

NORTH CHESTER ELEMENTARY SCHOOL

ASBESTOS

MANAGEMENT PLAN

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LEA: Chester County LEA NO.: 120

Date: 9/30/88

TRANSMITTAL SHEET/AHERA SUBMITTALS

1. DEFERRAL REQUEST

SUBMISSION: Original Resubmittal

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

2. MANAGEMENT PLAN

SUBMISSION: Original Resubmittal New Building

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

3. MANAGEMENT PLAN PROGRESS REPORT No. _____ Dated _____

SUBMISSION: Original Resubmittal

STATE REVIEW

Remarks: _____

No Exceptions Taken

Returned for Reasons Stated

Reviewer's Signature
Dated: _____

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

Address: P.O. Box 327

Henderson, TN 38340

County: Chester County

Superintendent: Dr. Kathy Coatney Mays

Date: 9/30/88

COVER SHEET

No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99 - 519, and Code of Federal Regulations Title 40, Part 763 (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 reciprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

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

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

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

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

LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON

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

(Management)
(Planner's)
(Seal)

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

ASSURANCES

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

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

Signed: _____

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

Date: _____

9/30/88

Typed Name: Gene Cain

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

Date: 9/30/88

SCHOOL BUILDING LIST

List all schools and separate buildings:

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

LEGEND:

F = Friable

NF = NonFriable

ACBM = Asbestos-Containing Building Material

D.O.E = Department of Education

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

Date: 9/30/88

1. BUILDING STATISTICS

<u>Date Built</u>	<u>Area Name, Wing Addition, etc.</u>	<u>Use</u>	<u>Total Area (Square Feet)</u>
8-49	North Chester	School	19,193
7-63	5 Classrooms, Kitchen Cafeterial		10,511
8-49	Brick Storage		1,500
7-66	Portable Storage		864

2. STRUCTURAL SYSTEMS

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

Notes (Explain Other): _____

3. MECHANICAL SYSTEMS

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

Notes (Explain Other): _____

4. ARCHITECTURAL FINISHES

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

Notes (Explain Other): _____

5. SUMMARY OF DOCUMENTS REVIEWED

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

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

Date of Inspection: 7-26-88

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

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

1.

HA No.	Material Description	Material Type (T,S or M)	BIA No.s Included in HA	Sample No.s Taken in HA	HA Drawing No.
1	Pipe Wrapping	T			0028-1
2	Asphalt Tile	M			0028-2
3	Asphalt Tile	M			0028-3
4	Sprayed on Ceiling	S		9-3-5	0028-4
5	Asphalt Tile	M			0028-5
6	Asphalt Tile	M			0028-6
7	Asphalt Tile	M			0028-7
8	Asphalt Tile	M			0028-8
	Ceiling Tile	M			All

Through Out

2.

HA No.	ACBM				No ACBM	Total Quantity (Show Units)	Exposure Considerations								Assessment Category
	Confirmed F	NF	Assumed F	NF			A	B	C	D	E	F	G	H	
1			X			200 Linear Ft.	1	1	1	1	1	1	2	2	5
2				X		3904 Sq. Ft.	1	1	1	1	2	3	2	4	5
3				X		200 Sq. Ft.	1	1	1	1	2	3	2	4	5
4					X										
5				X		4768 Sq. Ft.	1	1	1	1	2	3	2	4	5
6				X		1870 Sq. Ft.	1	1	1	1	2	3	2	4	5
7				X		6669 Sq. Ft.	1	1	1	1	2	3	2	4	5
8				X		864 Sq. Ft.	1	1	1	1	2	3	2	4	5
				X		29,000 Sq. Ft.	1	1	1	3	3	3	5	5	5

Through Out

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

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

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

- H. Exposure Population
 - 1. Maintenance
 - 2. Maint., Custodial
 - 3. Maint., Cust., Faculty
 - 4. Maint., Cust., Fac., Students
 - 5. Maint., Cust., Fac., Stud., Public

Assessment Categories:

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

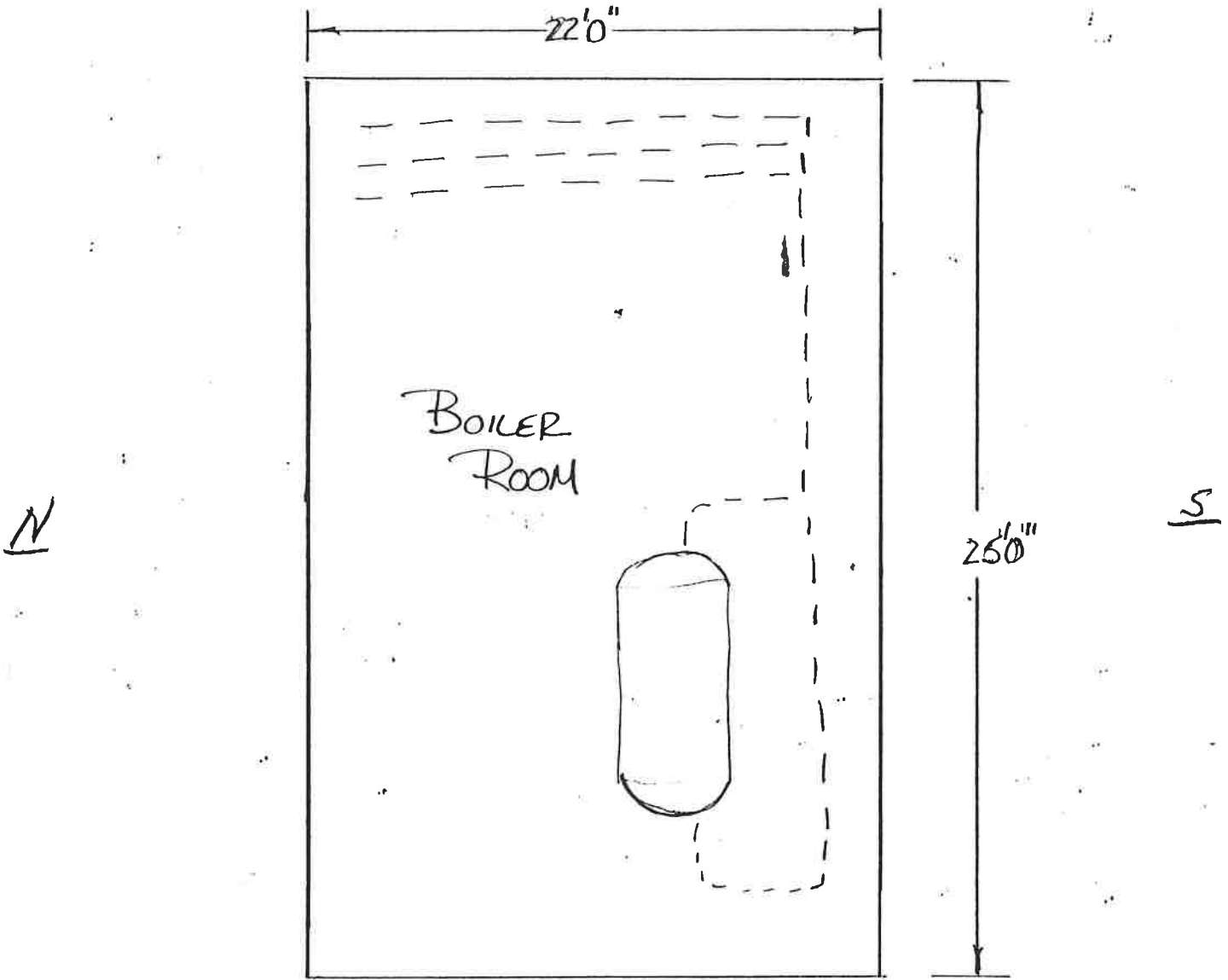
Legend:

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

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

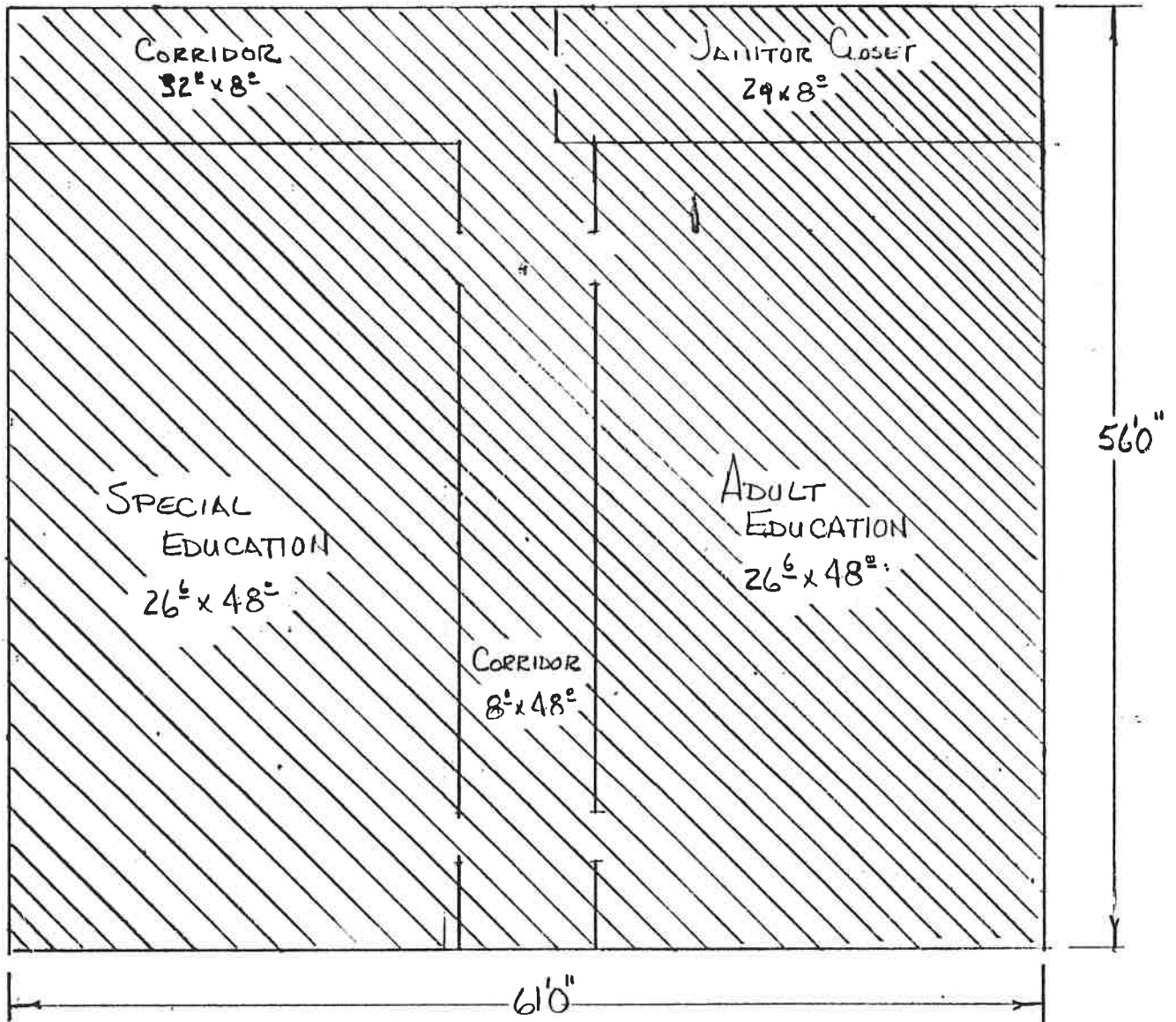


HOMOGENEOUS AREA A
SCALE 1/4" = 1'0"

---TSE


Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA B

SCALE 1" = 10'

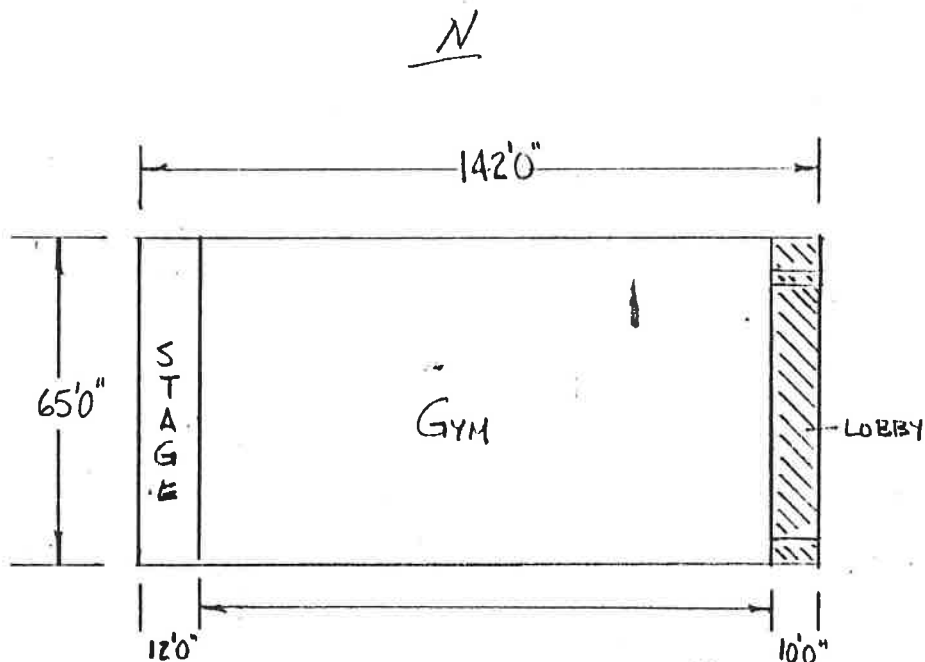
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



'HOMOGENEOUS AREA C

SCALE 1" = 40'

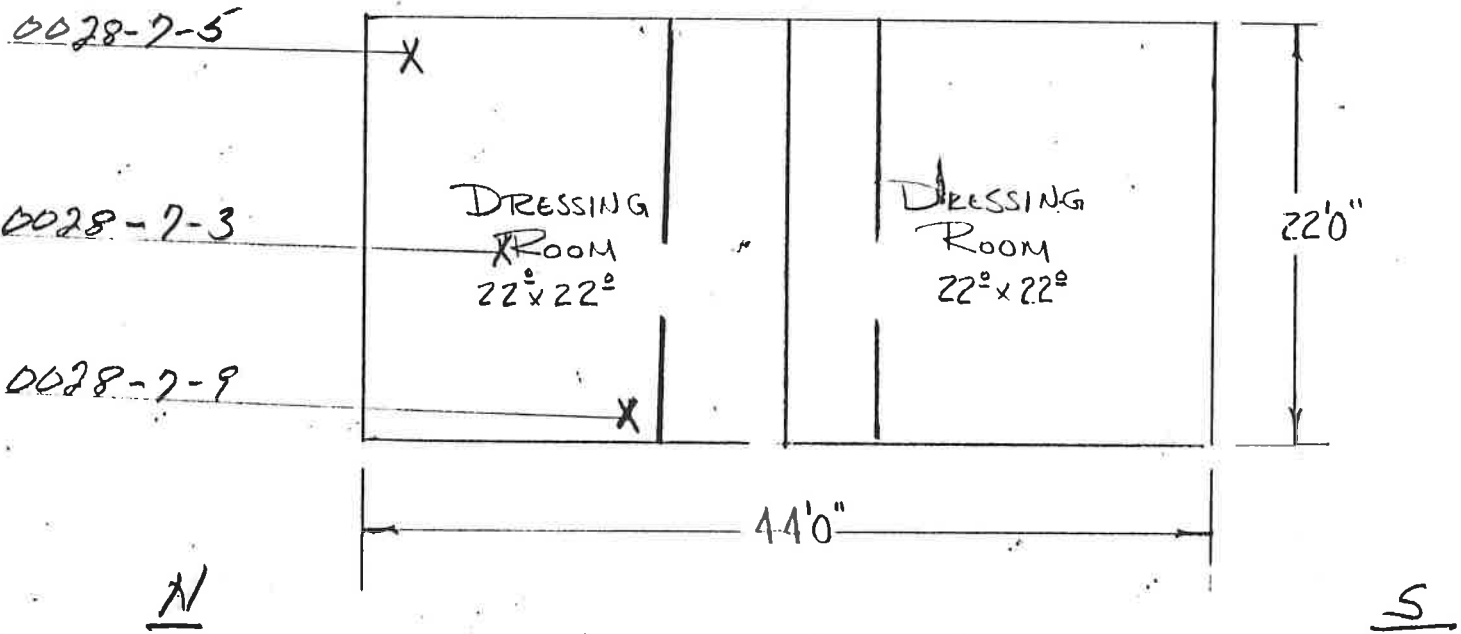
 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

