #: Main

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

	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER
	CURRENT QUANTITY 1870 SF		CURRENT QUANTITY 6669 SF		CURRENT QUANTITY 864		CURRENT QUANTITY Throughout
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION 2x4 Ceiling Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

	1	1	1	1	1	1	1	1
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	1	1
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE
(CHECK ONE)

1 HOUR/WEEK							X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X		

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		

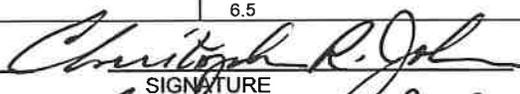
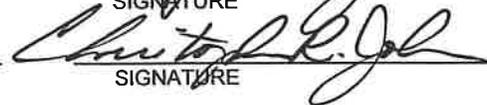
ASSESSMENT
(MARK FROM 1 TO 7)

	5	5	5	5	5	5	7	7
--	---	---	---	---	---	---	---	---

****RESPONSE ACTIONS**
(MARK FROM A TO H)

	B	B	B	B	B	B	B	B
--	---	---	---	---	---	---	---	---

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-I-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4			
		CURRENT QUANTITY 3915 SF	CURRENT QUANTITY 576 SF	CURRENT QUANTITY 7204 SF	CURRENT QUANTITY 1192 SF			
		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	X	X	X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
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	1	1	1	1	1	1	1	1
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B
ASSESSMENT LEGEND				RESPONSE ACTIONS LEGEND				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM				A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other	
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 6.5								

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 5	HA NUMBER 6	HA NUMBER 7	HA NUMBER 8
	CURRENT QUANTITY	CURRENT QUANTITY 11417 SF	CURRENT QUANTITY 10070 SF	CURRENT QUANTITY 1544 SF
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								

EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
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	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X

ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 9	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY 960 SF	CURRENT QUANTITY 52000 SF	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
CHECK ONE								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				

LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X	X	X				
PUBLIC	X	X	X	X				

ASSESSMENT (MARK FROM 1 TO 7)								
	5	5	7	7				

**RESPONSE ACTIONS (MARK FROM A TO H)								
	B	B	B	B				

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

A-MP-42505-44824/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 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
	CURRENT QUANTITY 6401 SF	CURRENT QUANTITY 42 SF	CURRENT QUANTITY 959 SF	CURRENT QUANTITY 1512 SF
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

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	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE
(CHECK ONE)

1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X

ASSESSMENT
(MARK FROM 1 TO 7)

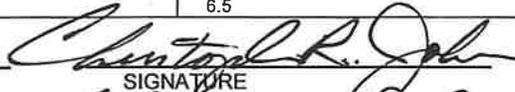
	5	5	5	5	5	5	5	5
--	---	---	---	---	---	---	---	---

****RESPONSE ACTIONS**
(MARK FROM A TO H)

	B	B	B	B	B	B	B	B
--	---	---	---	---	---	---	---	---

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND		
<ol style="list-style-type: none"> 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM 	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate </td> <td style="width:50%; vertical-align: top;"> <ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other </td> </tr> </table>	<ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate 	<ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other
<ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate 	<ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other 		
<p>NOTES</p> <p>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</p> <p>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</p>			

Christopher R. Johnson
INSPECTOR (Typed Name)


SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER


SIGNATURE

A-MP-42505-44824/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 15000 SF	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION 2X4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X						
CHECK ONE								
ASSUMED ACBM	X	X						
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE								
FRIABLE	X	X						
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1						
PHYSICAL DAMAGE	1	1						
WATER DAMAGE	1	1						
ACTIVITY/VIBRATION	1	1						
EXPOSURE	1	1						
ACCESSIBILITY	1	1						
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK	X	X						
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK								
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X						
CUSTODIAL	X	X						
FACULTY/STAFF								
PUBLIC								
ASSESSMENT								
(MARK FROM 1 TO 7)								
	7	7						
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B						

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson INSPECTOR (Typed Name)	SIGNATURE	A-I-42505-44826/TN ACCREDITATION #/STATE
Christopher R. Johnson MANAGEMENT PLANNER	SIGNATURE	A-MP-42505-44824/TN ACCREDITATION #/STATE

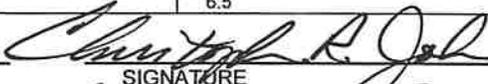
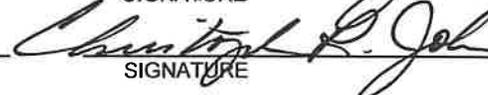
THREE YEAR REINSPECTION

