

CHESTER COUNTY HIGH <sup>middle</sup>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(l) and 763.84

Date: \_\_\_\_\_

9/30/88

Typed Name: Gene Cain

---

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

Date: 9/30/88

# SCHOOL BUILDING LIST

List all schools and separate buildings:

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

**LEGEND:**

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

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

Date: 9/30/88

**1. BUILDING STATISTICS**

Date Built	Area Name, Wing Addition, etc.	Use	Total Area (Square Feet)
8-50	Chester County High		22,658
3-62	Auditorium		11,772
8-76	Vocational School		13,456
8-50	Agriculture Building		4,558
6-55	Band Building		3,731
8-70	Business Department		2,550
8-70	Cafeteria		5,466
6-84	Football Dressing Rooms		3,724
6-82	Renoyation of Old Building		20,000

**2. STRUCTURAL SYSTEMS**

<b>Walls:</b>	<b>Floors:</b>	<b>Roof:</b>	<b>Foundation:</b>
<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 checked="" type="checkbox"/> Crawlspace
<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Steel	<input checked="" 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**

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

Notes (Explain Other): \_\_\_\_\_

**4. ARCHITECTURAL FINISHES**

<b>Ceiling:</b>	<input type="checkbox"/> Lathe and Plaster	<b>Flooring:</b>	<input checked="" type="checkbox"/> Vinyl Tile	<b>Walls:</b>	<input checked="" type="checkbox"/> Lathe and Plaster
	<input type="checkbox"/> Gypsum Board		<input checked="" type="checkbox"/> Carpet		<input type="checkbox"/> Gypsum Board
	<input type="checkbox"/> Acoustical Finish		<input checked="" 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: 7-30-88

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

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1.

HA No.	Material Description	Material Type (T,S or M)	BIA No.s Included In HA	Sample No.s Taken In HA	HA Drawing No.
1	Asphalt Tile	M			1
2	Asphalt Tile	M			2
3	Asphalt Tile	M			3
4	Asphalt Tile	M			4
5A	Asphalt Tile	M			5
5B	Sprayed on Surface	S		005 1-7-8-6-5	5
6	Asphalt Tile	M			6
7A	Pipe Wrapping	T			7
7B	Vinyl Floor Tile	M			7

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		150 Sq. Ft.	1	1	1	1	1	2	2	4	5
2				X		1488 Sq. Ft.	1	1	1	1	2	3	2	4	5
3				X		70 Sq. Ft.	1	1	1	1	2	3	2	4	5
4				X		2960 Sq. Ft.	1	1	1	1	2	3	2	4	5
5A				X		6250 Sq. Ft.	1	1	1	1	2	3	2	4	5
5B					X	None									
6				X		5849 Sq. Ft.	1	1	1	1	2	3	2	4	5
7A			X			600 Linear Ft.	1	1	1	2	2	3	2	5	5
7B				X		12832 Sq. FT.	1	1	1	2	2	3	2	5	5

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

- |  |   |  |
|--|---|--|
| <p><b>A. Deterioration</b><br/> <b>B. Physical Damage</b><br/> <b>C. Water Damage</b><br/> <b>D. Activity/Vibration</b><br/> <b>E. Exposure</b><br/> <b>F. Accessibility</b></p> | <p><b>G. Length of Exposure</b><br/>                 1. 1 hr./week<br/>                 2. 5 hr./week<br/>                 3. 10 hr./week<br/>                 4. 20 hr./week<br/>                 5. 40 hr./week</p> | <p><b>H. Exposure Population</b><br/>                 1. Maintenance<br/>                 2. Maint., Custodial<br/>                 3. Maint., Cust., Faculty<br/>                 4. Maint., Cust., Fac., Students<br/>                 5. Maint., Cust., Fac., Stud., Public</p> |
|--|---|--|

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: 6-26-91



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	Asphalt Tile	M			0005-1
2	Asphalt Tile	M			0005-2
3	Asphalt Tile	M			0005-3
4	Asphalt Tile	T & M		0005 1-7-8-6-5	0005-4
5	Asphalt Tile	M			0005-5
6	Asphalt Tile	M			0005-6
7	Pipe Wrapping	T			0005-7
8	Asphalt Tile	M			0005-8
9	Pipe Wrapping	T			0005-9

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			150 Sq. Ft.	1	1	1	1	1	2	2	4	
2			X			1488 Sq. Ft.	1	1	1	1	2	3	2	4	
3			X			70 Sq. Ft.	1	1	1	1	2	3	2	4	
4			X		X	2960 Sq. Ft.	1	1	1	1	2	3	2	4	
5			X			6250 Sq. Ft.	1	1	1	1	2	3	2	4	
6			X			5849 Sq. Ft.	1	1	1	1	2	3	2	4	
7			X			600 Linear Ft.	1	1	1	2	2	3	2	5	5
8			X			5466 Sq. Ft.	1	1	1	1	2	3	2	4	
9			X			150 Sq. Ft.	1	1	1	2	2	1	1	2	5

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

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.
10	Asphalt Tile	M			0005-10
10	Pipe Wrapping	T			0005-10
11	None	-			0005-11
12	Vinyl Asbestos Tile	M			0005-12
13	Vinyl Asbestos Tile	M			0005-13
13	Pipe Wrapping	T			0005-13
14	None	-			0005-14

2.

HA No.	ACBM				No ACBM	Total Quantity (Show Units)	Exposure Considerations								Assessment Category
	Confirmed F	Assumed NF	Confirmed F	Assumed NF			A	B	C	D	E	F	G	H	
10				X		2275 Sq. Ft.	1	1	1	1	2	3	2	4	
10			X			100 Linear Ft.	2	2	1	2	2	3	2	4	5
11					X	-0-									
12				X		2500 Sq. Ft.	1	1	1	2	2	3	2	4	
13				X		600 Sq. Ft.	1	1	1	2	2	3	2	4	
13			X			25 Linear Ft.	1	2	1	2	2	3	2	3	5
14					X	-0-									

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
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- M = Miscellaneous
- BIA= Building Inspection Area (Number assigned by Inspector)

1.

Through  
Out

HA No.	Material Description	Material Type (T,S or M)	BIA No.s Included in HA	Sample No.s Taken in HA	HA Drawing No.
13A	Asphalt Tile	M			13
13B	Pipe Wrappings	T			13
	Ceiling Tile	M			ALL

2.

Through  
Out

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	
13A				X		1000 Sq. Ft.	1	1	1	2	2	3	2	4	5
13B			X			25 Linear Ft.	1	2	1	2	2	3	2	3	5
				X		80,000 Sq. Ft.	1	1	1	3	3	3	5	5	5

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:

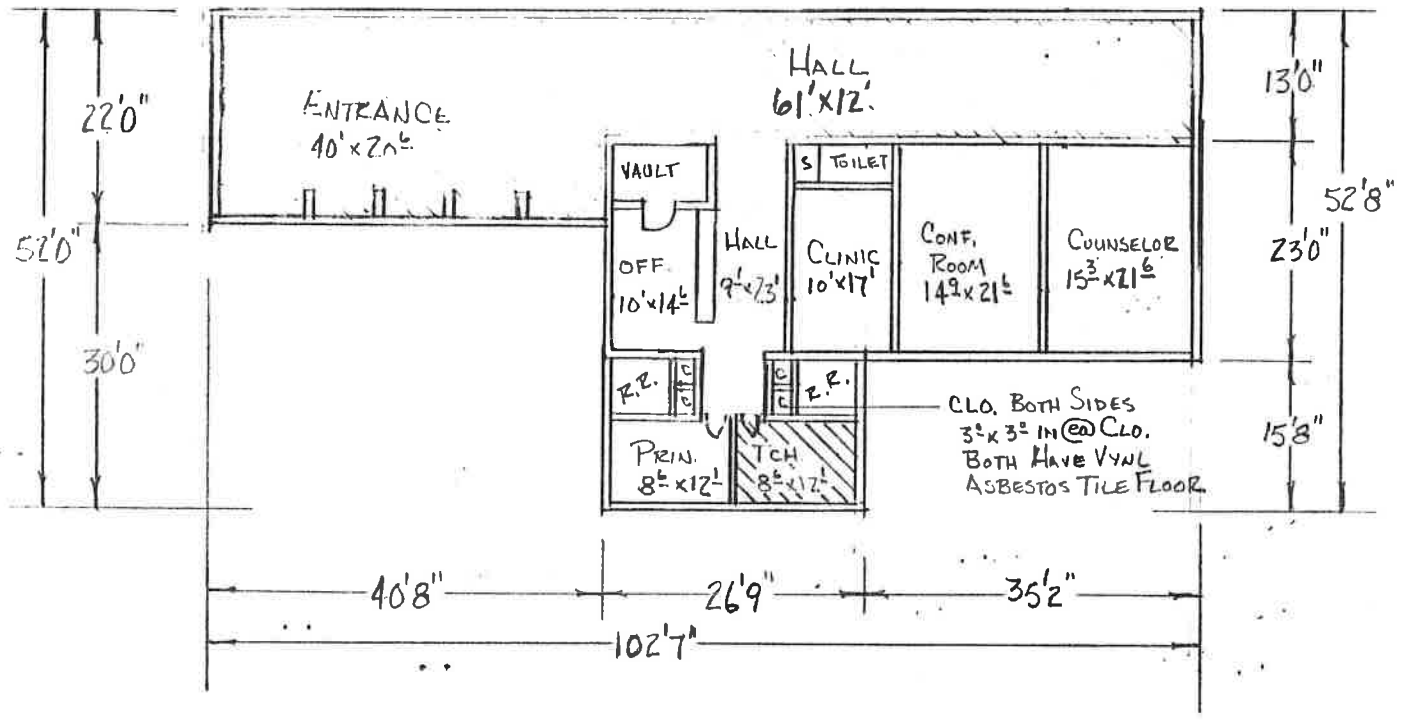
- HA = Homogeneous Area
- T = Thermal System Insulation
- S = Surfacing
- M = Miscellaneous
- BIA= Building Inspection Area (Number assigned by Inspector)

LEA: Chester County LEA NO.: 120

Date: 6-26-91

Identify limits of homogeneous area and sample locations.

S



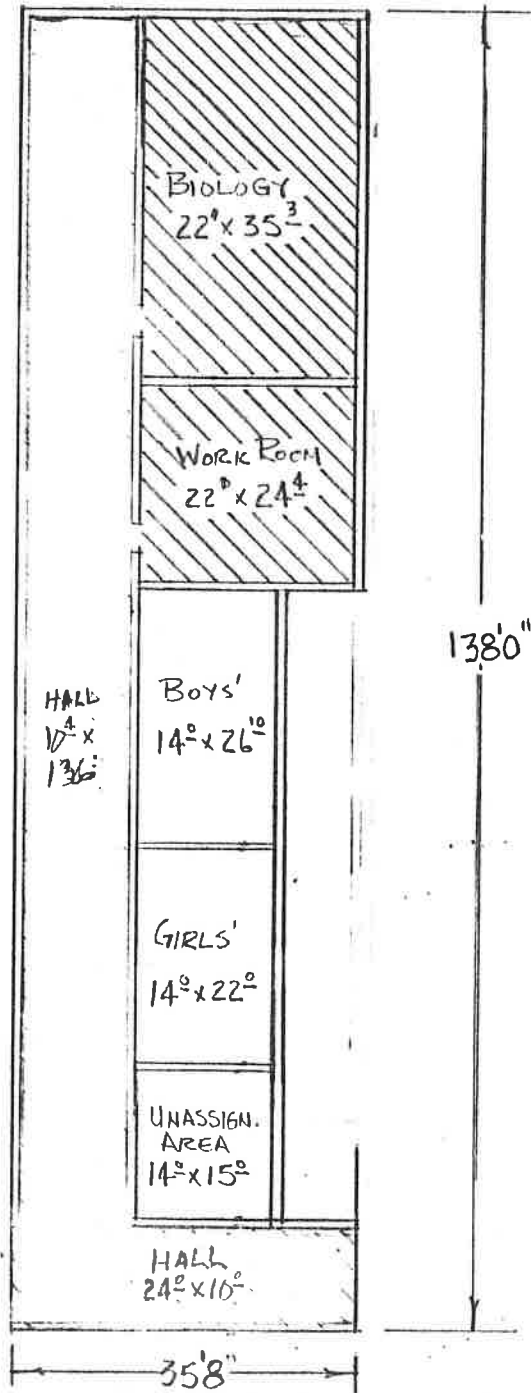
HOMOGENEOUS AREA A  
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA B

SCALE 1"=20'

 VINYL ASBESTOS FLOOR TILE

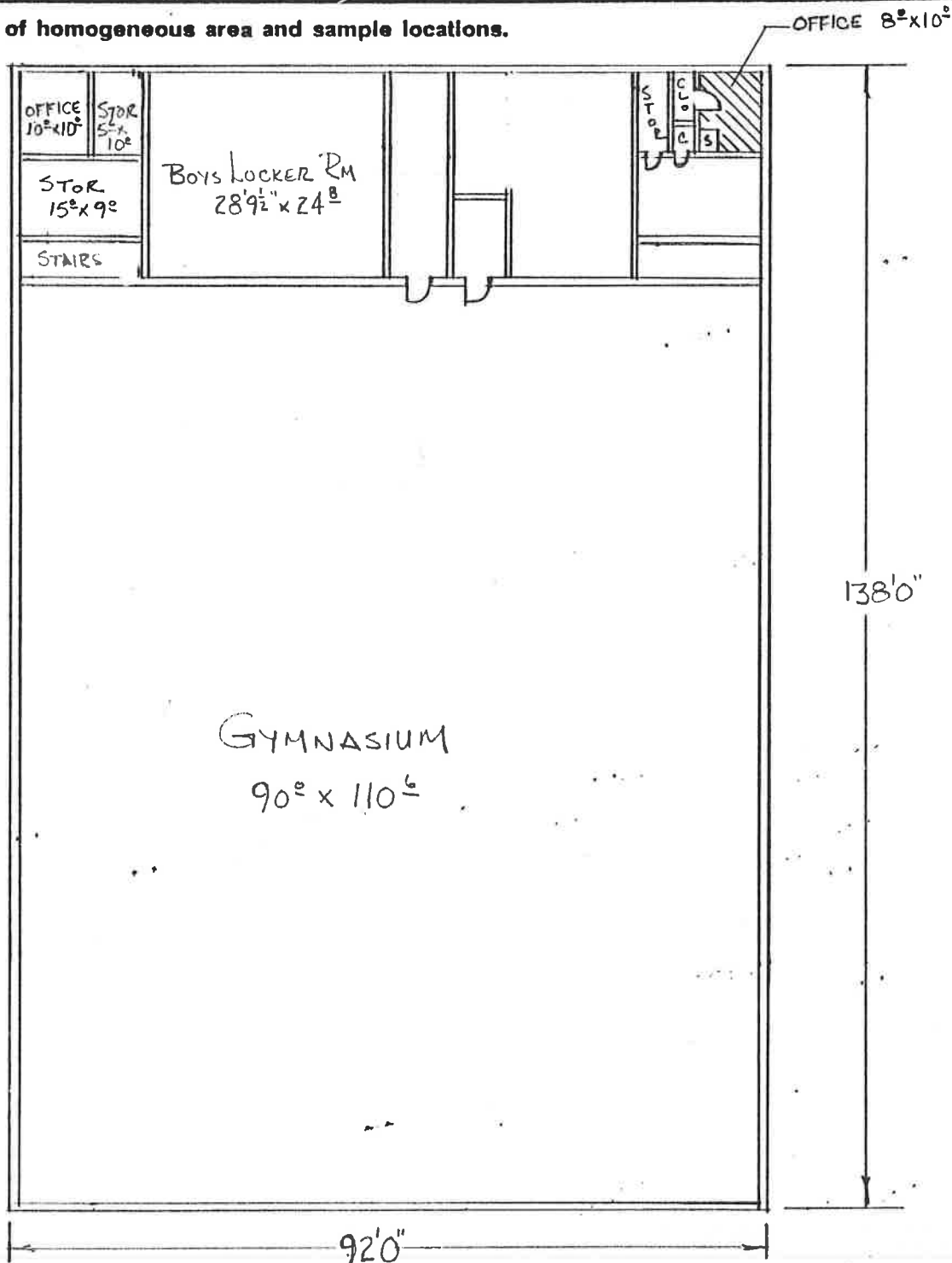
D

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C  
SCALE 1" = 20'