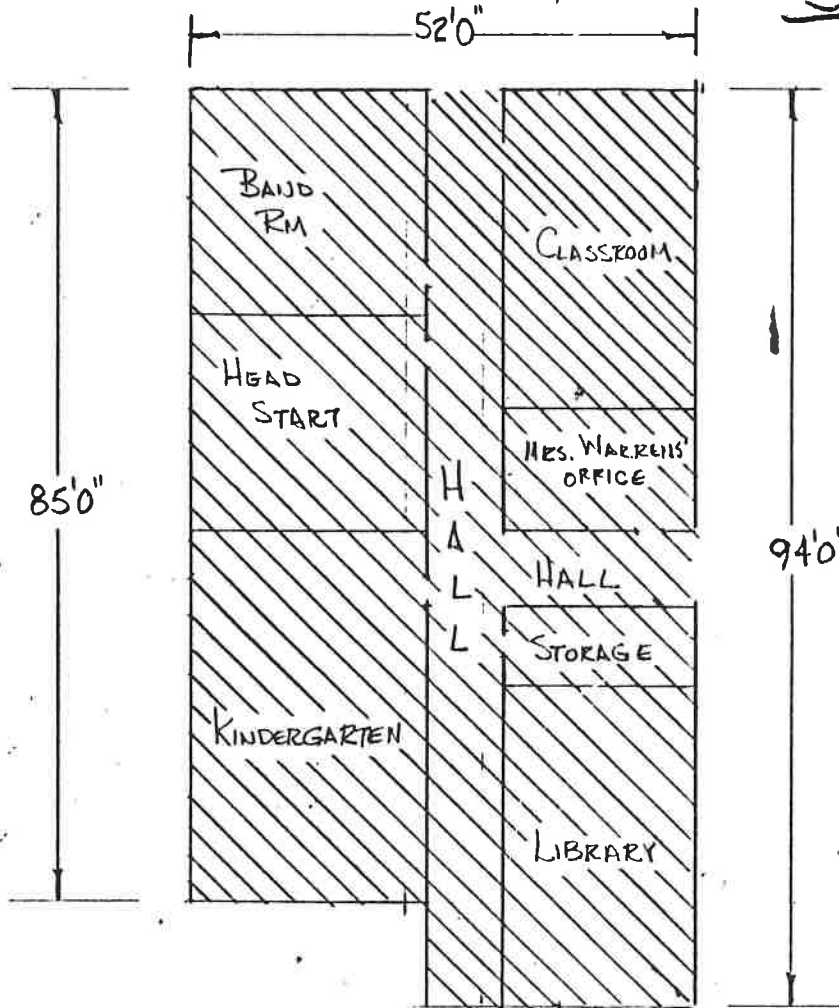
Samples



HOMOGENEOUS AREA D

SCALE 1" = 10'

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA E

SCALE 1"=20'

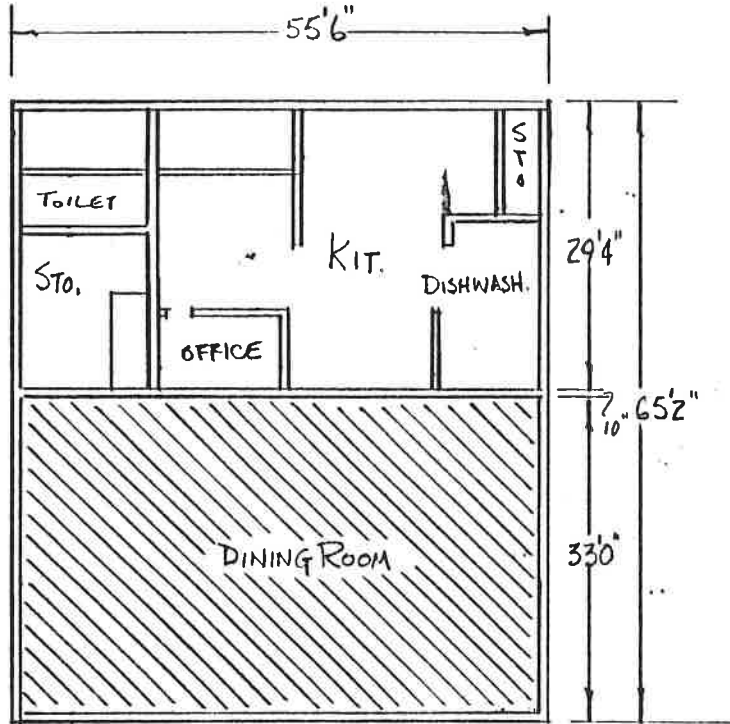
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA F

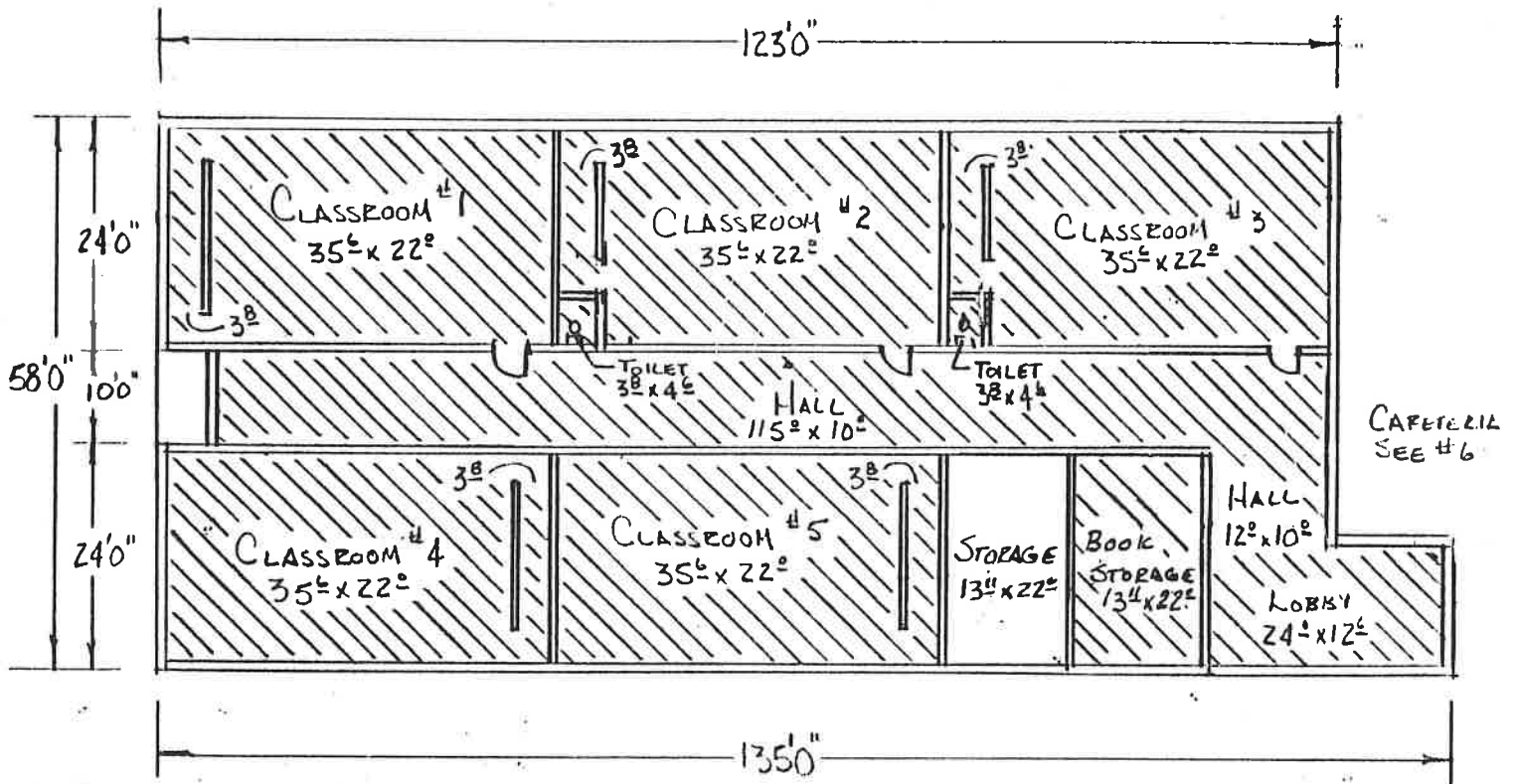
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations. S



HOMOGENEOUS AREA G

SCALE 1" = 20'

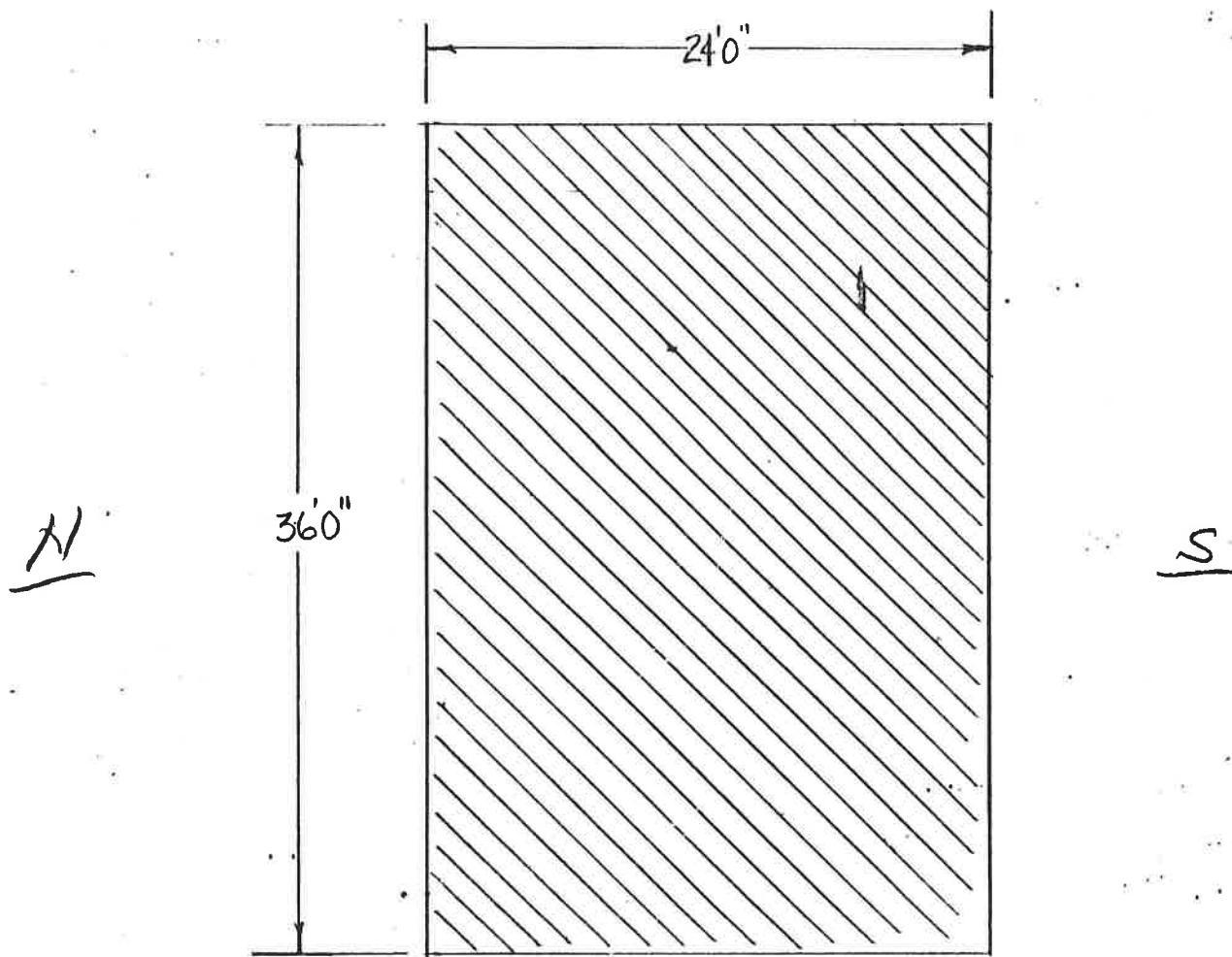


N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



PORTABLE STORAGE

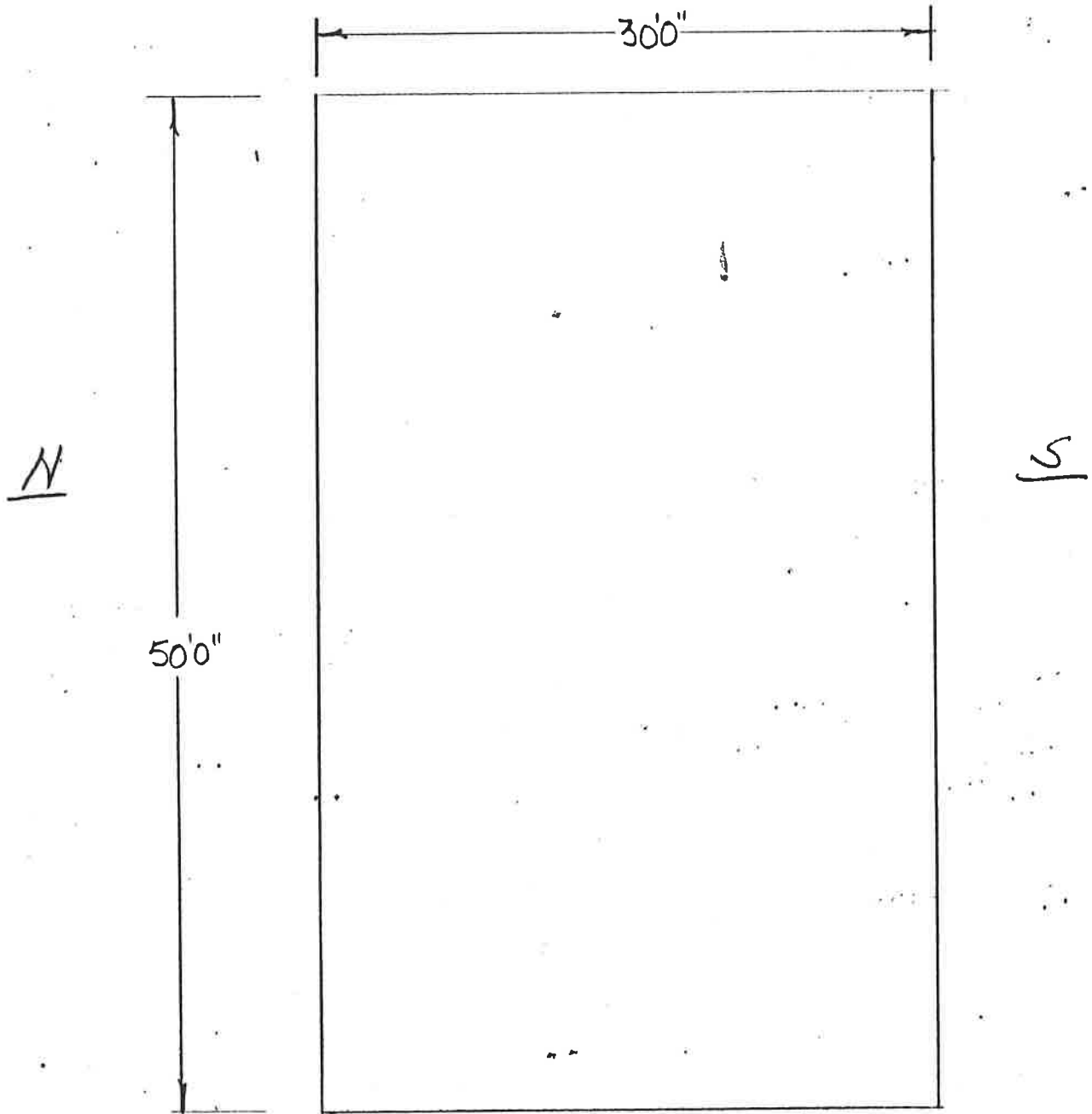
SCALE 1/8" = 10"



LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



BRICK STORAGE BLDG.

