NORTH CHESTER ELEMENTARY SCHOOL
ASBESTOS

MANAGEMENT PLAN

TABLE OF CONTENTS

Page No.	Con	tents	TAHERA Form No.
1. 2. 3. 4.	E. F.	Table of Contents Transmittal Sheet Cover Sheet Assurances School Building List School Information Form ster Elementary School School Information Form	4.0 1.0 2.0 3.0 5.0
117. 118–126. 127–128. 129–130. 131–133. 134–143. 144–146.	B. C. D. E. F. G. H. I.	Homogeneous Area Summary Homogeneous Area Drawing Response Action Implementation of Response Action Follow-up Action Drawing of ACBM To Remain Operations And Maintenance Bulk Sample Summary Appendix I	6.2 6.3 6.4 6.5 6.6 6.7 6.8 6.9
169-170. 171-172. 173-179. 180-184. 185-189. 190-191. 192-193. 194. 195.196.	н.	 Operation And Maintenance Procedures Laboratory Accreditation Statement Bulk Sample Analysis Chester County High School East Chester Elementary School North Chester Elementary School Accreditation Certificates Inspectors Management Planners Cards Copy of Notifications Appendix II 	7.0 8.0
204. 205. 206. 207. 208. 209.	H,	1. Employee Training Forms 2. Cleaning Records a. Chester County High School b. Chester County Junior High School c. East Chester Elementary School d. Jacks Creek Elementary School e. North Chester Elementary School f. West Chester Elementary School	11.0 13.0

LEA:_	Chester		ř.	LEA NO.:	120
		Date:	9/30/88		

TRANSMITTAL SHEET/AHERA SUBMITTALS

1.	DEFERRAL REQUES	ST					•	
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2.	MANAGEMENT PLA	N _.	ag.					
	SUBMISSION: O	ा riginal	g Re	submittal		New Building	0	
	STATE REVIEW							
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3.	MANAGEMENT PLA	N PROGRESS P	EPORT N	o	Dat	ted		
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			<u> </u>		Board of E	ducation LEA	NO:: 120)
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	302	8		lerson, TN				
	î .		100					 .X
		Şuperint	endent: <u>Dr</u>	. Kathy (Coatney Ma			
EDA 1	0/0/00)		Page	1 of 200	Date:	9/30/88		-

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

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

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

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

Name: Gene Cain	Accreditation No.: 418
Firm/LEA: Madison County Board o	of Education
Address: 701 South Highland Ave	Training Agency: Georgia Institute of
City/State/Zip: Jackson, TN 38301	Technology
Telephone: 901-423-0270	Training Course: Managing Asbestos in
W. 1	Buildings
Signature: Signal (all	Course Date: March 23-25, 1988
0/2. /20	* .
Dated: 9/30/88	
7	· · · · · · · · · · · · · · · · · · ·
*	• 4
	±
LOCAL EDUCATION AGENCY (LEA) I	DESIGNATED PERSON
(,	
Name: Gene Cain	Training Agency: Georgia Tech
Address: 9 Rutherford Ave.	Training Course: Inspecting & Managing
City/State/Zip: Jackson, TN 38301	Training Dates: March 21-25, 1988
Telephone: 901-427-6428	Total Hours: 40
89. 10.	~~ 0 0 ± 000
Solne aux	Nat he Coalmer March
LEA Designated Person's Signature	LEA Superintendent's Signature
0/2x/00	1 2 12001
Dated: 7/30/88	Dated: September 30, 1988
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	,
and the second second	
(Management)	
(Planner's)_	LEA: Chester Co. Board of Edu. LEA NO.: 120
(Seal)	Address: P.O. Box 327
-	Henderson, TN 38340
s¹ Superi	intendent: Dr. Kathy Coatney Mays
00,000	Telephone: 901-989-5134
	Date: 9/30/88 ·
IERA 2.0(8/88)	Page 2 of 209
· · · · · · · · · · · · · · · · · · ·	PMV Z VIZUS

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

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

and Olana (Ni)	Date: 9/38/89	
LEA Designated Person, pursuant to 40 CFR 763.93(i) and 763.84	Date:	
6.2		200

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

Date: 9/30/88

Typed Name: Gene Cain

List all schools and separate buildings:

D.O.E. SCHOOL NUMBER	SCHOOL NAME OR BUILDING NAME	ADDRESS	СІТҮ	ZIP CODE		BM NF	NO ACBM
120 0005	Chester Co. High.	Hwv. 100 East. He	nderson. TN 38	340	x	x	
126 0010	Chester Co. Jr. Hi	gh, Hwy. 100 East	, Henderson, T	N 38340		x	
	Bus Shop, Hwy. 100						х
120 0015	East Chester Elem.			38340		х	
120 0025			15				
120 0028	Jack's Creek Elem. North Chester Elem				x	X X	
0030.	West Chester Elem,			4 100 12 10 10 10 10 10 10 10 10 10 10 10 10 10		х	
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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	

BUILDING STATISTICS Area Name, Wing Addition, etc. Use Square Feet)	SCHOOL INFO	NOTTO FORM /SCHOOL: North Che	ester Elementary NO: 120-002
Total Tota	Date	Area Name, Wing	
Cafeterial 10,511	8-49	North Chester School	19,193
8-49 Brick Storage 1,500 7-66 Portable Storage 864 2. STRUCTURAL SYSTEMS Walls: Floors: Roof: Foundation: Masonry/Concrete Wood Stab-on-grade Steel Gravispace Wood Steel Basement Other Other Other Other 3. MECHANICAL SYSTEMS Heating: Cooling: Central HVAC Wall Electric Wall Electric Other Notes (Explain Other): 4. ARCHITECTURAL FINISHES Cailing: Gypsum Board Carpet Gypsum Board Acoustical Finish Wood Masonry Tile Gypsum Board Grapet Gypsum Board Acoustical Finish Wood Masonry Tile Wood/Paneling Other Other Ditter 5. SUMMARY OF DOCUMENTS REVIEWED Floor Plans Sections Past Abatement Projects Mechanical Drawings As Built Drawings Past Abatement Projects Mechanical Drawings As Built Drawings Past Abatement Drawing Finish Schedules Signature Accreditation Number/State Affiliation Affiliation	7-63		W =
7-66 Portable Storage 864 2. STRUCTURAL SYSTEMS Floors: Roof: Foundation: Masonry/Concrete	8-49		
STRUCTURAL SYSTEMS Floors: Roof: Foundation: Steel Wood Slab-on-grade Wood Steel Concrete Crawispace Wood Other Ot	a	-	
Walls:		10100010	
Masonry/Concrete Wood Concrete Crawispace Steel Concrete Crawispace Crawispace Wood Other			Foundation
Cooling: Cooling: Cooling: Cooling: Contral HVAC Wall Electric Cooling: Contral HVAC Wall Electric Cooling: Contral HVAC Other Wall Electric Coling: Contral HVAC Other Cother	Masonry/Cond	Frete ☐ Wood ☐ Wo ☐ Concrete ☐ Concrete ☐ Concrete ☐ Steel ☐ Steel	ood G Slab-on-grade ncrete G Crawispace sel G Basement
Heating: Central HVAC	Notes (Explain Ot	ner):	
ARCHITECTURAL FINISHES Ceiling: Flooring: Walls: Lathe and Plaster Vinyl Tile Lathe and Plaster Gypsum Board Garpet Gypsum Board Acoustical Finish Wood Masonry Tile Wood Masonry Tile Other 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 Past Abatement Drawing Finish Schedules (In-house) Past Surveys 6. INSPECTION INFORMATION (Attach copy of certificate for each Inspector.) Date of Inspection: 7-26-88 Inspection Accreditation Team Members Signature Affiliation	Heating:	Cooling Wall Electric 🖫 Cer	ntral HVAC 🔟 Window Units
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):	Notes (Explain Ot	ner):	and a
5. SUMMARY OF DOCUMENTS REVIEWED Floor Plans	Ceiling: Lathe and Pla Gypsum Boar Acoustical Fires	Flooring: ster ରୁ Vinyl Tile d ြ Carpet alsh	☐ Lathe and Plaster ☐ Gypsum Board 図 Masonry ☐ Wood/Paneling
Floor Plans Sections Past Abatement Projects Mechanical Drawings As Built Drawings Past Abatement Spec.s Specifications Sampling Reports Past Abatement Drawing Finish Schedules Past Surveys Past Surveys Past Surveys Past Surveys Past Surveys Past Abatement Drawing Past Surveys Past Surveys Past Abatement Drawing Past Abatement Drawing Past Surveys Past Abatement Drawing Past Surveys Past Surveys	Notes (Explain Oti	ner):	
Inspector.) Date of Inspection: 7-26-88 Inspection Accreditation Team Members Signature Number/State Affiliation	3 Floor Plans	rawings [] Sections rawings [] As Built Drawings [] Sampling Reports	Past Abatement Spec.s Past Abatement Drawing
Inspection Accreditation Team Members Signature Number/State Affiliation	6. INSPECTIO		te for each
#77=NBOIGIA	Inspection Team Members		Number/State Affiliation
LEA: Chester County Date: 9/30/88		LEA: Chester	County LEA NO.: 120

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	Pipe Wrapping	Т			0028-1
2	Λsphalt Tile	М			0028-2
3	Asphalt Tile	М			0028-3
4	Sprayed on Ceiling	S		9-3-5	0028-4
⁻ 5	Λsphalt Tile	М			0028-5
6	Λsphalt Tile	М			0028-6
7	Asphalt Tile	M			0028-7
8	Asphalt Tile	M			0028-8
	Ceiling Tile	M			All

Through Out

HÀ . No.	Confir	ACI med NF		ımed NF	No ACBM	Total Quantity (Show Units)	Co	Exposure Considerations A B C D E F G H				Assessment Category			
1	***********		Х			200 Linear Ft.	1	1	1	1	1	1	2	2	5
2				х		3904 Sq. Ft.	1	1	1	í	2	3	2	4	5
3				х		200 Sg. Ft.	1	1	1	1	2	3	2	4	5
4				4	Х	,1 F							-	_	
5	ļ			Х		4768 Sq. Ft.	1	1	1	1	2	3	2	4	5
6				х		1870 Sq. Ft.	1	1	1	1	2	3	2	4	5
7				х.		6669 Sa. Ft.	1	1	1	1	2	3	2	4	55
8				x		864 Sa. Ft.	1	1	1	1	2	3	2	4	5
				X		29,000 Sq. Ft.	1	1	1	3	3	3	5	5	5

Thrugh 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:

- 2.

- Damaged/Significantly damaged TSI
 Damaged friable SURFACING ACM
 Significantly damaged friable SURFACING ACM
 Damaged or significantly damaged friable
 MISCELLANEOUS ACM
 ACBM with potential for damage
 ACBM with potential for significant damage
 Any remaining friable ACBM or friable
 suspected ACBM

Legend:

HA = Homogeneous Area T = Thermal System Insulation

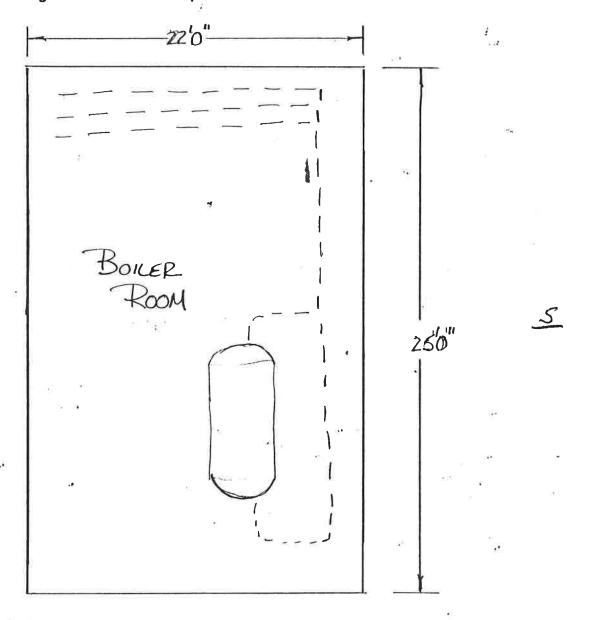
= Surfacing

M = Miscellaneous

BIA= Building Inspection Area (Number assigned by

Inspector)

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



HOMOGENEOUS AREA A.

SCALE 4"=10"

___TSE

LEA:	Chester	County	LEA	NO.: 120

Date: 9/30/88

TAHERA 6.3(8/88)

5

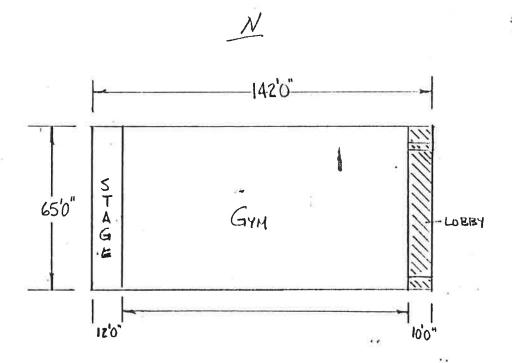
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SPECIAL \	ADOLT	7////
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	8ºx48º	
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HOMOGE	JEOUS LIREA D	904
	JEOUS AREA B SCALE 1"= 10	
		* *
	7771	VYNL ASBESTOS

N

VYNL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88



HOMOGENEOUS AREA C.

SCALE 1": 40'

YVAL ASBESTOS FLOOR TILE

5

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Page 120of 209

HOMOGENEOUS AREA DRAWING/SCHOOL North Chester Elementary NO: 4 DRAWING NO: 0028-4

Identify limits of homogeneous area and sample locations.

SAMPLES

0028-7-5

X

DRESSING

ROOM

22°x22°

22°x22°

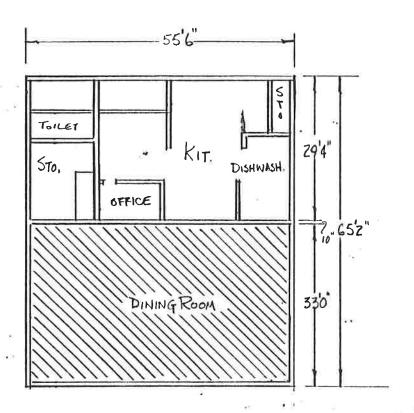
A4'0"

SCALE I"=10'

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

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

Date:



HONOGENEOUS AREA F

SCALE 1"= 20"

WHL ASBESTOS FLOOR TILE

: :

LEA: Chester County

_____ LEA NO.: 120

Date:

	1	HOMOGENEOUS AREA DRAWING /SCHOOL: North Chester Elementary DRAWING NO.: 0028-7	NO.:_7_
		dentify limits of homogeneous area and sample locations.	11
		123'0"	-
Τ	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
		CLASSROOM 2	54°
	24'0"	35° x 22° CLASSROOM 2 CLASSROOM 3 35° x 22° 35° x 22°	
 8'0'	+	- 30	
00	100	TOLET 138 x 42 HALL 38 x 44 HALL 38 x 44 HALL 38 x 10-	CAPETELIL SEE #6
	1		306
	Z4'0"	CLASSEDOM 4 STORAGE STORAGE 13" x ZZ" LOBE	1117
1	Ý		
	.*	1350	
		1330	
		365	e v
		HOHOGENEOUS AREA G	8
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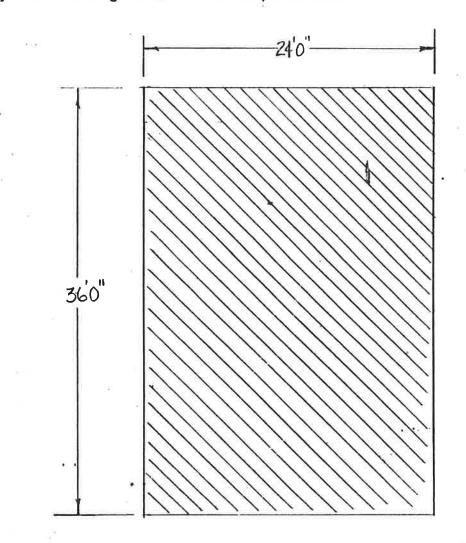
TAHERA 6.3(8/88)

Page 124 of 209

Date:_

LEA: Chester County

____ LEA NO.: 120



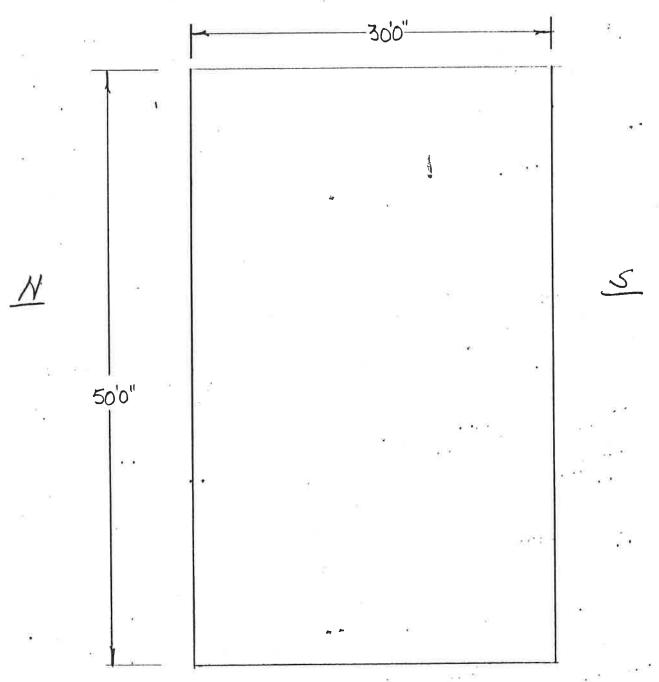
PORTABLE STORAGE

SCALE 18" z 10"



LEA: Chester County LEA NO.: 120

Date:



BRICK STORAGE BLOG.

SCALE 18"-10"

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

Recommended by Management Planner 1.

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule D Start	ates Complete
1	TSI	Repair	Repair	9/1/88	7/9/89
2	Asphalt	A-B	A-B	July 1989	Until Removed
3	Asphalt Tile	A-B	A-B	July 1989	Until Removed
Δ	Sprayed on Ceiling	None	None		
5	Asphalt Tile	A-B	A-B	July 1989	Until Removed
6	Asphalt Tile	A-B	A-B	July 1989	Until Removed
7	Asphalt Tile	A-B	A-B	July 1989	Until Removed
8	Asphalt Tile	A-B	, A-B	July 1989	Until REmoved
	Ceiling Tile	А-В	A-B	July 1989	.Until Removed

Through Out

> Management Planner's method for selection of response actions: As defined in 2. AHERA 763.90(B) TSI with potential for damage. (SEE ATTACHMENT)

*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: North Chester Elementary NO.:0028

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

1	DESPONSE	ACTION:		

	Institute Preventative Measures Operations and Maintenance Program	∏ Enclose _X Remove
쒸	Operations and Maintenance Program Repair	[Encapsulate
	Isolate	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.

As defined by AHERA this matierial is in fair condition since only about 2% of the TSI is damanged. By repairing this material, it will be returned to its original condition. This action will protect human health and the environment and will be the least burdensome on the local LEA.

☐ Encapsulate

| Isolate | Other

2. DETAILED DESCRIPTION:

Repair

Repair TSI on pipe in the boiler room and then follow up using the O & M Procedure.