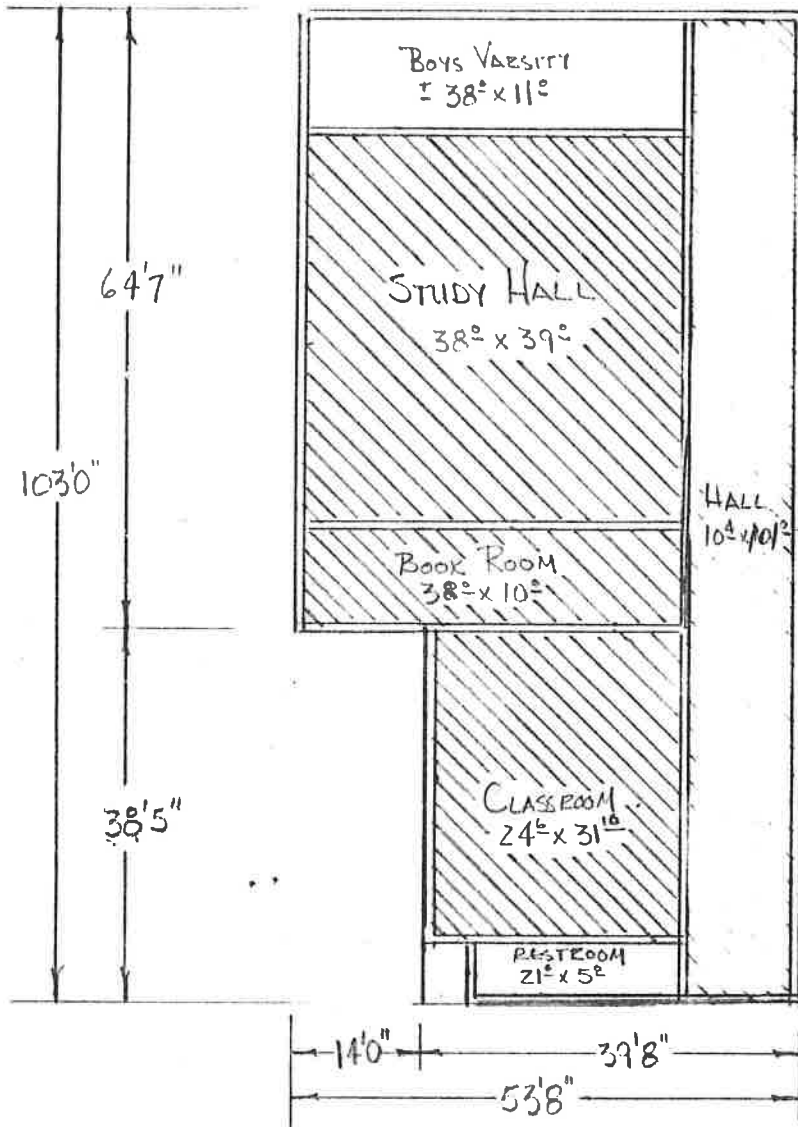
 VYNL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88


Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE: 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

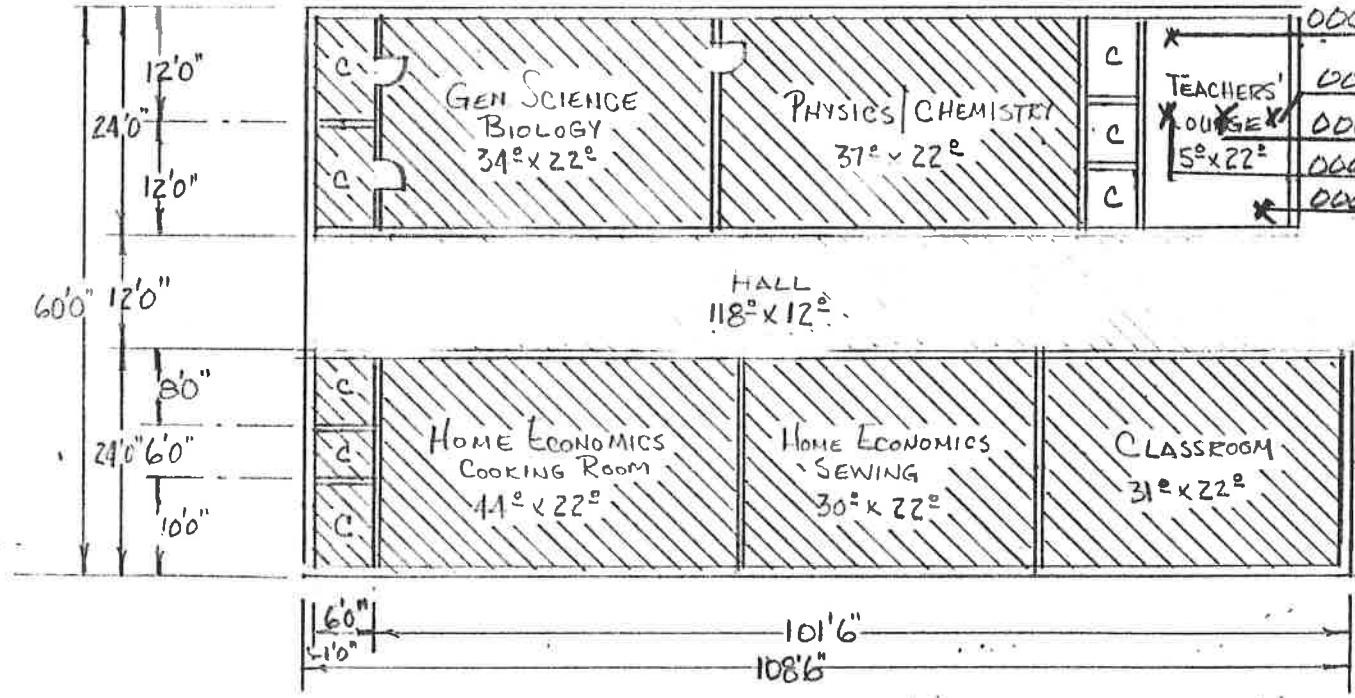
Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S

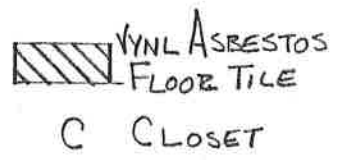
SAMPLES

0005-6-07  
 0005-6-08  
 0005-6-01  
 0005-6-06  
 0005-6-08



HOMOGENEOUS AREA E

SCALE 1" = 20'

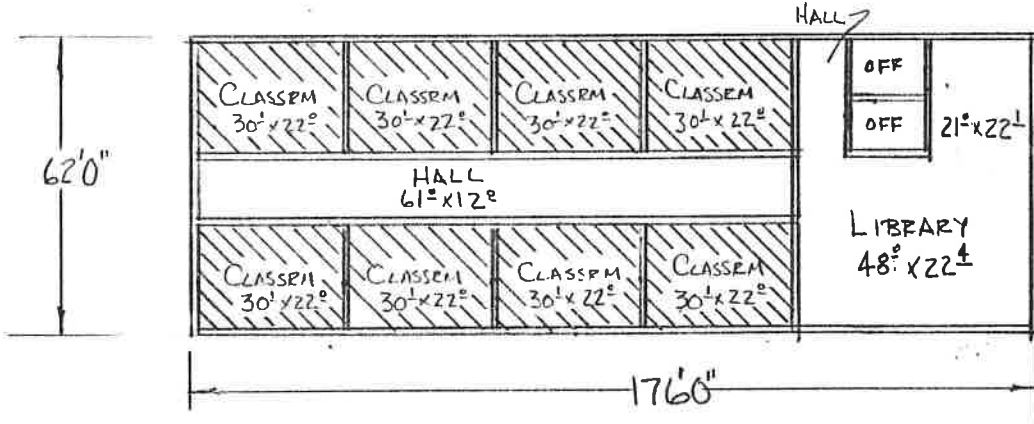


N



Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA F

SCALE 1" = 40'

 VINYL ASBESTOS FLOOR TILE

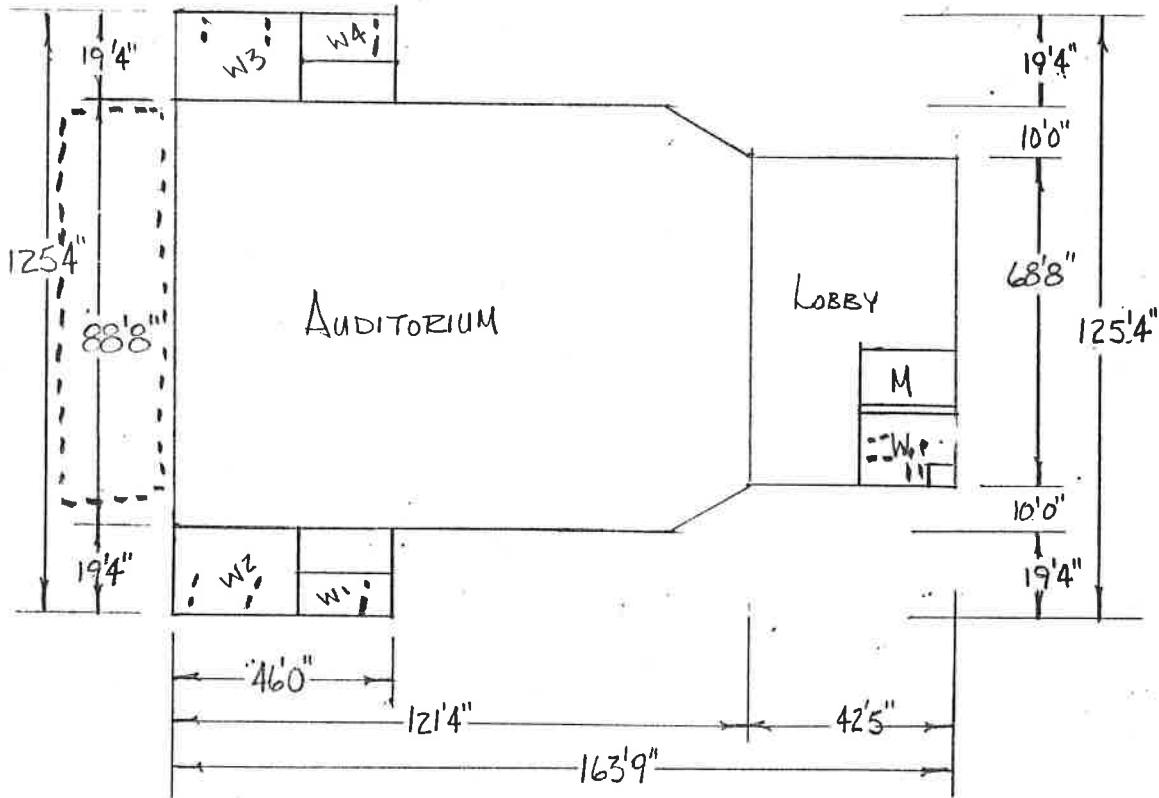
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

5



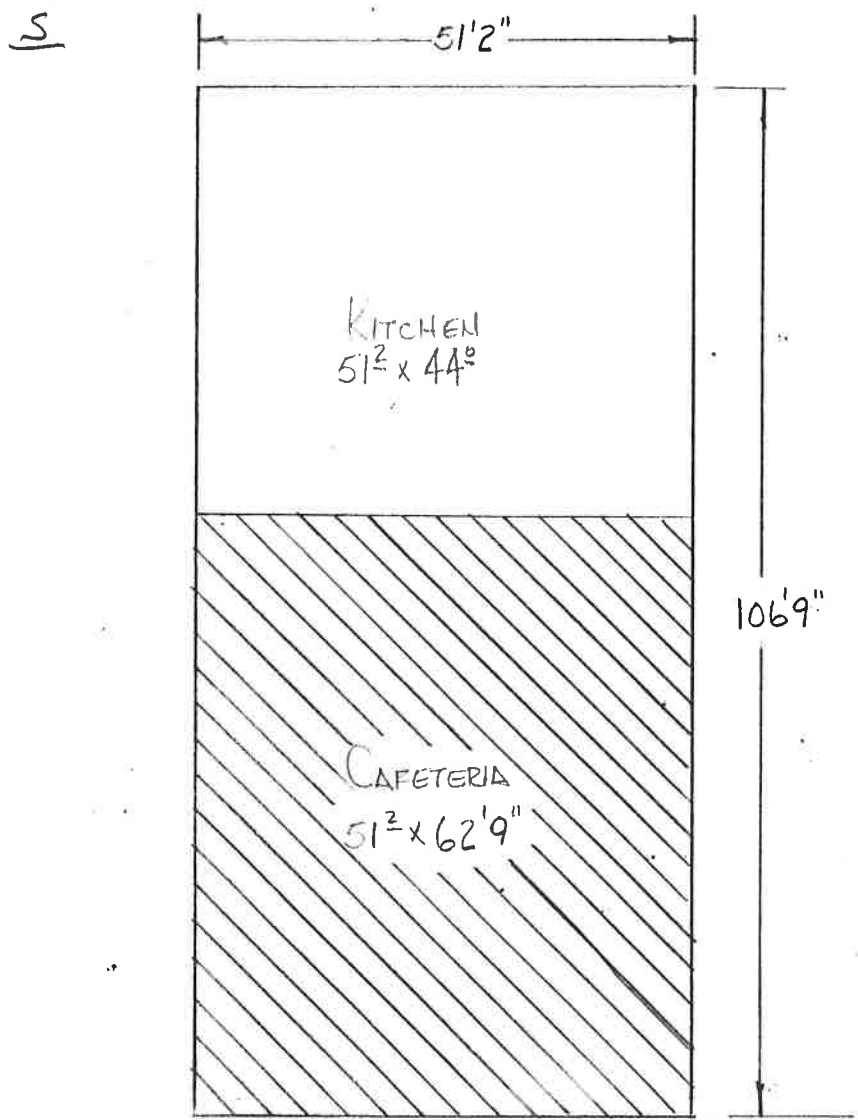
HOMOGENEOUS AREA G

SCALE 1" = 40'