SCALE 1/8" = 10"

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. Recommended by Management Planner.

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule Dates	
				Start	Complete
1	TSI	Repair	Repair	9/1/88	7/9/89
2	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
3	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
4	Sprayed on	None	None		
	Ceiling				
5	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
6	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
7	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
8	Asphalt	A-B	A-B	July 1989	Until Removed
	Tile				
Through Out	Ceiling Tile	A-B	A-B	July 1989	Until Removed

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

*If different than recommended action, explain:

Appropriate Response Actions:

- | | |
|------------------------------------|--------------------|
| A. Institute Preventative Measures | E. Enclose |
| B. O & M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | 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. RESPONSE ACTION:

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

Notes (Explain Other): Ceiling Tile

2. DETAILED DESCRIPTION:

Incorporate these areas/materials into an Operations and Maintenance Program until major renovation or demolition requires removal under NESIAPS 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 material is in fair condition since only about 2% of the TSI is damaged. 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.

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

1. RESPONSE ACTION:

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

Notes (Explain Other): _____

2. DETAILED DESCRIPTION:

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):

1. 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):

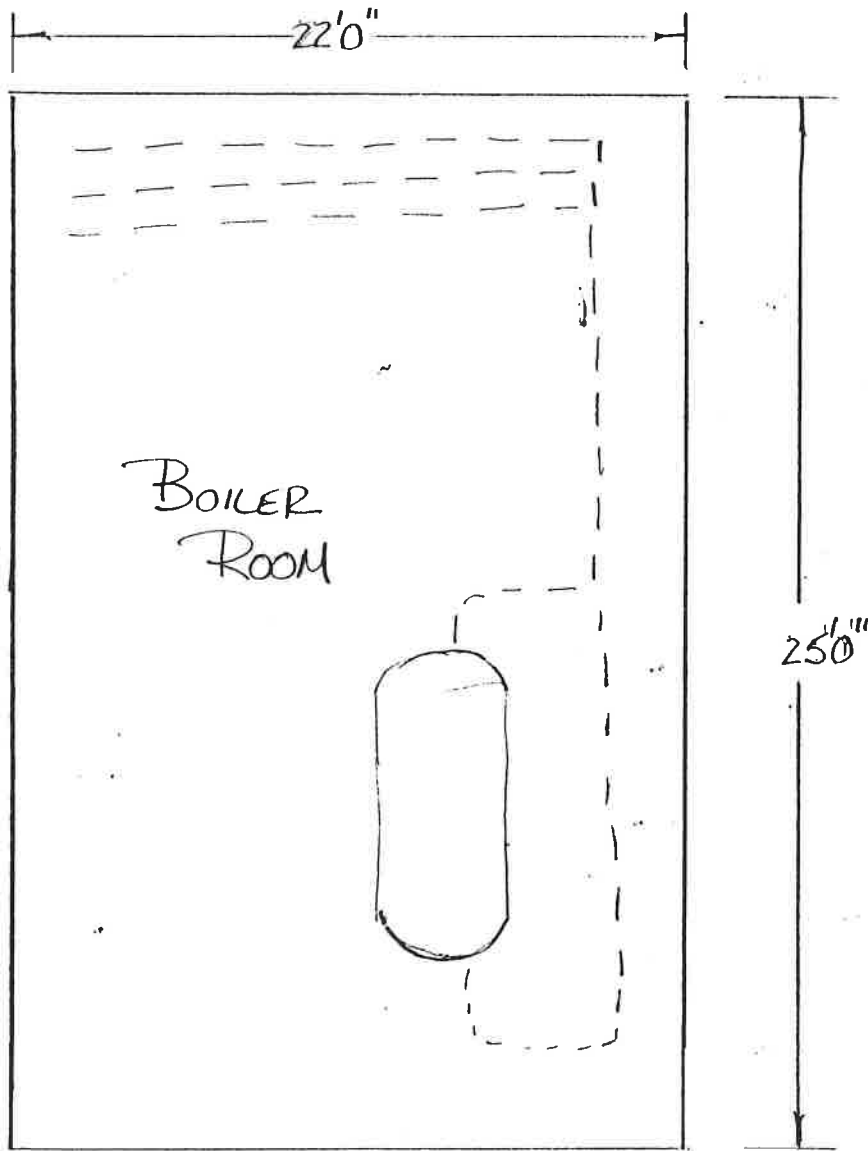
Work to start on 9/1/88 and be completed on 7/9/89.

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

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA A
SCALE 1/4" = 1'0"

---TSE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

FOLLOW-UP ACTIONS

1. **NOTIFICATION PLAN (Describe method of Notification and Include dated copy of actual Notifications, meeting minutes, newspaper articles, etc. in Appendix):**
All parent's, teacher's, employee's organizations and school groups will be informed in writing of the location of the ACM and the location of the Management Plan. The Management Plan will go into effect July 9, 1989. The periodic surveillance will be in January of 1990 and each six months thereafter. In three years after July 9, 1989, all schools will be reinspected as described in AHERA 763.85 (b).

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

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

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

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

LEA: Chester County LEA NO.: 120

Date: 9/30/88

September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning 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.

North

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Cafeteria

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.

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

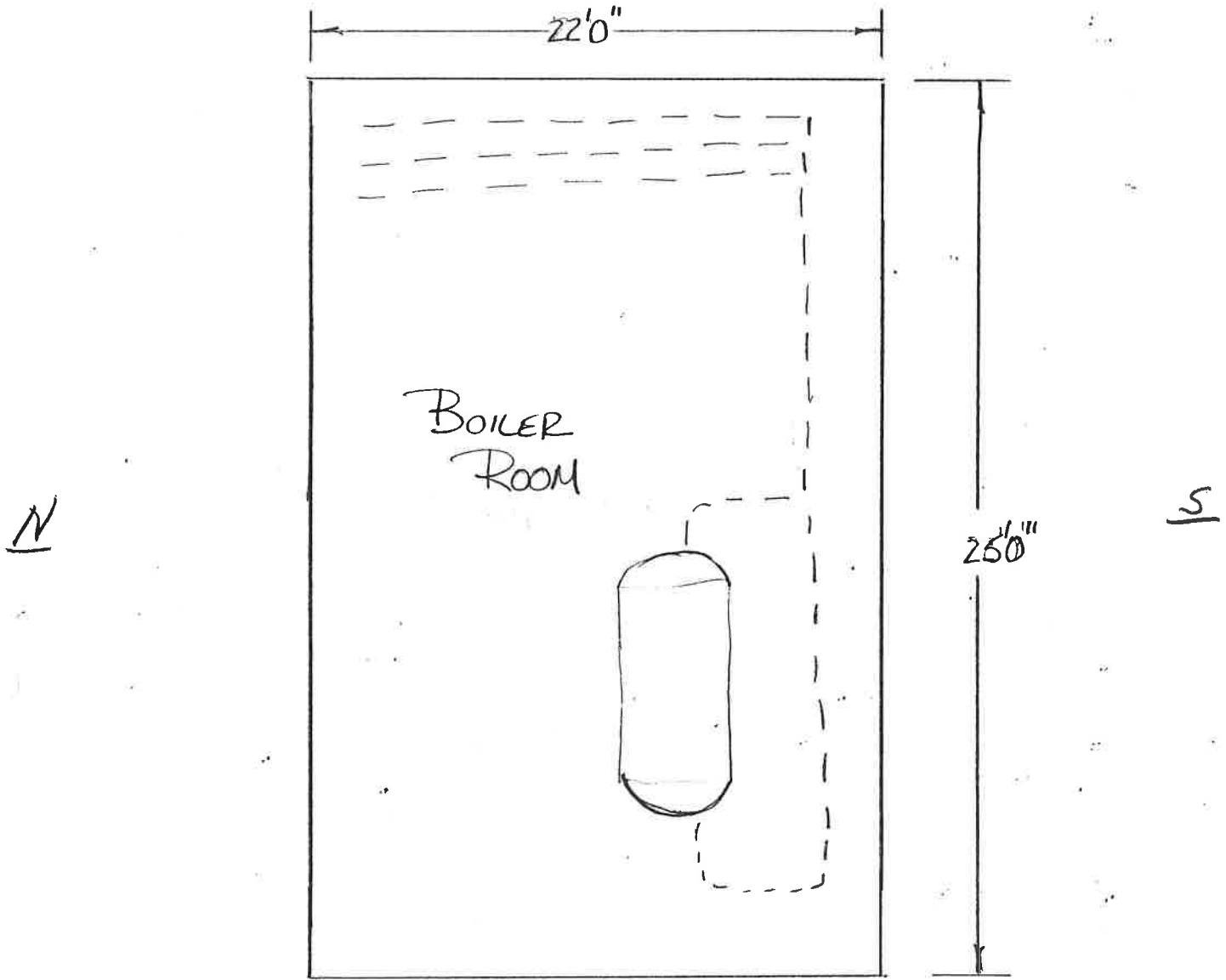
SEE ATTACHED SHEET

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA A

SCALE 1/4" = 1'0"

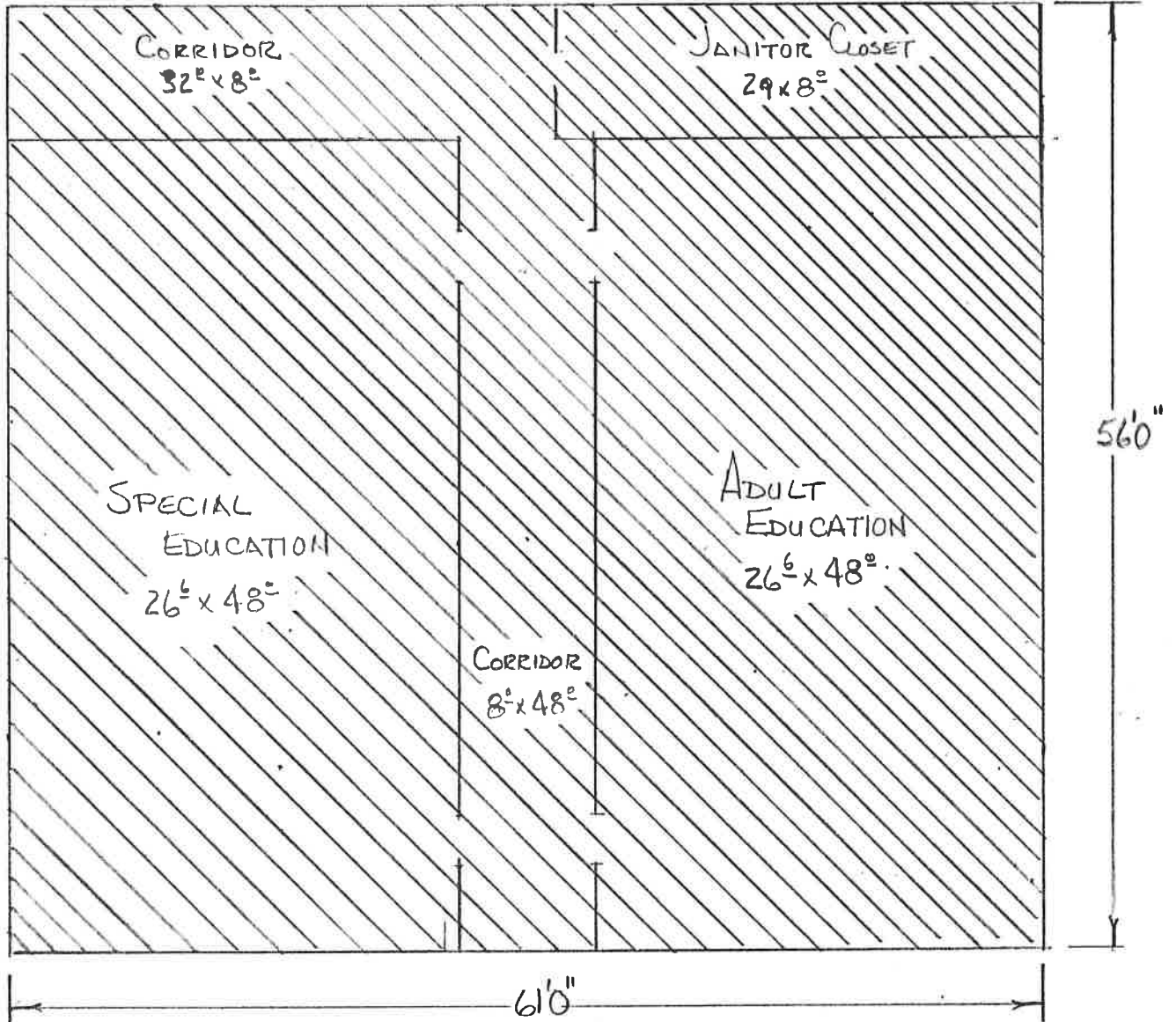
---TSE

LEA: Chester County LEA NO.: 120

Date: 9/30/88


Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA B

SCALE 1" = 10'