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

SEE ATTACHED SHEETS

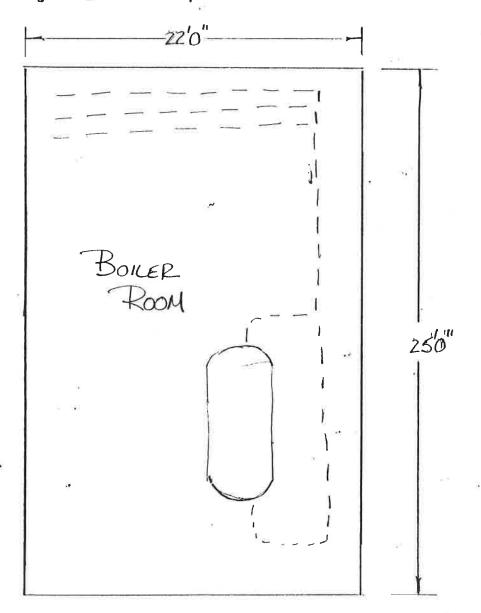
- 4. REASONS (Give reason for selecting response action):
 - Material is in fair condition and repair will bring it back to its original condition.
 - 2. This will protect health and environment and be the lease burdensome on the LEA.
- 5. SCHEDULE (Starting and completion dates for response action):

Work to start on 9/1/88 and be completed on 7/9/89.

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

At this school about \$1000 for material and labor.

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



HOMOGENEOUS AREA A

___TSI

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

Date: 9/30/

 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 the friable and non-friable asbestos at the North Chester Elementary School.

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

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

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Cafeteria

Area 2 - Corridors

Boys and Girls Dressing Rooms

Area 3 - Corridor

Classrooms 1, 5, 6

Office Area

Book Room

Clinic

Closet

Area 4 - Classrooms 3, 4, 7, 8

Teachers Lounge

Teachers Lounge Closet

Janitor Closet

Storage Room

Asphalt Floor Tile (Approximately 11,590 sq. ft.)

Area 5 - Two Classrooms

Corridor

Four restrooms in kindergarten rooms

Vinyl Asbestos Floor Tile (Approximately 2,100 sq. ft.)

Area 6 - Boiler Room NONE.

DRAWING OF ACBM TO	REMAIN /SCHOOL: Nort	n Chester Elementary	School '	NO.: 120-00
DIGITION OF THE STATE OF				

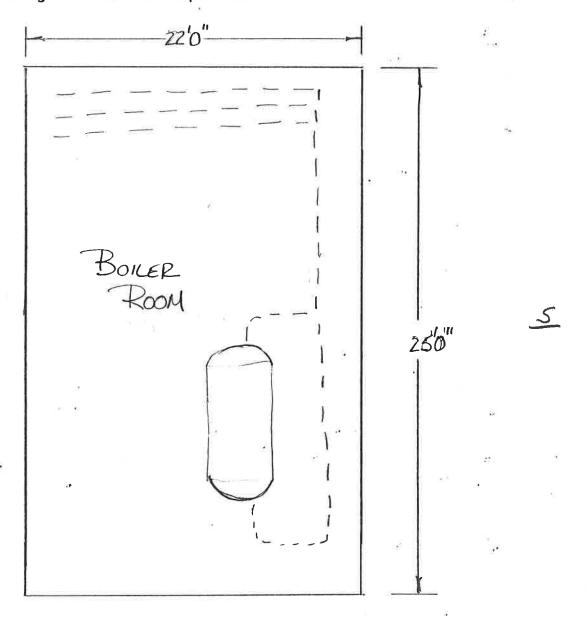
Identify type and extent of ACBM to remain in the building following implementation of response actions.

SEE ATTACHED SHEET

LEA: Chester County LEA NO.: 120

Pate: 9/30/88

Page 134 of 209



HOMOGENEOUS AREA A.

SCALE 1/4"=10"

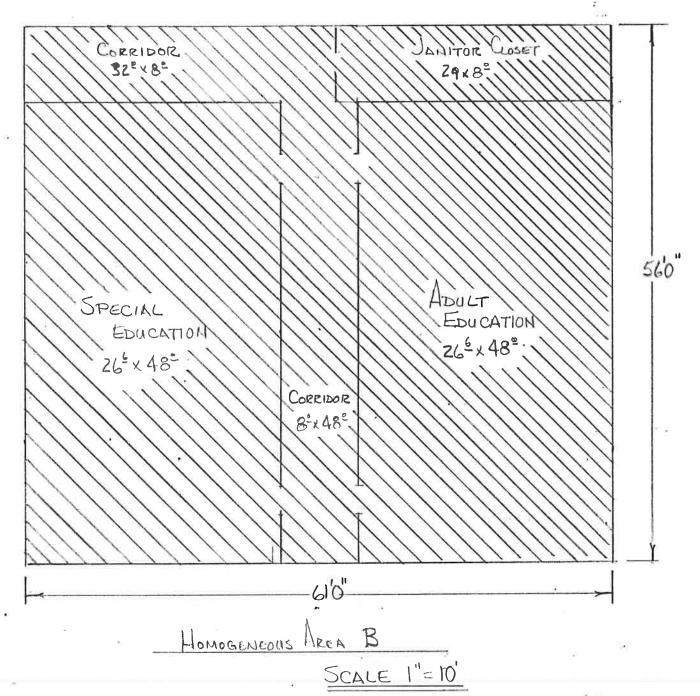
___TSI

LEA:	Chester	County	LEA NO.:	120
			4 00	

Date: 9/30/88

TAHERA 6.3(8/88)

5



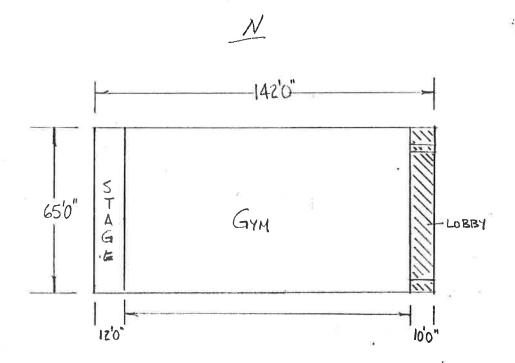
N

VYNL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Page 136 of 209



HOMOGENEOUS AREA C SCALE 1"240'

LEA: Chester County

LEA NO.: 120

9/30/88 Date:

SAMPLES TRESSING 22'0" 0028-7-3 ROOM 22°x 22° 22×22° 0028-7-9 440" HOMOGENEOUS AREA D SCALE 1"=10

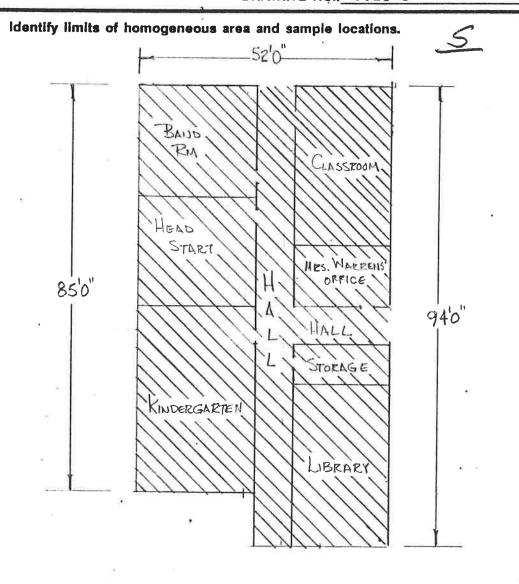
> LEA NO.:_120 LEA: Chester County

9/30/88 Date:

Page 138_{of} 209

HOMOGENEOUS AREA DRAWING/SCHOOL: North Chester Elementary NO.: 5

DRAWING NO.: 0028-5



HOMOGENEOUS AREA E

SCALE 1 = 20

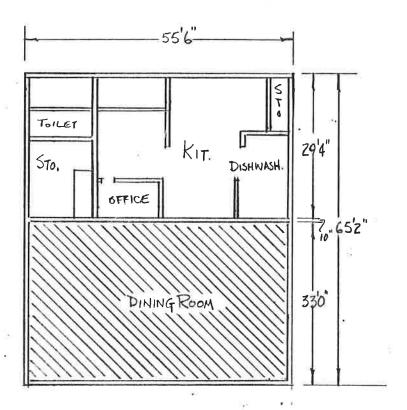
YYNL ASBESTOS FLOOR TILE

N

LEA: Chester County

_ LEA NO.:120

Date:



HOMOGENEOUS AREA F

SCALE 1"=20"

VYNL ASBESTOS FLOOR TILE

LEA: Chester County

____ LEA NO.: 120

Date: 9/30/88

	HOMOGENEOUS AREA DRAWING /SCHOOL: North Chester Elementar DRAWING NO.: 0028-7	<u> </u>
	Identify limits of homogeneous area and sample locations.	Э
	CLASSROOM 2	
240"	CLASSROOM 2 35° x 22° 35° x 22°	
11	(238)	
0'0'	11 - TO REET HALL 38 x 4 4 1	CAPETERIA
- 1	111111111111111111111111111111111111111	SEE #6
Z4'0"	CLASSEOOM 4 STORAGE BOOK 12º	×102
	35° x ZZ° 111 35° x ZZ° 13" x ZZ° 13" x ZZ°	LOBBY Z4º XIZE
		77,7,7
	1350"	
	20 (20)	,
	HOMOGENEOUS AREA G	
	SCALE 1"= 20'	ĸ .
	Jun he	Delese.
	VYNL AS FLOOR T	TLE
		g
		3

LEA: Chester County

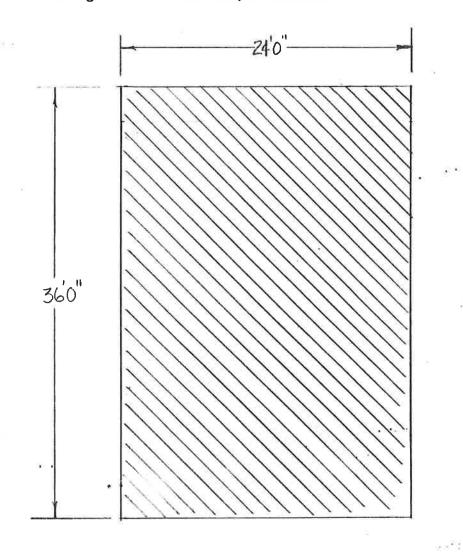
Date:_

LEA NO.: 120

9/30/88

Page <u>141</u> of <u>209</u>

TAHERA 6.3(8/88)



<u>S</u>

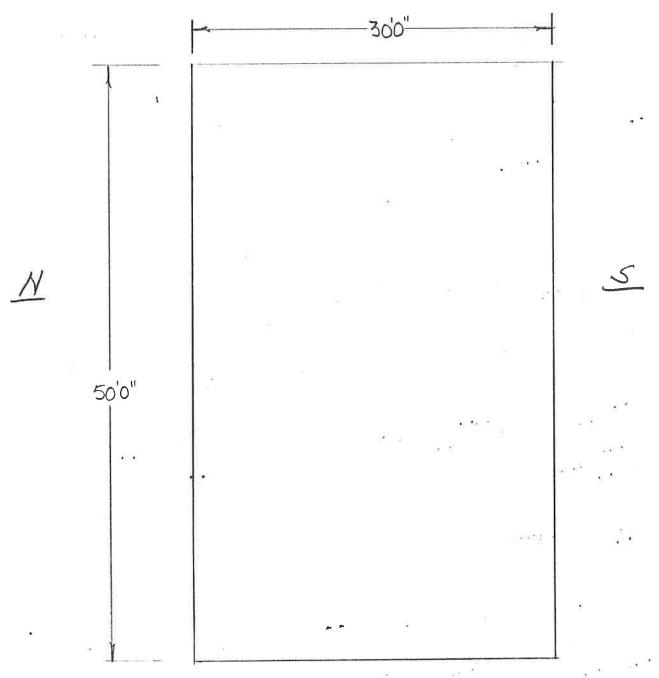
PORTABLE STORAGE

SCALE 18"210"

LEA: Chester County

____ LEA NO.: 120

Date:



BRICK STORAGE BLOG.

SCALE 8"-10"

LEA:	,Chester	County	LEA NO.:_1	20
		Date	9/30/88	

In areas 2,3,4,5,6 and 7 there is floor tile assumed to contain asbestos. is a hard surface and releases fibers at a very slow rate. There should be no drilling, sawing, breaking or sanding without proper equipment. When cleaning the tile these steps will be followed:

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

In Area 1, there is assumed TSI on the pipes. This material showes signs of physical damage and deterioraton on about 2% of the insulation. This material must be repaired using Lag-Kap, Lag-Kloth and Lag-Kote. When repaired this will make the TSI non-friable. Signs must be hung in the boiler room and stickers placed on the pipe as a warning of ACBM. The door to the boiler must be kept locked at all times and only maintenance personnel such as custodians are to use this room. For small disturbances the following procedures will be used:

(SEE ATTACHED SHEET)

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

Page 144 of 209

DISTURBANCE OF ACM INTENDED OR LIKELY T. S. I.

Where asbestos-containing insulation must be removed to maintain or repair the thermal system, the ACM will obviously be disturbed. As with surfacing ACM, the amount to be removed or manipulated will determine the procedures to be used.

SMALL DISTURBANCES

If the amount to be removed is 3 linear feet or less (3 square feet for surfacing material), the project should be considered a small scale disturbance. The following proceedures should be followed:

Work approval and site preparation proceedures as described for surfacing ACM, (first three bulletts in Section 8.1.3, small disturbances) should be followed.

Maintenance workers should wear at least air-purifying respirators with HEPA filters (see discussion in Section 11 on respiratory protection) and protective clothing (suit, hood, and boots) in case of a fiber release accident.

The asbestos-containing insulation should be removed as necessary for the repairs, and the repairs made using standard glove bag techniques where possible (see the EPA publication: "Asbestos-in-Buildings Technical Bulletin: Abatement of Asbestos-Containing Pipe Insulation," 1986-2 and the OSHA construction industry rule). Glove bags are fastened around the part to be repaired, the insulation is removed with knives and saws to make the part accessible, and the repairs are made using tools contained in the glove bag tool pouch. The open faces of the remaining asbestos-containing insulation are then sealed with an encapsulant or latex paint, all surfaces are wet-wiped or HEPA-vacuumed and all debris is sealed, in the glove bag and removed together with the bag.

If a glove bag is ruptured during the course of the repairs, work should stop, the area should be sealed off, and all procedures recommended for large-scale asbestos removal (as outlined in Section 8.1.3, large disturbances) should be followed. Thorough clean-up of the work site followed by air testing is especially important to assure that fibers which may have escaped are removed. Sealing tape applied quickly to a small puncture could prevent significant release of fibers to the room, provided the ACM inside the bag was thoroughly wetted as it was removed.

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Page 145 of 209

At the conclusion of the work, maintenance workers should clean their clothing as above (if fibers escaped from the glove bag), showere with their respirators on, and clean their respirators while in the shower (see discussion in Section 11 on respirator programs).

All glove bags and any other used materials (including disposable clothing) should be discarded as asbestos waste.

NO.: 120-0028		NO	.:	12	0-	00	2	8	
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BULK	SAMPLE	SUMMARY/school:	North	Chester	Elementary
------	--------	-----------------	-------	---------	------------

Date Samples Collected: 7-	-27-99 Date	Received by Laboratory	7-28-88
· \		-	
Inspector's Name: Gene Ca	ain Labo	atory Name: Jackson	Branch Laboratory
Inspector's Signature:			2
Name of Random Number Toused for Sample Location S	able election: Simplifie	d Sampling Scheme fo	or Friable Surface

Material										
Inspector's Sample No.	Description of Material Sampled	Sample Location	Laboratory Sample No.	Asbestos Type/ Percentage						
	Sprayed On									
0028-79	Surface Material	Dressing Room	2589165	None						
	Sprayed On	i i								
0028-7-3	Surface Material	Dressing Room	2589166	None						
	Sprayed On									
0028-75	Surface Material	Dressing Room	2589167	None						
<u></u>	=:	g g		is:						
h.	SEE ATTACHED SHEETS		•							
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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 Vaccum. All maintenance men performing this operation will wear an air purifying negative pressure respirator with HEPA filters and protective clothing (suits, hoods and boots). Any debris will be placed in an air tight bag and then a drum for proper disposal.
- III. Should there be a small scale fiber release, the plan for Disturbance of ACM Intended or Likely TSI will be followed. (See Attached Sheets)
- IV. All employees that wear a respirator must have a pulmonary function test or breathing test.
- V. All custodians and maintenance personnel will receive two hours of awarness training (T.H.E.-/A.C.T.-/AHERA compliance film plus one hour of discussion of the film). Each will receive a copy of of Asbestos In Buildings Guidance for Service and Maintenance Personnel. Each maintenance man will also receive 14 additional hours of training:
 - A. Respirator for asbestos and filtering 1 hour
 - B. HEPA vaccum cleaner for asbestos clean up 1 hour
 - C. Maintaining asbestos covered pipes and surfaces 2 hours
 - D. Practicing use of glove bag 5 hours
 - E. Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote 5 hours
- VI. All service personnel from outside of the school must report to the Principal's office before any work can begin. At this time they will be informed of any ACM.
- VII. The ACM in each area will be inspected by a maintenance man and the date, time and condition of the ACM recorded. This will be kept in the Principal's office. The re-inspection will be in 3 years from July 9, 1989, and it will follow AHERA 763.93 (E) (9).
- VIII. All records of activities involving ACM will be kept in the Principal's office.
 - A. Employee training
 - 1. Name
 - 2. Job Title
 - Date training was completed

(continued)

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

OPERATIONS AND MAINTENANCE PROCEDURES

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

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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

	·
Laboratory:	Jackson Branch Laboratory
	3
Address:	295 Summar Drive, P.O. Box 849
	Jackson, Tennessee 38301
Telephone:	(901) 424-9200 ext. 365
Analysis Perfe	ormed by:William Jordan English
Laboratory Ma	nager: Dr. John R. Hitz, Director
34	
	energer's Signature QR DET, DrPH
Laboratory Ma	anager's Signature:
Date: Sept	tember 15, 1988
NOTE:	This accreditation statement is reflective of asbestos samples submitted by Mr. Gene Cain, Madison County Board of Education, and analyzed by PLM. Sample numbers are: 2J 89/65 through 2J 89/73.
	E
Attachment:	Copy of Accreditation
	,
	· · · · · · · · · · · · · · · · · · ·
1555 7	
ŧ	LEA: Chester County LEA NO.: 120
	Date: 9/30/88

Date:

National Voluntary Laboratory Accreditation Program (NVLAP)

ASBESTOS PROGRAM FEE CALCULATION FORM

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

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

For help, call (301) 975-4016.