---- TSI

N

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA H

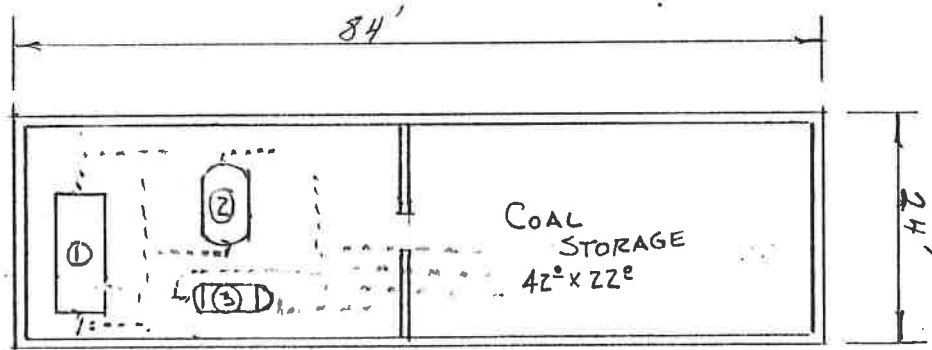
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



BOILER ROOM

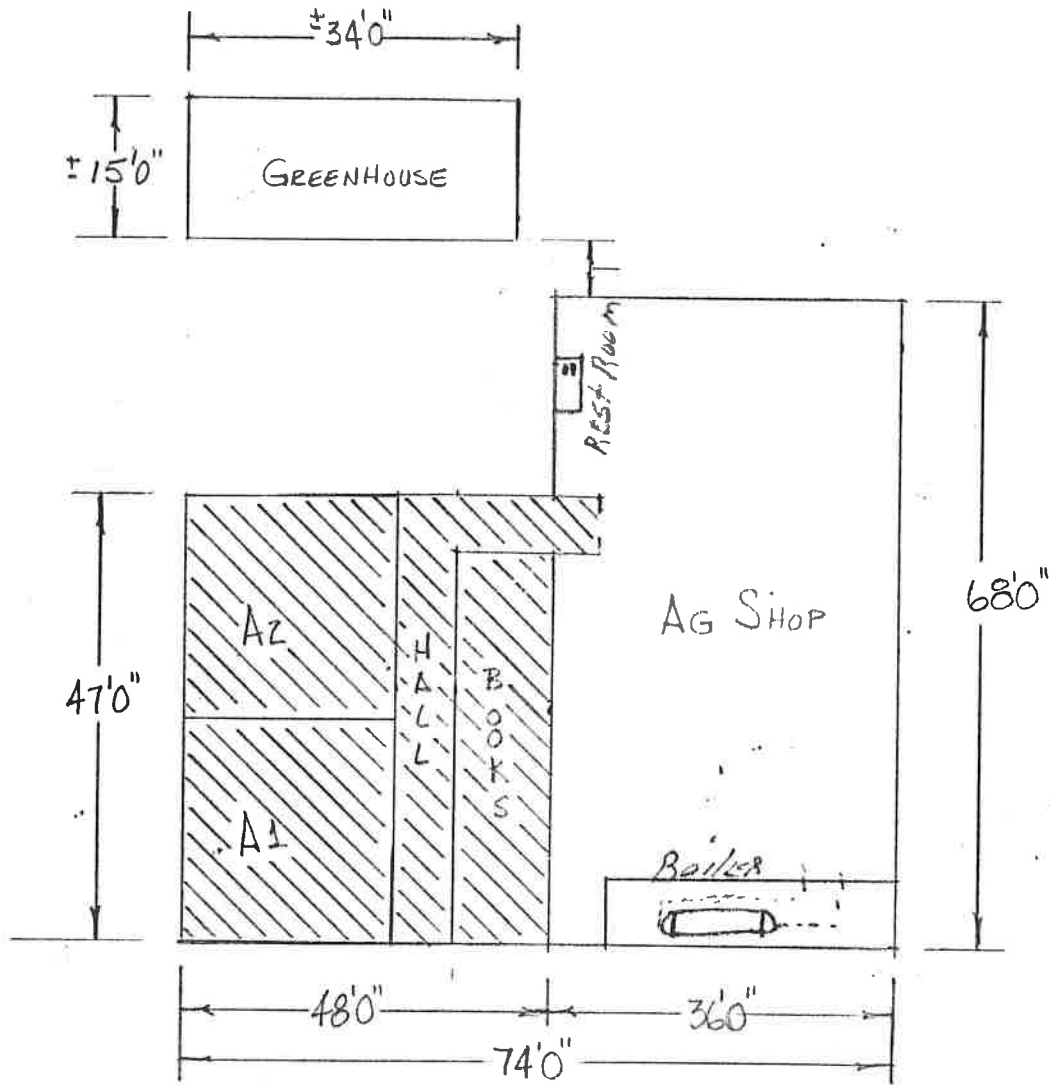
SCALE 1" = 20'

TSI

11

Identify limits of homogeneous area and sample locations.


S



HOMOGENEOUS AREA J

SCALE 1" = 20'

----- TSI

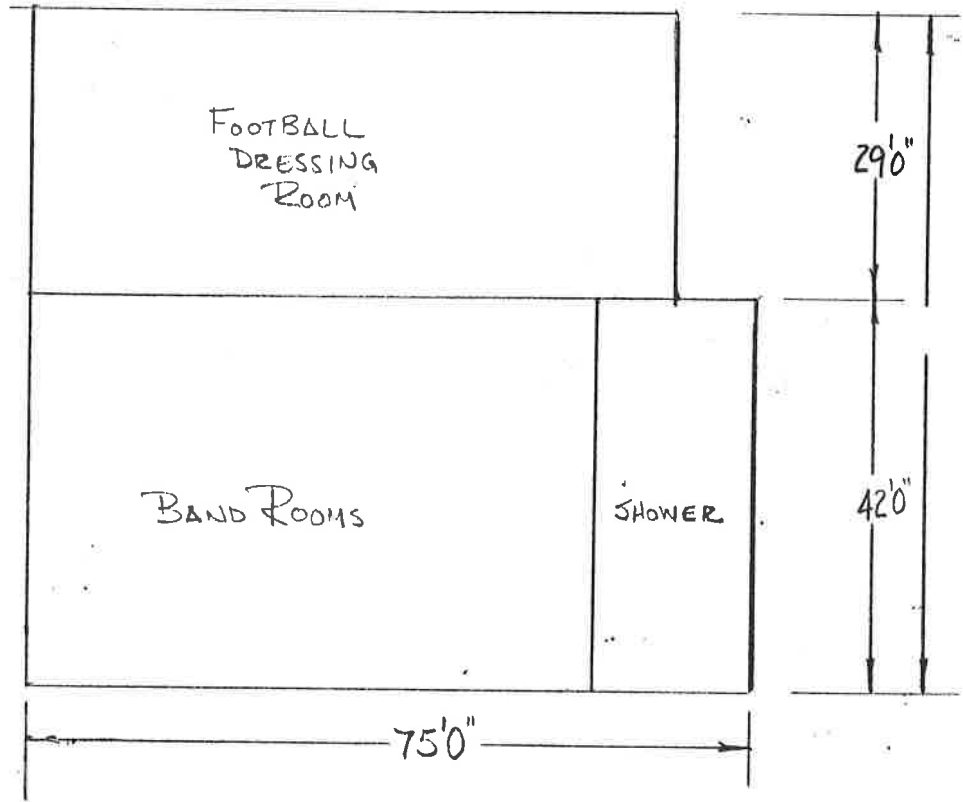
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

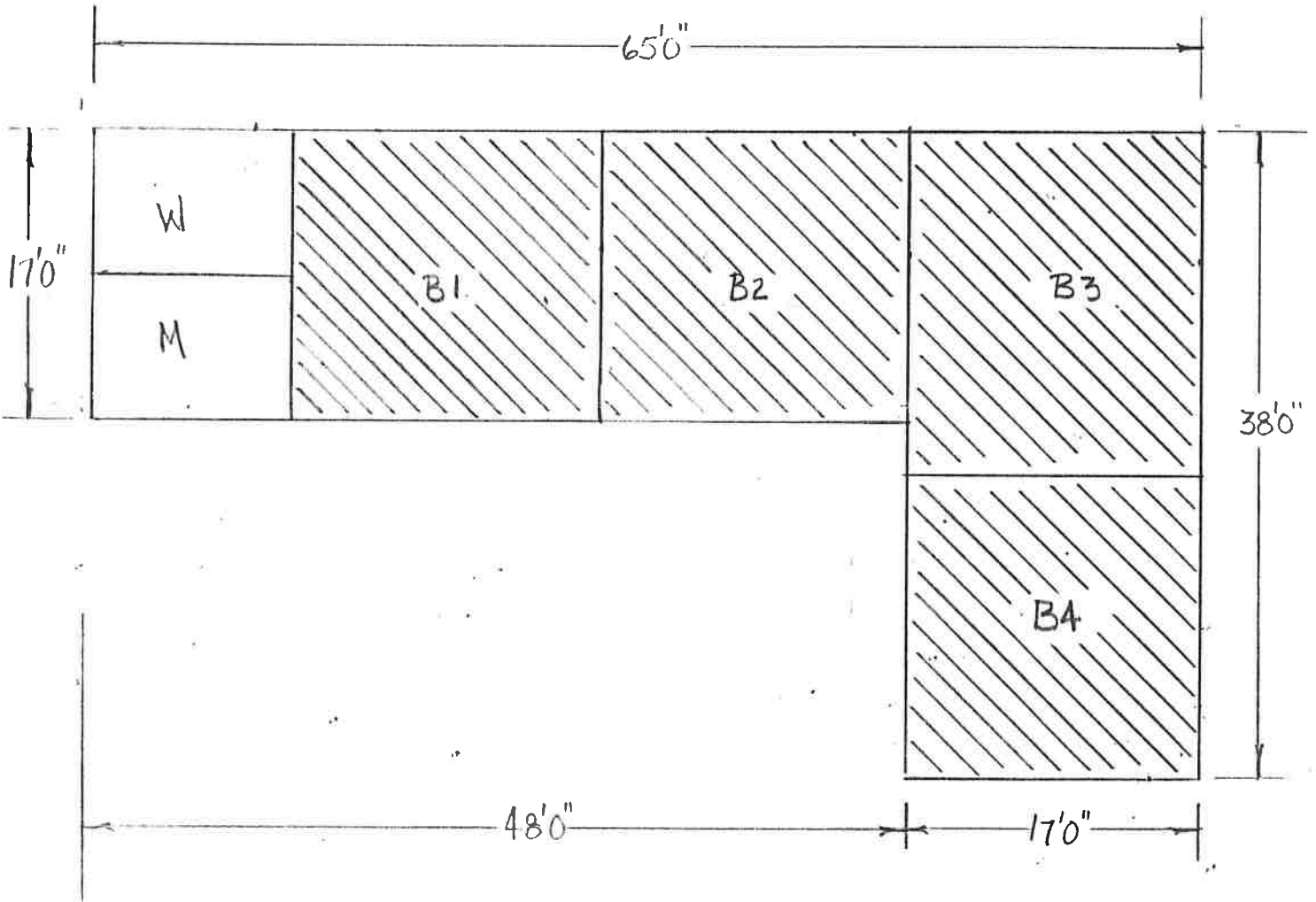


HOMOGENEOUS AREA K

SCALE 1" = 20'

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA L

SCALE 1"=10'

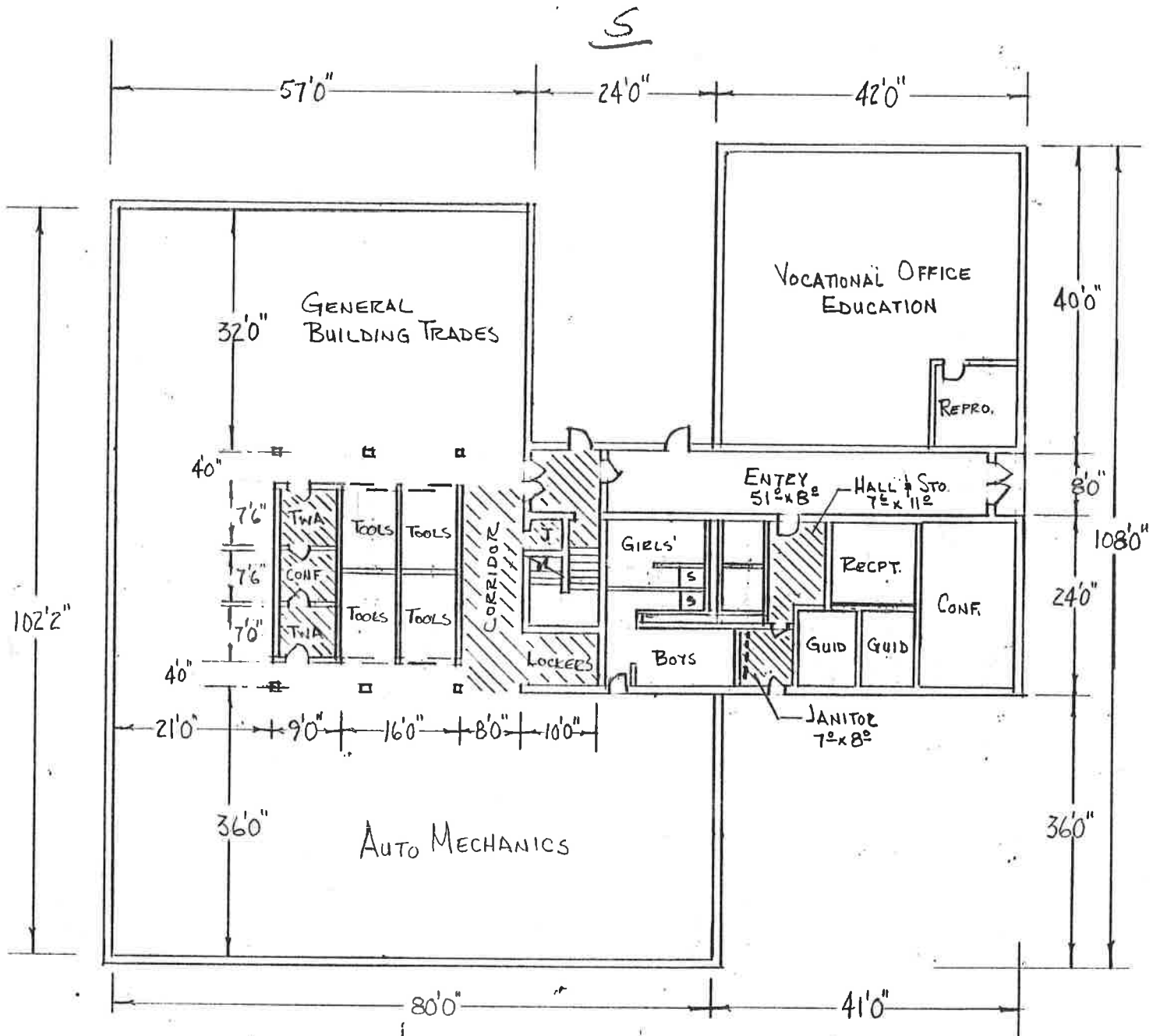
 VINYL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA N