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

	HA NUMBER 1		HA NUMBER 2		HA NUMBER 4		HA NUMBER 5	
	CURRENT QUANTITY 1800 SF		CURRENT QUANTITY 212 SF		CURRENT QUANTITY 3066 SF		CURRENT QUANTITY 5124 SF	
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile	
CHECK ONE TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
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	1	1	1	1	1	1	1	1
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5
**RESPONSE ACTIONS								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B
ASSESSMENT LEGEND				RESPONSE ACTIONS LEGEND				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM				A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other	
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 6.5								

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	A-I-42505-44826/TN ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	A-MP-42505-44824/TN 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

	HA NUMBER 7	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY 164 SF	CURRENT QUANTITY 70000 SF	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

	LAST 3 YEAR	CURRENT						
CHECK ONE								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
CHECK ONE								
ASSUMED ACBM	X	X	X	X				
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	2	2				
EXPOSURE	1	1	1	1				
ACCESSIBILITY	1	1	1	1				

LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						

ASSESSMENT (MARK FROM 1 TO 7)								
	5	5	7	7				

**RESPONSE ACTIONS (MARK FROM A TO H)								
	B	B	B	B				

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
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 6.5	

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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



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 accredited 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

44-404-20055
501-6900-1111



Christopher R. Johnson

DOB: 30-Nov-1961 Sex: M HGT: 5'9" WGT: 185

Discipline	Accreditation	Expiration
Inspector	A-I-42505-44826	Oct-31-2016
Management Planner	A-MP-42505-44824	Oct-31-2016
Project Designer	A-PD-42505-44825	Oct-31-2016
Project Monitor	A-PM-42505-44823	Oct-31-2016

Asbestos Accreditation

Re-Accreditation

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/22/2016</u> (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile 1800 sf	All	Good		
2	Floor tile 212 sf	All	Good		
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good		
5	Floor tile 5124 sf	All	Good		
7	Floor tile 164 sf	All	Good		
	Ceiling tile	All	Good		
	Transite panels	All	Good		

*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): _____

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date <u>2/9/2017</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	Good	
2	Floor tile 212 sf	All	Good	Good	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	Good	
5	Floor tile 5124 sf	All	Good	Good	
7	Floor tile 164 sf	All	Good	Good	
	Ceiling tile	All	Good	Good	
	Transite panels	All	Good	Good	

*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): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

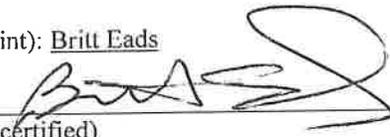
BUILDING NAME: MAIN

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. Keep the original with your Management Plan.

			1st six months Date <u>8/6/2018</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good		
2	Floor tile 212 sf	All	Good		
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good		
5	Floor tile 5124 sf	All	Good		
7	Floor tile 164 sf	All	Good		
	Ceiling tile	All	Good		
	Transite panels	All	Good		

*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): _____

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

			Ist six months Date <u>8/6/2018</u> (Fall)	2nd six months Date <u>2/13/2019</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	Good	
2	Floor tile 212 sf	All	Good	Good	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	Good	
5	Floor tile 5124 sf	All	Good	Good	
7	Floor tile 164 sf	All	Good	Good	
	Ceiling tile	All	Good	Good	
	Transite panels	All	Good	Good	

*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): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

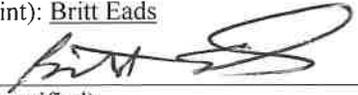
BUILDING NAME: MAIN

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. Keep the original with your Management Plan.

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	Good	
2	Floor tile 212 sf	All	Good	Good	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	Good	
5	Floor tile 5124 sf	All	Good	Good	
7	Floor tile 164 sf	All	Good	Good	
	Ceiling tile	All	Good	Good	
	Transite panels	All	Good	Good	

*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): _____

PERIODIC SURVEILLANCE REPORT

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. Keep the original with your Management Plan.

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date <u>2/7/2020</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile 1800 sf	All	Good	Good	
2	Floor tile 212 sf	All	Good	Good	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	Good	
5	Floor tile 5124 sf	All	Good	Good	
7	Floor tile 164 sf	All	Good	Good	
	Ceiling tile	All	Good	Good	
	Transite panels	All	Good	Good	

*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): _____