BULK SAMPLE ANALYSIS

School: Nester County Scane of Recently

School: Nester Chester County Elementary

Building: Old Building

Sample Date: 2/2288

IOGENI	EOUS AREA(S)	n_B_			Analysis Method Polarized Light Microscopy w/DS
	.e.				
/ner	Sample 1D	Lab	Asbesto Type	3	Comments
028-	-7-9	2J89/65	NONE		
028-	-7-3	2J89/66	HONE		4
028-	-7-5	2J89/67	NONE		*
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-			A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		4
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has ta	est no phas	signature bei received an a mple Analysis	CCLEATIALION	TOT BOLD	ry identified below is accredited by the National Bureau of arized light microscope (PLM) analysis under the EPA interimogram.
		kson Branch			ress: 295 Summar Drive, Jackson, TN 38301
Analy	ala Perform	ed By: Jord	an English		$O_{\mathcal{C}}$
Турес	d Name: Jor	dan English		Sig	Date: 1/29/88

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

IDEN AGENO SEND	CE North Chester OIFICATION old bu CY EDUCATION REPORT TO: Gene Cain	co. ildi	Elem. LOCATION ng, boy's dressing COUNTY Chester DATE COLL	rm.	? FIELD # 0028-7-9 BILLING CODE ED_7/27/88BYGene Cain			
Mac 70: Jac	dison County Board I South Highland A ckson, TN 38301	of venu	Education e [X	AN.] Q] Q] Q	ALYSIS REQUESTED: UALITATIVE UANTITATIVE UANTITATE ACM ONLY			
LAB USE ONL	DATE RECEIVED_ DATE ANALYZED_ Y DATE REPORTED_		8/88 BY Jordan En 9-88 BY Jordan En 9-88 BY Jordan En	ngli ngli	sh_LAB.#_2J89/65			
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87	Binder/mafic/other							
10	Quartz							
1	Cellulose	,						
٢1	Antigorite		361					
	Kyanite							
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			TATION AND TEST REF ATION, APPROVAL, OF		S DO NOT CONSTITUTE			
OR A	NY AGENCY. THIS	ANAL	YSIS HAS BEEN DONE	IN	ACCORDANCE WITH			
	RALLY APPROVED PRO ROL ANALYSIS.	CED	URES AND INCLUDED	DEG	UATE QUALITY			
		Su	PERVISOR: Fred Con	C	DATE 7/24/88			

REPORT OF BULK SAMPLE

ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT BUREAU OF LABORATORY SERVICES Jackson Branch Laboratory 295 Summar Drive JACKSON, TN 38301

SOURCE North Chester Co. Elem. LOCATION ?

IDENTIFICATION old building, boy's dressing rm. FIELD #0028-7-3

AGENCY EDUCATION COUNTY Chester BILLING CODE

SEND REPORT TO: DATE COLLECTED 7/27/88BYGene Cain Mr. Gene Cain ANALYSIS REQUESTED: Madison County Board of Education 701 South Highland Avenue (x) QUANTITATIVE Jackson, TN 38301 [] QUANTITATE ACM ONLY BY Jørdan English LAB.#2J89/66
BY Jordan English DATE RECEIVED 7/28/88
DATE ANALYZED 7-29-88
DATE REPORTED 7-29-88 LAB USE ONLY. GROSS APPEARANCE [] FIBROUS [] HOMOGENEOUS [x] HETEROGENEOUS [] LAYERED NUMBER OF LAYERS . SAMPLE TREATMENT [] UNTREATED [] HOMOGENIZED [1] OTHER Dried METHOD OF ANALYSIS [X] POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING [] OTHER QUALITATIVE RESULTS [x] NO ASBESTOS OBSERVED [] UNSATISFACTORY [] ASBESTOS FOUND QUANTITATIVE RESULTS * CONSTITUENT CONSTITUENT CONSTITUENT 65 Quartz 34 Binder/mafic/other <1 |Cellulose |

PERCENT BY VOLUME UNLESS STATED OTHERWISE

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

SUPERVISOR:

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

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SAMPLE LOG and SAMPLE NOTES

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DOCUMENT. PLEASE FILL OUT COMPLETELY AND SIGN ACCORDINGLY
PAGE OF

Sample Number	Resetv- er's Initials	Photo. Number	Description of Sampled Material	Sample Site Location
0038	Ø	e green	4	Boy's DRESSING ROOM
0-38 0-3			SPADYED ON SURFACE MATERIAL	Boy's DRESSING ROOM
0028			sproyed on surface material	Boy's DRESS ING BOOM
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This is to certify that

GENE E. CAIN

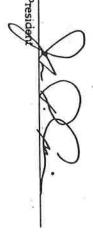
has successfully completed

Inspecting Buildings For Asbestos Containing Materials

conducted by
GEORGIA TECH
EDUCATION EXTENSION SERVICES

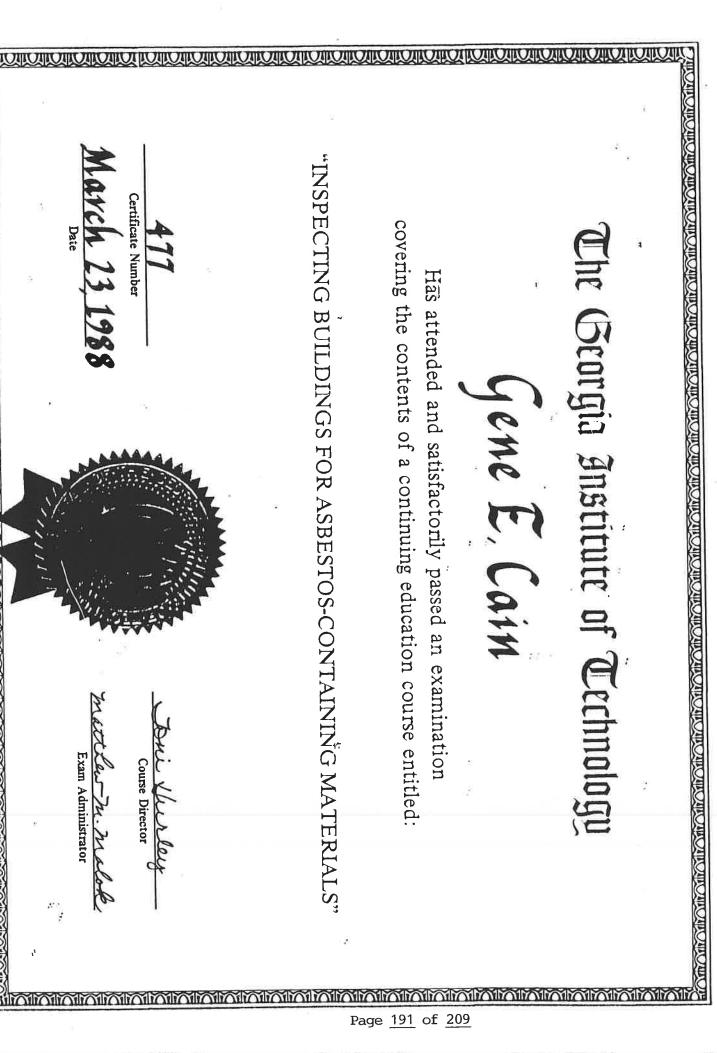
MARCH 21-23, 1988

Atlanta, Georgia





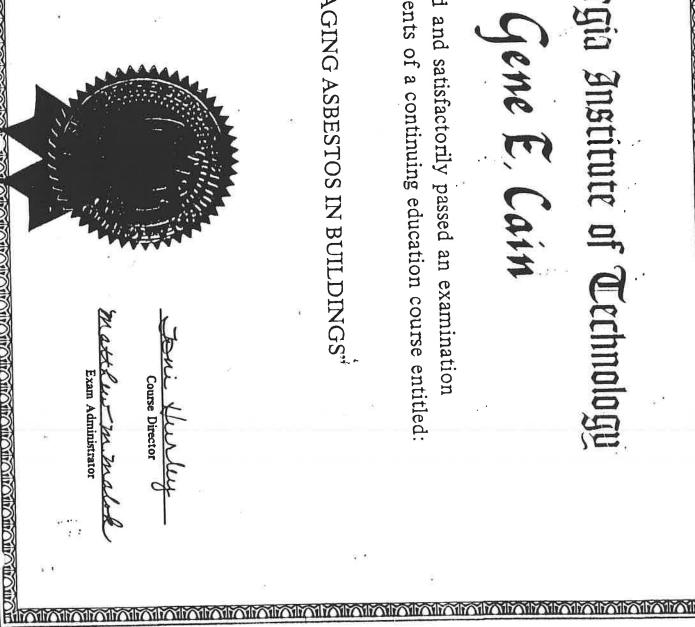




(Seorgia Institute of Tech

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

"MANAGING ASBESTOS IN BUILDINGS"



Certificate Number

CICNH

This is to certify that

GENE E. CAIN

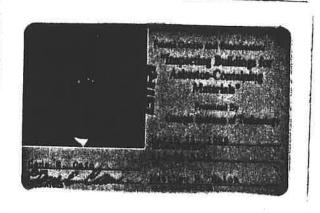
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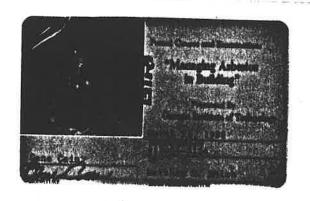
Managing Asbestos in Buildings

conducted by GEORGIA TECH EDUCATION EXTENSION SERVICES

Atlanta, Georgia MARCH 24-25, 1988







QUALITATIVE RESPIRATOR FIT TEST

Name: PENE F. CAIN

Social Security No.: 415-44-5134

Respirator Type: ApATh 7760

Size 17

By: P. Schmitter Date: 3/22/88

Georgia Tech Research Institute

September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

- Area 1 Lobby & Office Asphalt floor tile.
- Area 2 Storage room, workroom, two restrooms, Biology Room Asphalt floor tile.
- Area 3 Gym, corridors beside gym, Girls PE Office Asphalt floor tile.
- Area 4 Varsity dressing room, study hall, bookroom, classroom, Teachers Lounge - Asphalt floor tile.
- Area 5 Home Economics, General Science, Physics Room Asphalt floor tile.
- Area 6 Library, eight classrooms, conference room, counselors room Vinyl asbestos floor tile.
- Area 7 Auditorium Pipe wrappings in womens restroom, lobby, janitorial closet, dressing room on stage and overhead around stage.
- Area 8 Cafeteria and Kitchen Inlayed linoleum in cafeteria, storage room in kitchen and locker room - Vinyl asbestos floor tile.
- Area 9 Boiler Room Pipe wrappings and hot water tank.
- Area 10 Agriculture Building Corridors, bookstore and classrooms have vinyl asbestos floor tile. Pipe wrappings in boiler room, shop and shop restroom.
- Area 11- Business Building All classrooms have vinyl asbestos floor tile.
- Area 12 Vocational School Hall and storage, janitorial room, hall leading to stairs, landing on stairs, hall between shops and locker area, three office areas, janitorial closet and storage room upstairs on the right vinyl asbestos floor tile. Pipe wrappings on the elbows of hot water tank.

	EMPLOYEE TRAINING FORM Maintenance & Custodia			
	Location of Training: Chester Causty Junior Hope Cription.			
×	Date: September 21, 1958 Period of Instruction: 3 Hrs.			
	Instructor (Print Namo): Gene Cain - Tage VCR)			
	Subject Matter Covered: T.H.E. A.C.T two hour employee A.H.E.R.A. compliance training and discussion.			
	ATTENDEES:			
	Dail Ross banton Carks Crack			
	Mlendo Hay Clemen Janter East Chester			
	4. R. C. Burross Amiter North Custer			
	Junior with the			
	ato Hessilli Custodin - East.			
	Those Mants			
7	Custolin - Ir High Coll			
	Terrale Teas Junter for High shoot			
	William Spencer High School			
* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.				
LEA Designated Person: Gene Cain Signature: Olive Cain				
	LEA: Chester County LEA NO.:120			
	Date: 9/30/88			

EMPLOYEE TRAINING FORM	Maintenance & Custadeal				
Date: September 21, 1988	Period of Instruction: 3 Hrs.				
Instructor (Print Name): Gene Cain - Take (VCR)					
Subject Matter Covered: T.H.E. A.C.T to training and di ATTENDEES:	no hour employee A.H.E.R.A. compliance scussion.				
Johnny Haypo	JOB TITLE Janila High Sahool				
Marion C-Davis	Janton gr. High School				
Kal hy Calney Marp	Alex Seigerintendent.				
	*				
* LEA Designated Person certifies that the the above described AHERA Compliance	person indicated attended Training Program.				
LEA Designated Person: Gene Cain Signature: Manual					
** **	LEA: Chester County LEA NO.: 120 Date: 9/30/88				

EMPLOY E TRAINING FORM

Location of Training: heter	อนจำ	ty High School
(32) Y 0		od of Instruction: 2 Hrs.
Instructor (Frint Name):	ini	
Subject Matter Covered: Maintaining asb	estos	covered pipes and surfaces.
ATTENDEES:		*
NAME (Print)		JOB TITLE
Dewy Wille	=	Meint.
Stand A Kinn		101/
		70 B
1.00		*
		*
**		
S 5		*
		*
* LEA Designated Person certifies that the	- person	indicated attended
the above described AHERA Compliance	Traini	ing Program.
LEA Designated Person: Gene Cain Signature:	Q.	<u> </u>
31		
P ₂ ,	LEA:	
34 44 0/n/nn		Date: 9/30/88

TAHERA 11.0(8/88)

Page 199 of 209

	O 1 D
Location of Training: Charles County	y Courthouse
Date: 9/2//1988 Perloc	of Instruction: 1 Hrs.
Instructor (Print Name): <u>Sene Cain</u>	
Subject Matter Covered: Respirators for asbe	stos and fitting.
ATTENDEES:	
NAME (Print)	JOB TITLE
Que Me	Norm
Slend H Kingy	10 11
. 0 0	
.3.	· · · · · · · · · · · · · · · · · · ·
*	
	*
•	<u>'</u>
e c	•
<u>*</u>	*
* LEA Designated Person certifies that the person	n Indicated attended
the above described AHERA Compliance Train	ing Program.
LEA Designated Person: Gene Cain	
Signature:	
LEA:_	. Chester County LEA NO.: 120
Y .	Date: 9/30/88

Page 200 of 209

EMPLOYEE TRAINING FORM

Location of Training: Ch. Les Cour	ty Courthouse
26111-	Period of Instruction: 1 Hrs.
Instructor (Print Name): Gene Co	i n
Subject Matter Covered: HEPA vacuum clea	ner for asbestos cleanup.
ATTENDEES:	.8
NAME (Print)	JOB TITLE
Den 1 Le	Norman *
Shoul HKmor	11 1/
	*
	we
et.	
N	*
	<u> </u>
* LEA Designated Person certifies that the person the above described AHERA Compilance	
LEA Designated Person: Gene Cain Signature:	Uln
i:	EA: Chester County LEA NO.: 120
· U _L	Date: 9/30/88

Page 201 of 209

Location of Training: Charles Con	enty High School			
Date: 9-24-1988	Period of Instruction: 5 Hrs.			
Instructor (Print Name): Gene Cain				
Subject Matter Covered: Repairing TSI w	with Lag-Kap, Lag-Kloth and Lag-Kote.			
ATTENDEES:	##E			
NAME (Print)	JOB TITLE			
Dung W. Al	Memi			
Slend H Kning	10 1/			
· · · · · · · · · · · · · · · · · · ·				
1 34				
* *				
	<u></u>			
-97				
* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.				
LEA Designated Person: Gene Cain Signature:				
ę L	LEA: LEA NO.: 120			

Page 2020f 209

EMPLOYEE TRAINING FORM

Location of Training:	en County High School				
Date: 9-24-1988	Period of Instruction: 5 Hrs.				
Instructor (Print Name): Gen					
Subject Matter Covered: Practice	e use of glove bag.				
ATTENDEES:					
NAME (Print)	JOB TITLE				
Dany Will	Marini				
Llay HK. ny					
30	· · · · · · · · · · · · · · · · · · ·				
¥					
	, , , , , , , , , , , , , , , , , , ,				
	36.5				
* LEA Designated Person certifies the above described AHERA Com	nat the person indicated attended opliance Training Program.				
LEA Designated Person:	Gene Cain				
Signature:	me an				
U.	LEA: Chester County LEA NO.: 120				
	Date: 9/30/88				
TAHERA 11.0(8/88)	Page 20301 209				

1	Locations	cleaned	•
	LOCALIONS	Cigalien	•

All of the floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

All of the custodians of the Chester County schools.

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

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

Training date for all above: 9/21/88

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

Signature:

Date: 9/30/88

LEA: Chester County LEA NO.: 120

1.	Locations	cleaned.
1.0	LOCALIONS	Cigalian.

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: Sent Calor

Date: 9/30/88

LEA: Chester County

LEA NO.: 120

4		-1
1.	Locations	cieaned:

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

Wet method of cleaning used.

- 3. Names of persons performing cleaning and training dates:
 - 1. Gail Ross
 - 2. Glenda Kay Climer
 - 3. R.C. Burross
 - 4. J.R. Edgar
 - 5. W.T. Hepsmith

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

Training date for all above: 9/21/88

- 4. Date cleaning performed: 7/28-8/13/88
- 5. LEA Designated Person: Gene Cain

Signature:

Date: 9/30/88

LEA: Chester County LEA NO.: 120

1 .	Locations	cleaned:
(Q)	Locations	CIBANBU:

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

Wet method of cleaning used.

- 3. Names of persons performing cleaning and training dates:
 - 1. Gàil Ross

6. Thomas Maness

- 2. Glenda Kay Climer
- 7. Isiah Ross
- 3. R.C. Burross
- 8. William Spencer

4. J.R. Edgar

9. Johnny Hayes

5. W.T. Hepsmith

10. Marian C. Davis

Training date for all above: 9/21/88

- 4. Date cleaning performed: 6/13-17/88
- 5. LEA Designated Person. Gene Cain

Signature: Men Au-

Date: 9/30/88

1		
1 Locations cle	aneo:	

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

Wet method of cleaning used.

- 3. Names of persons performing cleaning and training dates:
 - 1. Gail Ross
 - 2. Glenda Kay Climer
 - 3. R.C. Burross
 - 4. J.R. Edgar
 - 5. W.T. Hepsmith

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

Training date for all above: 9/21/88

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

Signature: The Can

Date: 9/30/88

LEA: Chester County LEA NO.: 120

4	Landlana	-1
1.	Locations	cieaned:

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

Wet method of cleaning used.

- 3. Names of persons performing cleaning and training dates:
 - 1. Gail Ross
 - 2. Glenda Kay Climer
 - 3. R.C. Burross
 - 4. J.R. Edgar
 - 5. W.T. Hepsmith

- 6. Thomas Maness7. Isiah Ross
- 8. William Spencer
- 9. Johnny Hayes
- 10. Marian C. Davis

Training date for all above: 9/21/88

- 5/27-6/2/88 Date cleaning performed: 4 .
- Gene Cain LEA Designated Person: 5.

9/30/88 Date:

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

9/30/88

SAFETY • TRAINING • ECOLOGY • DESIGN

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

CERTIFICATE OF COMPLETION

EDDIE MILLER

has successfully completed and passed an examination for the course of

EPA/AHERA Approved Accreditation Course

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

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

MP010

Certificate Number

12/03/1993

Examination Date

12/03/1994

Date of Expiration

Melane Mulylin

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

	431-5	3-1229	(4)	k med o	4
Certific	ate Numbe	1 - ,	. 1		
	M	AY 20, 1	998	1011	
Examin	ation Date	AY 20, 1	998		
Course	20.2	AY 20, I	1999		
Expirat	ion Date		V		

Environmental Technologies P. O. Box 21243

Little Rock, AR 72221 (501) 580-4284





sbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

May 19, 1999.

Examination Date May 19, 1999...