SCALE 1" = 20'

N

--- TSI

J - JANITOR ROOM 4'x4'

▨ VINYL ASBESTOS FLOOR TILE

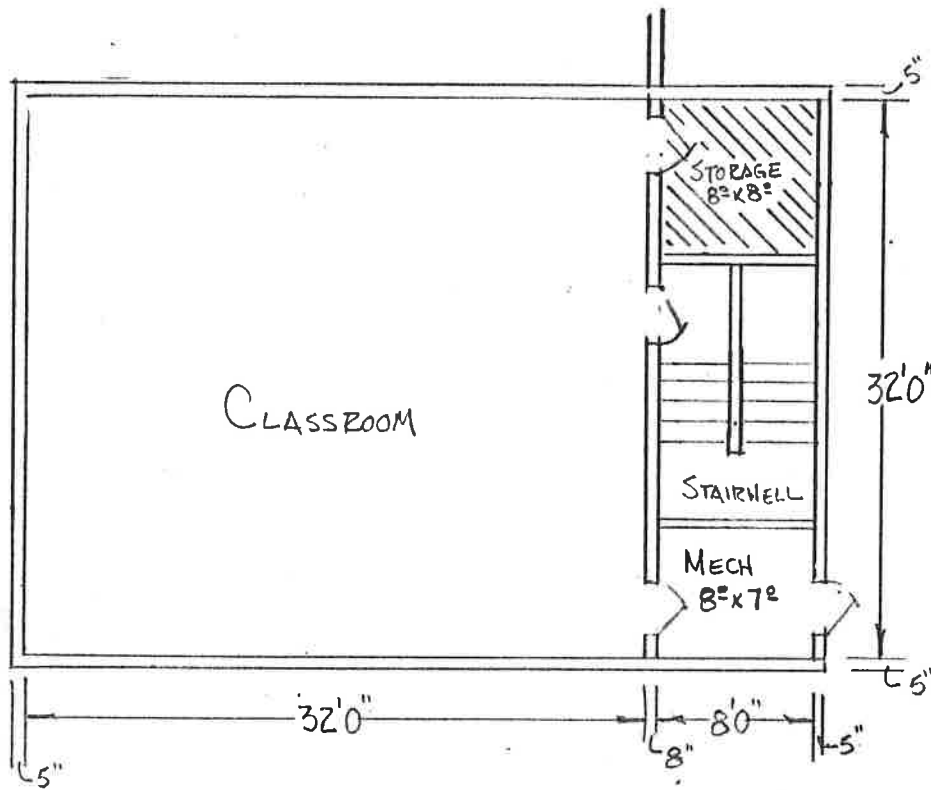
LEA: Chester County

LEA NO.: 120

Date: 9/30/88



Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA N

SCALE 1" = 10'

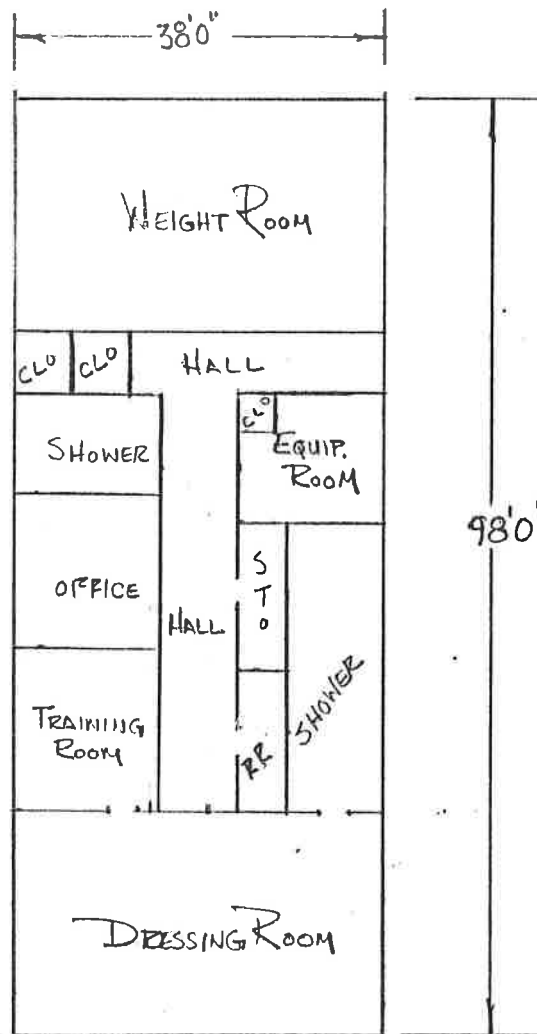
 VYNL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA N

SCALE 1"=20'

N

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

1. Recommended by Management Planner .

Through  
Out

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule Dates	
				Start	Complete
	Ceiling Tile	AB	AB	July 1989	Until Removed

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

\*If different than recommended action, explain:

Appropriate Response Actions:

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

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

LEA: Chester County

LEA NO.: 120

Date: 9-01-88

1. Recommended by Management Planner

HA No.	ACBM Description	Management Planner Recommended Response Action	LEA Selected Response Action*	Schedule Dates	
				Start	Complete
7	TSI	Repair	Repair	9/1/88	7/9/89
9	TSI	Repair	Repair	9/1/88	7/9/89
10	TSI	Repair	Repair	9/1/88	7/9/89
13	TSI	Repair	Repair	9/1/88	7/9/89

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
- B. O & M Program
- C. Repair
- D. Encapsulate

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

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

(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 pipes in boiler room of the High School, Agriculture Building, Vocational Building and the Auditorium. In the Auditorium, sheet metal is to be placed around material students can come in contact with. In the Agriculture Building, sheet metal to be placed around the TSI students may come in contact with. The O & M Procedure will be followed.

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 the environment and be least burdensome on the LEA.

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

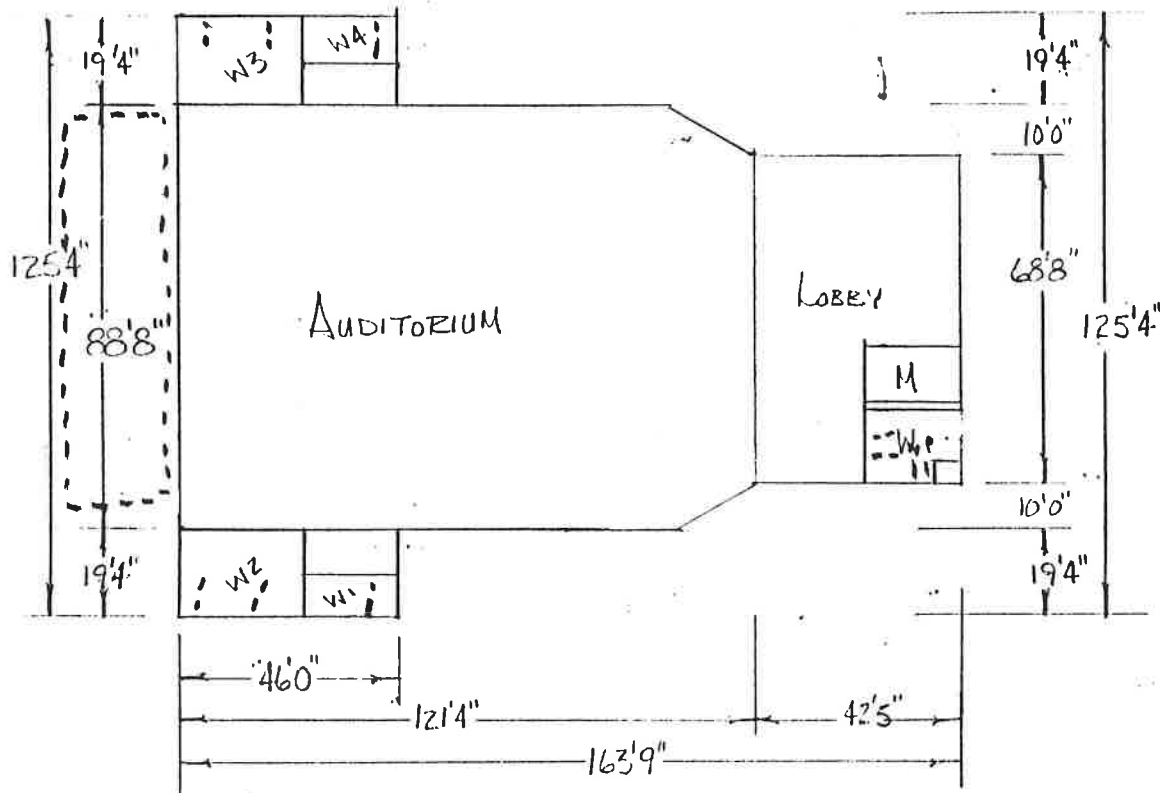
Work to start 9/1/88 and be completed on 7/9/89.

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

At this school about \$6,000 for materilas, equipment and labor. Money to come from local LEA.

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

Identify limits of homogeneous area and sample locations.



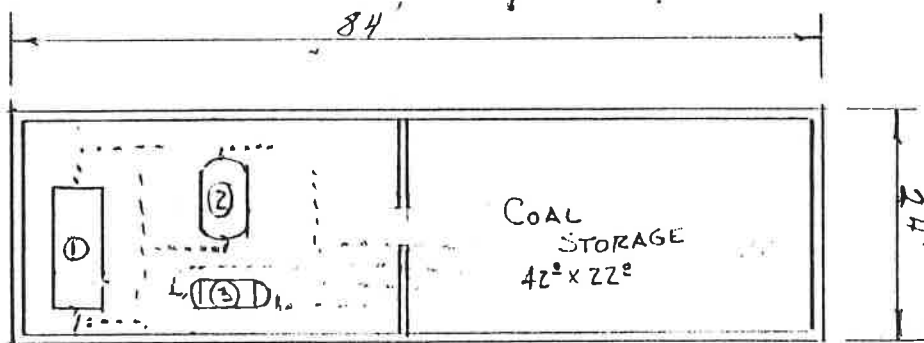
HOMOGENEOUS AREA G

SCALE 1" = 40'

----- TSI



Identify limits of homogeneous area and sample locations.

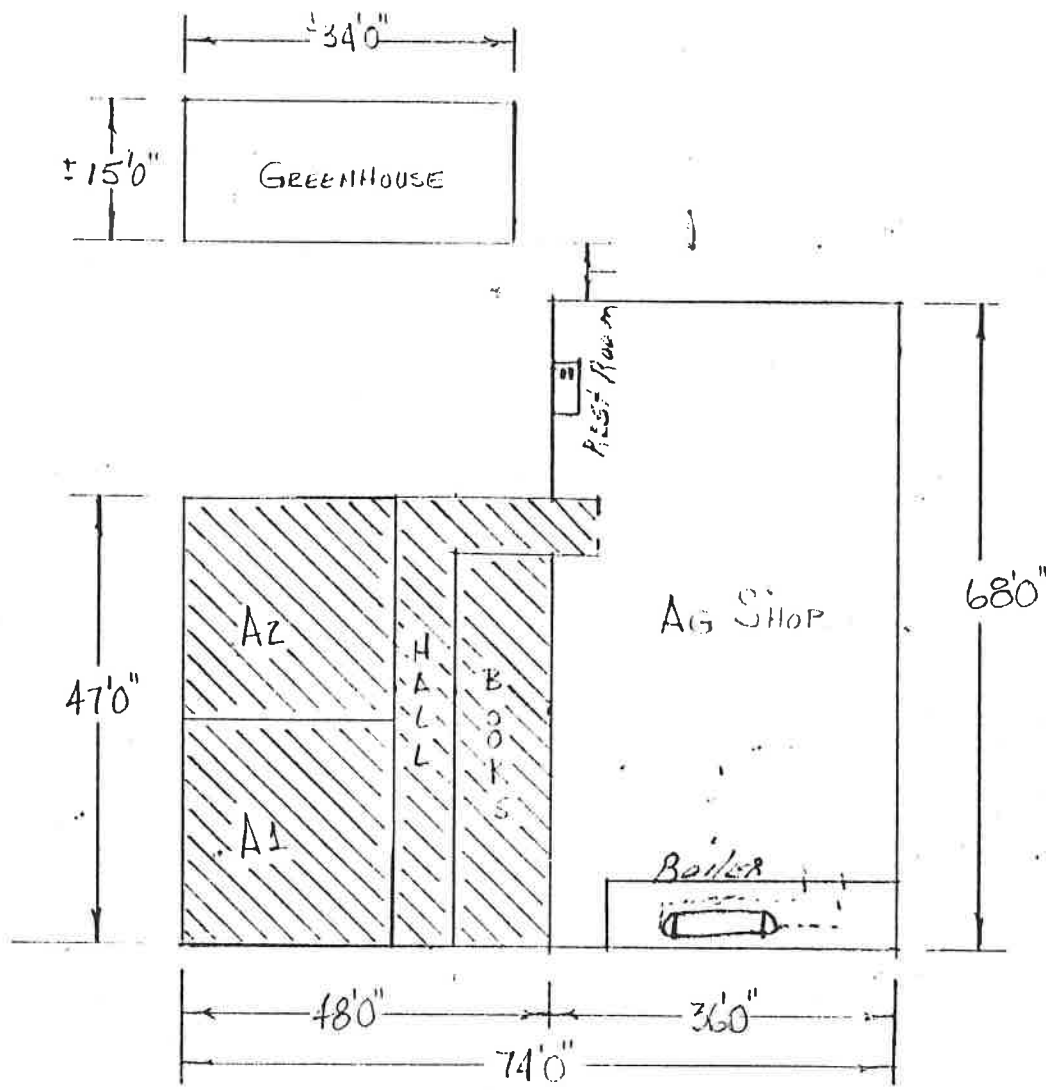


BOILER ROOM

SCALE 1" = 20'


TSI

Identify limits of homogeneous area and sample locations.