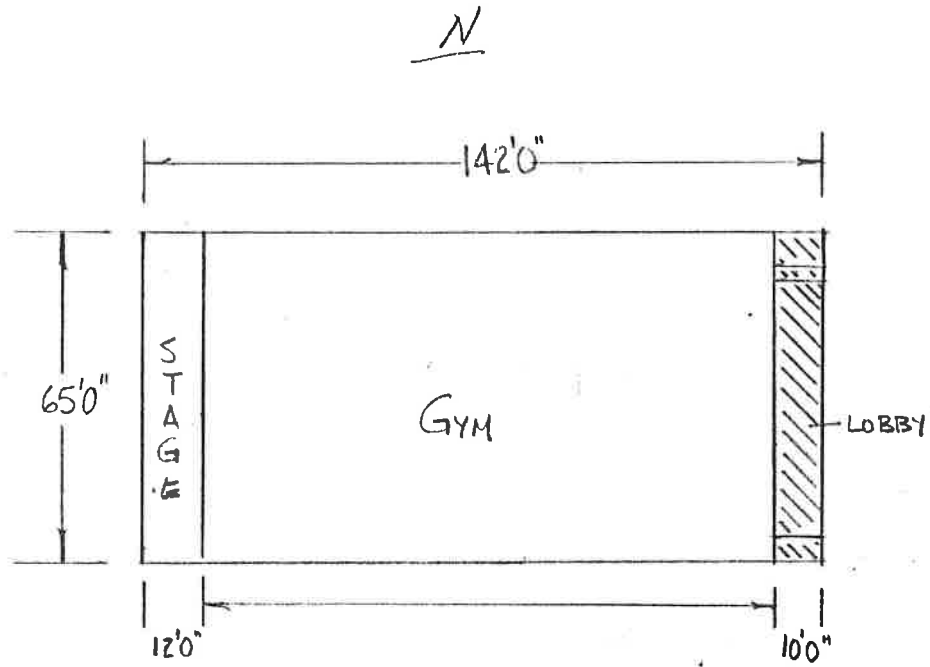
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA C

SCALE 1" = 40'

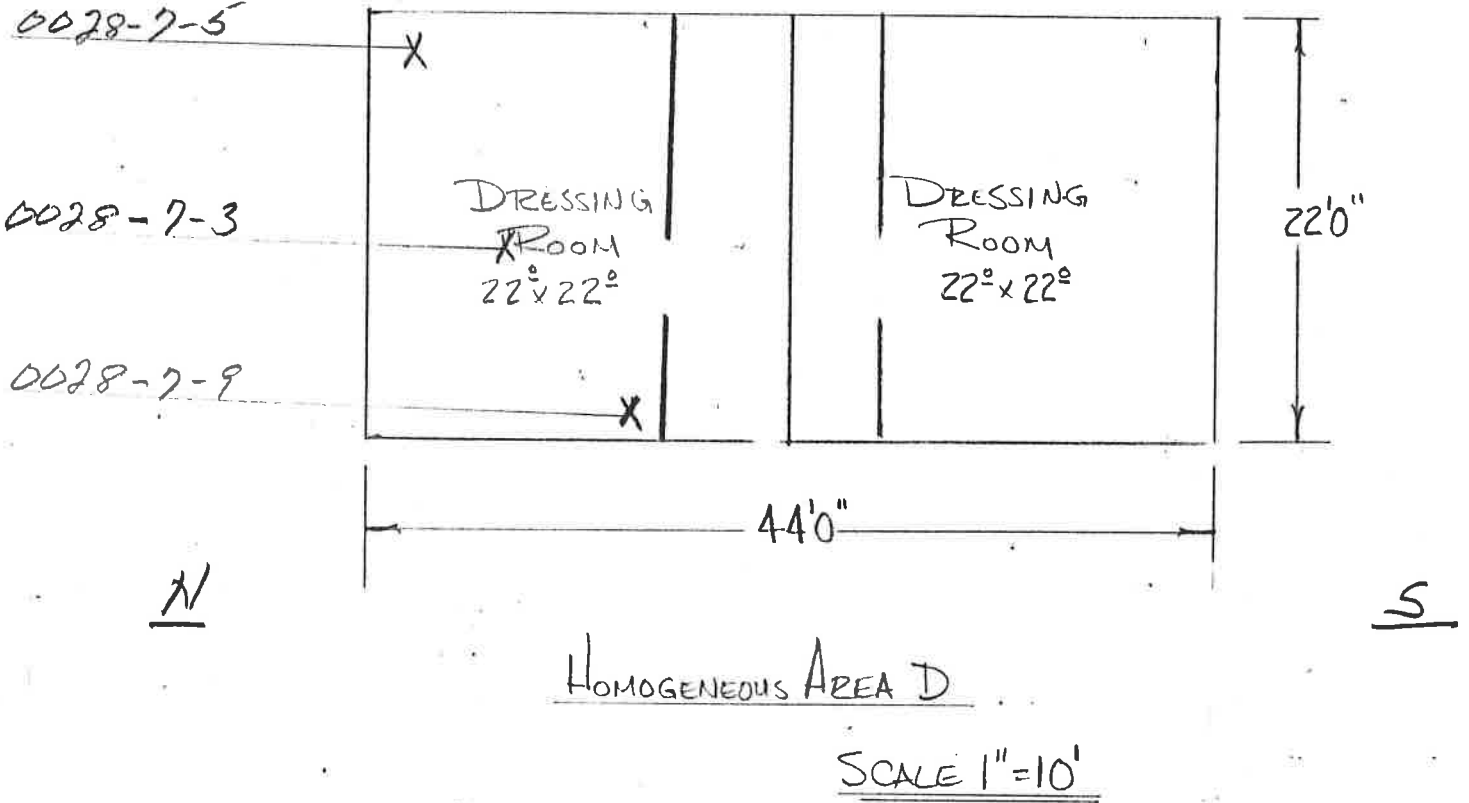
 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

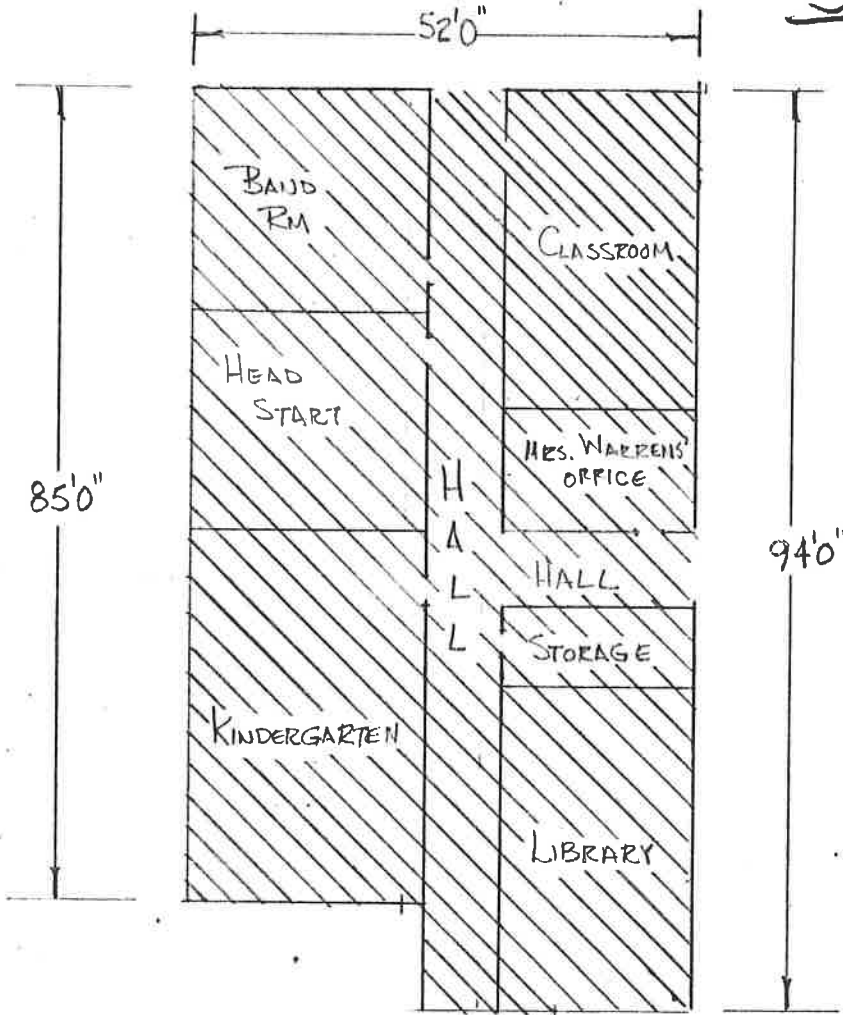
Date: 9/30/88

Identify limits of homogeneous area and sample locations.

SAMPLES



Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA E

SCALE 1"=20'

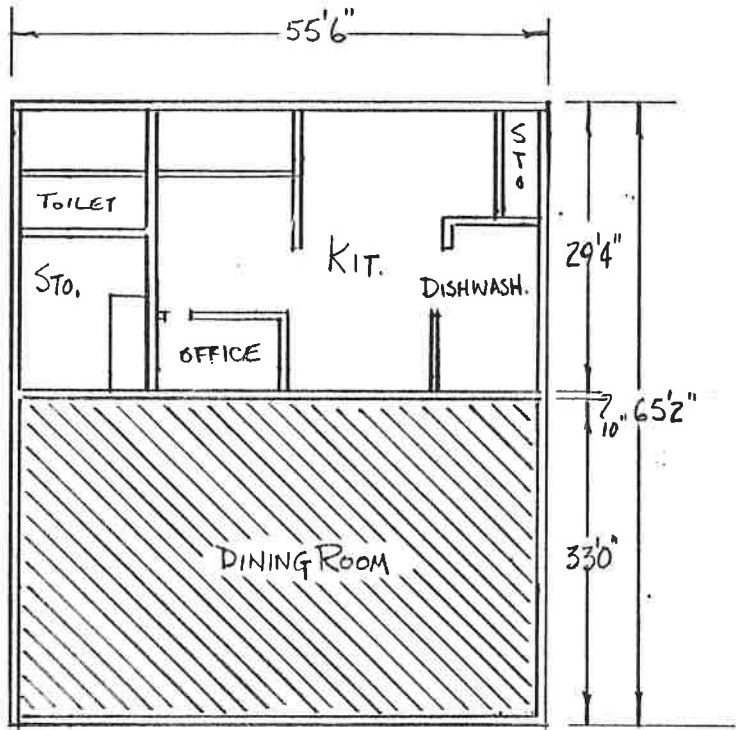
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA F

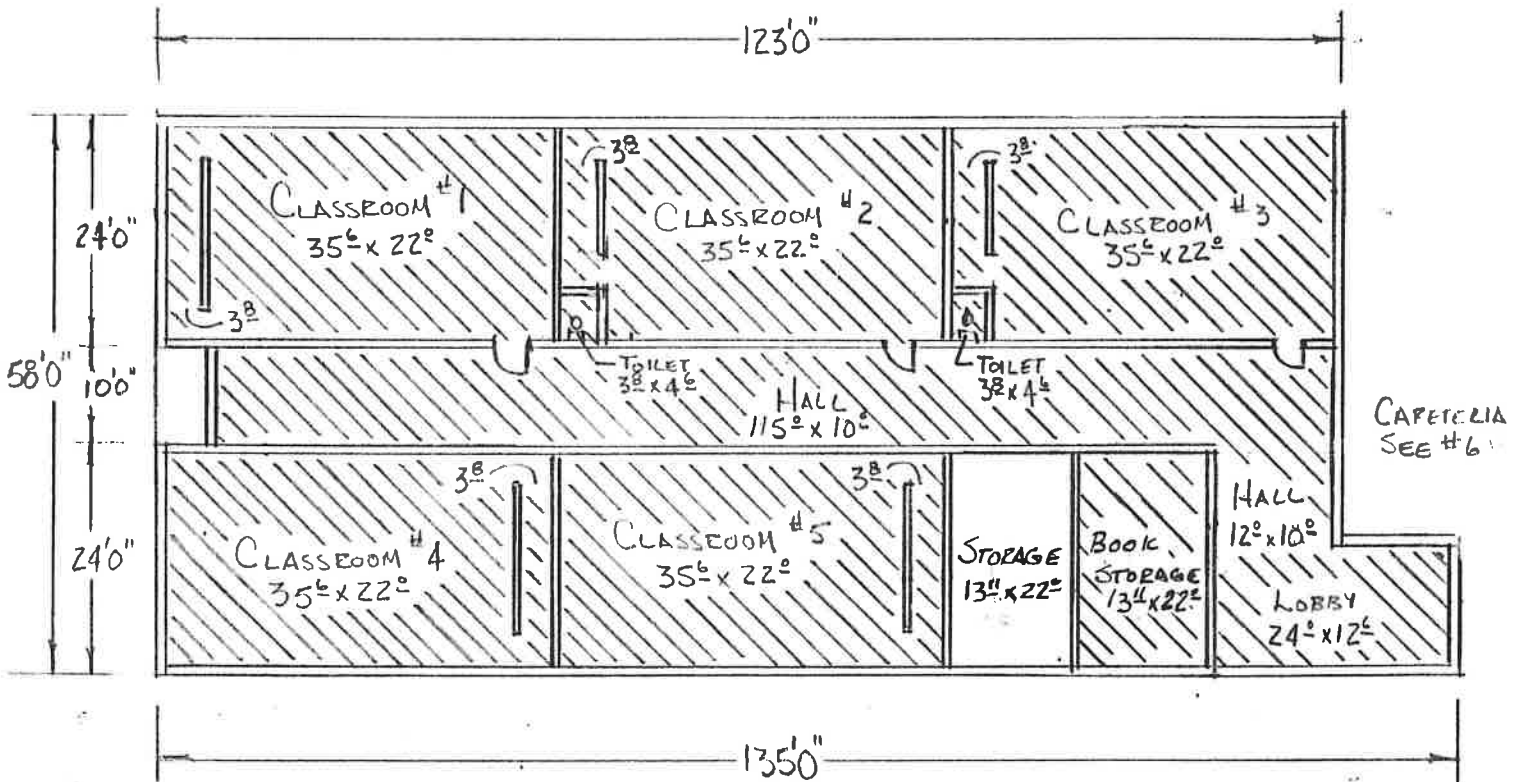
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations. S



HOMOGENEOUS AREA G

SCALE 1" = 20'