Course Date

May 19, 2000

Expiration Date

Environmental Technologies

coill in

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

Asbestos





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 Classroom Instructor

Melanie M. Wright, Course Administrato



Certificate # 7ME01187306MPR004

This is to certify that

Eddie Miller

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

AHERA Asbestos Management Planner Recertification Course

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

ANSAS

MAYHEW

Instructor

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

Lawrence KS 66044

IN GOD PA

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2002

Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date

Asbestos REFRESHER

Environmental Technologies

P.O. Box 21243

Little Rock, AR 72221

(501) 425-9585

Asbestos

CERTIFICATE OF ACHIEVEMENT



Awarded to

EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date

Asbestos REFRESHER

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585

DATE: 8/14/98

fa system name: _	Chester County Board of Education		LEA #: 120
ADDRESS:	Courthouse		
	Henderson, TN 38340	*	e ²⁸
.	- A		
)ESIGNATED PERSON	John H, Shelton	PHONE:	(901) 664-2561

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

ORIGINAL EURMISSION	CORRECTION/DESIGNATION SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
- ,		YEARLY PROGRESS REPORT
X	ē.	THREE YEAR REINSPECTION
		OTHER (Please Explain)
9.		

١	LEA NAME: Chester C	ounty So	chools				LE	A #:	120			
	SCHOOL BUILDING NAME:	North	Chester	Ε	lement	ary	BU	BUILDING : Main Building				
	DATE OF IMPLEMENTATION	OF MANA	GEMENT PL	A)	v : <u>7-09-</u>	89	IN	SPECTION	DATE: _8-	-03	-98	
J	OF THE STATE		oyongar 1		HAN	оно 2]	нан	UMBER 3		_	UMBER O
- Annual and -	F AGRICULTURE	CURREN	ln. ft.			sq.ft.]		QUANTITY sq. ft.			sq. ft
the state of the s	1736		rapping		Floor	Tile		Floor			MATERIAL)	DESCRIPTION
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	SURFACING MISCELLANEOUS CHECK ONE				X	X		X	Х	ŧ	X	X
1	ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X		Х	X		X	Х	F	Х	X
- 1	CHECK ONE NON-FRIABLE FRIABLE EXPOSURE CONSIDERATION		X		X	Х		Х	X	F	Х	Х
	LTD 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE WATER DAMAGE	1	1 1		1	1		I I	1	E	1 1	1 1
li	ACTIVITY / VIBRATION EXPOSURE ACCESSIBILITY LENGTH OF EXPOSURE	2 1 1	2		3 5 5	3 - 5 - 5		1 2 3	1 2 3	F	1 2 3	1 2 3
15	(CHECK ONE) HOUR/WEEK HOUR/WEEK			[F			F		
2	O HOUR/WEEK O HOUR/WEEK HOUR/WEEK YOUR/WEEK XPOSURE POPULATION	X	X	ŀ	Х	X	E	X.	Х	E	X	X
C	(CHECT ALL AFFLICABLE) AAINTENANCE CUSTODIAL FACULTY/STAFF	X	X X	E	X X	X X	E	X	X	E	X	X
F	UBLIC ASSESSMENT (MARK FROM L TO 7)			t	X	X	ŀ	X	X	E	X	X
200.00	* RESPONSE ACTIONS (MARK FROM A TO B)	5I	B&C	L	5 <u>I</u>	5 A-B	L	5 T	5		5 I	5
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	 Damaged/significantly dam Damaged friable surfacing Significantly damaged friab Damaged/significantly dam ACBM with potential for d 	ACBM le surfacing m aged friable m	aterial		B	Institute pred O & M Progr Repair Encapsulate	venti	ative measure	E. F. G.	En	closure move slate	
22.5	6. ACBM with potential for si 7. Any remaining friable ACE	gnificant dan	ACBM		• Il previously a	sumed ACEM wa	a horte	NOTES ed, attack TARE ar', attack revise	RA 62 TAHERA d TAHERA 64 22	ت ,ده د ۲ له	FAHERA 6.9 m HERA 6.5	nd Tamera 8.0
ī	Eddie Miller NSPECTOR (Typed name)	<u>5</u>	IGNATUR	1	Z		-	_ 43	1531229 CREDITAT	/ T	'n.	TE
M	Eddie Miller KANAGEMENT PLANNER	<u>s</u>	IGNATURI	2	M	// /	_		1531229 /			TE
٦.,	.ERA 16.0 (12/93)				PAGE_	OF	_					

LEA NAME: Chester C	ounty Sc	hools				LE	SA #:	120			
SCHOOL BUILDING NAME:	North	Chester	_ E	lement	ary	BL	JILDING #	Main	В	uilding	J
DATE OF IMPLEMENTATION	OF MANA	GEMENT PL	A.	7-09-	89	IN	SPECTION	DATE: _8-	-0:	3-98	
THES	4	оменя 6	×.	HAN	7	700		UMIRER.	155	Throug	gh Out
AGRICULTURE (e)	CURRENT	rovanny sq:-ft			rouaniny Sqlift	7	CURRENT	QUANITY Sq. Et.		29,000	Sq.ft.
	MATERIAL	DESCRIPTION]	MATERIAL	ROTTETES	٦	MATERIAL	DESCRIPTION			pscapnow eiling
1796 13	Floor	Tile]	Floor	Tile		Floor	Tile		Tile	
CHECK ONE	1 YEAR	CURRENT		S YEAR	CURRENT		S YEAR	CURRENT		S YEAR	CURRENT
SURFACING MISCELLANEOUS CHECK ONE	X	X	}	X	X]	Х	X		X	X
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	Y		X	X		X	X		Х	X
CHECK ONE NON-FRIABLE FRIABLE	X	X		X	X]	X	X) [X	X
EXPOSURE CONSIDERATION 170 5 (S WORST) DETERIORATION	1	1		1	1) 		1	J 	1	1
PHYSICAL DAMAGE WATER DAMAGE ACTIVITY/VIBRATION	1	1		1 3	1 1 2		- 1 3	1 3		1	1 1 3
EXPOSURE ACCESSIBILITY LENGTH OF EXPOSURE	2	2 3		5	5		5 5	5		3	3 3
(CHECK ONE) 1 HOUR / WEEK 5 HOUR / WEEK						[
10 HOUR/WEEK 20 HOUR/WEEK TOUR/WEEK	X	X		v			77	W.			
APOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE	x	v	ſ	X V	X	i r	— A _ 1		- L	X .	X
CUSTODIAL FACULTY/STAFF PUBLIC	X	X X		X X	X X		X X	X X		X X	X
ASSESSMENT (MARK FROM 1 TO T)	X	5	ı	5	^	l L I T	5 1	A 5	L	X	X
* RESPONSE ACTIONS (WARE FROM A TO H)	A-B	A-B	1	A-B	A-B	ı ı	A-B I	A-B	L	A-B	A-B
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5. ACBM with potential for a 6. ACBM with potential for a 7. Any remaining friable AC	ignificant dan		1	" If previously	semmed ACBM w	TLA TOP	NOTES ned, attack TAH mar", attack revis	era 62, taher ••• Tahera 64 1	A 6.	s, tahera 69 Tahera 63	and TAHERA 8.0
Eddie Miller INSPECTOR (Typed name)		SIGNATUR	THE STATE OF THE S		7		4	31531229 CREDITA	/	TN *	TE.
Eddie Miller MANAGEMENT PLANNER		GIGNATUR	E	M		_		31531229 CREDITA			ATE
									_		

PERIODIC SURVEILLANCE REPORT

LEA NAME:

CHESTER COUNTY SCHOOLS

791 LEA #:

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME:

NORTH CHESTER ELEMENTARY

INSTRUCTIONS:

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

1ST SIX MONTHS 2ND SIX MONTHS DATE SPRING 4-03-98 DATE FALL: 10-6-97 **ACBM** ACBM DATE REMOVED AREA INSPECTED CONDITION* **DESCRIPTION OF ACBM** CONDITION* HA# GOOD N/C ALL PIPE INSULATION 1 N/C GOOD ALL FLOOR TILE 2 N/C GOOD ALL 3 FLOOR TILE N/C GOOD ALL FLOOR TILE 4 N/C GOOD ALL FLOOR TILE 5 N/C GOOD ALL FLOOR TILE 6 N/C GOOD ALL 7 FLOOR TILE N/C GOOD ALL FLOOR TILE 8 N/C ALL GOOD 2 X 4 CEILING TILE

IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print):

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified

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

EDDIE MIL

TAHERA 9.0 (12/93)

ı		ANNUAL	PROC	RES	REP	ORT	8						1
SCHOOL NAME:	North Chester	Elementar	v										1
BUILDING NAME:	Main							8	CHOC	L YEA	97-	-98	_
												-	
UMMARY OF RESPO	ONSE ACTION	<u>s:</u>											
EGEND			·	٠ ص	a l	Φ	v	υ	o)	111			
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Measures 3 O & M	•	T T	ij	E L		' 19	8 1			1 nc	1		
Repair Encapsulate		Material escription	Pipe Wrapping	oor	oor	oor	Floor	oor	Floor	×			
E Enclose	·	1 1	Pi	Fl	딥	단	F.1	Fl	F]	Ce Ce			
Remove]*	NA Mumber				ĺ				İ	1		
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LEA SELECTED RE	SPONSE ACTI	ON					æ						
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RESPONSE ACTION COMPLETED?		•											
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	* »	_3						*					
INSPECTOR'S NAM	E (please print):	Eddie	Mille	T A	-0								_
1.5		[/]	M	() /	1				•				
INSPECTOR'S SIGN	NATURE:	VOV	NE	AL						_			
	•				•								*
	* *					·	-						
	Chester Count	v							LEA	NO: _	120		
LEA System Name	chester Count	J											
								•	DA'	TE: 8-	3 - 98_		_

TAHERA 15.0 (4/93)

1999 Yearly Progress Report

DATE: September 25, 2003

lea system name: _	Chester County Bo	oard of Educ	cation		LEA#: 120	
ADDRESS:)	D.	_
<u> </u>				<u>.</u>		\$0. E
_	Henderson, TN	38340				 -)
		a				
DESIGNATED PERSON:	John Pipkin			PHONE:	(901) 664-2561	
25			y # "	*	±1	

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

ORIGINAL EURMISSION	CORRECTION/DEFICIENCY	TYPE OF BOCUMENT
		MANAGEMENT PLAN
X	0	YEARLY PROGRESS REPORT - 1999
·	# P	THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #: 12	20
SCHOOL NAME:	NORTH CHESTER ELEMENTARY	SCHOOL#:	MAIN
BUILDING NAME	: NORTH CHESTER ELEMENTARY		
INSTRUCTIONS:	AHERA regulations require a Periodic Surve School building containing ACBM must be in fill in the HA#, Description of ACBM, and Are put the date removed in the appropriate colu	spected. Put the date in to a Inspected. If the ACBM	the appropriate column, I has been removed,

			IST SIX MONTHS	2ND SIX MONTHS	man dende se sa
			DATE FALL: 11-16-98	DATE SPRING 4-23-99	
HA#	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
	9		=		
				*	

*IE NO CHANGE IN CONDITION WRITE N/C

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

2000 Yearly Progress Report

DATE: September 25, 2003

TEL SUSTEM NAME:	Chester County Board of Education		LEA#: 120
	5/		ē
ADDRESS:			
	a: a	36	ž. ^v
	Henderson, TN 38340		A.
-	3		
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 EURMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DUCUMENT
17B		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 2000
e		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:12	20
SCHOOL NAME:	NORTH CHESTER ELEMENTARY	SCHOOL#:	MAIN
BUILDING NAME	: NORTH CHESTER ELEMENTARY		
INSTRUCTIONS	AHERA regulations require a Periodic Survei School building containing ACBM must be in fill in the HA#, Description of ACBM, and Are put the date removed in the appropriate colu	spected. Put the date in the a Inspected. If the ACBM	he appropriate column, has been removed,

			1ST SIX MONTHS	2ND SIX MONTHS	
			DATE FALL: 9-22-99	DATE SPRING 3-31-00	
HA#	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	a.
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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
		2			

*IF NO CHANGE IN CONDITION WRITE N/C

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

2001 Three Year Reinspection

DATE: September 25, 2003

LEA SYSTEM NAME: _	Chester County Board of Educa	tion	LEA#: 120
ADDRESS:			
*	4	egr	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	Henderson, TN 38340		3,5
	3	a a	
DESIGNATED PERSON:	John Pipkin	PHONE:	(901) 664-2561
PESIGNATED TERSON.	× ×	. 8	
		· · · · · · · · · · · · · · · · · · ·	E .

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

ORIGINAL STRMISSION	CORRECTION/DEFICIENCY	TYPE OF DOCUMENT
		MANAGEMENT PLAN
	21	YEARLY PROGRESS REPORT
X	(*) I	THREE YEAR REINSPECTION - 2001
	(4)	OTHER (Please Explain)
		8

THREE YEAR REINSPECTION LEA#: 120 CHESTER COUNTY SCHOOLS LEA NAME: NORTH CHESTER ELEMENTARY **BUILDING**# MAIN BUILDING SCHOOL BLDG. NAME: INSPECTION DATE: 8/13/2003 7/9/1989 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: HA 65 **HA 02 HA 01 HA 03** 开放引起的第三人称单数 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 200 4768 AGRICULTURE MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION FLOOR TILE FLOOR TILE FLOOR TILE LAST 3 LAST 3 LAST 3 LAST 3 CURREN' CURRENT CURRENT CURRENT YEAR YEAR T, S or M YEAR YEAR M MATERIAL TYPE M M Μ M Check One Χ Χ X Χ X ASSUMED ACBM CONFIRMED ACBM NON-ACBM Check One Χ Х Χ Χ Х NON-FRIABLE FRIABLE 2000年度 **"是你你的答案的证**"。 **Exposure Consideration** DETERIORATION 1 1 1 1 1 PHYS. DAMAGE 1 1 1 1 1 WATER DAMAGE 3 3 3 3 3 3 ACTIVITY / VIBR. 5 5 5 5 5 5 **EXPOSURE** 5 5 5 5 5 5 **ACCESSIBILITY** Length of Exposure 1 HOUR / WEEK 5 HOUR / WEEK 10 HOUR / WEEK 20 HOUR / WEEK Х 40 HOUR / WEEK Exposure Population Х Х X Х Х MAINTENANCE X Χ X Χ Χ X Χ CUSTODIAL Х Χ Χ Х Χ X FACULTY / STAFF Х Χ X Χ **PUBLIC** MALES. 至4年6月日前19年6月 Assessment 5 5 ** Response Actions B В В CORP. STORY AND THE Response Actions Legend Assessment Legend E. Enclosure A. Institute Preventative Measures 1. Damaged/ significantly damaged TSI B. O and M Program F. Remove 2. Damaged friable surfacing ACBM G. Isolate C. Repair 3. Significantly damaged friable surfacing material H. Other 4. Damaged/significantly damaged friable misc. ACBM D. Encapsulate 5. ACBM with potential for damage Notes *If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0 6. ACBM with potential for significant damage

7. Any remaining friable ACBM or suspect ACM

**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

ACCREDITATION # /STATE

431531229 / TN

ACCREDITATION #/STATE

TAHERA 16.0 (12/93)

THREE YEAR REINSPECTION

LEA NAME:	THE RESERVE OF THE PARTY OF THE	TER COUNT	Y S	CHOOLS			LEA#: <u>120</u>					
SCHOOL BLDG. NAME:	NORTH CHESTER ELEMENTARY							BUILDING # MAIN BUILDING				
DATE OF IMPLEMENTA		NAGEMENT	PL	AN:	7/9/89		INSPECTIO	ON DATE:	Jan 414	8/13/2	003	
	THROUG	SHOUT	12	HA	\ 06		HA 07 HA 08			A 08		
OTHE STATE				GERNAL SE	add (1976年)。		Care a sea			etana a	ransolite	
A RESOLUTION OF THE PARTY OF TH	CURRENT	YTITMAU	魔	CURRENT QUANTITY		CURREN	T QUANTITY	關		C QUANTITY		
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MEN 1790 . S	2 X 4 CEIL			V	R TILE		A	OR TILE	膕	THE PERSON	OR TILE	
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T, S or M	YEAR	CURRENT		YEAR	CURRENT		YEAR	CURRENT		YEAR	CURRENT	
MATERIAL TYPE	M	M		M	M		M	M Heranaussassassassassassassassassassassassass		M	M	
Check One		和影響時								提出的		
ASSUMED ACBM	X	X	TO BEE	X	X		X	X		X	X	
CONFIRMED ACBM							Ī					
NON-ACBM	E SOUTH AND DEFENDE	to Calabida (2012 Note)		and the second second	Constitution of the state of th		CENTRAL STATE			OVALERES NO.		
Check One					3,9		36000					12.2
NON-FRIABLE	X	X	38,48	X	X	上縣	X	X		X	X	
FRIABLE	Fremesincet makes	Carrier and Mark		d less productions	MALEUWING GARAGE		55/15/04/4/6/20	REPORT OF THE PARTY OF THE PART		California (55)	**************************************	
Exposure Consideration					5 7 7 1 1 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N		1			支担数学(6)h 1	1	
DETERIORATION	1	1 1	6666666	1	1		1	1 1		1	1	
PHYS. DAMAGE WATER DAMAGE	1	1	- 18	1	1		1	1		1	1	
ACTIVITY / VIBR.	3	3	- U	3	3		3	3	102	3	3	
EXPOSURE	3	3		5	5	122	5	5	旋	5	5	
ACCESSIBILITY	5	5	100	5	5		5	5		5	5	
Length of Exposure	网络			3250								
1 HOUR / WEEK		resident from the second	1	A CONTRACTOR	SCALO BASSASSE	I		11.000			September Chance	
5 HOUR / WEEK				2		2000	100					
10 HOUR / WEEK							想					
20 HOUR / WEEK												
40 HOUR / WEEK	X	X		X	X		X	X		X	X	510
Exposure Population	」											
MAINTENANCE	X	X		X	X		X	X		X	X	」關
CUSTODIAL	X	X	1	X	X		X	X		X	X	
FACULTY / STAFF	X	X	4	X	X	_	X X	X	122	X	X	上學
PUBLIC	X CANALARA	X	3	X	X Asia masaanasee	SEPERA	X	No. 1971 AND ROBER		X	X	
Assessment	5	5	1000	5	5	Ī	5	5	Tal.	5	5	
** Response Actions	1614748			242450			C 17 to 27 to	William Shi		66.5	SHARIFOLD	
Merchanic Control	A-B	В		A-B	В	FO COLUMN	A-B	В	- A	A-B	B	
	Assessmen	Legend						sponse Acti		Legend		
1. Damaged/ sign	ificantly dam	aged TSI	_			湿		entative Measure	28	E. Enclos		
2. Damaged friab						-	. O and M Pr	ogram		F. Remov	一	N.
3. Significantly da					-	125	. Repair . Encapsulat			G. Isolate H. Other	Chickelland	
4. Damaged/sign			mi	SC. ACBIVI	- THE RESERVE	あ ^り	, Encapsulat	e Not	oe.	Ti. Other	SPARIE	id pite
5. ACBM with pot 6. ACBM with pot		100	nan	e	(1) If provide	f#III.	Issumed ACRM wa	s tested, attach TAH	CHEST C	2. TAHERAS 3 TA	HERA 6.9 and TAHF	RA 8.0.
7. Any remaining	The second second second				100000			st 3 year", attach revi				
	更好的 图					储						
CHESTER I	ERVIN		_/	Bett C		-		The Control of the Co	THE REAL PROPERTY.	entropy of the series		
INSPECTOR (Type	ped Name)	7 y		SIGNATI	JRE /	75		ACCREDITA		N#/STATE		
EDDIE MII	LER	鶲	J	DART				AR 4		Committee of the Commit		
MANAGEMENT	PLANNER			SIGNATI	IRE			ACCREDITA	TIO	N # /STATE		

TAHERA 16.0 (12/93)

2002 Yearly Progress Report

DATE: September 25, 2003

LEA SYSTEM NAME:	Chester County Boar	d of Education	100 April 100 Ap	LEA#: 120
ADDRESS:				= "
-	Henderson, TN	38340	.	2.
-	1		55	=======================================
DESIGNATED PERSON:	John Pipkin	- 2 9	PHONE:	(901) 664-2561
/A 44 40	,	(4)	:	

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

ORI	STANCE DOUGSTOOT	CORRECTION/DERICH (C)	TE OF STRUCTHARDER STRUCT
			MANAGEMENT PLAN
	x		YEARLY PROGRESS REPORT - 2002
	· · · · · · · · · · · · · · · · · · ·		THREE YEAR REINSPECTION
			OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #: 1	20
SCHOOL NAME:	NORTH CHESTER ELEMENTARY	SCHOOL#:	MAIN
BUILDING NAME	: NORTH CHESTER ELEMENTARY		
INSTRUCTIONS:	AHERA regulations require a Periodic Survei School building containing ACBM must be in: fill in the HA#, Description of ACBM, and Are put the date removed in the appropriate colu	spected. Put the date in t a Inspected. If the ACBM	the appropriate column, I has been removed,

		2000年。2000年 <u>1</u>	ST SIX MONTHS	2ND SIX MONTHS	
14 V 2 (0)			ATE FALL: 10-15-01	DATE SPRING 5-18-02	
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	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	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	
					14.
12.					