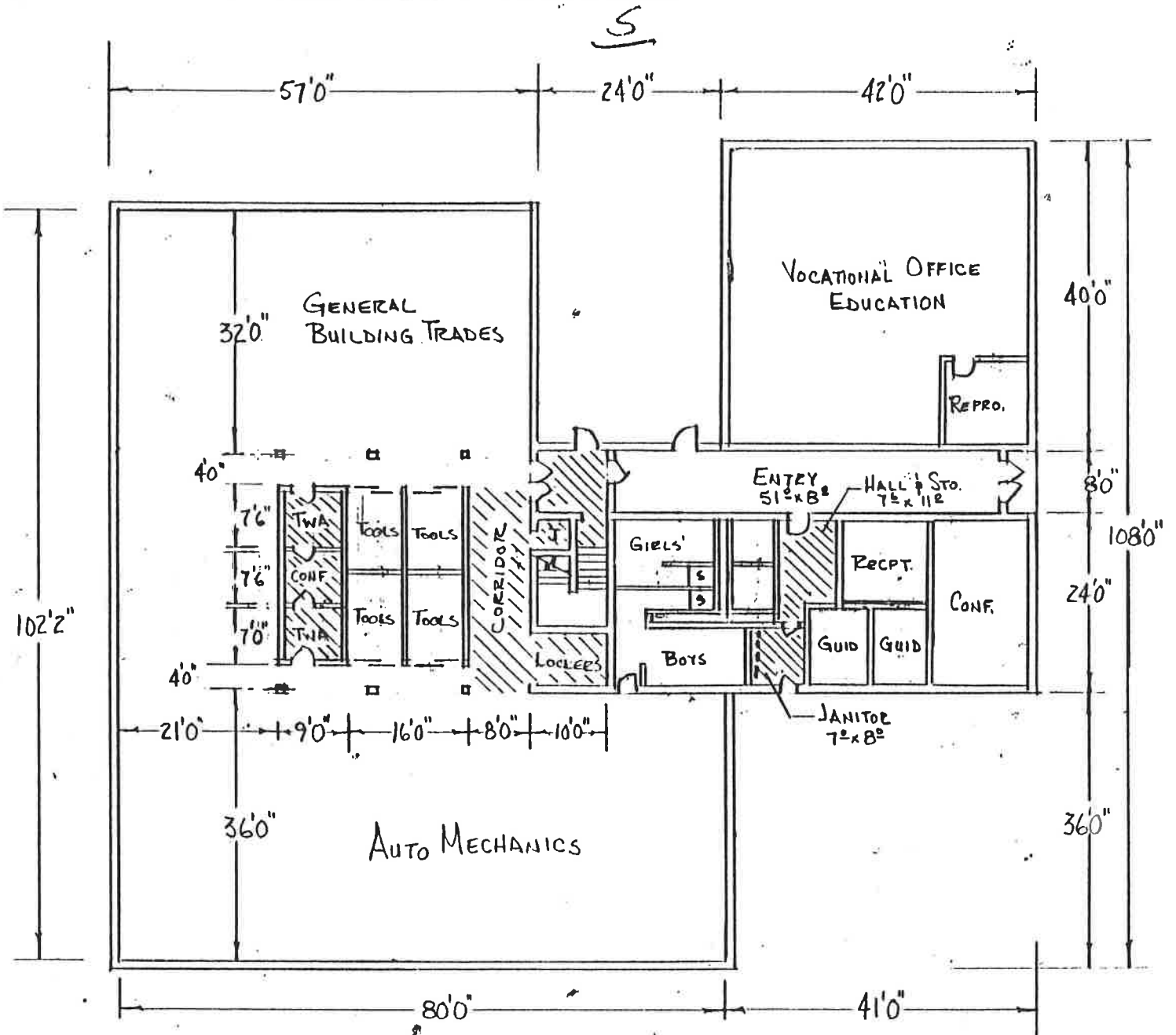


HOMOGENEOUS AREA J  
SCALE 1" = 20'

--- TSI

 VINYL ASBESTOS  
 FLOOR TILE

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA N

SCALE 1" = 20'

N

--- TSI

J- JANITOR ROOM 4' x 4'

▨ VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

## FOLLOW-UP ACTIONS

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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

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

SEE ATTACHED SHEET

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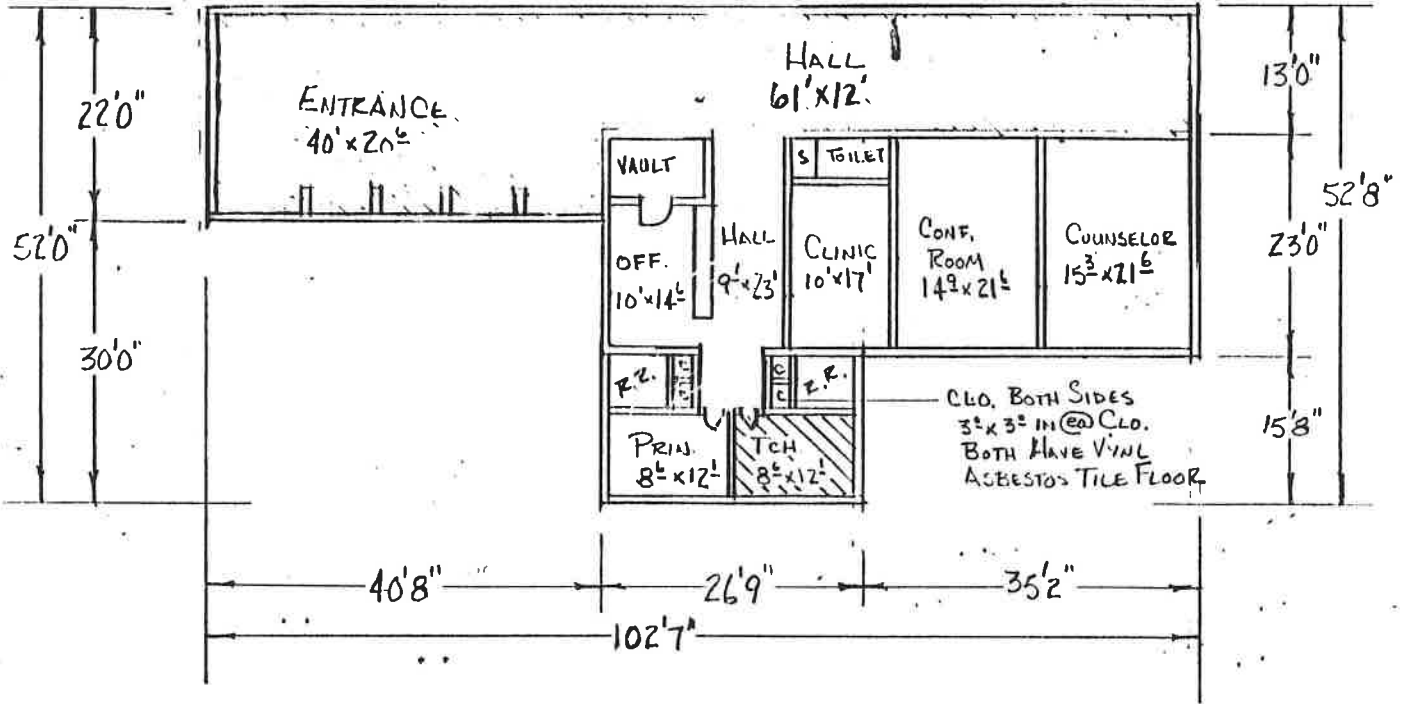
**LEA:** Chester County

**LEA NO.:** 120

**Date:** 9/30/88

Identify limits of homogeneous area and sample locations.

5



HOMOGENEOUS AREA A

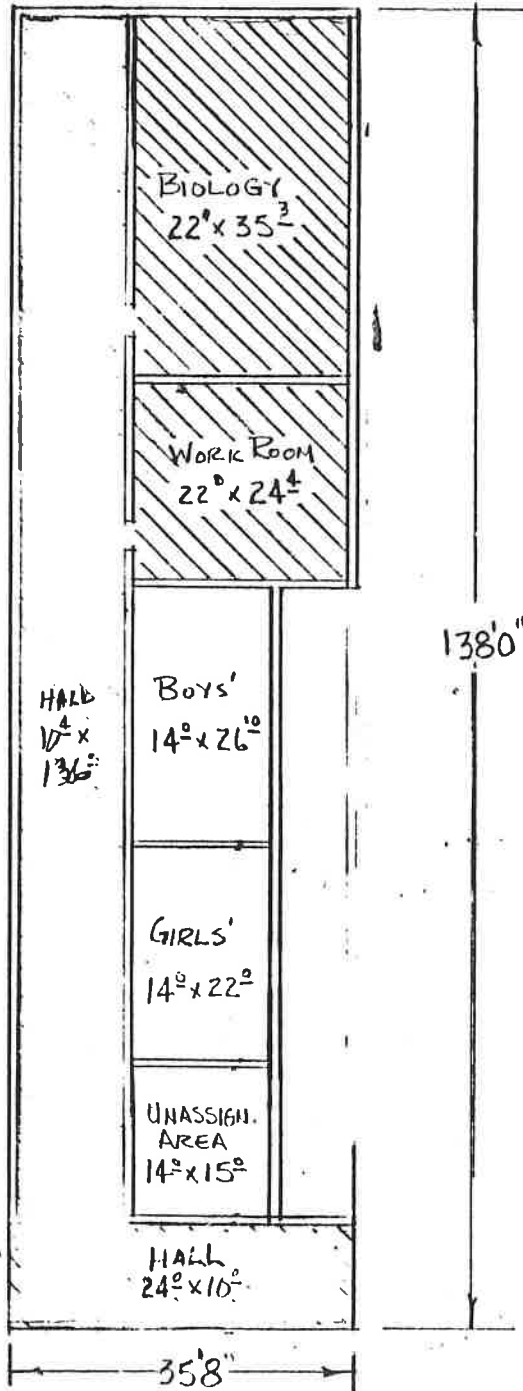
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA B

SCALE 1"=20'

 VINYL ASBESTOS FLOOR TILE

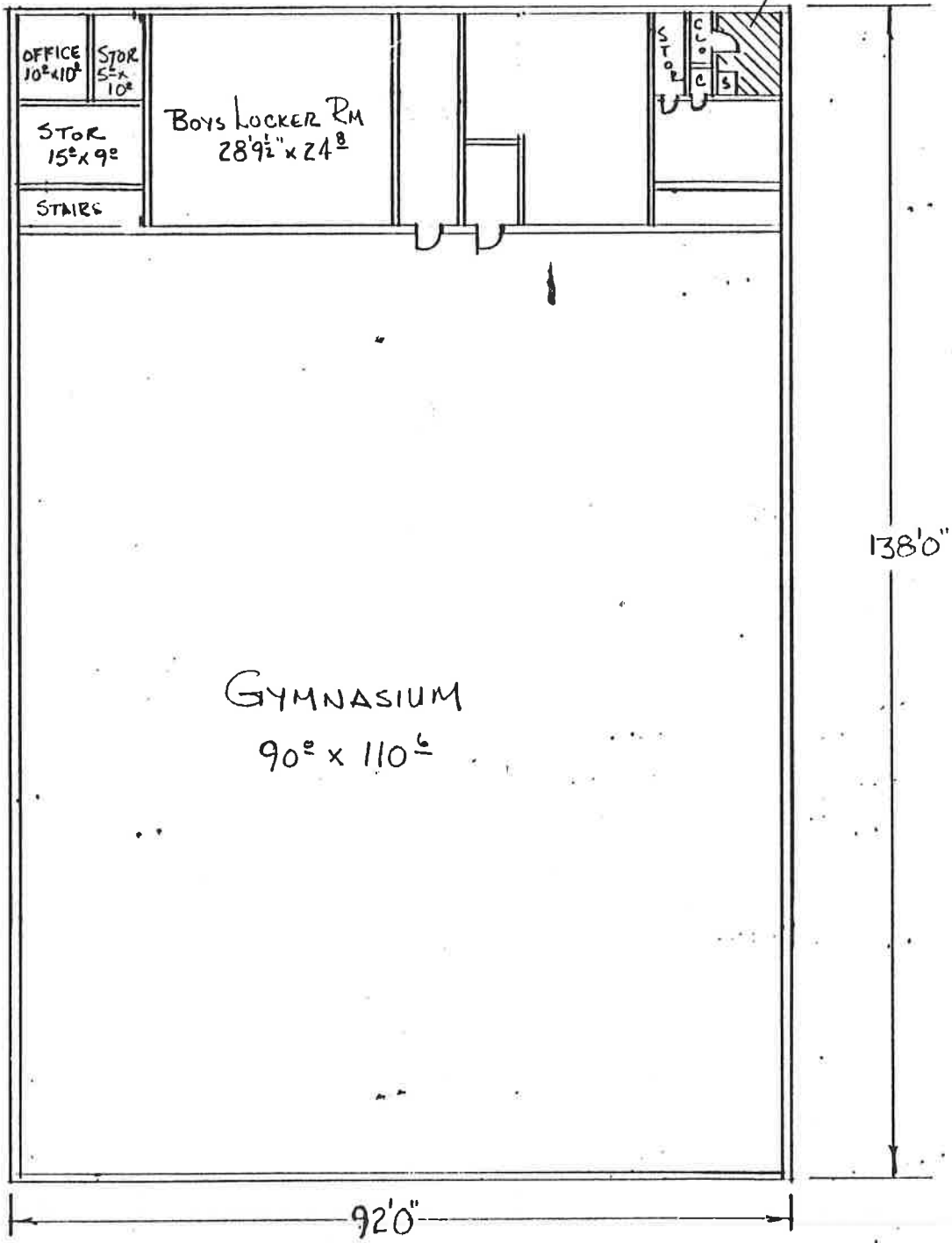
D

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C  
SCALE 1" = 20'