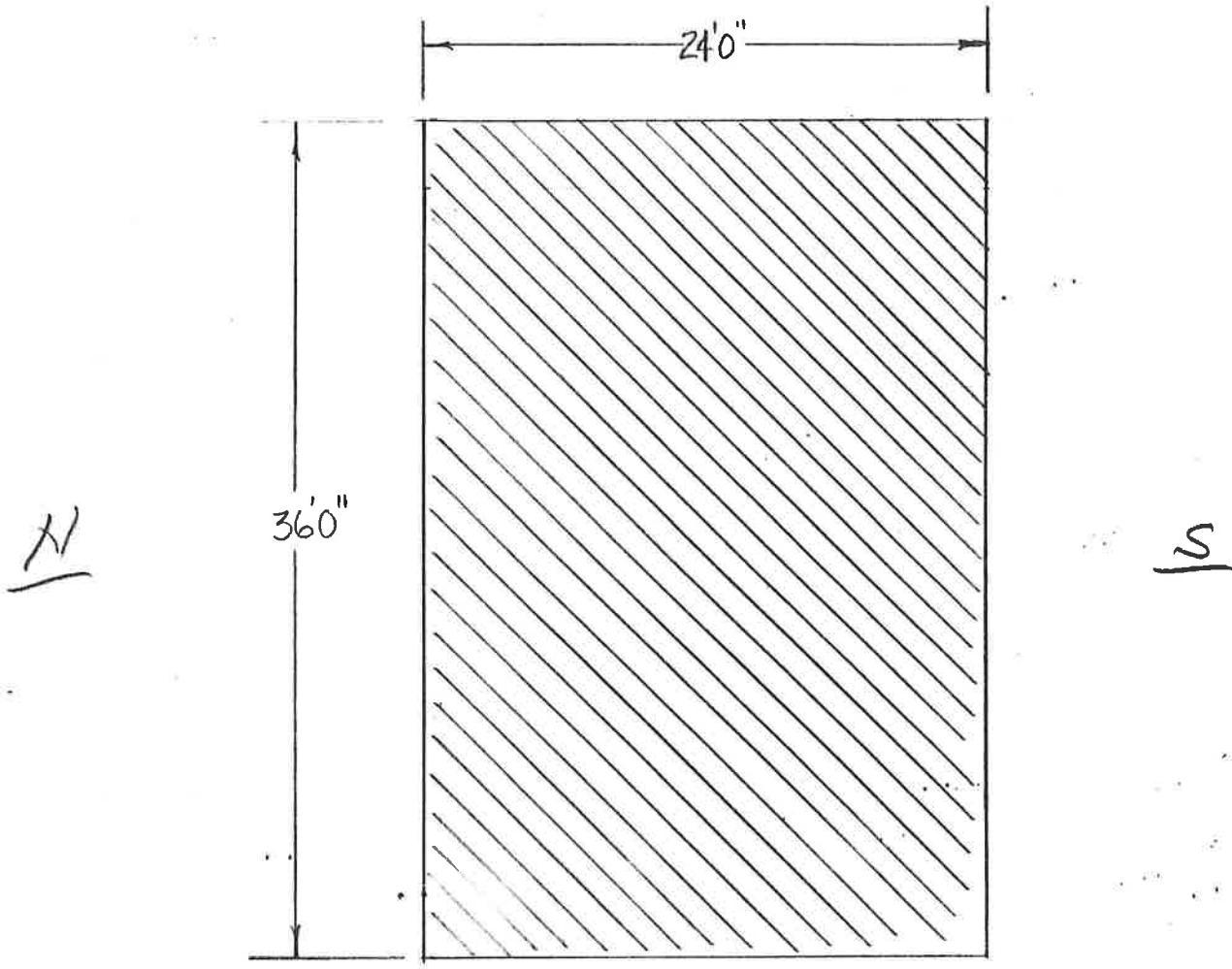
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



PORTABLE STORAGE

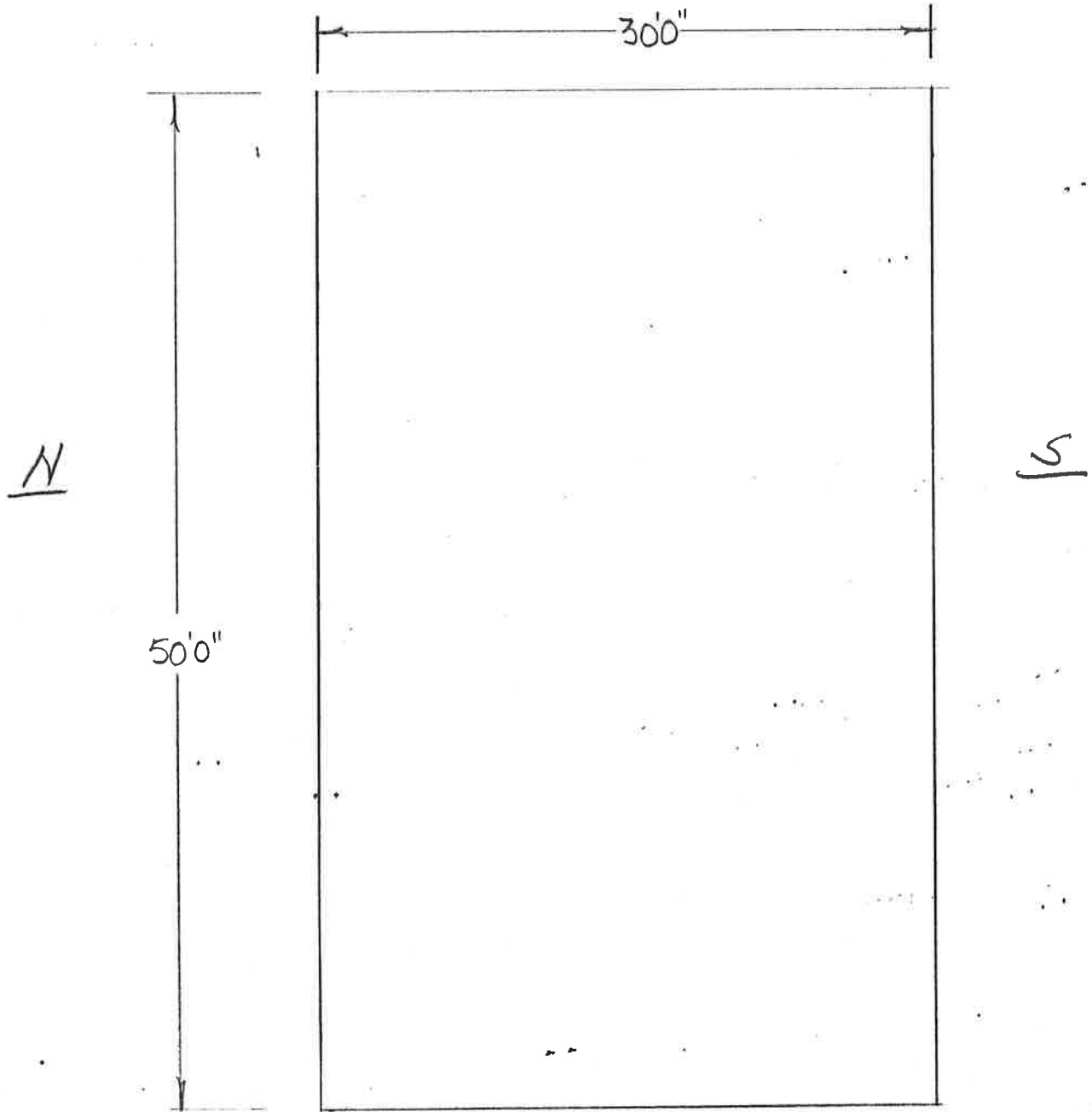
SCALE 1/8" = 1'0"



LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



BRICK STORAGE BLDG.

SCALE 1/8" = 1'0"

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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

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

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 procedures should be followed:

Work approval and site preparation procedures as described for surfacing ACM, (first three bullets 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.

At the conclusion of the work, maintenance workers should clean their clothing as above (if fibers escaped from the glove bag), shower 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.

Date Samples Collected: 7-27-99

Date Received by Laboratory: 7-28-88

Inspector's Name: Gene Cain

Laboratory Name: Jackson Branch Laboratory

Inspector's Signature: _____

Name of Random Number Table Used for Sample Location Selection: Simplified Sampling Scheme for Friable Surface Material

Inspector's Sample No.	Description of Material Sampled	Sample Location	Laboratory Sample No.	Asbestos Type/ Percentage
0028-79	Sprayed On Surface Material	Dressing Room	2589165	None
0028-7-3	Sprayed On Surface Material	Dressing Room	2589166	None
0028-75	Sprayed On Surface Material	Dressing Room	2589167	None
	SEE ATTACHED SHEETS			

OPERATIONS AND MAINTENANCE PROCEDURES Chester County Schools

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

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

(continued)

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

OPERATIONS AND MAINTENANCE PROCEDURES

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

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

LABORATORY ACCREDITATION STATEMENT

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.

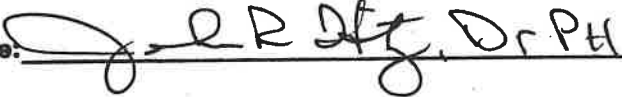
Laboratory: Jackson Branch Laboratory

Address: 295 Summar Drive, P.O. Box 849
Jackson, Tennessee 38301

Telephone: (901) 424-9200 ext. 365

Analysis Performed by: William Jordan English

Laboratory Manager: Dr. John R. Hitz, Director

Laboratory Manager's Signature: 

Date: September 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.

Attachment: Copy of Accreditation

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

National Voluntary Laboratory Accreditation Program
(NVLAP)

ASBESTOS PROGRAM FEE CALCULATION FORM

A. Laboratory Name Jackson Branch Laboratory

NVLAP Laboratory Code Number 1450

B. 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: Line 4. \$ -0-
 sub-facilities @ \$ 250

(The number of subfacilities listed here must be the same as noted in Item 5 of the Subfacilities Form.)

F. The Initial (one-time) Fee is: Line 5. \$ 250

G. The Administrative and Technical Support Fee is: Line 6. \$ 1650

IMPORTANT If your laboratory is participating in another NVLAP accreditation program and has already paid the Administrative and Technical Support Fee to NVLAP, this year, cross out the amount on Line 6 and enter "0".

H. 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, subtract that amount from Line 7 and enter the difference on Line 8. Otherwise, enter the amount from Line 7 on Line 8 and remit that TOTAL FEE to NVLAP. Line 8. \$ 3,200.00

Remit the TOTAL FEE with the blue forms. Retain a photocopy for your future reference. Make all checks payable to: NATIONAL BUREAU OF STANDARDS. Print the letters "NVLAP" on your check so that your payment will be properly credited to the appropriate account. Send all blue forms with payment to:

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

For help, call (301) 975-4016.

BULK SAMPLE ANALYSIS

I.F.A. Chester County Board of Education
School: North Chester County Elementary
Building: Old Building
Sample Date: 7/27/88
Analysis Date: _____
Analysis Method: Polarized Light Microscopy w/DS

HOMOGENEOUS AREA(S): B


Owner	Sample ID	Lab	Asbestos Type	Comments
	0028-7-9	2J89/65	NONE	
	0028-7-3	2J89/66	NONE	
	0028-7-5	2J89/67	NONE	

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

Laboratory: Jackson Branch Laboratory Address: 295 Summar Drive, Jackson, TN 38301

Analysis Performed By: Jordan English

Typed Name: Jordan English

Signature: 

Date: 7/29/88

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

SOURCE North Chester Co. Elem. LOCATION ?
IDENTIFICATION old building, boy's dressing rm. FIELD # 0028-7-9
AGENCY EDUCATION COUNTY Chester BILLING CODE _____
SEND REPORT TO: _____ DATE COLLECTED 7/27/88 BY Gene Cain
Mr. Gene Cain
Madison County Board of Education
701 South Highland Avenue
Jackson, TN 38301

ANALYSIS REQUESTED:
 QUALITATIVE
 QUANTITATIVE
 QUANTITATE ACM ONLY

LAB USE ONLY	DATE RECEIVED	<u>7/28/88</u>	BY	<u>Jordan English</u>	LAB.#	<u>2J89/65</u>
	DATE ANALYZED	<u>7-29-88</u>	BY	<u>[Signature]</u>		
	DATE REPORTED	<u>7-29-88</u>	BY	<u>Jordan English</u>		

GROSS APPEARANCE

FIBROUS NONFIBROUS HOMOGENEOUS HETEROGENEOUS
 LAYERED NUMBER OF LAYERS _____

SAMPLE TREATMENT

UNTREATED HOMOGENIZED OTHER Dried

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING
 OTHER _____

QUALITATIVE RESULTS

ASBESTOS FOUND NO ASBESTOS OBSERVED UNSATISFACTORY

QUANTITATIVE RESULTS *

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
87	Binder/mafic/other				
10	Quartz				
1	Cellulose				
<1	Antigorite				
<1	Kyanite				

* 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 INCLUDED ADEQUATE QUALITY CONTROL ANALYSIS.

SUPERVISOR: [Signature] DATE 7/29/88

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

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 7/27/88 BY Gene Cain

Mr. Gene Cain
Madison County Board of Education
701 South Highland Avenue
Jackson, TN 38301

ANALYSIS REQUESTED:
 QUALITATIVE
 QUANTITATIVE
 QUANTITATE ACM ONLY

LAB	DATE RECEIVED	<u>7/28/88</u>	BY <u>Jordan English</u>	LAB.# <u>2J89/66</u>
USE	DATE ANALYZED	<u>7-29-88</u>	BY <u>Jordan English</u>	
ONLY.	DATE REPORTED	<u>7-29-88</u>	BY <u>Jordan English</u>	

GROSS APPEARANCE

FIBROUS NONFIBROUS HOMOGENEOUS HETEROGENEOUS
 LAYERED NUMBER OF LAYERS _____

SAMPLE TREATMENT

UNTREATED HOMOGENIZED OTHER Dried

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING
 OTHER _____

QUALITATIVE RESULTS

ASBESTOS FOUND NO ASBESTOS OBSERVED UNSATISFACTORY

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: [Signature] DATE 7/29/88

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

SOURCE North Chester Co. Elem. LOCATION ?
 IDENTIFICATION old building, boy's dressing rm. FIELD # 0028-7-5
 AGENCY EDUCATION COUNTY chester BILLING CODE _____
 SEND REPORT TO: _____ DATE COLLECTED 7/27/88 BY Gene Cain
 Mr. Gene Cain
 Madison County Board of Education
 701 South Highland Avenue
 Jackson, TN 38301

ANALYSIS REQUESTED:
 QUALITATIVE
 QUANTITATIVE
 QUANTITATE ACM ONLY

LAB	DATE RECEIVED	7/28/88	BY <u>Jordan English</u>	LAB.# <u>2J89/67</u>
USE	DATE ANALYZED	7-29-88	BY <u>Jordan English</u>	
ONLY.	DATE REPORTED	7-29-88	BY <u>Jordan English</u>	

GROSS APPEARANCE

FIBROUS NONFIBROUS HOMOGENEOUS HETEROGENEOUS
 LAYERED NUMBER OF LAYERS _____

SAMPLE TREATMENT

UNTREATED HOMOGENIZED OTHER Dried

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING
 OTHER _____

QUALITATIVE RESULTS

ASBESTOS FOUND NO ASBESTOS OBSERVED UNSATISFACTORY

QUANTITATIVE RESULTS *

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
53	Binder/mafic/other				
45	Quartz				
<1	Antigorite				
<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: *Jordan English* DATE 7/29/88

SAMPLE LOG and SAMPLE NOTES

DOCUMENT NUMBER

[Empty box for Document Number]

Building Number and Name

CD28 NORTH Chester Co. Elem.