*IF NO CHANGE IN CONDITION WRITE N/C
CHESTER ERVIN
Mul 7
tifled
SEE TAHERA FORM 2.0 ATTACHMENTS
t

2003 Yearly Progress Report

> Ashluz -Resolutions Anc. (asbestos Inspection)

May 30?

615-865-8813

615-868-4140 FAX

DATE: September 25, 2003

LEA SYSTEM NAME: _	Chester County B	oard of Edu	cation		LEA#: 120	<u> </u>
ADDRESS:					6	
	fil			<u> </u>	2	
	Henderson, TN	38340			<i>i</i>	
	19 E	1		2	,ec	
DESIGNATED PERSON:	John Pipkin			PHONE:	(901) 664-2561	-
	1		e t	372 90		
26 8 8	3		W	₩ * 41 4	9	

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

ORISHAL NURMISSION	CORRECTION/DEVICTIONS STRANGSTON	TYPE OF PACHMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 2003
		THREE YEAR REINSPECTION
	D.	OTHER (Please Explain)
8	-	

DATE: July 2007

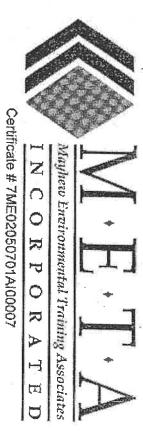
LEA SYSTEM NAME: Chester County Board of Education	LEA#:120
ADDRESS: P.O. Box 327	
Henderson, TN 38340	
DESIGNATED PERSON: John Pipkin	PHONE: <u>731-989-5134</u>

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

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

THREE YEAR REINSPECTION			7115	\== \/E A	D DEINO	SECTIO			
School Building Name: North Chester Elementary DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: IN SPECTION DATE: 6/6/07 HA NUMBER A NUMBER HA NUMBER			THE	REE YEA	RREINSI	FCIIO	N		
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: HA NUMBER A NUMBER HA	LEA NAME: Cheste	r County BC	E				LEA #: 12	0	
HANUMBER HANUMBER HANUMBER HANUMBER HANUMBER 2 3 4 5 5	School Building Name	: North C	hester Eleme	entary			Building #:	Main _	
CURRENT QUANTITY MATERIAL DESCRIPTION FIOOT TIIE FIOOT TIIE CHECK ONE CHECK ONE CONFIRMED ACBM CHECK ONE	DATE OF IMPLEMEN	TATION OF	MANAGEM	ENT PLAN:			INSPECTION	N DATE:	6/6/07
CHERK QUANTITY CURRENT QUANTITY Floor Tile Floor Tile CHECK ONE ASSUMED ACBM CHECK ONE ASSUMED ACBM X X X X X X X X X X X X X X X X X X X	original and a second					НА	NUMBER	AH I	
MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile CHECK ONE SIST SURFACING MISCELLANEOUS CHECK ONE ASSUMED ACBM CONFIRMED ACBM MY X X X X X X X X X X X X X X X X X X X	OF THE STA								
Floor Tile	AGRICULTURE	CURREN	T QUANTITY	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
CHECK ONE	Tammen C	WWW. C.							
SURPACING	CHECK ONE		CURRENT		CURRENT		CURRENT		CURRENT
MISCELLANEOUS		IEAR		12/11					
CHECK ONE	SURFACING								
ASSUMED ACBM		X	X	X	X	X	X	Х	X
CONFIRMED ACBM X					1				
MON-FRIABLE			Y	×	X	X	X	X	X
CHECK ONE NON-FRIABLE X				^					
FRIABLE									
EXPOSURE CONSIDERATION 1	NON-FRIABLE	Х	X	Х	X	Х	X	Х	X
1 TO 5 (\$ WORST) DETERICRATION 1									
DETERIORATION	The Action Control of the Control of	N							
PHYSICAL DAMAGE		1	1 1	1	1 1	1	1	1	1
WATER DAMAGE 1						1	11	11	1
EXPOSURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1	1	1	1			
ACCESSIBILITY 1	ACTIVITY/VIBRATION	2	2	2	2				
LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 40 HOURWEEK 40 HOURWEEK 40 HOURWEEK 40 HOURWEEK CUSTODIAL CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL FACULTY/STAFF X X X X X X X X X X X X X X X X X X	EXPOSURE								
(CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK 40 HOURWEEK 41 H X X X X X X X X X X X X X X X X X X		1	11	11	1 1	1 1	1	1	
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PUBLIC ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) B B B B B B B B B B B B B B B B B B									
ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) B B B B B B B B B B B B B B B B B B	FACULTY/STAFF	X			X				
(MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) B B B B B B B B B B B B B B B B B B B		X	X	X	X	X	X	X	X
S S S S S S S S S S									
**RESPONSE ACTIONS (MARK FROM A TO H) B B B B B B B B B B B B B B B B B B	(WARK PROW I 107)	5	5	5	5	5	5	5	5
B B B B B B B B B B B B B B B B B B B	**RESPONSE ACTIONS								
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 Jim Brooks Jim Brooks Jim Brooks INSPECTOR (Typed Name) A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate F. Remove C. Repair D. Encapsulate NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 TME02050701AI00007/TN ACCREDITATION #/STATE Ashlie Rawlings TME02160701AMPR004/TN	(MARK FROM A TO H)								
A. Institute preventative measures 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 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 Jim Brooks INSPECTOR (Typed Name) Ashlie Rawlings A. Institute preventative measures E. Enclosure F. Remove G. Isolate H. Other *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 **If "current" and TAHERA 6.7 **If "current" and TAHERA 6.		В	B	В	В	B	В	В	В
A. Institute preventative measures 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 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 Jim Brooks INSPECTOR (Typed Name) Ashlie Rawlings A. Institute preventative measures E. Enclosure F. Remove G. Isolate H. Other *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 **If "current" and TAHERA 6.7 **If "current" and TAHERA 6.	ASSESSM	ENT LEGENI)			RESPONS	E ACTIONS LEG	SEND	
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Ashlie Rawlings SIGNATURE ACCREDITATION #/STATE 7ME02160701AMPR004/TN	Jim Brooks					<u>7ME02</u>			
7 torino i terrinigo)		SIGNATURE			ACCREDITA	TION #/STA	TE.
7 torino i terrinigo	Aphlia Davilinas		QAD.OT	houl	/	7	ME021607014	MPR004/TI	N_
	MANAGEMENT PLANNER		March	SIGNATURE					

LEA NAME: Chester	County BC		REE YEA	R REINS	PECTIO	N LEA#: 12	0		
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MISCELLANEOUS	Х	X			_ ^	^	^		
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WATER DAMAGE	1	11	1	1	1	1	1	1	
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	11	
EXPOSURE	1	1	1	1	1	1	1	11	
ACCESSIBILITY	1	1	1	1	1	1	1	1	
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S. ACBM with potential for	significant of	amage	and	TAHERA 8.0					
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		0	- 7	rooks					
Jim Brooks		Tu			<u>7</u>	ME02050701A			
ISPECTOR (Typed Name)		- 160	SIGNATURE	1		ACCREDITA	ATION #/STA	ATE	
		CO NO NO	21	11	194	ME00400704A	MDDOOAT	NE.	
Ashlie Rawlings		1900	N MAN	//		ME02160701A			
ANAGEMENT PLANNER	LANNER SIGNATURE				ACCREDITATION #/STATE				



This is to certify that

Jim Brooks

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

AHERA Asbestos Inspector Training

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



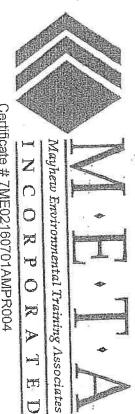
Accreditation Expires: 2/7/08

Instructor Ronald Francis

President V
Thomas Bradford Mayhew

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

META



Certificate # 7ME02160701AMPR004

This is to certify that

Ashlie Rawlings

AHERA Asbestos Management Planner Refresher Course

completed the requirements for as bestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646

has on 02/16/2007, in Nashville, TN

on 02/16/2007 - 02/16/2007 and passed the associated examination on 02/16/2007as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) with a score of 70% or better

CM = 0.50 Pts

WHITTAM KANSAS IN GON NOW

Accreditation Expires: 2/16/08

Instructor Ronald Francis

President V Thomas Bradford Mayhew

800-444-6382

P.O. Box 786 Lawrence KS 66044

META



Certifies That

TERRY MOODY

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

MIKE TIGNOR

Has successfully completed the course entitled

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

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

DANA MEEKS

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

KIM ROBBINS

Has successfully completed the course entitled

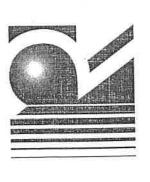
CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING Henderson, TN 38340 Conducted At: 930 East Main St.

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

DARLENE HESTER

Has successfully completed the course entitled

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

Expiration Date: July 28, 2010

Training Date: July 28, 2009

Carried Carrie



Certifies That

LAURA GAUGER

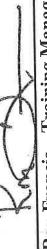
Has successfully completed the course entitled

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

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

BRENDA PICKETT

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

DEVEN HEARN

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

ANGIE PARRISH

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

TODD DAVIS

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

DEMETRIUS LOCKETT

Has successfully completed the course entitled

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

Training Date: July 28, 2009



Expiration Date: July 28, 2010





Certifies That

MELISSA MURLEY

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

TERESA CONNER

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

YVONNE CROSS

Has successfully completed the course entitled

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

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

WILLIE TROHER

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

JANE SMITH

Has successfully completed the course entitled

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

Training Date: July 28, 2009



Expiration Date: July 28, 2010



Certifies That

TERESA WILLIS

Has successfully completed the course entitled

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010





Certifies That

KEN WEST

Has successfully completed the course entitled

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

Training Date: July 28, 2009







Certifies That

Identification

Number: OSHAC4AA100179

PERRY FRYE

Has successfully completed the course entitled

Conducted At: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Henderson, TN 38340

Training Date: January 20, 2010

Ron Francis - Training Manager

Expiration Date: January 20, 2011

Stephanie Petty - Instructor



Certifies That

Identification

Number: OSHAC4AA100178

JAMES CARSON

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: January 20, 2010

Ron Francis - Training Manager

Expiration Date: January 20, 2011

Steplanie Petty - Instructor



Certifies That

Identification

Number: OSHAC4AA100177

CLARENCE PUSSER

Has successfully completed the course entitled

Conducted At: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Henderson, TN 38340

Training Date: January 20, 2010

Ron Francis – Training Manager

Expiration Date: January 20, 2011

Stephanie Petty - Instructor

Chester County School System

Vennie Reeves

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

Monday, November 11, 2013

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





safeschools

Chester County School System

Carissa Miller

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

임

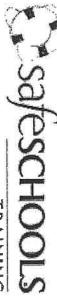
Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





Chester County School System

Marilyn Amos

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

Monday, November 11, 2013

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r

* safeschools

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

Tráining Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r



Chester County School System

Shane Burkeens

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

9

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials:

westk@tennk12.net 61029q68-2p9r





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: <u>731-989-5134</u>

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

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

LEA NA	AME: CHESTER COUNTY BOE		LEA NO: _	120	·
	L NAME: NORTH CHESTER ELEMENT	ARY_	SCHOOL	. NO.:	- 9
	ING NAME: MAIN				
INSTE	RUCTIONS: AHERA regulations require School building containing Fill in the HA#, Description the date removed in the app	ACBM must be insp of ACBM, and Area	nected. Put the day Inspected. If the	te in the appropr ACBM has been	removed put
			1st six months Date (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	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	
	*				
			*IF NO CHANCE	IN CONDITION	WRITE N/C
SURV	VEILLANCE INSPECTOR'S NAME (please pr	int):GARY W. GRIS		, IN CONDITION	WKITEIVE
(Surv	/EILLANCE INSPECTOR'S SIGNATURE:eillance Inspector is not required to be AHERA				

ΓAHERA 9.0 (2/97)

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: MARCH 2010

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

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

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

School Building Name: North Chester Elementary Suiding # Main	LEA NAME: Chester	County BO	E				LEA #: 120	J	
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**RESPONSE ACTIONS (MARK FROM A TO H) B B B B B B B B B B B B B B B B B B B	A STATE OF THE STA					STATE TO SE	182 11/623 1183	CHARLES TO	Market Medal
ASSESSMENT LEGEND 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 STEPHANIE PETTY NSPECTOR (Typed Name) B B B B B B B B B B B B B B B B B B B		5	5	5	5	5	5	5	5
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3. Significantly damaged friable misc. ACBM 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 *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.4 and TAHERA 8.0 *If "unrent" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6. *STEPHANIE PETTY NSPECTOR (Typed Name) SIGNATURE ASBBIR0910310/TN ACCREDITATION #/STATE	Damaged friable surface	ing ACBM	ina matarial				F-4 1 10 10 10 10 10 10 10 10 10 10 10 10 1		
5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.3 and TAHERA 8.0 **If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6. **STEPHANIE PETTY NSPECTOR (Typed Name) *SIGNATURE ASBBIR0910310/TN ACCREDITATION #/STATE **ASBMPR1002145/TN ACCREDITATION #/STATE	Significantly damaged Demograd/significantly	damaged fri	able misc. ACB		Litoapadiate				
6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.3	Damageu/significantly ACBM with potential for	r damage		MINERAL TELEVISION	Manufacture (1)		NOTES		
and TAHERA 8.0 *• If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6. STEPHANIE PETTY NSPECTOR (Typed Name) SIGNATURE ASBBIR0910310/TN ACCREDITATION #/STATE ASBMPR1002145/TN ASBMPR1002145/TN ACCREDITATION #/STATE	6. ACBM with potential fo	r significant	damage			d ACBM was to	ested, attach TAHER	A 6.2, TAHER	A 6.3, TAHERA 6
STEPHANIE PETTY NSPECTOR (Typed Name) SIGNATURE ASBBIR0910310/TN ACCREDITATION #/STATE ASBMPR1002145/TN ASCREDITATION #/STATE	7. Any remaining friable A	CBM or sus	pect ACBM	and	TAHERA 80				
STEVE CHAMBLISS SIGNATURE ACCREDITATION #/STATE ASBMPR1002145/TN ASCREDITATION #/STATE					ir current is diffe	tent from last	J year , attach revisi	u inniano.	unu i citiateri V.
STEVE CHAMBLISS SIGNATURE ACCREDITATION #/STATE ASBMPR1002145/TN ACCREDITATION #/STATE				Stirly	nie Letty:		AGDDIDA	0102107781	
ASBMPR1002145/TN ASCREDITATION #/STATE	STEPHANIE PETTY			OLONIATURE	- J				ATE
STEVE CHAMBLISS	NSPECTOR (Typed Name)		SIGNATURE	0		ACCREDIT	,	, , ,
ACCREDITATION #/STATE				De Ve	lo l				
ACCREDITATION #/STATE									
				W.				31000145m	

LEA NAME: Chester (County BOI			R REINSF		LEA #:120)	
		nester Eleme	ntanı			Building #:	Main	
				1988		INSPECTION	I DATE:	03/16/2010
DATE OF IMPLEMENT			ENT PLAN:	JMBER	НΔ	NUMBER		UMBER
THE		MBER		7	1.6	8	- A. Indian	
NO SVI	(QUANTITY	CUPPEN	T QUANTITY	CURREN	T QUANTITY
AGRICULTURE	CURREN	T QUANTITY	CURRENT	QUANTIT	CORREN	I GOALLIN	27:00:00	
STATE OF THE PARTY		ESCRIPTION r Tile		DESCRIPTION or Tile		DESCRIPTION or Tile		DESCRIPTION eiling Tile
*1796	LAST 3	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
CHECK ONE	YEAR		IEAR					
TSI SURFACING								
MISCELLANEOUS	Х	X	Х	X	X	X	X	X
CHECK ONE	PA 117	BLAFF, HESCH	GA II III		A STANLEY			SOUR PARTY
ASSUMED ACBM							Х	X
CONFIRMED ACBM	X	X	Х	Х	Х	X		
NON-ACBM								L
CHECK ONE	5000 STA			Charles Harry	USA BETTER			
NON-FRIABLE	X	X	X	X	X	X		
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TO 5 (5 WORST)	White List Prov.	10 DS465148168		1 1	1 1	1	1 1	1
DETERIORATION	1	1 1	1 1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	+ +	1	1	1	1
WATER DAMAGE	1	1	2	2	2	2	1	1
ACTIVITY/VIBRATION	2	1	1	1	1	1	1	1
EXPOSURE	11	1	1	1	1	1	1	1
ACCESSIBILITY [million (Paris)	Water to the State	THE STATE OF THE S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF THE PARTY OF		Jan Burner	SANTEM ENVIOLE
ENGTH OF EXPOSURE							ETOTE TELEVISION	
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EXPOSURE POPULATION			180000000000000000000000000000000000000					
CHECK ALL APPLICABLE)	This present			THE PART OF	teli redii (Ver de	V V	T X	T X
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CUSTODIAL	X	X	X	X	X	x	 ^	- ~ -
FACULTY/STAFF	Х	X	X	X	X	X	+	
PUBLIC	X	X	X	l X		Carlo State Gradusa	CHEROLOGICAL STREET	Castland Bullion
ASSESSMENT								
(MARK FROM 1 TO 7)	SEAN IN SAIL SAILS	also mentes	5	5	5	5	7	7
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**RESPONSE ACTIONS						1010		F 5 6 7 8 3
(MARK FROM A TO H)	В	В	В	В	В	В	В	В
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ASSESSM	ENT LEGEN	D		Villabiled per pr		SE ACTIONS LE		38(0)30
	A CHARLES			Institute preve			nclosure	11.182.007
1. Damaged/significantly	damaged TS			O & M Progra	m	F. Re	emove	
2 Damaged friable surface	ing ACBM			Repair	5.	G. IS		des esercición de
3 Significantly damaged	friable surfac	ing material		Encapsulate		п. О	u (G)	
4. Damaged/significantly	damaged fria	ible misc. ACE	SIVI		1 100	NOTES	14-1	STATE OF THE PARTY
5. ACBM with potential fo	r damage			and the second	d ACDM was t	ested, attach TAHER	RA 6.2 TAHER	A 6.3. TAHERA 6
6. ACBM with potential fo	r significant	namage	0.000	TAHEDARO				
7. Any remaining friable A	ACBM or sus	hect ACRM	**	If "current" is diffe	erent from "last	3 year", attach revis	ed TAHERA 6.	4 and TAHERA 6.
ULANDERSON SECTION			700	4				
			Stiple	ii Petty		ACDDIDA	910310/TN	
STEPHANIE PETTY			OLONATURE	-		ACCREDIT	TATION #/ST	ATE
NSPECTOR (Typed Name)		SIGNATURE	2:		ACCREDIT	,, ti i O i t #/O i	
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			NI CYC	africa .				
			731	4				
STEVE CHAMBLISS			711	1		ASBMP	R 1002 145/TN TATION #/S	

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: <u>731-989-5134</u>

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
The second state of the se	TO THE CONTRACTOR OF T	ASBESTOS FREE MANAGEMENT PLAN
Х		YEARLY PROGRESS REPORT
	0	THREE YEAR REINSPECTION
		OTHER (Please Explain)

TAHERA I.O (2/97)

	NG NAME: <u>MAIN</u>		- 3		
NSTR	Fill in the HA#, Descript	uire a Periodic Surveilla ing ACBM must be insp tion of ACBM, and Area appropriate column. Keep	ected. Put the date inspected. If the A	e in the appropri CBM has been i our Managemer	ate column. removed put
			1st six months Date (Fall)	2nd six months Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVE
1	Floor tile 1800 sf	AII	Good	N/C	
2	Floor tile 212 sf	All	Good	N/C	
4	12 x 12 green & light green Floor tile marbled 3066 sf	All	Good	N/C	
5	Floor tile 5124 sf	All	Good	N/C	
7	Floor tile 164 sf	All	Good	N/C	
	Ceiling tile	All	Good	N/C	
	Transite panels	All	Good	N/C	
				. 8	
				11	
		-			
THE STATE OF THE S				estumaisama et tramismana	
	*				
		1) (*IF NO CHANGE IN	CONDITION WE	RITE N/C
URVE	ILLANCE INSPECTOR'S NAME (please)	print): Ren W	est		
URVE Surveil	ILLANCE INSPECTOR'S SIGNATURE: lance Inspector is not required to be AHERA	Ken West A certified)			
HERA	Accreditation Number/Date (if applicable)			The Table 11 Day of the Market State of the Ma	

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.