 VYNL ASBESTOS FLOOR TILE

N

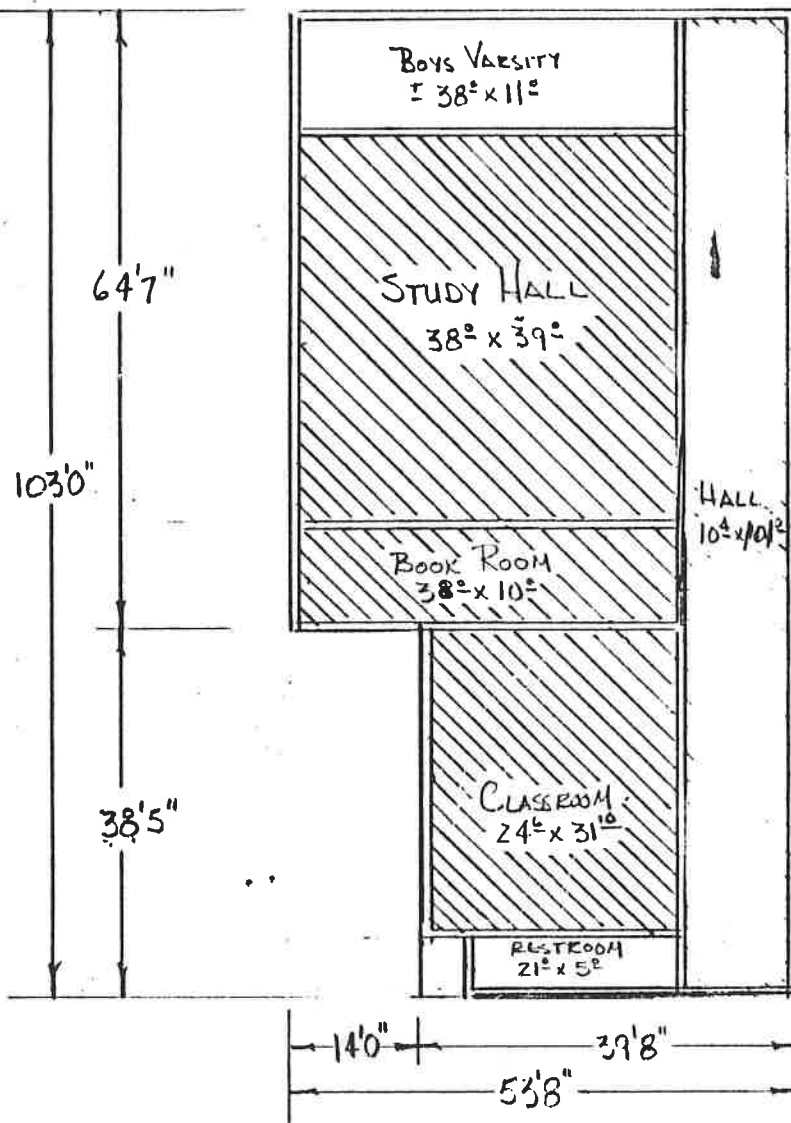
LEA: Chester County LEA NO.: 120

Date: 9/30/88



Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

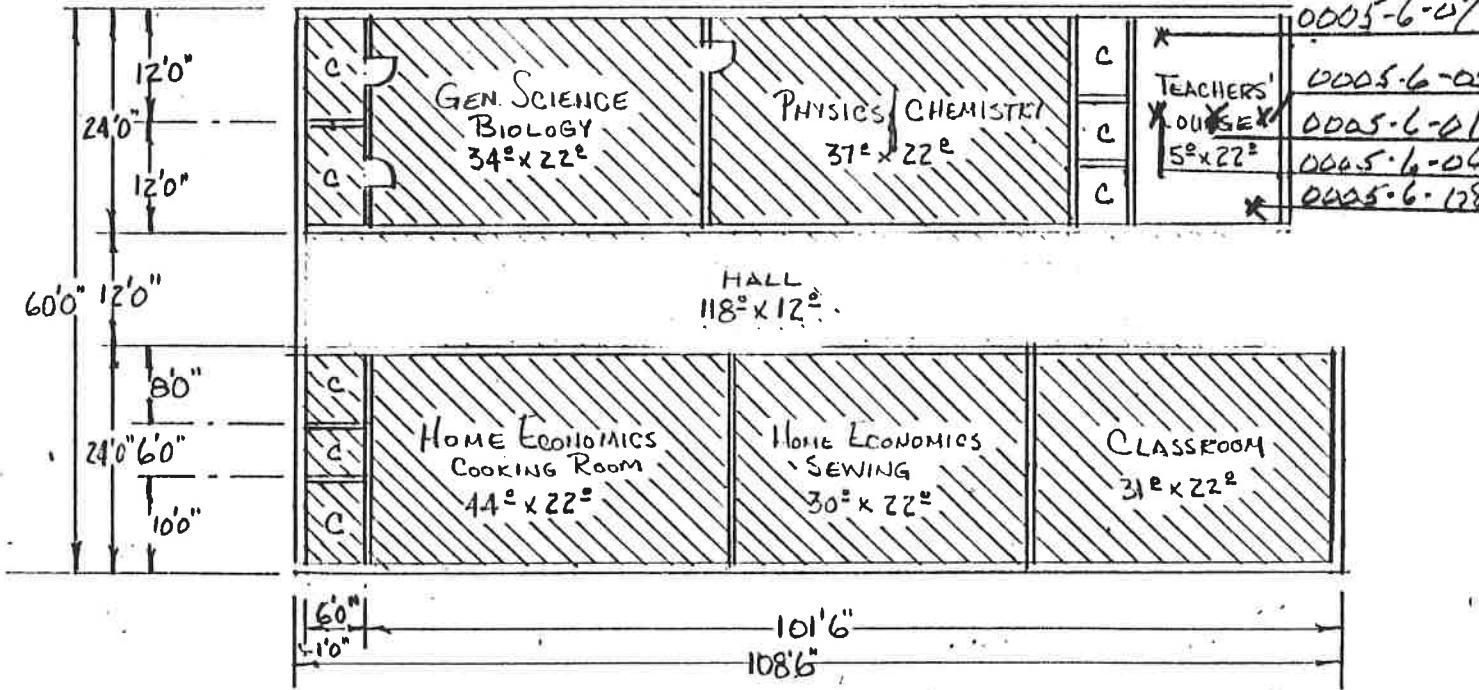
LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S

SAMPLES



HOMOGENEOUS AREA E

SCALE 1"=20'

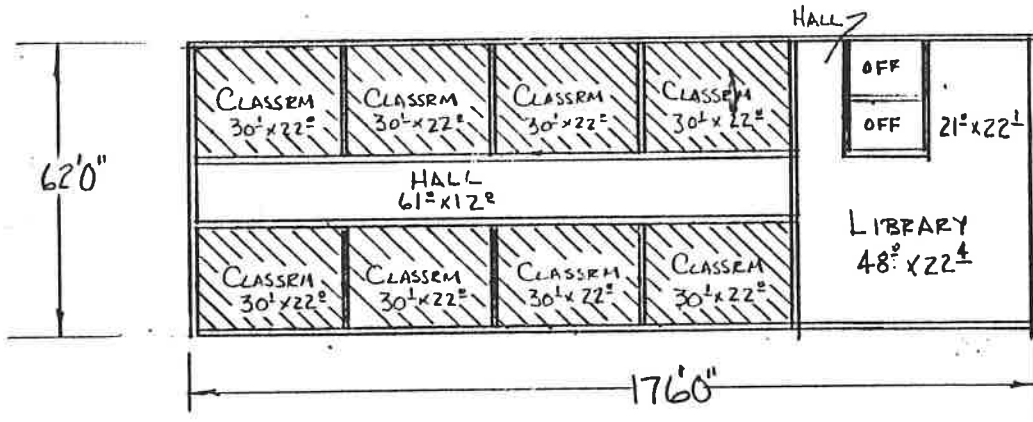
VINYL ASBESTOS FLOOR TILE

C CLOSET

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA F

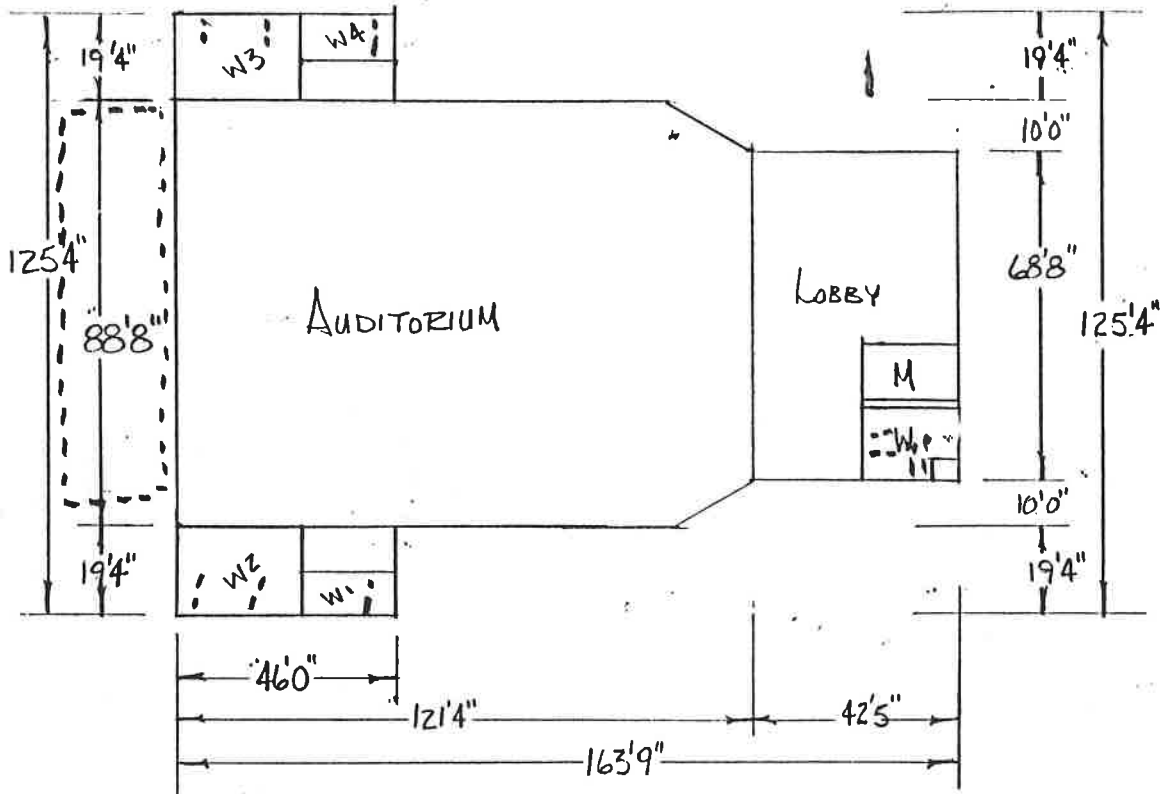
SCALE 1" = 40'

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



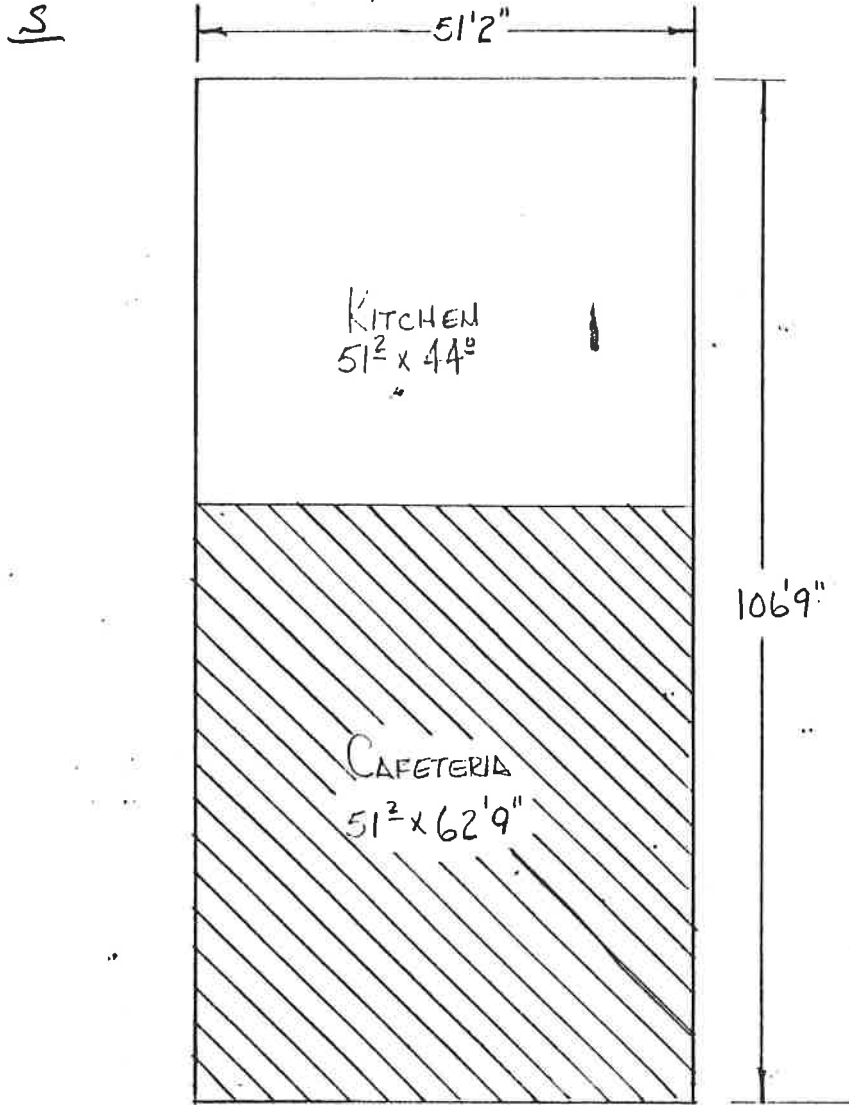
HOMOGENEOUS AREA G

SCALE 1" = 40'

----- TSI

N

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA H

SCALE 1"=20'

 **VYNL ASBESTOS FLOOR TILE**

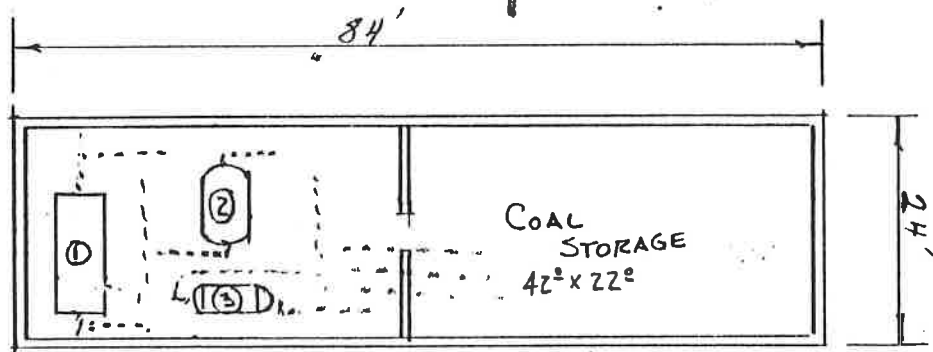
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