Sample Area/Lot Number and Name

[Empty box for Sample Area/Lot Number and Name]

Drawing/Sketch Number and Name

AREA B-

THIS IS A :
CHAIN-OF-CUSTODY
DOCUMENT.
PLEASE FILL OUT
COMPLETELY AND
SIGN ACCORDINGLY

PAGE 1 OF 1

Sample Number	Receiver's Initials	Photo Number	Description of Sampled Material	Sample Site Location
CD28 7-9	[Signature]		SPRAYED ON SURFACE MATERIAL	BOY'S DRESSING ROOM
CD28 7-3	[Signature]		SPRAYED ON SURFACE MATERIAL	BOY'S DRESSING ROOM
CD28 7-5	[Signature]		SPRAYED ON SURFACE MATERIAL	BOY'S DRESSING ROOM

Receiving Analyst's Name Receiving Analyst's Firm

Jordan English Jackson Branch Lab.
 Receiving Analyst's Signature Date Sample Received
 [Signature] 7/28/88

Inspector's Name Inspector's Firm

Gene Cain Chester County Bd of Ed
 Inspector's Signature Date Sample Collected
 [Signature] 7/27/88

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

Inspecting Buildings for Asbestos
Containing Materials

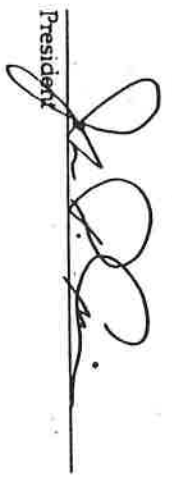
conducted by

GEORGIA TECH

EDUCATION EXTENSION SERVICES

Atlanta, Georgia

MARCH 21-23, 1988


President


Director, Education Extension Services
Associate Vice President for Academic Affairs



The Georgia Institute of Technology

Gene E. Cain

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

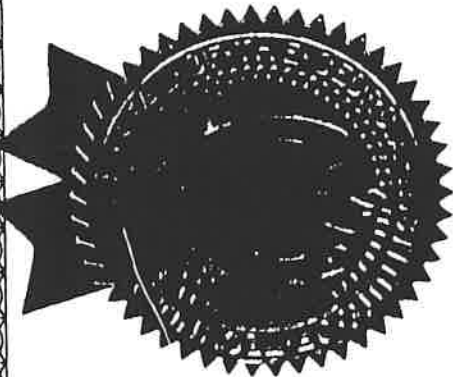
“INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS”

Certificate Number

477

Date

March 23, 1988



Course Director

Eric Shurlay

Exam Administrator

Walter M. Melak

The Georgia Institute of Technology

Gene E. Cain

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

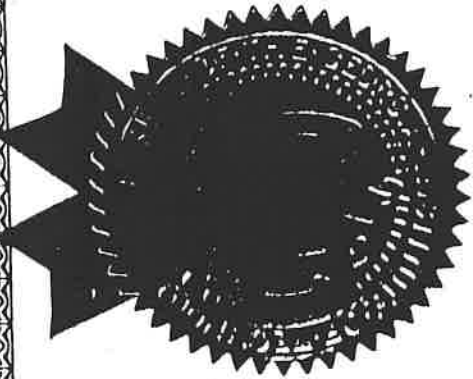
"MANAGING ASBESTOS IN BUILDINGS"

Certificate Number

418

Date

March 25, 1988



Joni Buckley
Course Director

Matthew Marshall
Exam Administrator

GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

Managing Asbestos in Buildings

conducted by

GEORGIA TECH

EDUCATION EXTENSION SERVICES

Atlanta, Georgia

MARCH 24-25, 1988

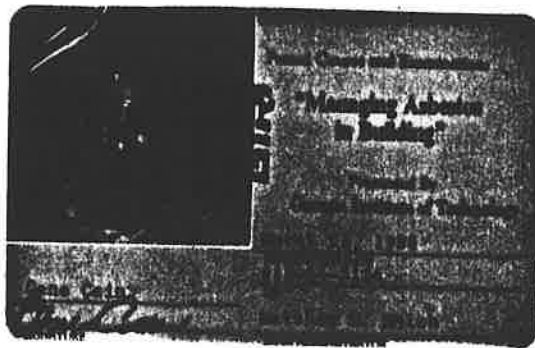
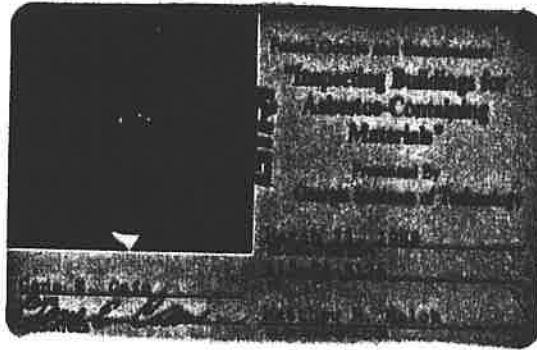


[Signature]

President

[Signature]

Director, Education Extension Services
Associate Vice President for Academic Affairs



QUALITATIVE RESPIRATOR FIT TEST

Name: GENE F. CAIN

Social Security No.: 415-44-5134

Respirator Type: North 7750

Size: M

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

Georgia Tech Research Institute

September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

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

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

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

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

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

ATTENDEES:

NAME (Print)	JOB TITLE
Boil Ross	Janitor Jackson Creek
Alonso Roy Climer	Janitor East Chester
R. C. Burross	Janitor West Chester
G. R. Cozgar	Janitor North Chester
Subj. J. H. Smith	Custodian - East
Lloyd King	Janitor
James [unclear]	Custodian - Jr. High #118
Deshaun Ross	Janitor Jr. High School
William Spencer	Janitor High School

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Prison - High Conference

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

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

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

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Johnny Hayes</u>	<u>Janitor High School*</u>
<u>Marion C. Davis</u>	<u>Janitor Jr. High School*</u>
<u>Darryl Hill</u>	<u>NAI*</u>
<u>Kathy Calney Maup</u>	<u>School Superintendent*</u>
_____	_____*
_____	_____*
_____	_____*
_____	_____*
_____	_____*

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

LEA Designated Person: Gene Cain
Signature: [Signature]

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

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

Date: 9/21/1988 Period of Instruction: 2 Hrs.

Instructor (Print Name): Gene Cain

Subject Matter Covered: Maintaining asbestos covered pipes and surfaces.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>James H. [Signature]</u>	<u>MEINT.</u>
<u>Lloyd H. [Signature]</u>	<u>1111</u>

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouse

Date: 9/2/1988 Period of Instruction: 1 Hrs.

Instructor (Print Name): Gene Cain

Subject Matter Covered: Respirators for asbestos and fitting.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>[Signature]</u>	<u>Nurse</u>
<u>[Signature]</u>	<u>lc/lc</u>

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouse

Date: 9/21/1988 Period of Instruction: 1 Hrs.

Instructor (Print Name): Gene Cain

Subject Matter Covered: HEPA vacuum cleaner for asbestos cleanup.

ATTENDEES:

NAME (Print)

JOB TITLE

NAME (Print)	JOB TITLE
<u>[Signature]</u>	<u>Asst. Mgr.</u>
<u>[Signature]</u>	<u>11 11</u>

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

Date: 9-24-1988 Period of Instruction: 5 Hrs.

Instructor (Print Name): Gene Cain

Subject Matter Covered: Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Dwight H. [Signature]</u>	<u>Meant</u>
<u>Steph H. King</u>	<u>1r 11</u>

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

Date: 9-24-1988 Period of Instruction: 5 Hrs.

Instructor (Print Name): Gene Cain

Subject Matter Covered: Practice use of glove bag.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Dwight Hill</u>	<u>Maint</u>
<u>Phyllis H. King</u>	<u>" "</u>

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

All of the custodians of the Chester County schools.

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

Training date for all above: 9/21/88

4. **Date cleaning performed:** 6/21-24--7/12-15/88

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

Signature: *Gene Cairf*

Date: 9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

Signature: *Gene Cain*

Date: 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

Signature: *Gene Cair*

Date: 9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

Signature: *Gene Cain*

Date: 9/30/88

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

Date: 9/30/88

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

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

4. Date cleaning performed: 5/27-6/2/88

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

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

MP010
Certificate Number
12/03/1993
Examination Date
12/03/1994
Date of Expiration

Melanie M Wright
Classroom Instructor

Dr. B. Wright
Field Instructor

Melanie M Wright
Director of Programs

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

Course Date

MAY 20, 1999

Expiration Date

Angela Moore

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

May 19, 1999

Examination Date

May 19, 1999

Course Date

May 19, 2000

Expiration Date

Phyllis Moore

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



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

CERTIFICATION OF COMPLETION

this certifies that

Eddie Miller

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

**Asbestos Building Inspector/Management Planner
Annual Refresher Training Course**

May 18th, 2000 in Memphis, Tennessee

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

BIMPR431-53-1229
Certificate Number

May 18th, 2000
Examination Date

May 18th, 2001
Expiration Date

David B. Wright
Classroom Instructor

Melanie M. Wright
Melanie M. Wright, Course Administrator





M·E·T·A

Mayhew Environmental Training Associates

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

Certificate # 7ME01187306MPR004

This is to certify that

Eddie Miller

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

AHERA Asbestos Management Planner Recertification Course

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

CM =



Delinda Johnson

Instructor

R. Bull Miller

President

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

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

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to **EDDIE MILLER**

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2002

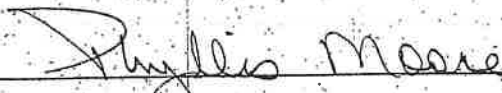
Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date

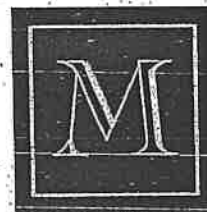


Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



Asbestos
REFRESHER

Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

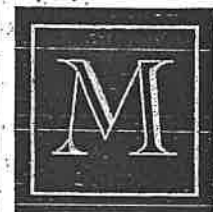
January 23, 2004

Expiration Date



Environmental Technologies

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



Asbestos
REFRESHER

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

DATE: 8/14/98

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS: Courthouse

Henderson, TN 38340

DESIGNATED PERSON: John H. Shelton

PHONE: (901) 664-2561

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

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

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: North Chester Elementary

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 5	
CURRENT QUANTITY	200 ln. ft.		3904 sq.ft.		200 sq. ft.		4768 sq. ft.	
MATERIAL DESCRIPTION	Pipe Wrapping		Floor Tile		Floor Tile			
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
TSI	X	X						
SURFACING								
MISCELLANEOUS			X	X	X	X	X	
ASSUMED ACBM	X	X	X	X	X	X	X	
CONFIRMED ACBM								
NON-ACBM								
NON-FRIABLE			X	X	X	X	X	
FRIABLE	X	X						
EXPOSURE CONSIDERATION								
DETERIORATION	1	1	1	1	1	1	1	
PHYSICAL DAMAGE	1	1	1	1	1	1	1	
WATER DAMAGE	1	1	1	1	1	1	1	
ACTIVITY / VIBRATION	2	2	3	3	1	1	1	
EXPOSURE	1	1	5	5	2	2	2	
ACCESSIBILITY	1	1	5	5	3	3	3	
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK	X	X	X	X	X	X	X	
MAINTENANCE	X	X	X	X	X	X	X	
CUSTODIAL	X	X	X	X	X	X	X	
FACULTY / STAFF			X	X	X	X	X	
PUBLIC			X	X	X	X	X	
RESPONSE ACTIONS	5	5	5	5	5	5	5	
	C	B&C	A-B	A-B	A-B	A-B	A-B	

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Eddie Miller
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: North Chester Elementary

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER Through Out	
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	1870 sq. ft		6669 sq. ft		864 sq. ft.		29,000 sq. ft.	
	MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
	Floor Tile		Floor Tile		Floor Tile		2x4 Ceiling Tile	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
* CHECK ONE								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
EXPOSURE CONSIDERATION (1 TO 5, WORST)								
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY / VIBRATION	1	1	3	3	3	3	3	3
EXPOSURE	2	2	5	5	5	5	3	3
ACCESSIBILITY	3	3	5	5	5	5	3	3
LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK	X	X						
40 HOUR / WEEK			X	X	X	X	X	X
EXPOSURE POPULATION (CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY / STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
ASSESSMENT (MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5
** RESPONSE ACTIONS (MARK FROM A TO H)								
	A-R	A-B	A-B	A-B	A-B	A-B	A-B	A-B

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

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

NOTES

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

Eddie Miller
INSPECTOR (Typed name)

[Signature]
SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

[Signature]
SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

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 FALL: 10-6-97	DATE SPRING 4-03-98	

HA #	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	PIPE INSULATION	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
5	FLOOR TILE	ALL	GOOD	N/C	
6	FLOOR TILE	ALL	GOOD	N/C	
7	FLOOR TILE	ALL	GOOD	N/C	
8	FLOOR TILE	ALL	GOOD	N/C	
	2 X 4 CEILING TILE	ALL	GOOD	N/C	

*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

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

ANNUAL PROGRESS REPORT

SCHOOL NAME: North Chester Elementary

BUILDING NAME: Main

SCHOOL YEAR: 97-98

SUMMARY OF RESPONSE ACTIONS:

LEGEND

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

Material Description	1	2	3	5	6	7	8	2 x 4 Ceiling Tile				
NA Number	1	2	3	5	6	7	8	2 x 4 Ceiling Tile				

LEA SELECTED RESPONSE ACTION (See Legend)

CHECK ONE

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

RESPONSE ACTION COMPLETED?

CHECK ONE

YES												
NO	X	X	X	X	X	X	X	X				

RESPONSE ACTION IN PROGRESS?

CHECK ONE

YES	X	X	X	X	X	X	X	X				
NO												

MANAGEMENT PLAN SCHEDULE COMPARISON

CHECK ONE

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

INSPECTOR'S NAME (please print): Eddie Miller

INSPECTOR'S SIGNATURE: 

LEA System Name: Chester County

LEA NO: 120

DATE: 8-3-98

1999
Yearly Progress Report

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 1999
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

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 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	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): CHESTER ERVIN

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): SEE TAHERA FORM 2.0 ATTACHMENTS

TAHERA 9.0 (12/93)

2000
Yearly Progress Report

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 2000
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

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 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	
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	

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): CHESTER ERVIN

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): SEE TAHERA FORM 2.0 ATTACHMENTS

2001
Three Year Reinspection

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education **LEA #:** 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin **PHONE:** (901) 664-2561

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

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

THREE YEAR REINSPECTION

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



	HA 01	HA 02	HA 03	HA X05
CURRENT QUANTITY		3904	200	4768
MATERIAL DESCRIPTION		FLOOR TILE	FLOOR TILE	FLOOR TILE
T, S or M				
LAST 3 YEAR		M	M	M
CURRENT		M	M	M

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

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

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

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

Exposure Population							
MAINTENANCE		X	X	X	X	X	X
CUSTODIAL		X	X	X	X	X	X
FACULTY / STAFF		X	X	X	X	X	X
PUBLIC		X	X	X	X	X	X

Assessment							
** Response Actions		B	B	B	B	B	B

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

- Response Actions Legend**
- | | |
|------------------------------------|--------------|
| A. Institute Preventative Measures | E. Enclosure |
| B. O and M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |
- Notes**
- *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0.
 **If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

CHESTER ERVIN	<i>Chester Ervin</i>	
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION # /STATE
EDDIE MILLER	<i>Eddie Miller</i>	431531229 / TN
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION # /STATE

THREE YEAR REINSPECTION

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:	120
SCHOOL BLDG. NAME:	NORTH CHESTER ELEMENTARY	BUILDING #	MAIN BUILDING
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:	7/9/89	INSPECTION DATE:	8/13/2003



		THROUGHOUT	HA 06	HA 07	HA 08
CURRENT QUANTITY		29,000	1870	6669	864
MATERIAL DESCRIPTION		2 X 4 CEILING TILE	FLOOR TILE	FLOOR TILE	FLOOR TILE
T, S or M					
MATERIAL TYPE		M M	M M	M M	M M

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

Check One					
NON-FRIABLE	X	X	X	X	X
FRIABLE					
Exposure Consideration					
DETERIORATION	1	1	1	1	1
PHYS. DAMAGE	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1
ACTIVITY / VIBR.	3	3	3	3	3
EXPOSURE	3	3	5	5	5
ACCESSIBILITY	5	5	5	5	5

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

Exposure Population					
MAINTENANCE	X	X	X	X	X
CUSTODIAL	X	X	X	X	X
FACULTY / STAFF	X	X	X	X	X
PUBLIC	X	X	X	X	X

Assessment		5	5	5	5
------------	--	---	---	---	---

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

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

- Response Actions Legend**
- | | |
|------------------------------------|--------------|
| A. Institute Preventative Measures | E. Enclosure |
| B. O and M Program | F. Remove |
| C. Repair | G. Isolate |
| D. Encapsulate | H. Other |

Notes

*If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0.
 **If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

CHESTER ERVIN		
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION # /STATE
EDDIE MILLER		AR 431531229
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION # /STATE

2002
Yearly Progress Report

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 2002
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

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 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		

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): CHESTER ERVIN

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): SEE TAHERA FORM 2.0 ATTACHMENTS

2003
Yearly Progress Report

Ashley -

Resolutions Inc.
(Asbestos Inspection)

May 30 ?