			1st six months Date	2nd six months Date 5/18-11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All ®	Good	, N/C	
4	Floor tile	All	Good	N/C	
5A	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7A	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	- All	Good	N/C	
9B	Boiler wrap Insulation	A11	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in	· · · · · · · · · · · · · · · · · · ·
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

10B	Pipe Insulation	All	Good	N/C			
SURVEILLANCE INSPECTOR'S NAME (please print): Ken West							
SURVE	ILLANCE INSPECTOR'S SIGNATURE: lance Inspector is not required to be AHERA certified)	len West					
	Accreditation Number/Date (if applicable):	13:5 1: 51:5571	Lacio (MJH-1581)	evera a desa	l		

LEA NAME:CHESTER COUNTY BOE			LEA NO: _	120	
SCHOO	L NAME:CHESTER COUNTY MIDDLE SCHO	OOL	SCHOOL N	O.: <u>120-005</u>	
BUILDI	NG NAME: <u>MAIN</u>				
INSTR	UCTIONS: AHERA regulations require a Pe School building containing ACB Fill in the HA#, Description of Act the date removed in the appropria	M must be inspec CBM, and Area Ii	cted. Put the date rspected. If the A	e in the appropr CBM has been	iate column. removed put
			Date	Date 5/18/11	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall) ACBM CONDITION*	(Spring) ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
12	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
13A	Floor tile	All	Good	N/C	
13B	Pipe Insulation	Ail	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
Y					
		ic .			

// *IF NO CHANGE IN CONDITION WRITE N/C	
SURVEILLANCE INSPECTOR'S NAME (please print): Ken West	
SURVEILLANCE INSPECTOR'S SIGNATURE: Ken William (Surveillance Inspector is not required to be AHERA certified)	
AHERA Accreditation Number/Date (if applicable):	
TAHERA 9.0 (2/97)	

LEA NAME:CHESTER COUNTY BOE	LEA NO:	120			
SCHOOL NAME:EAST CHESTER ELEMENTARY_	SCHOOL N	O.: <u>120-0015</u>			
BUILDING NAME:MAIN	-0.				
INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.					
	Date	2nd six months Date 5/18/11 (Spring)			

			1st six months Date (Fall)	2nd six months Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA- INSPECTED	ACBM-	ACBM-CONDITION*	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	SER
4	Floor tile	All	Good	N/C	4
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 INSPECT	Ω	Ken Wes	F NO CHANGE IN	CONDITION W	RITE N/C
	t required to be AHERA certified)			
AHERA Accreditation Numb	•	*v			

"AHERA 9.0 (2/97)

LEA NA	ME:CHESTER COUNTY BOE	LEA NO:	120	· ·			
SCHOO	L NAME: <u>WEST CHESTER ELEMENTARY</u>	SCHOOL N	O.: 120-030				
3UILDI	NG NAME: <u>MAIN</u>	3					
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.							
			保护型(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	2nd six months Date (Spring)			
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED		
1	Floor tile	All	Good	N/C			
2	Floor tile	All	Good	Ŋ/C			
4	Floor tile	All	Good	N/C			
5	Floor tile	All	Good	N/C			
6	2X4 Ceiling tile	All	Good	N/C			
	ė.						
			Si				
e de la companya de l							
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):							

TAHERA 9.0 (2/97)

TAHERA 9.0 (2/97)

LEA NA	ME: <u>CHE</u>	STER COUNTY BOE		LEA NO: _	120_			
SCHOO	SCHOOL NAME:JACKS CREEK ELEMENTARY SCHOOL NO.:120-0025							
3UILDI	NG NAME: _	MAIN						
INSTR	UCTIONS:	: AHERA regulations require a School building containing A Fill in the HA#, Description of the date removed in the approp	CBM must be insperial SACBM, and Area I	ected. Put the date Inspected. If the A the original with y	e in the appropri CBM has been to your Managemen	iate column. removed put		
				lst six months Date (Fall)	2nd six months Date 5/19/11 (Spring)			
HA#	DESCRIPT	ION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED		
1	Floor tile		All	Good	N/C			
2	Floor tile		All	Good	N/C			
3	Floor tile	0	All	Good	N/C			
4	Floor tile		All	Good	N/C	9		
	2x4 Ceiling ti	le	All	Good	N/C			
					3			
SURVEI Surveilla	LLANCE INS	SPECTOR'S NAME (please print): _ SPECTOR'S SIGNATURE: r is not required to be AHERA certifi	Ken West Ken Wis	F NO CHANGE IN	CONDITION WR	ITE N/C		
	TIENCA Accieutiation Number/Date (il applicable).							

TAHERA 9.0 (2/97)

LEA NA	ME:CHESTER COUNTY BOE	_	LEA NO:	120			
SCHOO!	SCHOOL NAME: NA						
JUILDI	NG NAME: <u>MAIN</u>						
INSTR	UCTIONS: AHERA regulations require a Pe School building containing ACBI Fill in the HA#, Description of AC the date removed in the appropria	M must be inspec CBM, and Area In	ted. Put the date spected. If the A ne original with y	in the appropri CBM has been i our Managemer	ate column. removed put		
			1st six months Date (Fall)	2nd six months Date 5/18/11 (Spring)			
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM	DATE REMOVED		
2	Floor tile	All	Good	N/C			
3	Floor tile	All	Good	N/C			
4	Floor tile	All	Good	N/C			
5	Floor tile	All	Good	N/C			
6	Floor tile	All	Good	N/C	*		
7	Floor tile	All	Good	N/C			
8	Floor tile	All	Good	N/C	14		
	2x4 Ceiling Tile	All	Good	N/C			
Si .	d'			_			
				CO) (D IM) () 1 II II	IMP 2 V/G		
SURVEILLANCE INSPECTOR'S NAME (please print): Ken West NO CHANGE IN CONDITION WRITE N/C SURVEILLANCE INSPECTOR'S SIGNATURE: Ken Wast							
SURVEILLANCE INSPECTOR'S SIGNATURE:							
AHERA Accreditation Number/Date (if applicable):							

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 11/2////

LEA SYSTEM NAME:	Che	ster County	Schools		LE.	A#: 120	
ADDRESS: PO Box 327,	Henderson	, Tennessee	38340	41	*	41	
*		£\					
		a	18	100 E			
		161 (44)		3 3	6	0	
DESIGNATED PERSON:		Mr. Ken	West		PHONE:	731-989-5134	
	. If no						

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

PERI	ODIC SURVEILLANCE REPORT				
LEA N	AME:CHESTER COUNTY BOE	a .	LEA NO: _		
СНОС	L NAME: NORTH CHESTER ELEMENTARY	SCHOOL NO.:NA			
	ING NAME: <u>MAIN</u>			22 18	
INSTF	RUCTIONS: AHERA regulations require a P School building containing ACF Fill in the HA#, Description of A the date removed in the appropri	BM must be inspe CBM, and Area I	cted. Put the dat nspected. If the A	e in the appropi CBM has been	removed put
				2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	-
4	Floor tile	All	Good	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	
5	2x4 Ceiling Tile	All	Good	N/C	8
		•			
	6				
	N .		400	(4)	
			V .	12	
16			*)		**************************************
SURV	EILLANCE INSPECTOR'S NAME (please print): EILLANCE INSPECTOR'S SIGNATURE: illance Inspector is not required to be AHERA certific	Ken West	*IF NO CHANGE I	N CONDITION V	/RITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

'AHERA 9.0 (2/97)

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 5-17-2012

LEA SYSTEM NAME:	Chester County Schools	61	LEA#: 120
ADDRESS: PO Box 327, J	Henderson, Tennessee 38340	k)	72 41
			36
ii)	8.		2.
DESIGNATED PERSON: _	Mr. Ken West	::	_ PHONE: <u>731-989-5134</u>
-	V		8

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
	· 4:	ASBESTOS FREE MANAGEMENT PLAN
X Sec.		YEARLY PROGRESS REPORT
	(e ₁₆	THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEA N	AME:CHESTER COUNTY BOE		LEA NO: _	120	
CHO¢ئ	OL NAME: <u>NORTH CHESTER ELEMEN</u>	TARY	SCHOOL	L NO.:	-
	DING NAME:MAIN		_		
INSTI	RUCTIONS: AHERA regulations required School building containing Fill in the HA#, Description the date removed in the approximation.	g ACBM must be insp n of ACBM, and Area	pected. Put the data Inspected. If the App the original with	te in the appropriate in the ACBM has been your Manageme	riate column. removed put
			1st six months Date11/21/2011 (Fall)	2nd six months Date 5 - 16-/2 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	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	
			3.		
				9	
			*IENO CHANCE I	NI CONDITION IV	DITE N/C
	EILLANCE INSPECTOR'S NAME (please pri EILLANCE INSPECTOR'S SIGNATURE:	nt): <u>Ken W</u>	*IF NO CHANGE I	———	MIL IVC
(Surve	illance Inspector is not required to be AHERA				

AHERA Accreditation Number/Date (if applicable):

AHERA 9.0 (2/97)

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 12/04/12

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

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

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

EA N	AME: CHESTER COUNTY BOE		LEA NO:_	120	
	DL NAME: <u>NORTH CHESTER ELEMENT</u>	ARY	SCHOOL	, NO.:	-
	ING NAME: MAIN		-		
	RUCTIONS: AHERA regulations requir School building containing Fill in the HA#, Description the date removed in the app	ACBM must be insponded of ACBM, and Area	ected. Put the dat Inspected. If the A	e in the appropriate in the appr	removed put
			1st six months Date12/04/2012 (Fall)	2nd six months Date(Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	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	Ali	Good	N/C	
-	2x4 Ceiling Tile	All	Good	N/C	
			*IENO GUANGE	DI COMPITION V	VIDITE N/C
SURV	EILLANCE INSPECTOR'S NAME (please pri	int): Ken West	*IF NO CHANGE		VKITE IVC
SURV (Surve	EILLANCE INSPECTOR'S SIGNATURE:	Ken Wal			
AHER	RA Accreditation Number/Date (if applicable): _				

TAHERA 9.0 (2/97)

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: <u>731-989-5134</u>

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

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

IERI	ODIC SURVEILLANCE REPORT				
LEA N	AME: CHESTER COUNTY BOE		LEA NO:	120	
CHO	OL NAME: <u>NORTH CHESTER ELEMENTA</u>	ARY	SCHOO	L NO.:	=
BUILD	ING NAME: <u>MAIN</u>				
INSTI	RUCTIONS: AHERA regulations require School building containing Fill in the HA#, Description the date removed in the appr	ACBM must be insport of ACBM, and Area	pected. Put the da a Inspected. If the	te in the appropa ACBM has been	riate column. removed put
			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
2	Floor tile	All		N/C	
3	Floor tile	All		N/C	
4	Floor tile	All		N/C	
5	Floor tile	All		N/C	
6	Floor tile	All		N/C	
7	Floor tile	All		N/C	
8	Floor tile	All		N/C	
	2x4 Ceiling Tile	All		N/C	
*					
	27				
SURV	EILLANCE INSPECTOR'S NAME (please print EILLANCE INSPECTOR'S SIGNATURE: illance Inspector is not required to be AHERA cer	Ken an	*IF NO CHANGE	IN CONDITION W	'RITE N/C

AHERA Accreditation Number/Date (if applicable):

AHERA 9.0 (2/97)

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
7,		YEARLY PROGRESS REPORT
X	N	THREE YEAR REINSPECTION
		OTHER (Please Explain)

THREE YEAR REINSPECTION LEA #: 120 LEA NAME: Chester County BOE Building #: Main School Building Name: North Chester Elementary DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 10/15/13 HA NUMBER THEST HA NUMBER HA NUMBER HA NUMBER 2 3 4 CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY **CURRENT QUANTITY** AGRICULTURE MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile 7796 LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT YEAR CHECK ONE YEAR YEAR YEAR TSI SURFACING X Х X X **MISCELLANEOUS** X X CHECK ONE ASSUMED ACBM X **CONFIRMED ACBM** Х X X **NON-ACBM** CHECK ONE Х Х X X Х **NON-FRIABLE** Х X Х FRIABLE EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 1 1 1 1 1 1 1 1 1 PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 1 2 2 2 2 2 2 **ACTIVITY/VIBRATION** 2 2 1 1 **EXPOSURE** 1 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOUR/WEEK** 10 HOUR/WEEK 20 HOUR/WEEK X X X Х X 40 HOURWEEK EXPOSURE POPULATION (CHECK ALL APPLICABLE) **MAINTENANCE** Х X Х X Х X X **CUSTODIAL** Х X X Х FACULTY/STAFF PUBLIC ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure Damaged/significantly damaged TSI B. O & M Program F. Remove C: Repair G. Isolate Damaged friable surfacing ACBM H. Other Significantly damaged friable surfacing material D. Encapsulate Damaged/significantly damaged friable misc. ACBM ACBM with potential for damage NOTES ACBM with potential for significant damage Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Stiphani Leitys SIGNATURE Stiphani Leitys A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE INSPECTOR (Typed Name) A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE MANAGEMENT PLANNER

THREE YEAR REINSPECTION LEA #: 120 LEA NAME: Chester County BOE Building #: Main School Building Name: North Chester Elementary INSPECTION DATE: 10/15/13 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: HA NUMBER HA NUMBER HA NUMBER HA NUMBER THE 87 6 7 8 CURRENT QUANTITY **CURRENT QUANTITY** CURRENT QUANTITY CURRENT QUANTITY AGRICULTURE Ma MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile Floor Tile Floor Tile 1796* LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR YEAR YEAR TSI SURFACING X X Х Х Х X Х X **MISCELLANEOUS** CHECK ONE X X ASSUMED ACBM CONFIRMED ACBM X Х X **NON-ACBM** CHECK ONE X X **NON-FRIABLE** X X Х Х X FRIABLE EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 1 1 1 1 1 1 1 1 1 1 1 1 PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 1 2 1 1 **EXPOSURE** 1 1 1 1 1 **ACCESSIBILITY** 1 1 LENGTH OF EXPOSURE (CHECK ONE) Χ Х 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOUR/WEEK X X **40 HOURWEEK** X EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE Х Χ $\overline{\mathbf{x}}$ Χ Х X Х **CUSTODIAL** Х X X X Х X X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 7 5 5 5 5 5 RESPONSE ACTIONS (MARK FROM A TO H) В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure B. O & M Program F. Remove Damaged/significantly damaged TSI G. Isolate Damaged friable surfacing ACBM Significantly damaged friable surfacing material D. Encapsulate H. Other Damaged/significantly damaged friable misc. ACBM ACBM with potential for damage NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9. ACBM with potential for significant damage 6. Any remaining friable ACBM or suspect ACBM and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 Stiphani Lety SIGNATURE Stiphani Lety A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE **INSPECTOR (Typed Name)** A-MP-47891-26076/TN Stephanie Petty ACCREDITATION #/STATE MANAGEMENT PLANNER

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 5-6-2014

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, H	enderson, Tennessee 38340	×
	24.36	
DESIGNATED PERSON: _	Mr. Ken West	PHONE: <u>731-989-5134</u>
	18	*

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

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

PERI	ODIC SURVEILLANCE REPORT				
LEA N	AME:CHESTER COUNTY BOE		LEA NO: _	120	
°CHO	OL NAME: <u>NORTH CHESTER ELEMENTARY</u>	= -	SCHOOL	NO.:	=
BUILD	ING NAME: <u>MAIN</u>		3 11		
INSTI	RUCTIONS: AHERA regulations require a P School building containing ACE Fill in the HA#, Description of A the date removed in the appropri	BM must be inspect ACBM, and Area	ected. Put the dat Inspected. If the the original with	te in the appropriate in the ACBM has been your Manageme	rate column.
	Andrew of		1st six months Date 10-15-13	2nd six months Date 5-6-14	
	发生的现在分词	LADEA	(Fall) ACBM	(Spring) ACBM	DATE
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	CONDITION*	CONDITION*	REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling Tile	All	Good	Ñ/C	
OLIDA	ELL LANCE INSDECTOR'S NAME (please print)	Ven West	*IF NO CHANGE	IN CONDITION V	RITE N/C

// *IF NO CHANGE IN COND	THON WRITE N/C
SURVEILLANCE INSPECTOR'S NAME (please print):	
SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)	
AHERA Accreditation Number/Date (if applicable):	
TAHERA 9.0 (2/97)	

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: //-/1-2014

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327, Her	nderson, Tennessee 38340	ë
	* *	
N 9		-
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>
	×	
		<u> </u>

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

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

LEA NA	AME: _CHESTER COUNTY BOE		LEA NO: _	120	
HOC	L NAME:NORTH CHESTER ELEMENTAR	Υ	SCHOOL	NO.:	-
BUILD	ING NAME: <u>MAIN</u>	1	51		
INSTE	RUCTIONS: AHERA regulations require a School building containing AC Fill in the HA#, Description of the date removed in the appropriate	CBM must be insper	nspected. If the	e in the approp	removed put
			Dab 11-11-14	Dede	
НА#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	.7/:
.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	,
		19.	*		,
			×		(8
	,	24			
	,				
De	v v	21			
					e e
CLIDA	EILLANCE INSPECTOR'S NAME (please print): EILLANCE INSPECTOR'S SIGNATURE:	Ven West	*IF NO CHANGE	IN CONDITION V	VRITE N/C

AHERA Accreditation Number/Date (if applicable):

'AHERA 9.0 (2/97)

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 4-7-2015

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120	
ADDRESS: PO Box 327, He	nderson, Tennessee 38340		
*	TI TI	70 30	
e	ti di		
*	ж - 2		
DESIGNATED PERSON:	Mr. Ken West	PHONE: <u>731-989-5134</u>	
			āv.