BOILER ROOM

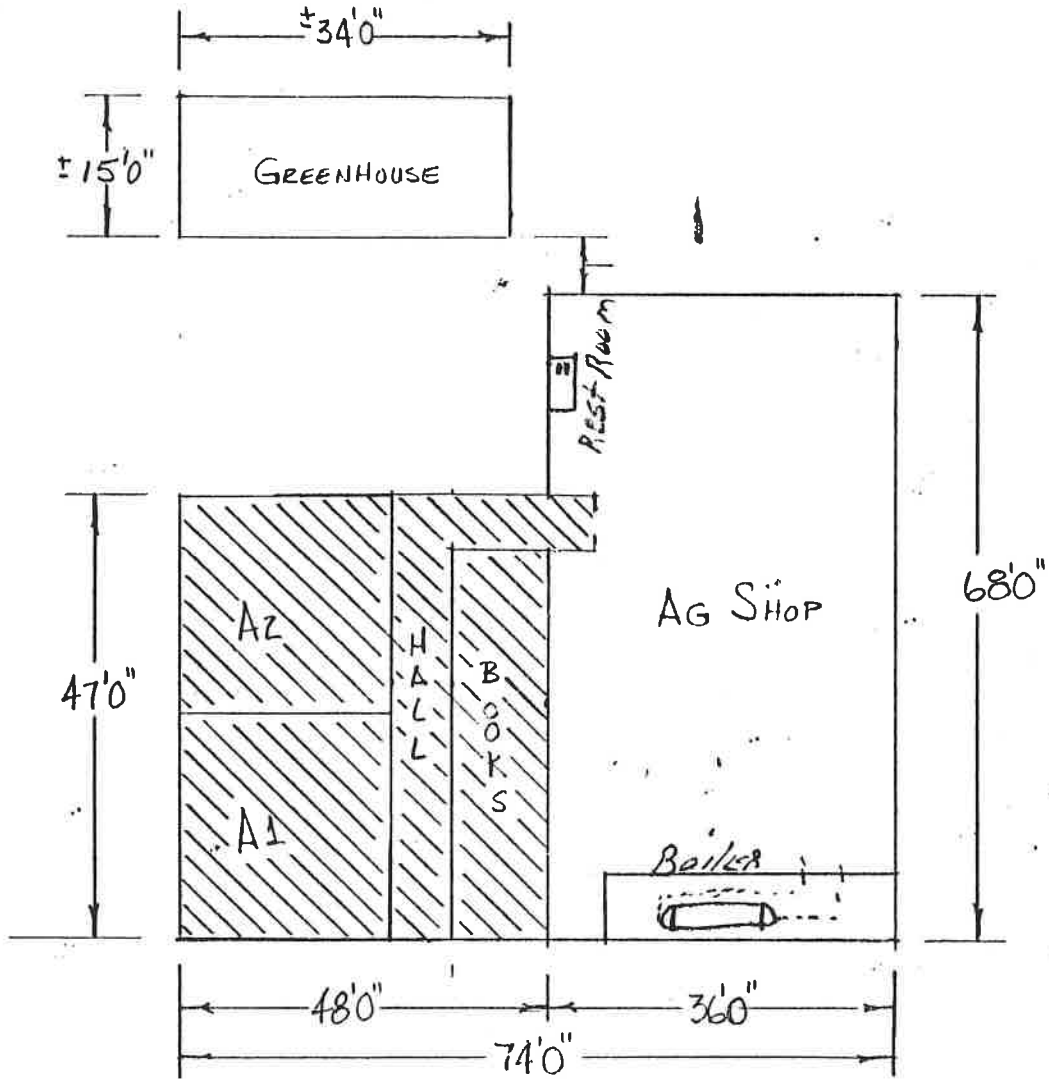
SCALE 1" = 20'

TSI

N

Identify limits of homogeneous area and sample locations.


S



HOMOGENEOUS AREA J

SCALE 1" = 20'

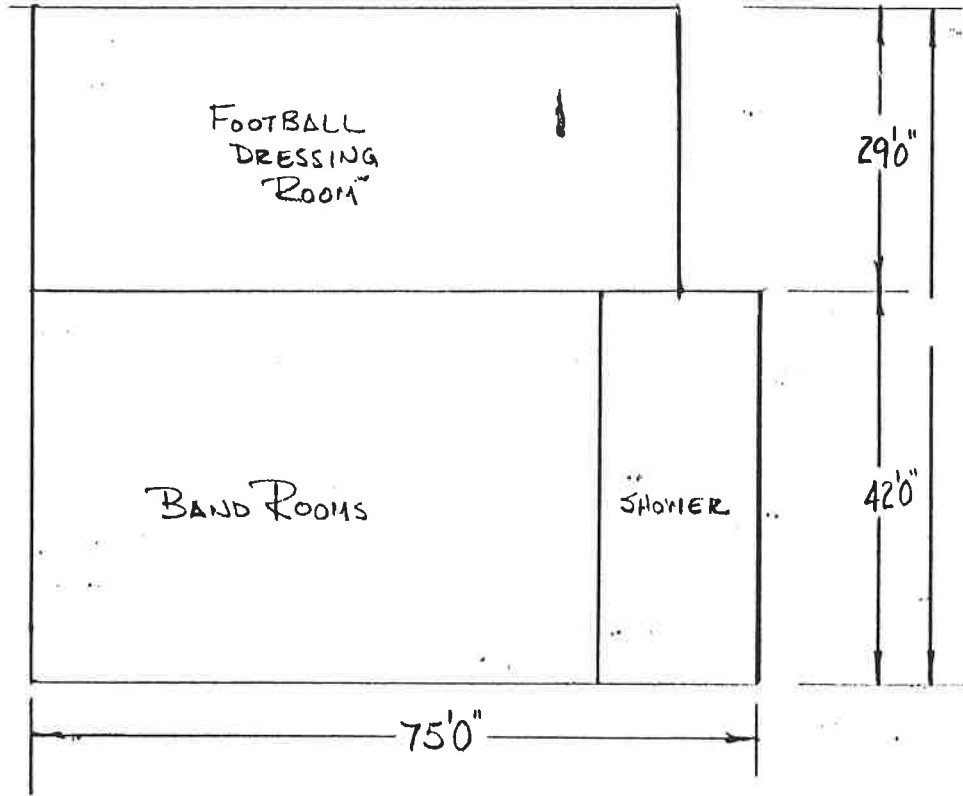
--- TSI

 VINYL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA K

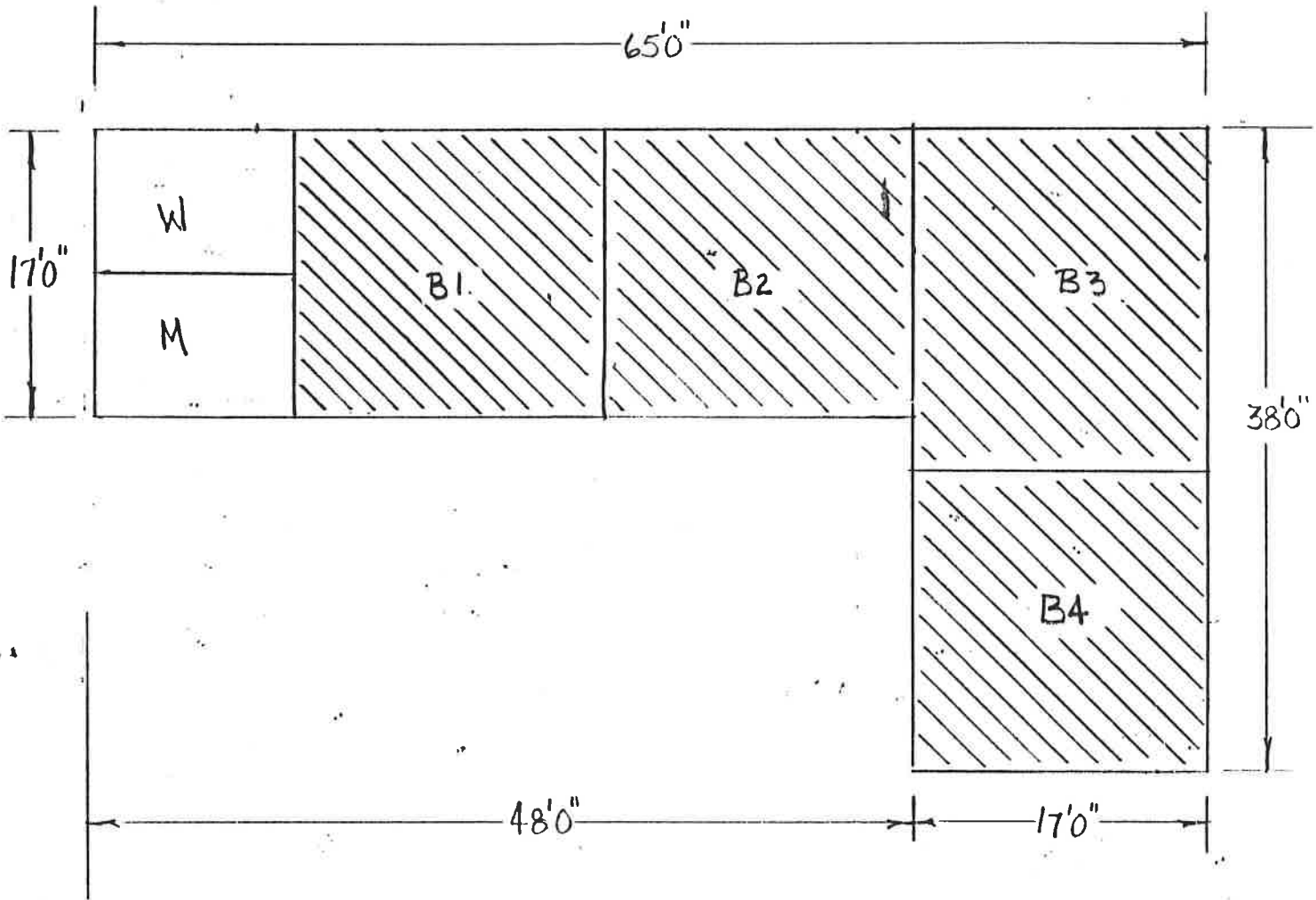
SCALE 1" = 20'

N




Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA L

SCALE 1"=10'

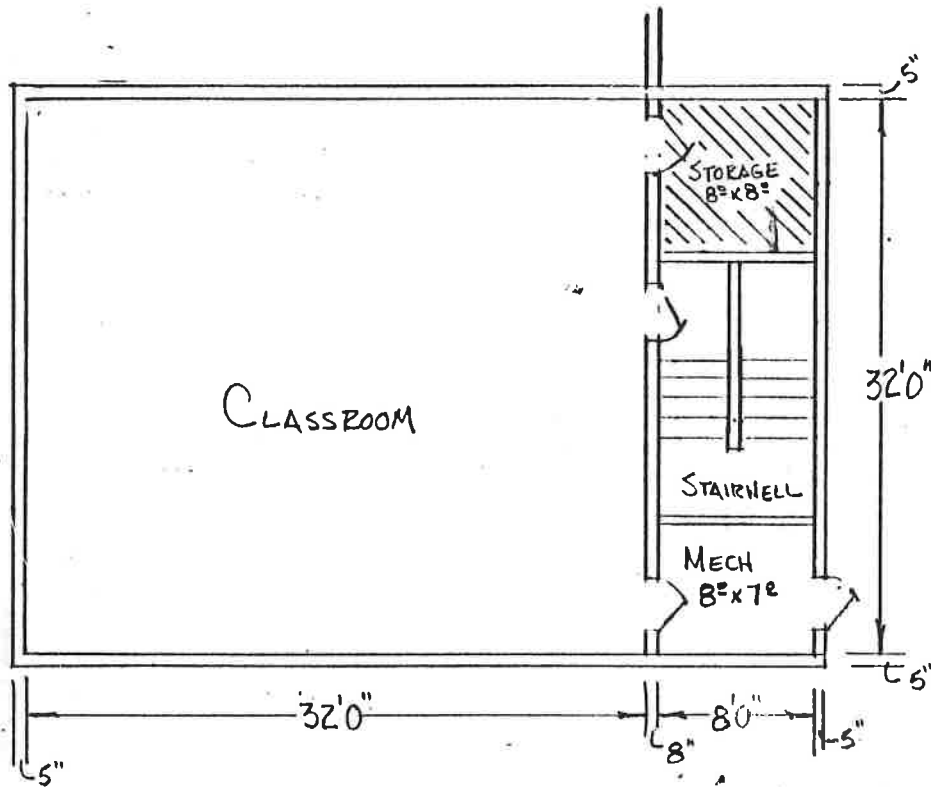
 VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA N

SCALE 1" = 10'

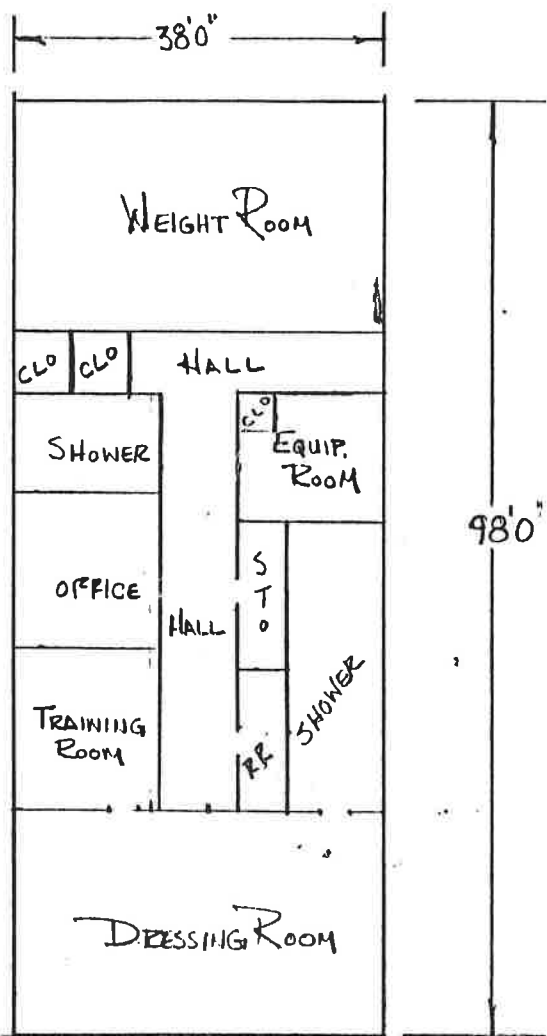
 VINYL ASBESTOS  
FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA N

SCALE 1"=20'

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

In areas 1,2,3,4,5,6,8,10, 12 and 13, there is assumed floor tile containing asbestos. The floor tile is a hard surface which releases fibers at a slow rate. There should be no drilling, sawing, breaking or cutting 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. Custodian's will be instructed to avoid dropping anything which may damage the tile.
- V. No dry brooms, mops or dust cloths are to be used on the tile.
- VI. A good coat of commercial grade wax is to be kept on the tile at all times.
- VII. In case of a piece of tile breaking, the following shall be observed:
  - A. The area is to be marked off.
  - B. Signs posted to prevent entry.
  - C. All HVAC units in the area closed down.
  - D. Maintenance men will come in with proper equipment after school or at night and make necessary repairs.
  - E. The wet cleaning method with HEPA filtered vacuum will be used for clean up.
  - F. All debris will be disposed of according to EPA regulations.
  - G. For major release, the building will be closed down and a company accredited to remove asbestos shall be called in.
  - H. All records must be kept in the Principal's office.