615-865-8813

615-868-4140 FAX

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

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT - 2003
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

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

DATE: July 2007

LEA SYSTEM NAME: Chester County Board of Education **LEA#:** 120

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

DESIGNATED PERSON: John Pipkin **PHONE:** 731-989-5134

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
2	3	4	5
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

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

CHECK ONE

TSI
SURFACING
MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

CHECK ONE

NON-FRIABLE
FRIABLE

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

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

EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

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

LENGTH OF EXPOSURE

(CHECK ONE)

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

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

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

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

ASSESSMENT

(MARK FROM 1 TO 7)

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

****RESPONSE ACTIONS**

(MARK FROM A TO H)

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

* If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Jim Brooks
INSPECTOR (Typed Name)

Jim Brooks
SIGNATURE

7ME02050701A100007/TN
ACCREDITATION #/STATE

Ashlie Rawlings
MANAGEMENT PLANNER

Ashlie Rawlings
SIGNATURE

7ME02160701AMPR004/TN
ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
6	7	8	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Floor Tile	Floor Tile	2x4 Ceiling Tile

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

CHECK ONE

- TSI
- SURFACING
- MISCELLANEOUS

CHECK ONE

- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

CHECK ONE

- NON-FRIABLE
- FRIABLE

						X	X
X	X	X	X	X	X		

X	X	X	X	X	X	X	X
						X	X

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

- DETERIORATION
- PHYSICAL DAMAGE
- WATER DAMAGE
- ACTIVITY/VIBRATION
- EXPOSURE
- ACCESSIBILITY

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

**LENGTH OF EXPOSURE
(CHECK ONE)**

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

						X	X
X	X	X	X	X	X		

**EXPOSURE POPULATION
(CHECK ALL APPLICABLE)**

- MAINTENANCE
- CUSTODIAL
- FACULTY/STAFF
- PUBLIC

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

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

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

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

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Jim Brooks
INSPECTOR (Typed Name)

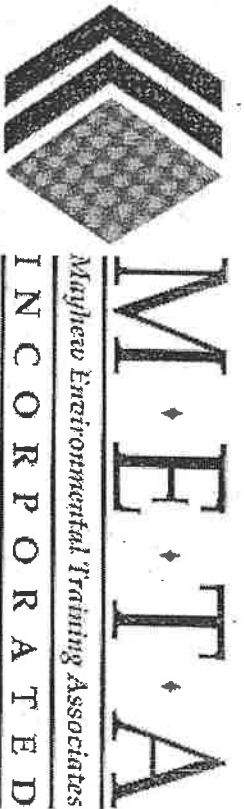
Jim Brooks
SIGNATURE

7ME02050701AI00007/TN
ACCREDITATION #/STATE

Ashlie Rawlings
MANAGEMENT PLANNER

Ashlie Rawlings
SIGNATURE

7ME02160701AMPR004/TN
ACCREDITATION #/STATE



Certificate # 7ME02050701A100007

This is to certify that

Jim Brooks

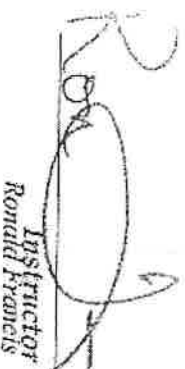
has on 02/07/2007, in Nashville, TN

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

AHERA Asbestos Inspector Training

as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)

*on 02/05/2007 - 02/07/2007 and passed the associated examination on 02/07/2007
with a score of 70% or better
CM = 3.00 Pts.*

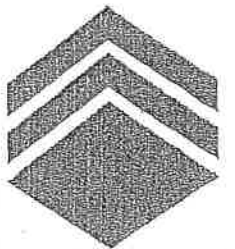

Instructor
Ronald Hyancis


President
Thomas Bradford Mayhew



Accreditation Expires: 2/7/08

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



META

Mayhew Environmental Training Associates

INCORPORATED

Certificate # 7ME02160701AMP004

This is to certify that

L Ashie Rawlings

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

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


AHERA Asbestos Management Planner Refresher Course

as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)

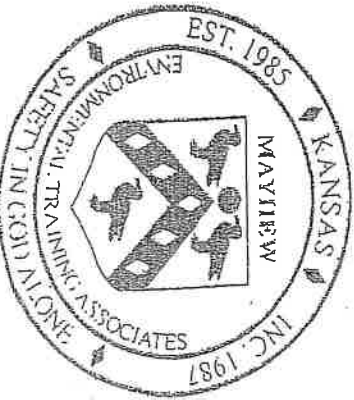
on 02/16/2007 - 02/16/2007 and passed the associated examination on 02/16/2007

with a score of 70% or better

CM = 0.50 Pts.

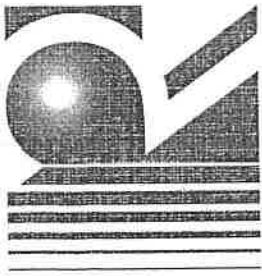

Instructor
Ronald Francis


President
Thomas Bradford Mayhew



Accreditation Expires: 2/16/08

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



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

Certifies That

TERRY MOODY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

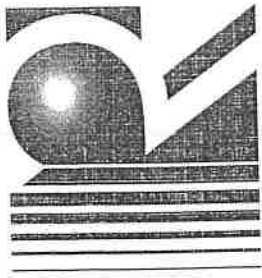
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

MIKE TIGNOR

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Expiration Date: July 28, 2010

Training Date: July 28, 2009



Ron Francis – Training Manager



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

Certifies That

DANA MEEKS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

KIM ROBBINS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

DARLENE HESTER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

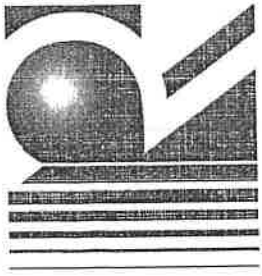
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

LAURA GAUGER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

BRENDA PICKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

DEVEN HEARN

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

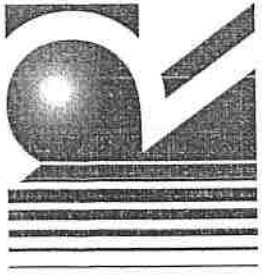
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis - Training Manager



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

Certifies That

ANGIE PARRISH

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

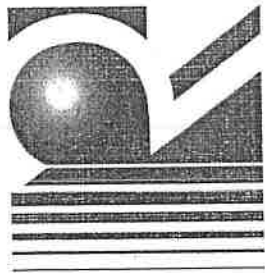
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

TODD DAVIS

Has successfully completed the course entitled


CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010




Ron Francis – Training Manager



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

Certifies That

DEMETRIUS LOCKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

MELISSA MURLEY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

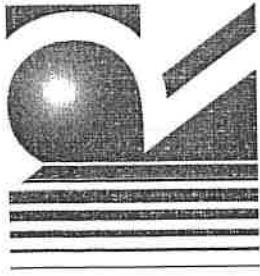
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

TERESA CONNER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

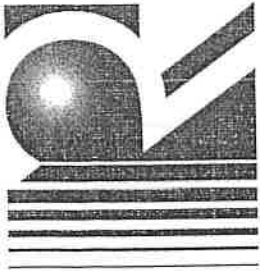
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

YVONNE CROSS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

WILLIE TROHER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

JANE SMITH

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

TERESA WILLIS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

KEN WEST

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

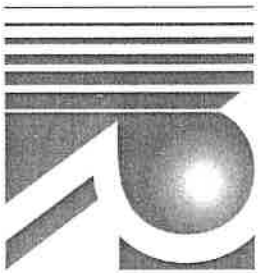
Conducted At: 930 East Main St.
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

Certifies That

Identification

Number: OSHAC4AAA100179

PERRY FRYE


Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: January 20, 2010

Expiration Date: January 20, 2011

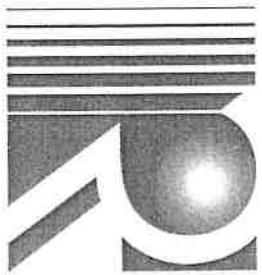


Ron Francis - Training Manager





Stephanie Petty - Instructor



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

Certifies That

Identification
Number: OSHAC4AA100178

JAMES CARSON


Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

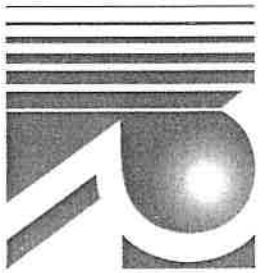
Training Date: January 20, 2010

Expiration Date: January 20, 2011


Ron Francis - Training Manager




Stephanie Petty - Instructor



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

Certifies That

Identification

Number: OSHAC4AA100177

CLARENCE PUSSER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Conducted At: 930 East Main St.

Henderson, TN 38340

Training Date: January 20, 2010

Expiration Date: January 20, 2011

Ron Francis - Training Manager



Stephanie Petty - Instructor

Certificate of Completion

Chester County School System

Vernie Reeves

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013


Training Coordinator's Signature

Employees Initials: _____

westk@rennk12.net 61029q68-209r



safeschools
TRAINING

Certificate of Completion

Chester County School System

Carissa Miller

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

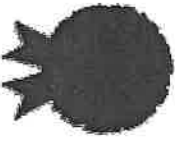
on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029q66-2p9r



safesCHOOLS

TRAINING

Certificate of Completion

Chester County School System

Marilyn Amos

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029968-2p9r



safesCHOOLS
TRAINING

Certificate of Completion

Chester County School System

Laura Poe

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

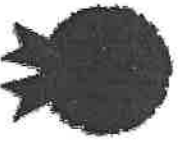
on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029968-2p9r



safesCHOOLS
TRAINING

Certificate of Completion

Chester County School System

Shane Burkeens

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: _____



safesCHOOLS
TRAINING

westk@tennk12.net 61029968-2p9r

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

DATE: 1-20-10

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

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

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

DATE: MARCH 2010

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER <u>2</u>	HA NUMBER <u>3</u>	HA NUMBER <u>4</u>	HA NUMBER <u>5</u>
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

CHECK ONE

TSI
SURFACING
MISCELLANEOUS

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

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

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

CHECK ONE

NON-FRIABLE
FRIABLE

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

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

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

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

**LENGTH OF EXPOSURE
(CHECK ONE)**

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

X	X	X	X	X	X	X	X

**EXPOSURE POPULATION
(CHECK ALL APPLICABLE)**

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

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

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

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

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

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

STEPHANIE PETTY
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

Steve Chambliss
SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
6	7	8	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Floor Tile	Floor Tile	2x4 Ceiling Tile

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

CHECK ONE

TSI
SURFACING
MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

						X	X
X	X	X	X	X	X		

CHECK ONE

NON-FRIABLE
FRIABLE

X	X	X	X	X	X		
						X	X

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

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

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

**LENGTH OF EXPOSURE
(CHECK ONE)**

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

						X	X
X	X	X	X	X	X		

**EXPOSURE POPULATION
(CHECK ALL APPLICABLE)**

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

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

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

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

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

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

* If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

STEPHANIE PETTY
INSPECTOR (Typed Name)

SIGNATURE

Stephanie Petty

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

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

DATE: 5/19/2011

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

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

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

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

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

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

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

AHERA Accreditation Number/Date (if applicable): _____

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

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

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: EAST CHESTER ELEMENTARY

SCHOOL NO.: 120-0015

BUILDING NAME: MAIN

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

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

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: 120-030

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date	Date	
			(Fall)	(Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	2X4 Ceiling tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date (Fall)	Date 5/19/11 (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

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

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 11/21/11

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date: 2/1/2011 (Fall)	Date: (Spring)	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling Tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 5-17-2012

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 11/21/2011 (Fall)	Date <u>5-16-12</u> (Spring)	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling Tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 12/04/12

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 12/04/2012 (Fall)	Date _____ (Spring)	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling Tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 4-11-13

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

			1st six months Date _____ (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	

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 10-15-13

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: 970 East Main St. Henderson, TN 38340

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

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
2	3	4	5
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

CHECK ONE
 TSI
 SURFACING
 MISCELLANEOUS

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

CHECK ONE
 ASSUMED ACBM
 CONFIRMED ACBM
 NON-ACBM

X	X	X	X	X	X	X	X

CHECK ONE
 NON-FRIABLE
 FRIABLE

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

EXPOSURE CONSIDERATION
 1 TO 5 (5 WORST)

DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE
 (CHECK ONE)

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

EXPOSURE POPULATION
 (CHECK ALL APPLICABLE)

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

ASSESSMENT
 (MARK FROM 1 TO 7)

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

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

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

* If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Stephanie Petty
 INSPECTOR (Typed Name)

Stephanie Petty
 SIGNATURE

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

Stephanie Petty
 MANAGEMENT PLANNER

Stephanie Petty
 SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
6	7	8	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Floor Tile	Floor Tile	2x4 Ceiling Tile

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

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

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

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

	1	1	1	1	1	1	1	1
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	1
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE
(CHECK ONE)

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

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

	1	1	1	1	1	1	1	1
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		

ASSESSMENT
(MARK FROM 1 TO 7)

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

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

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

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

Stephanie Petty
MANAGEMENT PLANNER

Stephanie Petty
SIGNATURE

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

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

DATE: 5-6-2014

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

			1st six months Date 10-15-13 (Fall)	2nd six months Date 5-6-14 (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	

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st 6 months	2nd 6 months	DATE REMOVED
			Date: <u>11-11-14</u> (Fall)	Date: _____ (Spring)	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling Tile	All	Good	N/C	

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

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

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

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

AHERA Accreditation Number/Date (if applicable): _____

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

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

DATE: 10/13/15

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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>10/9/2015</u> (Fall)	Date _____ (Spring)	
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		

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____



February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

Christopher R. Johnson, PG
Manager

Attch: 2016 AHERA Three Year Reinspection Report

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

DATE: February 24, 2016

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

ADDRESS: 970 East Main Street, Henderson, TN 38340

DESIGNATED PERSON: Mr. Britt Eads **PHONE:** (731) 433-7266

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

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

ASSURANCES

SCHOOL YEAR ENDING: 2016

LEA SYSTEM NAME: Chester County Schools

LEA NO.: 120

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

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

LEA DESIGNATED PERSON (please print): Britt Eads

LEA DESIGNATED PERSON'S SIGNATURE: 

DATE: 3/2/16

SUPERINTENDENT (please print): TROY KILZER II

SUPERINTENDENT SIGNATURE: 

DATE: 3/3/16

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

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

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

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

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

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

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

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

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

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

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

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

- Institute preventative measures
- O & M Program
- Repair
- Encapsulate

- Enclosure
- Remove
- Isolate
- Other

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Christopher R. Johnson
INSPECTOR (Typed Name)

SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 9A			HA NUMBER 9B			HA NUMBER 9C			HA NUMBER
		CURRENT QUANTITY 150 SF			CURRENT QUANTITY 160 SF			CURRENT QUANTITY 120 LF			CURRENT QUANTITY Throughout
		MATERIAL DESCRIPTION Pipe Insulation			MATERIAL DESCRIPTION Boiler Wrap Insulation			MATERIAL DESCRIPTION Water Tank Insulation			MATERIAL DESCRIPTION 2x4 Ceiling Tile
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
	X	X	X	X	X	X					
TSI											
SURFACING											
MISCELLANEOUS									X	X	
CHECK ONE											
ASSUMED ACBM									X	X	
CONFIRMED ACBM	X	X	X	X	X	X	X	X			
NON-ACBM											
CHECK ONE											
NON-FRIABLE											
FRIABLE	X	X	X	X	X	X	X	X	X	X	
EXPOSURE CONSIDERATION											
1 TO 5 (5 WORST)											
DETERIORATION	2	2	2	2	2	2	2	2	2	2	
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1	1	
WATER DAMAGE	1	1	1	1	1	1	1	1	1	1	
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	2	2	
EXPOSURE	1	1	1	1	1	1	1	1	1	1	
ACCESSIBILITY	1	1	1	1	1	1	1	1	1	1	
LENGTH OF EXPOSURE											
(CHECK ONE)											
1 HOUR/WEEK	X	X	X	X	X	X	X	X	X	X	
5 HOUR/WEEK											
10 HOUR/WEEK											
20 HOUR/WEEK											
40 HOUR/WEEK											
EXPOSURE POPULATION											
(CHECK ALL APPLICABLE)											
MAINTENANCE	X	X	X	X	X	X	X	X	X	X	
CUSTODIAL	X	X	X	X	X	X	X	X	X	X	
FACULTY/STAFF											
PUBLIC											
ASSESSMENT											
(MARK FROM 1 TO 7)											
	5	5	5	5	5	5	5	5	7	7	
**RESPONSE ACTIONS											
(MARK FROM A TO H)											
	B	B	B	B	B	B	B	B	B	B	
ASSESSMENT LEGEND						RESPONSE ACTIONS LEGEND					
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM						A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other					
NOTES											
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5											

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

CHECK ONE								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								

CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				

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



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

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES	
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-1-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 10		HA NUMBER 10B		HA NUMBER 10C		HA NUMBER	
		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
		MATERIAL DESCRIPTION Boiler Jacket		MATERIAL DESCRIPTION Pipe Insulation		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION 2x4 Ceiling Tile	
CHECK ONE TSI	LAST 3 YEAR								
	CURRENT	X	X	X	X				
CHECK ONE SURFACING	LAST 3 YEAR								
	CURRENT								
CHECK ONE MISCELLANEOUS	LAST 3 YEAR					X	X	X	X
	CURRENT								
CHECK ONE ASSUMED ACBM	LAST 3 YEAR							X	X
	CURRENT	X	X	X	X	X	X		
CHECK ONE CONFIRMED ACBM	LAST 3 YEAR								
	CURRENT								
CHECK ONE NON-ACBM	LAST 3 YEAR								
	CURRENT								
CHECK ONE NON-FRIABLE	LAST 3 YEAR					X	X		
	CURRENT	X	X	X	X			X	X
EXPOSURE CONSIDERATION									
1 TO 5 (5 WORST)									
DETERIORATION	2	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1	1
LENGTH OF EXPOSURE									
(CHECK ONE)									
1 HOUR/WEEK	X	X	X	X				X	X
5 HOUR/WEEK									
10 HOUR/WEEK									
20 HOUR/WEEK									
40 HOUR/WEEK					X	X			
EXPOSURE POPULATION									
(CHECK ALL APPLICABLE)									
MAINTENANCE	X	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X	X
FACULTY/STAFF					X	X			
PUBLIC					X	X			
ASSESSMENT									
(MARK FROM 1 TO 7)									
	5	5	5	5	5	5	5	7	7
**RESPONSE ACTIONS									
(MARK FROM A TO H)									
	B	B	B	B	B	B	B	B	B

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

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

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

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 12	HA NUMBER	HA NUMBER	HA NUMBER
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

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

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

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

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

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

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

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

ASSESSMENT LEGEND

RESPONSE ACTIONS LEGEND

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

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 13			HA NUMBER 13B			HA NUMBER			HA NUMBER
		CURRENT QUANTITY			CURRENT QUANTITY			CURRENT QUANTITY			CURRENT QUANTITY
		MATERIAL DESCRIPTION Floor Tile			MATERIAL DESCRIPTION Pipe Insulation			MATERIAL DESCRIPTION 2x4 Ceiling Tile			
CHECK ONE	TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT		
	SURFACING			X	X						
	MISCELLANEOUS	X	X			X	X				
	CHECK ONE										
ASSUMED ACBM					X	X					
CONFIRMED ACBM	X	X	X	X							
NON-ACBM											
CHECK ONE	NON-FRIABLE	X	X								
	FRIABLE			X	X	X	X				
EXPOSURE CONSIDERATION											
1 TO 5 (5 WORST)											
DETERIORATION		1	1	2	2	1	1				
PHYSICAL DAMAGE		1	1	2	2	1	1				
WATER DAMAGE		1	1	1	1	1	1				
ACTIVITY/VIBRATION		2	2	1	1	1	1				
EXPOSURE		2	2	1	1	1	1				
ACCESSIBILITY		1	1	1	1	1	1				
LENGTH OF EXPOSURE											
(CHECK ONE)											
1 HOUR/WEEK				X	X	X	X				
5 HOUR/WEEK											
10 HOUR/WEEK											
20 HOUR/WEEK											
40 HOUR/WEEK		X	X								
EXPOSURE POPULATION											
(CHECK ALL APPLICABLE)											
MAINTENANCE		X	X	X	X	X	X				
CUSTODIAL		X	X	X	X	X	X				
FACULTY/STAFF		X	X								
PUBLIC		X	X								
ASSESSMENT											
(MARK FROM 1 TO 7)											
		5	5	5	5	7	7				
**RESPONSE ACTIONS											
(MARK FROM A TO H)											
		B	B	B	B	B	B				

ASSESSMENT LEGEND

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

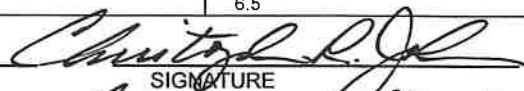
RESPONSE ACTIONS LEGEND

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

NOTES

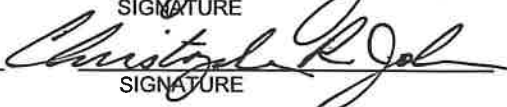
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Christopher R. Johnson
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SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER


SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

Christopher R. Johnson
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A-MP-42505-44824/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 5	HA NUMBER 6	HA NUMBER	HA NUMBER
	CURRENT QUANTITY	CURRENT QUANTITY 30,000 SF	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				

LENGTH OF EXPOSURE
(CHECK ONE)

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

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

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

ASSESSMENT
(MARK FROM 1 TO 7)

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

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

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

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

Christopher R. Johnson
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A-1-42505-44826/TN
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Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

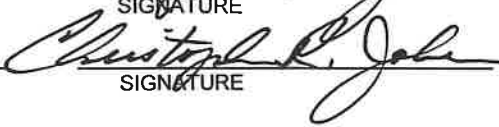
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES	
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 6	HA NUMBER 7	HA NUMBER 8	HA NUMBER				
		CURRENT QUANTITY 1870 SF	CURRENT QUANTITY 6669 SF	CURRENT QUANTITY 864	CURRENT QUANTITY	Throughout			
		MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION	2x4 Ceiling Tile			
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
TSI									
SURFACING									
MISCELLANEOUS	X	X	X	X	X	X	X	X	X
CHECK ONE									
ASSUMED ACBM							X	X	
CONFIRMED ACBM	X	X	X	X	X	X			
NON-ACBM									
CHECK ONE									
NON-FRIABLE	X	X	X	X	X	X			
FRIABLE							X	X	
EXPOSURE CONSIDERATION									
1 TO 5 (5 WORST)									
DETERIORATION	1	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	1	
EXPOSURE	1	1	1	1	1	1	1	1	
ACCESSIBILITY	1	1	1	1	1	1	1	1	
LENGTH OF EXPOSURE									
(CHECK ONE)									
1 HOUR/WEEK							X	X	
5 HOUR/WEEK									
10 HOUR/WEEK									
20 HOUR/WEEK									
40 HOUR/WEEK	X	X	X	X	X	X			
EXPOSURE POPULATION									
(CHECK ALL APPLICABLE)									
MAINTENANCE	X	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X			
PUBLIC	X	X	X	X	X	X			
ASSESSMENT									
(MARK FROM 1 TO 7)									
	5	5	5	5	5	5	7	7	
**RESPONSE ACTIONS									
(MARK FROM A TO H)									
	B	B	B	B	B	B	B	B	
ASSESSMENT LEGEND					RESPONSE ACTIONS LEGEND				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM					A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other	
NOTES									
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5									

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
CURRENT QUANTITY 3915 SF	CURRENT QUANTITY 576 SF	CURRENT QUANTITY 7204 SF	CURRENT QUANTITY 1192 SF
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

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

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

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

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

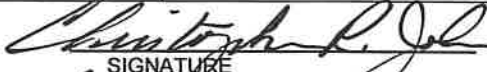

LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

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

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

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

ASSESSMENT LEGEND				RESPONSE ACTIONS LEGEND				
1. Damaged/significantly damaged TSI	2. Damaged friable surfacing ACBM	3. Significantly damaged friable surfacing material	4. Damaged/significantly damaged friable misc. ACBM	A. Institute preventative measures	B. O & M Program	C. Repair	D. Encapsulate	E. Enclosure
5. ACBM with potential for damage	6. ACBM with potential for significant damage	7. Any remaining friable ACBM or suspect ACBM		F. Remove	G. Isolate	H. Other		
NOTES								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0								
** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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


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

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES	
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

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



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

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Jacks Creek Elementary School Building #: Main

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

		HA NUMBER 1			HA NUMBER 2			HA NUMBER 3			HA NUMBER 4
		CURRENT QUANTITY 6401 SF			CURRENT QUANTITY 42 SF			CURRENT QUANTITY 959 SF			CURRENT QUANTITY 1512 SF
		MATERIAL DESCRIPTION Floor Tile			MATERIAL DESCRIPTION Floor Tile			MATERIAL DESCRIPTION Floor Tile			MATERIAL DESCRIPTION Floor Tile
CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
	TSI										
	SURFACING										
	MISCELLANEOUS	X	X	X	X	X	X	X	X	X	
CHECK ONE											
	ASSUMED ACBM										
	CONFIRMED ACBM	X	X	X	X	X	X	X	X	X	
	NON-ACBM										
CHECK ONE											
	NON-FRIABLE	X	X	X	X	X	X				
	FRIABLE							X	X		
EXPOSURE CONSIDERATION											
1 TO 5 (5 WORST)											
	DETERIORATION	1	1	1	1	1	1	1	1	1	
	PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1	
	WATER DAMAGE	1	1	1	1	1	1	1	1	1	
	ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	2	
	EXPOSURE	1	1	1	1	1	1	1	1	1	
	ACCESSIBILITY	1	1	1	1	1	1	1	1	1	
LENGTH OF EXPOSURE											
(CHECK ONE)											
	1 HOUR/WEEK										
	5 HOUR/WEEK										
	10 HOUR/WEEK										
	20 HOUR/WEEK										
	40 HOUR/WEEK	X	X	X	X	X	X	X	X	X	
EXPOSURE POPULATION											
(CHECK ALL APPLICABLE)											
	MAINTENANCE	X	X	X	X	X	X	X	X	X	
	CUSTODIAL	X	X	X	X	X	X	X	X	X	
	FACULTY/STAFF	X	X	X	X	X	X	X	X	X	
	PUBLIC	X	X	X	X	X	X	X	X	X	
ASSESSMENT											
(MARK FROM 1 TO 7)		5	5	5	5	5	5	5	5	5	
**RESPONSE ACTIONS											
(MARK FROM A TO H)		B	B	B	B	B	B	B	B	B	
ASSESSMENT LEGEND					RESPONSE ACTIONS LEGEND						
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM					A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other			
NOTES											
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5											

<u>Christopher R. Johnson</u> INSPECTOR (Typed Name)	 SIGNATURE	<u>A-1-42505-44826/TN</u> ACCREDITATION #/STATE
<u>Christopher R. Johnson</u> MANAGEMENT PLANNER	 SIGNATURE	<u>A-MP-42505-44824/TN</u> ACCREDITATION #/STATE

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Jacks Creek Elementary School Building #: Main

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

	HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY 15000 SF	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION 2X4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

DETERIORATION	1	1						
PHYSICAL DAMAGE	1	1						
WATER DAMAGE	1	1						
ACTIVITY/VIBRATION	1	1						
EXPOSURE	1	1						
ACCESSIBILITY	1	1						

LENGTH OF EXPOSURE
(CHECK ONE)

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

EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

MAINTENANCE	X	X						
CUSTODIAL	X	X						
FACULTY/STAFF								
PUBLIC								


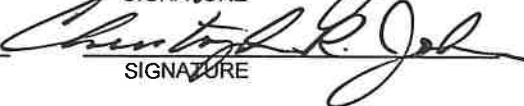
ASSESSMENT
(MARK FROM 1 TO 7)

	7	7						
--	---	---	--	--	--	--	--	--

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

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

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

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



THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Chester County Jr. High School Building #: Main

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

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

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

THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Chester County Jr. High School Building #: Main

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

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

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

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

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

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


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


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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM	A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate E. Enclosure F. Remove G. Isolate H. Other
NOTES *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

Christopher R. Johnson
 MANAGEMENT PLANNER  SIGNATURE **A-MP-42505-44824/TN**
 ACCREDITATION #/STATE



THE STATE OF TENNESSEE

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

William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 14th Floor Nashville TN 37243

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

Resolution Incorporated

1101-A Darbytown Dr. Nashville TN, 37207

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

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



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

This 18th Day of December 2015

Division of Solid Waste Management
Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020

THE STATE OF TENNESSEE

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

44-409-2148-05



Christopher R. Johnson

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

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

Asbestos Accreditation

Re-Accreditation

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/22/2016</u> (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
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		

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date <u>2/9/2017</u> (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	

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/9/2017</u> (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
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		

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

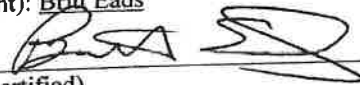
BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/9/2017</u> (Fall)	Date <u>2/8/2017</u> (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
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	

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/6/2018</u> (Fall)	Date (Spring)	
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		

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

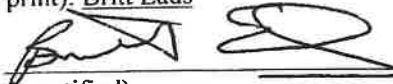
BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/6/2018</u> (Fall)	Date <u>2/13/2019</u> (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
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	

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____

BUILDING NAME: MAIN

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

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
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	

*IF NO CHANGE IN CONDITION WRITE N/C

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

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

AHERA Accreditation Number/Date (if applicable): _____

PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: _____


BUILDING NAME: MAIN

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

			1st six months Date <u>8/8/2019</u> (Fall)	2nd six months Date <u>2/7/2020</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
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	

*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): _____