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		
	* * *			
	ii ii	ASBESTOS FREE MANAGEMENT PLAN		
X		YEARLY PROGRESS REPORT 6 Md. ,		
	-	THREE YEAR REINSPECTION		
N.		OTHER (Please Explain)		

IIII	ODIC SURVEILLEN OF THE OTIZ				
LEA N	AME: CHESTER COUNTY BOE		LEA NO:	120	
СНО	OL NAME: <u>NORTH CHESTER ELEME</u>	NTARY	SCHOOL	L NO.:	-
RUILE	DING NAME: <u>MAIN</u>		_		
INST	RUCTIONS: AHERA regulations requisions school building containing Fill in the HA#, Description the date removed in the approximately	ng ACBM must be insp on of ACBM, and Area	nected. Put the da Inspected. If the the original with	te in the approp ACBM has been your Manageme	riate column. removed put
			Date	Date (Sorting)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	90
5	Floortile	All	Good	N/C	a 13
6	Floor tile	. All	Good	N/C	
7	Floor tile	All	Good	N/C	
8.	Floor tile	All -	Good	N/C	
100	2x4 Ceiling Tile	All	Good	N/C	₩ 1
		·			15
	× ×			×	74
		340			*
		, i		-	17.
				ACBM has been removed put h your Management Plan. 2nd six modifies	
11			. /A 6 Ta		
			-	B	(2)
SURV	EILLANCE INSPECTOR'S NAME (please p EILLANCE INSPECTOR'S SIGNATURE: _ illance Inspector is not required to be AHERA	Ken Med	ejst	N CONDITION W	RITE N/C

TAHERA 9.0 (2/97)

AHERA Accreditation Number/Date (if applicable): _

Crailed to: Deberah Gunter @tn. gov. 10/13/15 9:02an

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 10/13/15

LEA SYSTEM NAME:	Chester County Schools	LEA#: 120
ADDRESS: PO Box 327	7, Henderson, Tennessee 38340	*
	¥	
DESIGNATED PERSON	Britt Eads	PHONE: <u>731-989-5134</u>
		ă .

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
e)		OTHER (Please Explain)

TEANIA	AME. CHESTER COLD TO THE				
	AME:CHESTER COUNTY BOE		LEA NO:	120	=====
3CHOO	L NAME: NORTH CHESTER ELEMENTA	ARY	SCHOOL	NO.:	
BUILDI	NG NAME: <u>MAIN</u>				
INSTR	UCTIONS: AHERA regulations require School building containing a Fill in the HA#, Description the date removed in the appro	ACBM must be inspect of ACBM, and Area In	cted. Put the date aspected. If the A	in the appropri CBM has been in	ate column.
			1st six months Date 10/9/2015 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good		=2.
3	Floor tile	All	Good		
4	Floor tile	All	Good		
15	Floor tile	All	Good		V
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling Tile	All	Good		
	*				
	*				
		¥2			
	LLANCE INSPECTOR'S NAME (please print) LLANCE INSPECTOR'S SIGNATURE:		f no change in	CONDITION WE	ITE N/C
	ance Inspector is not required to be AHERA cert	ified)	>		
AHERA	Accreditation Number/Date (if applicable):				

TAHERA 9.0 (2/97)



February 24, 2016

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

RE:

CHESTER COUNTY SCHOOLS

2016 AHERA THREE YEAR REINSPECTION REPORT

PROJECT NO. 804416

Mr. Eads:

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

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

Tennessee Department of Education Division of Finance, Accountability and Technology Budget and Planning 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

Visital L. Jell

STATE OF TENNESSEE AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: February 24, 2016

LEA SYSTEM NAME:	Chester County Schools	LEA#: <u>120</u>
ADDRESS:	970 East Main Street, Henderson, TN 38340	
DESIGNATED PERSO	N: Mr. Britt Eads	PHONE: (731) 433-7266

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

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

ASSURANCES

SCHOOL YEAR ENDING: 2016

LEA SYSTEM NAME: Chester County Schools LEA NO.: 120

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

- 1. The activities of any persons who perform inspections, re-inspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other Federal and State regulations and requirements.
- 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).
- 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
TAHERA 3.0 (2/97)	

THREE YEAR REINSPECTION LEA NAME: <u>Chester County Schools</u> 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 HA NUMBER HA NUMBER HA NUMBER 1 3 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 150 SF 1488 SF 70 SF 2960 MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** TSI **SURFACING** Х X MISCELLANEOUS Х Х X Х CHECK ONE ASSUMED ACBM CONFIRMED ACBM X X X X X X Х **NON-ACBM** CHECK ONE NON-FRIABLE **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE WATER DAMAGE 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 2 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOUR/WEEK** 10 HOUR/WEEK 20 HOUR/WEEK **40 HOURWEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL Х X Х Х Х Х Х X FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove

2. Damaged friable surfacing ACBM

- 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

Repair

D. Encapsulate

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

Christopher R. Johnson INSPECTOR (Typed Name)

Christopher R. Johnson

MANAGEMENT PLANNER

SIGNATURE

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

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

SIGNATURE

THREE YEAR REINSPECTION LEA NAME: Chester County Schools 120 LEA #: School Building Name: Chester County Middle School Main Building #: ___ DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 5A 7A 7R **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY** 6250 SF 5849 SF 600 LF 12832 MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION | MATERIAL DESCRIPTION Floor Tile Floor Tile Pipe Insulation Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI Х Х SURFACING **MISCELLANEOUS** X X Х **CHECK ONE** ASSUMED ACBM CONFIRMED ACBM Х X X X Х X Х NON-ACBM CHECK ONE **NON-FRIABLE** Х Х X X X Х FRIABLE Х **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 **EXPOSURE ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOUR/WEEK 10 HOUR/WEEK 20 HOURWEEK **40 HOURWEEK** X X Х X EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE **CUSTODIAL** X X X X X X X Х FACULTY/STAFF X X X X X $\overline{\mathsf{x}}$ **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 **RESPONSE ACTIONS

(MARK FROM A TO H)

ASSESSMENT LEGEND

- RESPONSE ACTIONS LEGEND
 - E. Enclosure

B

- 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

- 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

B

Christopher R. Johnson

Christopher R. Johnson

INSPECTOR (Typed Name)

MANAGEMENT PLANNER

SIGNATURE

SIGNATURE

A-I-42505-44826/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 HA NUMBER HA NUMBER 9A 9B 9C

	HA NUMBER 9A CURRENT QUANTITY 150 SF		HA NU 9	MBER B	HA NU 9	MBER C	HA NUMBER	
			CURRENT QUANTITY 160 SF		CURRENT QUANTITY 120 LF		CURRENT QUANTITY Throughout	
		ESCRIPTION sulation	MATERIAL D Boiler Wra		MATERIAL DI Water Tank		MATERIAL DE 2x4 Ceili	
CHECK ONE TSI	LAST 3 YEAR X	CURRENT	LAST 3 YEAR X	CURRENT	LAST 3 YEAR X	CURRENT	LAST 3 YEAR	CURREN
SURFACING								
MISCELLANEOUS	TOTAL WEST WOLLD	SCOCHOLIST SER	MUTHER FARMERS	of Banglates	DEPOSITE CONTRACTOR OF	PARTITION OF THE	X	X 6/3/23/14/93/HB9CED
CHECK ONE	STEMPED SERVIN	6 Ingwhile ash	BASE TO THE STATE OF	- CASALTINATION	MESSE TENEDONE	SANCE ENGINE		
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	Х	х	х	х	х	х	X	X
CHECK ONE	Extra Service Control		ALL ALBERTAN		CHECKET SECTION			Stockette City
NON-FRIABLE		A SECTION OF THE SECT		SECTION OF RESIDEN	CONTRACTOR STATES	eratura kestelay	NAME OF TAXABLE PARTY.	ENCORPORA DE LA COMPANSION DE LA COMPANS
FRIABLE	X	X	X	X	Х	X	X	X
EXPOSURE CONSIDE				D. Section 1881		WEST RESIDENCE		Treatments
I TO 5 (5 WORST)			e de la consecución de	地区 国际	当情况 [1]	E SERVE CO		非洲鸣鸟
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1 1	1 1	1 1	1	1	1	1
WATER DAMAGE	1	1 2	1 2	1 2	1 2	1	1	1
ACTIVITY/VIBRATION EXPOSURE	1	1	1	1	1	2	2	2
ACCESSIBILITY	-	1	1 1	1	1 1	<u> </u>	1	
LENGTH OF EXPOSU		0.142.05	NATIONAL STATE	AND STREET	MENNESS SERVICES	900 COZESTA	100000000000000000000000000000000000000	
(CHECK ONE)						10%可多数		
1 HOUR/WEEK	X	X	Х	X	Х	X	Х	X
5 HOURWEEK								
10 HOURWEEK			ļ		ļ			
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40 HOUR/WEEK		Lorent Visit Street	MISSISSISSISSISSISSISSISSISSISSISSISSISS	THE SHAPE	1	C mean man to the artist	and the second second	100 mm (100 feb 100 feb
EXPOSURE POPULAT	ALL DESCRIPTION OF THE PARTY OF							
(CHECK ALL APPLICABLE) MAINTENANCE	X	T X	X	X	X	X	l x	X
CUSTODIAL	X	X	x	x	x	X	X	X
FACULTY/STAFF	_ ~ _							
PUBLIC					i			
ASSESSMENT	SHEW AND INC.							
MARK FROM 1 TO 7)								Harling Harry
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(MARK FROM A TO H)				BEARING		位是 1000年度		
	В	В	В	В	В	В	В	В
ASSESSM	ENT LEGEN	D無關聯盟				E ACTIONS I		
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 ACBM with potential fo ACBM with potential fo 		amage	Dedicard	NA TANKSON AND		NOTES	STORY THE RESIDENCE	10 LUI 94 LUI
Activity with potential to Any remaining friable A			TAHE	RA 6.9 and TA	HERA 8.0	sted, attach TA	HERA 6.2, TAHE	
Christopher R. John		/-	6.5	10	0/	4.1.40	505-44826/T	

Christopher R. Johnson INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE DO

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

ACCREDITATION #/STATE

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

SIGNATURE

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 HA NUMBER HA NUMBER HA NUMBER 8 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2x4 Ceiling Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X X CHECK ONE **ASSUMED ACBM** X X **CONFIRMED ACBM** X **NON-ACBM** CHECK ONE **NON-FRIABLE** FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 1 **ACTIVITY/VIBRATION** 3 1 3 1 **EXPOSURE** 2 1 1 **ACCESSIBILITY** 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOUR/WEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK **40 HOURWEEK** X EXPOSURE POPULATION (CHECK ALL APPLICABLE) **MAINTENANCE** CUSTODIAL X X X X FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate H. Other Significantly damaged friable surfacing material D. Encapsulate 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA Christopher R. Johnson A-I-42505-44826/TN SIGNATURE INSPECTOR (Typed Name) ACCREDITATION #/STATE

TAHERA 16.0 (2/97)

Christopher R. Johnson

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A-MP-42505-44824/TN

ACCREDITATION #/STATE

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THREE YEAR REINSPECTION LEA NAME: **Chester County Schools** 120 LEA #: School Building Name: Chester County Middle School Building #: ____Agri DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 10 10B 10C **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION **Boiler Jacket** Pipe Insulation Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI X X Х SURFACING **MISCELLANEOUS** X CHECK ONE ASSUMED ACBM X CONFIRMED ACBM X X X X Х NON-ACBM CHECK ONE NON-FRIABLE X X **FRIABLE** X Х X X EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) **DETERIORATION** 2 PHYSICAL DAMAGE 1 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 2 **EXPOSURE ACCESSIBILITY** 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK X Х 5 HOUR/WEEK 10 HOUR/WEEK 20 HOUR/WEEK **40 HOUR/WEEK** X **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** CUSTODIAL x X X X X X X X FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage

7. Any remaining friable ACBM or suspect ACBM

NOTES

Christopher R. Johnson

INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER

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SIGNATURE

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^{*}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

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 HA NUMBER HA NUMBER HA NUMBER 12 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI **SURFACING MISCELLANEOUS** X Х Х **CHECK ONE** ASSUMED ACBM X CONFIRMED ACBM Х NON-ACBM CHECK ONE **NON-FRIABLE** X X **FRIABLE** X **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 1 1 ACTIVITY/VIBRATION 2 2 1 1 **EXPOSURE** 2 2 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK X 5 HOURWEEK 10 HOUR/WEEK 20 HOUR/WEEK **40 HOUR/WEEK** Х **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE **CUSTODIAL** X X FACULTY/STAFF X **PUBLIC** Х **ASSESSMENT** (MARK FROM 1 TO 7) 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В B В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage **NOTES** 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3. TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA Christopher R. Johnson A-I-42505-44826/TN SIGNATURE INSPECTOR (Typed Name) **ACCREDITATION #/STATE**

Christopher R. Johnson MANAGEMENT PLANNER

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

SIGNATURE

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 HA NUMBER HA NUMBER HA NUMBER 13 13B **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Pipe Insulation 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR TSI X Х **SURFACING MISCELLANEOUS** CHECK ONE ASSUMED ACBM Х X **CONFIRMED ACBM** X X Х NON-ACBM CHECK ONE **NON-FRIABLE** Х **FRIABLE** X X **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE 2 WATER DAMAGE 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 1 1 1 1 **EXPOSURE** 2 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK X Х X X **5 HOUR/WEEK** 10 HOUR/WEEK 20 HOUR/WEEK **40 HOURWEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL X X X **FACULTY/STAFF PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage **NOTES** *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, 7. Any remaining friable ACBM or suspect ACBM TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson

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INSPECTOR (Typed Name)

Christopher R. Johnson MANAGEMENT PLANNER SIGNATURE

THREE YEAR REINSPECTION LEA NAME: Chester County Schools LEA #: 120 School Building Name: West Chester Elementary School Building #: Main

INSPECTION DATE: 2/23/16

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

HA NUMBER HA NUMBER HA NUMBER HA NUMBER 2 1 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 1770 SF 2140 SF 5603 SF 6240 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT CHECK ONE YEAR YEAR TSI SURFACING MISCELLANEOUS X CHECK ONE ASSUMED ACBM X Х Χ X Х Х CONFIRMED ACBM X NON-ACBM CHECK ONE **NON-FRIABLE** FRIABLE Х **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE WATER DAMAGE **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 2 **EXPOSURE** 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOUR/WEEK **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** Х X X CUSTODIAL X Х Х Х X X FACULTY/STAFF Х **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, 7. Any remaining friable ACBM or suspect ACBM TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson INSPECTOR (Typed Name)

SIGNATURE

SIGNATURE

SIGNATURE

A-I-42505-44826/TN 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 HA NUMBER **HA NUMBER** HA NUMBER **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 30,000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X Х **CHECK ONE ASSUMED ACBM** X X **CONFIRMED ACBM NON-ACBM** CHECK ONE **NON-FRIABLE** X X **FRIABLE** X **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) DETERIORATION PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 **ACTIVITY/VIBRATION** 2 2 1 1 **EXPOSURE** 2 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK X **5 HOURWEEK** 10 HOURWEEK 20 HOUR/WEEK 40 HOUR/WEEK **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В В B В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5 SIGNATURE Christopher R. Johnson A-I-42505-44826/TN INSPECTOR (Typed Name) **ACCREDITATION #/STATE**

Christopher R. Johnson

MANAGEMENT PLANNER

SIGNATURE

A-MP-42505-44824/TN

ACCREDITATION #/STATE

THREE YEAR REINSPECTION LEA NAME: Chester County Schools 120 LEA #: _____ 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 HA NUMBER HA NUMBER HA NUMBER 5 **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 3904 SF 200 SF 4768 MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X Х CHECK ONE ASSUMED ACBM **CONFIRMED ACBM** X X X NON-ACBM CHECK ONE NON-FRIABLE X X X Х Χ FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE WATER DAMAGE 1 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 2 **EXPOSURE** 1 1 1 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOUR/WEEK** 10 HOUR/WEEK 20 HOURWEEK Х **40 HOURWEEK** Х X Х X **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** Х X X X CUSTODIAL X X X X X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 5 5 5 5 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В B B В В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES "If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, 7. Any remaining friable ACBM or suspect ACBM TAHERA 6.9 and TAHERA 8.0

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

6.5 SIGNATURE

** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

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

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MANAGEMENT PLANNER

SIGNATURE

	HA NUMBER 6 CURRENT QUANTITY 1870 SF			JMBER 7		IMBER 3	HA NU	VIBER
			CURRENT QUANTITY 6669 SF		CURRENT QUANTITY 864		CURRENT QUANTITY Throughout	
		ESCRIPTION r Tile		ESCRIPTION r Tile	MATERIAL D Floor		MATERIAL DE 2x4 Ceili	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURREN
TSI SURFACING MISCELLANEOUS	X	X	X	X	X	X	X	X
CHECK ONE		STREET HE	S. To Million	SERVICE THE	有进行。对关系			
ASSUMED ACBM CONFIRMED ACBM	Х	х	х	X	Х	X	X	X
NON-ACBM			Name of Tables	CONTRACTOR AND	A Challe and a record			
CHECK ONE								
NON-FRIABLE FRIABLE	Х	X	Х	X	Х	X	х	×
EXPOSURE CONSIDE	RATION	A HAZANESAN			Control of the second		A STATE LANGE AND A STATE OF THE STATE OF TH	HAZZI SI HARV
TO 5 (5 WORST)								
DETERIORATION	1	1 1	1 1	1 1	1	1	1 1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	11	11	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	1
EXPOSURE	1	1	11	1	1	1	1	1
ACCESSIBILITY	1	1] 1	11	1	11	1	1
ENGTH OF EXPOSU	RE			New York				
(CHECK ONE)		Research Emercy				25 25 A 10 S R	ARTEST STATES	CEPTION CON
1 HOURWEEK					1		Х	X
5 HOURWEEK								
10 HOURWEEK			ļ					
20 HOURWEEK	X	X	X	X	X	X		
40 HOUR/WEEK XPOSURE POPULA		SCHARROUPENEL SEM	EPW/MDZ9RWolenesc	SILEREZ PETRIPOSEED	DVSD4019ESEIDGESE	CE FRANSINE SOCIALIZADA	estations raining	SCHOOL PROPERTY.
CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	T X	l x	X	X	X
CUSTODIAL	$\frac{x}{x}$	X	X	X	X	X	x	X
FACULTY/STAFF	X	X	X	X	X	X		-^-
PUBLIC	X	X	X	X	X	X		
SSESSMENT	MICHIGAD COMMITTE			VERNE AND RES		EAST CHARLES	HAT BUSINESS	5523 01.50
MARK FROM 1 TO 7)			3.35					
3 27 32 32 32 32	5	5	5	5	5	5	7	7
*RESPONSE ACTION		TOTAL CONTRACTOR			SPHEATE AND SERVICE		SEATE THE SECTION	SKEREWAY.
MARK FROM A TO H)	THE WORLD			0.0				
	В	I в	I в	ТВ	В	В	В	В
ASSESSM	ENT LEGENI		TOTAL STREET, SECTION OF	New York Control of the Control of t		E ACTIONS L		
Damaged/significantly Damaged friable surfactor Significantly damaged Damaged/significantly ACBM with potential for	damaged TSI cing ACBM friable surfaci damaged frial	ng material	B. C C. R D. E	istitute prevent & M Program Repair Incapsulate	tative measur	es E. Ei	nclosure emove olate	
 ACBM with potential fo 	-	amage	THE STATE OF		distance State	NOTES		THE WAR THE
7. Any remaining friable A			TAHE	RA 6.9 and TAI	HERA 8.0	sted, attach TAI	HERA 6.2, TAHE ised TAHERA 6.	22/2009/00/2019/01

Christopher R. Johnson INSPECTOR (Typed Name)

SIGNATURE

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

______A-MP-42505-44824/TN

Christopher R. Johnson MANAGEMENT PLANNER

SIGNATURE

THREE YEAR REINSPECTION LEA NAME: Chester County Schools 120 LEA #: School Building Name: East Chester Elementary School Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 2 3 **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY** 3915 SF 576 SF 7204 SF 1192 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI **SURFACING** Х **MISCELLANEOUS** X X X **CHECK ONE** ASSUMED ACBM CONFIRMED ACBM X X X X **NON-ACBM** CHECK ONE **NON-FRIABLE** Х Х Χ X Х Χ X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 1 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOURWEEK 20 HOURWEEK **40 HOURWEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL Х X Х X FACULTY/STAFF Х X Х X X X Х PUBLIC Х ASSESSMENT (MARK FROM 1 TO 7) 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В RESPONSE ACTIONS LEGEND ASSESSMENT LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson INSPECTOR (Typed Name)

MANAGEMENT PLANNER

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

Christopher R. Johnson SIGNATURE

THREE YEAR REINSPECTION LEA #: ____ LEA NAME: Chester County Schools 120 School Building Name: <u>East Chester Elementary School</u> Building #: <u>Main</u> DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER 7 CURRENT QUANTITY CURRENT QUANTITY **CURRENT QUANTITY** CURRENT QUANTITY 11417 SF 10070 SF 1544 SF MATERIAL DESCRIPTION | MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI **SURFACING MISCELLANEOUS** X X X **CHECK ONE** ASSUMED ACBM CONFIRMED ACBM Х Х Х X **NON-ACBM** CHECK ONE **NON-FRIABLE** X X X X Х X **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 1 WATER DAMAGE 1 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 2 2 2 2 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOUR/WEEK** 10 HOURWEEK 20 HOURWEEK **40 HOURWEEK** X **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** X X Х **CUSTODIAL** X X FACULTY/STAFF Х X X X X X Х Х **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 5 **RESPONSE ACTIONS (MARK FROM A TO H) В ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson INSPECTOR (Typed Name)

Christopher R. Johnson

MANAGEMENT PLANNER

SIGNATURE

A-I-42505-44826/TN

ACCREDITATION #/STATE

THREE YEAR REINSPECTION LEA NAME: ___Chester County Schools LEA #: ____ 120 School Building Name: <u>East Chester Elementary School</u> Building #: ____ Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER CURRENT QUANTITY **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 960 SF 52000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X X Х **CHECK ONE** ASSUMED ACBM X X **CONFIRMED ACBM** Х NON-ACBM CHECK ONE **NON-FRIABLE** Х Х FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 WATER DAMAGE 1 **ACTIVITY/VIBRATION** 2 2 **EXPOSURE** 1 **ACCESSIBILITY** LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOURWEEK 20 HOUR/WEEK X **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE CUSTODIAL** X X Х FACULTY/STAFF Х Х X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson INSPECTOR (Typed Name)

SIGNATURE SIGNATURE

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

THREE YEAR REINSPECTION LEA NAME: Chester County Schools 120 LEA #: Building #:____ Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER **HA NUMBER** HA NUMBER 3 **CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY **CURRENT QUANTITY** 6401 SF 42 SF 959 SF 1512 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile Floor Tile Floor Tile Floor Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X X X **CHECK ONE** ASSUMED ACBM CONFIRMED ACBM Х Х Х X Х **NON-ACBM** CHECK ONE NON-FRIABLE X X X Х **FRIABLE EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE 1 1 1 WATER DAMAGE 1 1 1 1 1 1 **ACTIVITY/VIBRATION** 2 2 2 2 **EXPOSURE** 1 **ACCESSIBILITY** 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK 5 HOURWEEK 10 HOUR/WEEK 20 HOUR/WEEK **40 HOUR/WEEK** X **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE CUSTODIAL** X X X Х х X X FACULTY/STAFF Х X X Х X X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) 5 **RESPONSE ACTIONS (MARK FROM A TO H) ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

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

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

THREE YEAR REINSPECTION LEA NAME: **Chester County Schools** LEA #: 120 School Building Name: <u>Jacks Creek Elementary School</u> Building #: Main DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89 INSPECTION DATE: 2/23/16 HA NUMBER HA NUMBER HA NUMBER HA NUMBER **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** 15000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION 2X4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING **MISCELLANEOUS** X 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 1 **ACTIVITY/VIBRATION EXPOSURE** 1 **ACCESSIBILITY** 1 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOURWEEK **40 HOURWEEK** EXPOSURE POPULATION (CHECK ALL APPLICABLE) MAINTENANCE CUSTODIAL X FACULTY/STAFF **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure 1. Damaged/significantly damaged TSI B. O & M Program F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material D. Encapsulate H. Other 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA Christopher R. Johnson A-I-42505-44826/TN SIGNATORE INSPECTOR (Typed Name) **ACCREDITATION #/STATE** Christopher R. Johnson A-MP-42505-44824/TN

MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

		JMBER 1	HA NU	MBER 2		IMBER 4	HA NUM 5	MBER
		QUANTITY 0 SF	CURRENT 212		CURRENT 3066		CURRENT Q 5124	
		ESCRIPTION or Tile	MATERIAL DI Flooi		MATERIAL DI Flooi		MATERIAL DE Floor	
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURREN
SURFACING								
MISCELLANEOUS [Х	X	X	X	Х	X	X	X
CHECK ONE				加州市州		DAVES BELLE	HISTORY !	NSULA S
ASSUMED ACBM CONFIRMED ACBM NON-ACBM	X	X	Х	X	Х	X	X	X
CHECK ONE	建设的基本	113 7 12 5 19 2		有民族				达斯克斯德
NON-FRIABLE	Х	X	Х	X	X	X	Х	Х
FRIABLE [Transfer of the second					
EXPOSURE CONSIDER								
DETERIORATION PHYSICAL DAMAGE	1 1	1 1	1	1 1	1	1 1	-1-1	
WATER DAMAGE	1	1	i	1 1	1	1 1		- i -
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
ENGTH OF EXPOSUR	∖E							
1 HOURWEEK 5 HOURWEEK 10 HOURWEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	Х	X	X	X	X	Х	Х	Х
XPOSURE POPULAT	ION							
MAINTENANCE	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	Х	X	X	X	X	X
SSESSMENT		Sensor Salar	OVER 15	AND PARTIES		CHARLES CHARLE		NA PROPERTY.
MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5
*RESPONSE ACTION:	Simplifies							
MARK FROM A TO H)	B	T B	B B	T P	B	STORES TO SERVE	water the same	th forestella
ACCECCUI	NT LEGENI		D	В		B ACTIONS LE	B	В
ASSESSME	IN I LEGENI		ΔIn	stitute prevent				
 Damaged/significantly d Damaged friable surfaci Significantly damaged fr Damaged/significantly d 	ng ACBM iable surfaci	ng material	B. O C. Ro D. Ei	& M Program	auve measur	F. Ren G. Isol H. Oth	nove late	
ACBM with potential for ACBM with potential for	damage		Disease.	ice is reviewed with	NSV STERVINE PO	NOTES	SHOW: THESAN	
. Any remaining friable A			TAHE	RA 6.9 and TAH	ERA 8.0	sted, attach TAHI ear", attach revis		
Christopher R. John	son	1/1	6.5	100	20	Δ.I.425	05-44826/TN	
SPECTOR (Typed Name)	3011	_ un	SIGNATURE	$\sim\sim$	1		ATION #/STA	

TAHERA 16.0 (2/97)

MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

THREE YEAR REINSPECTION 120 LEA NAME: Chester County Schools LEA #: ____ 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** HA NUMBER HA NUMBER HA NUMBER **CURRENT QUANTITY CURRENT QUANTITY CURRENT QUANTITY** CURRENT QUANTITY 164 SF 70000 SF MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION MATERIAL DESCRIPTION Floor Tile 2x4 Ceiling Tile LAST 3 LAST 3 LAST 3 LAST 3 CURRENT CURRENT CURRENT CURRENT **CHECK ONE** YEAR YEAR YEAR YEAR TSI SURFACING $\overline{\mathsf{x}}$ X **MISCELLANEOUS CHECK ONE** X X ASSUMED ACBM CONFIRMED ACBM NON-ACBM CHECK ONE **NON-FRIABLE** Х Х FRIABLE **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) **DETERIORATION** PHYSICAL DAMAGE WATER DAMAGE 1 1 1 1 **ACTIVITY/VIBRATION EXPOSURE ACCESSIBILITY** 1 LENGTH OF EXPOSURE (CHECK ONE) 1 HOURWEEK **5 HOURWEEK** 10 HOUR/WEEK 20 HOURWEEK **40 HOUR/WEEK EXPOSURE POPULATION** (CHECK ALL APPLICABLE) **MAINTENANCE** X Х **CUSTODIAL** FACULTY/STAFF X **PUBLIC** ASSESSMENT (MARK FROM 1 TO 7) **RESPONSE ACTIONS (MARK FROM A TO H) ASSESSMENT LEGEND RESPONSE ACTIONS LEGEND A. Institute preventative measures E. Enclosure B. O & M Program 1. Damaged/significantly damaged TSI F. Remove 2. Damaged friable surfacing ACBM C. Repair G. Isolate 3. Significantly damaged friable surfacing material H. Other D. Encapsulate 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage NOTES 7. Any remaining friable ACBM or suspect ACBM *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA

Christopher R. Johnson

INSPECTOR (Typed Name)

SIGNATURE

SIGNATURE

A-I-42505-44826/TN

ACCREDITATION #/STATE

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

of



THE STATE OF TENNESSEE

Department of Environment and Conservation Division of Solid Waste Management Toxic Substances Program William R. Snodgrass Tennessee Tower

312 Rosa L. Parks Avenue, 14th Floor Nashville TN 37243

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

Resolution Incorporated

1101-A Darbytown Dr. Nashville TN, 37207

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

Discipline	Туре	Accreditation Number	F Effective Date Expiration		
Accreditation	Re-Accreditation	A-F-690-46059	December 01, 2015	December 31, 2016	1



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

公園に あげけ

MGT Christopher R. Johnson

DOB 30-Nov-1961

185

Accreditation

Oct-31-2016 Expiration

Oct-31-2016

A-MP-42505-44824

Management Planner

Project Designer

Project Monitor

A-1-42505-44826

Discipline Inspector Oct-31-2016

Oct-31-2016

A PM-42505-44823 A-PD-42505-44825

Asbestos Accreditation

Re-Accreditation

PERIC	DDIC SURVEILLANCE REPORT				S.
LEA NA	ME: CHESTER COUNTY BOE	_	LEA NO:	120	
3CHOO!	L NAME: NORTH CHESTER ELEMENTARY	-	SCHOOL	NO.:	e
BUILDII	NG NAME:MAIN				
INSTR	UCTIONS: AHERA regulations require a Pe School building containing ACBI Fill in the HA#, Description of AC the date removed in the appropriat	M must be inspec CBM, and Area In	ted. Put the date spected. If the A he original with y	in the appropri CBM has been i	iate column. removed put
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		## = *

2x4 Ceiling Tile	All	Good	

All

All

All

All

Good

Good

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):

5

6

7

8

Floor tile

Floor tile

Floor tile

Floor tile

TAHERA 9.0 (2/97)

LEA NA	ME: <u>CHESTER COUNTY BOE</u>		LEA NO:	120	
СНООІ	L NAME: <u>NORTH CHESTER ELEME</u>	ENTARY_	SCHOOL	NO.:	
BUILDI	NG NAME: <u>MAIN</u>		-		
NSTR	UCTIONS: AHERA regulations req School building contain Fill in the HA#, Descript the date removed in the a	ing ACBM must be insp ion of ACBM, and Area	ected. Put the date Inspected. If the A the original with	e in the appropri CBM has been r your Managemen	ate column. emoved put
			1st six months Date 8/22/2016 (Fall)	2nd six months Date 2/9/2017 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	Ail	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	Ali	Good	Good	
	2x4 Ceiling Tile	All	Good	Good	
			*IF NO CHANGE IN	I CONDITION WI	RITE N/C

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

LEA NA	AME: CHESTER COUNTY BOE		LEA NO:	120	
SCHOO	L NAME: <u>NORTH CHESTER ELEMEN</u>	TARY	SCHOOL	NO.:	
BUILDI	NG NAME: <u>MAIN</u>				
INSTR	UCTIONS: AHERA regulations requires School building containing Fill in the HA#, Description the date removed in the app	g ACBM must be ins n of ACBM, and Are	spected. Put the date a Inspected. If the A	e in the appropri CBM has been i	ate column. removed put
			Date 8/9/2017	Date	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall) ACBM CONDITION*	(Spring) ACBM CONDITION*	DATE REMOVED
2	Floor tile	Alī	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	* All	Good		4
8	Floor tile	Ail	Good		
	2x4 Ceiling Tile	All	Good		
	7		8		
	*				
SURVEI	LLANCE INSPECTOR'S NAME (please printle LLANCE INSPECTOR'S SIGNATURE:	SUA S	*IE NO CHANGE IN	CONDITION WE	RITE N/C

TAHERA 9.0 (2/97)

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

			every siy (6) m	
School building contain Fill in the HA#. Descrip			every six (6) m	
the date removed in the	tion of ACBM, and Area appropriate column. Keep	Inspected. If the /	te in the appropr ACBM has been	riate column removed pu
		1st six months Date 8/9/2017 (Fall)	2nd six months Date <u>2/8/2017</u> (Spring)	
PTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVE
	All	Good	Good	
	All	Good	Good	
	All	Good	Good	
	All	Good	Good	
	All	Good	Good	
	All	Good	Good	
	All	Good	Good	
ng Tile	All	Good	Good	
	41	C NO CHANGE IN C	CONDUCTION WRIT	L N C
	ng Tile	AII	TENTION OF ACBM	AREA ACBM CONDITION* AREA INSPECTED CONDITION* All Good Good All Good Good Good Good All Good Good Good Good

	the date removed in the	tion of ACBM, and Area appropriate column. Keep	1st six months Date 8/6/2018	our Managemer 2nd six months Date	t Plan.
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	(Fall) ACBM CONDITION*	(Spring) ACBM CONDITION*	DA REM
2	Floor tile	All	Good	CONDITION	I CONTRACTOR OF THE PARTY OF TH
3	Floor tile	All	Good		
4		All	Good		
5	Floor tile Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling Tile	All	Good		
-					

AHERA 9.0 (2/97)

	LEA NA	AME: <u>CHESTER COUNTY BOE</u>		LEA NO:	120	
		L NAME: <u>NORTH CHESTER ELEM</u> I	ENTARY_	SCHOOL	NO.:	
	BUILDI	NG NAME: <u>MAIN</u>		- ×		
	INSTR	Fill in the HA#. Descrip	quire a Periodic Surveilla ning ACBM must be insportion of ACBM, and Area appropriate column. Keep	ected. Put the date Inspected, If the A	e in the appropri CBM has been i	removed put
				1st six months Date <u>8/6/2018</u> (Fall)	2nd six months Date 2/13/2019 (Spring)	
	HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
	2	Floor tile	All	Good	Good	100
Ī	3	Floor tile	All	Good	Good	
	4	Floor tile	All	Good	Good	
Ī	5	Floor tile	All	Good	Good	
Ī	6	Floor tile	All	Good	Good	
	7	Floor tile	All	Good	Good	
-	8	Floor tile	All	Good	Good	
1		2x4 Ceiling Tile	All	Good	Good	
				_		
				*IF NO CHANGE IN	A CONDITION W	RITE N/C
		ILLANCE INSPECTOR'S NAME (please ILLANCE INSPECTOR'S SIGNATURE: lance Inspector is not required to be AHER		Nochanden		
	AHERA	Accreditation Number/Date (if applicable	9):			

LEA NAME: <u>CHESTER COUNTY BOE</u>	LEA NO: <u>120</u>
SCHOOL NAME: NORTH CHESTER ELEMENTARY	SCHOOL NO.:
BUILDING NAME:MAIN	
INICITAL CAPTION IS A LIPPA	

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

			1st six months Date 8/8/2019 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling Tile	All	Good	Good	
		l -			

*IF NO CHANGE IN CONDITION WRITE N/C
SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)

LEA NAME:CHESTER COUNTY BOE	LEA NO:120
SCHOOL NAME: NORTH CHESTER ELEMENTARY	SCHOOL NO.:
RI III DING NAME: MAIN	

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

the date removed in the appropriate column. Keep the original with your Management Plan.

the date removed in the appropriate column. Keep the original with your Management Plan. 1st six months 2nd six months								
			Date 8/8/2019	Date 2/7/2020				
		第一个一个一个	(Fall)	(Spring)				
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED			
2	Floor tile	All	Good	Good				
3	Floor tile	All	Good	Good				
4	Floor tile	All	Good	Good				
5	Floor tile	All	Good	Good				
6	Floor tile	All	Good	Good				
7	Floor tile	All	Good	Good				
8	Floor tile	All	Good	Good				
	2x4 Ceiling Tile	All	Good	Good				
	A.							
	,				, H			

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads
SURVEILLANCE INSPECTOR'S SIGNATURE: (Surveillance Inspector is not required to be AHERA certified)
AHERA Accreditation Number/Date (if applicable):
TAHERA 9.0 (2/97)

SCHOOL NAME:NORTH CHESTER ELEMENTARY			LEA NO: _	120	
			SCHOOL NO.:		
BUILDI	NG NAME: <u>MAIN</u>		-		
INSTR	UCTIONS: AHERA regulations requ School building containing Fill in the HA#, Descripting the date removed in the appropriate to the properties of the control of the properties of the date removed in the date	ng ACBM must be inspon of ACBM, and Area	ected. Put the date Inspected. If the A	e in the appropr CBM has been your Managemer	iate column. removed put
			1st six months Date 8/4/2020 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5	Floor tile	All	Good		
6	Floor tile	All	Good		
7	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling Tile	All	Good		
			*		
			1		
SURVEI (Surveilla	LLANCE INSPECTOR'S NAME (please properties of the properties of th	certified)	*IF NO CHANGE IN	N CONDITION WE	RITE N/C

TAHERA 9.0 (2/97)