In areas 7,9,10 and 13 there is assumed friable TSI. This material shows signs of physical damage and deterioration on about 2% of the insulation. This material must be repaired using Lag-Kap, Lag-Kloth and Lag-Kote. Metal wrapping must be placed over the TSI that students may come in contact with. This will make the TSI non-friable. For small disturbances the following procedures will be used.

(SEE ATTACHED SHEETS)

## 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 bulletts in Section 8.1.3, small disturbances) should be followed.

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

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

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

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:** 8-9-88

**Date Received by Laboratory:** 8-10-88

Tennessee Health and Environment

**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 Surfacing Material

Inspector's Sample No.	Description of Material Sampled	Sample Location	Laboratory Sample No.	Asbestos Type/Percentage
0005-6-01	Granular Surface Material	Teacher's Lounge	2589169	None
0005-6-07	Granular Surface Material	Teacher's Lounge	2589170	None
0005-6-08	Granular Surface Material	Teacher's Lounge	2589171	None
0005-6-06	Granular Surface Material	Teacher's Lounge	2589172	None
0005-6-05	Granular Surface Material	Teacher's Lounge	2589172	None

# 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)

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



# OPERATIONS AND MAINTENANCE PROCEDURES

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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

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

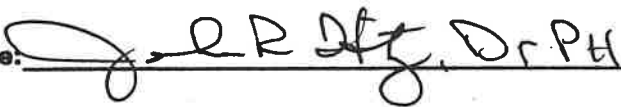
Laboratory: Jackson Branch Laboratory

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**

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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.

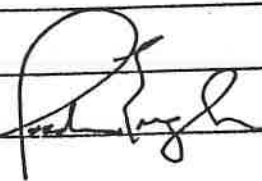
**BULK SAMPLE ANALYSIS**

IEA: Chestnut County Board of Education  
 School: Chestnut County High School  
 Building: \_\_\_\_\_  
 Sample Date: 8/9/88  
 Analysis Date: 8/11/88  
 Analysis Method: Polarized light microscopy with D.S

HOMOGENEOUS AREA(S): 10'

Owner	Sample ID	Lab	Asbestos Type	Comments
	0005-6-01	2J89/69	none	
	0005-6-07	2J89/70	none	
	0005-6-08	2J89/71	none	
	0005-6-06	2J89/72	none	
	0005-6-05	2J89/73	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: \_\_\_\_\_  
 Typed Name: Jordan English Signature:  Date: 8/11/88

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 Chester County High School LOCATION ?  
IDENTIFICATION Teachers Lounge- granular surface mat. FIELD # 0005-6-01  
AGENCY \_\_\_\_\_ EDUCATION \_\_\_\_\_ COUNTY Chester BILLING CODE \_\_\_\_\_  
SEND REPORT TO: \_\_\_\_\_ DATE COLLECTED 8/09/88 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>8/10/88</u>	BY	<u>Jordan English</u>	LAB.#	<u>2J89/69</u>
USE	DATE ANALYZED	<u>8/11/88</u>	BY	<u>Jordan English</u>		
ONLY	DATE REPORTED	<u>8/11/88</u>	BY	<u>Jordan English</u>		

GROSS APPEARANCE

FIBROUS     NONFIBROUS     HOMOGENEOUS     HETEROGENEOUS  
 LAYERED                      NUMBER OF LAYERS \_\_\_\_\_

SAMPLE TREATMENT

UNTREATED     HOMOGENIZED     OTHER \_\_\_\_\_

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING  
 OTHER \_\_\_\_\_

QUALITATIVE RESULTS

ASBESTOS FOUND     NO ASBESTOS OBSERVED     UNSATISFACTORY

QUANTITATIVE RESULTS \*

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
55	quartz				
44	binder				
1	cellulose				

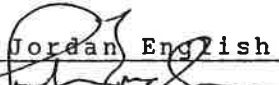
\* PERCENT BY VOLUME UNLESS STATED OTHERWISE

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 8/11/88

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 Chester County High School LOCATION ?  
 IDENTIFICATION Teachers lounge-granular surface material FIELD # 0005-6-07  
 AGENCY EDUCATION COUNTY Chester BILLING CODE \_\_\_\_\_  
 SEND REPORT TO: Mr. Gene Cain DATE COLLECTED 8/09/88 BY Gene Cain  
Madison County Board of Education ANALYSIS REQUESTED:  
701 South Highland Avenue [ ] QUALITATIVE  
Jackson, TN 38301 [x] QUANTITATIVE  
 [ ] QUANTITATE ACM ONLY

LAB	DATE RECEIVED	8/10/88	BY	Jordan English	LAB.#	2J89/70
USE	DATE ANALYZED	8/11/88	BY			
ONLY	DATE REPORTED	8/11/88	BY	Jordan English		

GROSS APPEARANCE

[x] FIBROUS [ ] NONFIBROUS [ ] HOMOGENEOUS [x] HETEROGENEOUS  
 [ ] LAYERED NUMBER OF LAYERS \_\_\_\_\_

SAMPLE TREATMENT

[x] UNTREATED [ ] HOMOGENIZED [ ] OTHER \_\_\_\_\_

METHOD OF ANALYSIS

[x] POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING  
 [ ] OTHER \_\_\_\_\_

QUALITATIVE RESULTS

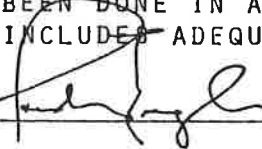
[ ] ASBESTOS FOUND [x] NO ASBESTOS OBSERVED [ ] UNSATISFACTORY

QUANTITATIVE RESULTS \*

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
58	quartz				
40	binder				
1	cellulose				
1	mafic/other				

\* PERCENT BY VOLUME UNLESS STATED OTHERWISE

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SUPERVISOR:  DATE 8/11/88

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 Chester County High School LOCATION ?  
IDENTIFICATION Teachers lounge-granular surface material FIELD # 0005-6-08  
AGENCY EDUCATION COUNTY Chester BILLING CODE \_\_\_\_\_  
SEND REPORT TO: \_\_\_\_\_ DATE COLLECTED 8/09/88 BY Gene Cain

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

ANALYSIS REQUESTED:

- [ ] QUALITATIVE  
[x] QUANTITATIVE  
[ ] QUANTITATE ACM ONLY

LAB	DATE RECEIVED	8/10/88	BY	Jordan English	LAB.#	2J89/71
USE	DATE ANALYZED	8/11/88	BY	<i>[Signature]</i>		
ONLY	DATE REPORTED	8/11/88	BY	Jordan English		

GROSS APPEARANCE

- [x] FIBROUS    [ ] NONFIBROUS    [ ] HOMOGENEOUS    [x] HETEROGENEOUS  
[ ] LAYERED                      NUMBER OF LAYERS \_\_\_\_\_

SAMPLE TREATMENT

- [x] UNTREATED    [ ] HOMOGENIZED    [ ] OTHER \_\_\_\_\_

METHOD OF ANALYSIS

- [x] POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING  
[ ] OTHER \_\_\_\_\_

QUALITATIVE RESULTS

- [ ] ASBESTOS FOUND    [x] NO ASBESTOS OBSERVED    [ ] UNSATISFACTORY

QUANTITATIVE RESULTS \*

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
61	quartz	<1	carbonate		
35	binder				
<1	cellulose				
<1	plagioclase				
<1	gypsum				

\* 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 8/11/88

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 Chester County High School LOCATION ?  
IDENTIFICATION Hall to lounge-granular surface material FIELD # 0005-6-06  
AGENCY EDUCATION COUNTY Chester BILLING CODE   
SEND REPORT TO: Mr. Gene Cain DATE COLLECTED 8/09/88 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	8/10/88	BY	<u>Jordan English</u>	LAB.#	2J89/72
USE	DATE ANALYZED	8/11/88	BY	<u>Jordan English</u>		
ONLY	DATE REPORTED	8/11/88	BY	<u>Jordan English</u>		

GROSS APPEARANCE

FIBROUS     NONFIBROUS     HOMOGENEOUS     HETEROGENEOUS  
 LAYERED    NUMBER OF LAYERS           

SAMPLE TREATMENT

UNTREATED     HOMOGENIZED     OTHER           

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING  
 OTHER           

QUALITATIVE RESULTS

ASBESTOS FOUND     NO ASBESTOS OBSERVED     UNSATISFACTORY

QUANTITATIVE RESULTS \*

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
50	quartz				
45	binder				
4	gypsum				
<1	cellulose				

\* PERCENT BY VOLUME UNLESS STATED OTHERWISE

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SUPERVISOR: *Jordan English* DATE 8/11/88



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 Chester County High School LOCATION ?  
 IDENTIFICATION Hall to lounge-granular surface material FIELD # 0005-6-05  
 AGENCY EDUCATION COUNTY Chester BILLING CODE \_\_\_\_\_  
 SEND REPORT TO: DATE COLLECTED 8/09/88 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	8/10/88	BY <u>Jordan English</u>	LAB.#	2J89/73
	DATE ANALYZED	8/11/88	BY <u>Jordan English</u>		
	DATE REPORTED	8/11/88	BY <u>Jordan English</u>		

GROSS APPEARANCE

FIBROUS  NONFIBROUS  HOMOGENEOUS  HETEROGENEOUS  
 LAYERED NUMBER OF LAYERS \_\_\_\_\_

SAMPLE TREATMENT

UNTREATED  HOMOGENIZED  OTHER \_\_\_\_\_

METHOD OF ANALYSIS

POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING  
 OTHER \_\_\_\_\_

QUALITATIVE RESULTS

ASBESTOS FOUND  NO ASBESTOS OBSERVED  UNSATISFACTORY

QUANTITATIVE RESULTS \*

%	CONSTITUENT	%	CONSTITUENT	%	CONSTITUENT
60	quartz				
38	binder				
1	cellulose				
≤1	other				

\* PERCENT BY VOLUME UNLESS STATED OTHERWISE

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SUPERVISOR: Jordan English DATE 8/11/88

SAMPLE LOG and SAMPLE NOTES

DOCUMENT NUMBER

--

Building Number and Name

0005	Chester County High School
Sample Area/Lot Number and Name	
Drawing/Sketch Number and Name	
'D'	

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
0005 6-01	(J)		GRANULAR SURFACE MATERIAL	TEACHERS LOUNGE
0005 6-07	(J)		GRANULAR SURFACE MATERIAL	TEACHERS LOUNGE
0005 6-08	(J)		GRANULAR SURFACE MATERIAL	TEACHERS LOUNGE
0005 6-06	(J)		GRANULAR SURFACE MATERIAL	HALL TO LOUNGE
0005 6-05	(J)		GRANULAR SURFACE MATERIAL	HALL TO LOUNGE

Receiving Analyst's Name      Receiving Analyst's Firm

Jordan English	Jackson Branch Lab.
Receiving Analyst's Signature <i>Jordan English</i>	Date Samples Received 8/10/88

Inspector's Name      Inspector's Firm

<i>CORNE CRAIN</i>	MADISON CO. Bd. of Ed.
Inspector's Signature <i>Corne Crain</i>	Date Samples Collected 8/9/88

701 SOUTH HIGHLAND AVE  
JACKSON, TN. 38301

# GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

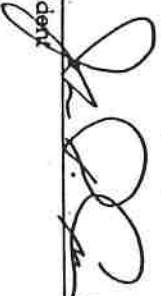
GENE E. CAIN

has successfully completed

Inspecting Buildings For Asbestos  
Containing Materials

conducted by  
GEORGIA TECH  
EDUCATION EXTENSION SERVICES  
Atlanta, Georgia

MARCH 21-23, 1988

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Director, Education Extension Services  
Associate Vice President for Academic Affairs



# The Georgia Institute of Technology

## Gene E. Cain

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

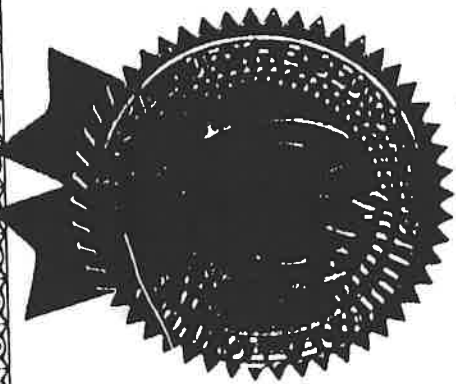
“INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS”

477

Certificate Number

March 23 1988

Date



*Eric Shurlay*  
Course Director

*Matthew M. Mable*  
Exam Administrator

# The Georgia Institute of Technology

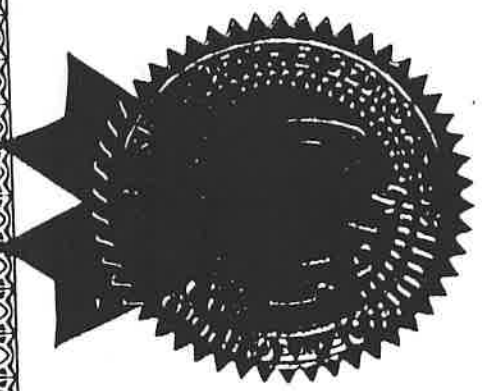
## Gene E. Cain

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

“MANAGING ASBESTOS IN BUILDINGS”

Certificate Number 418

Date March 25, 1988



*Joni Hurlley*  
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

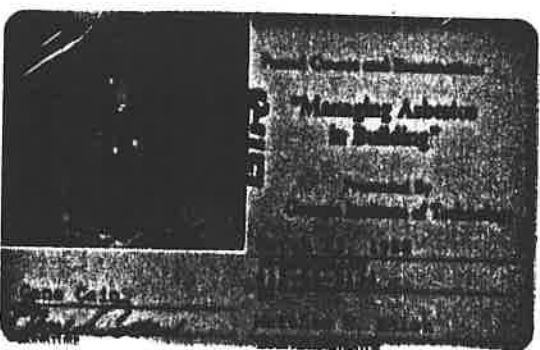
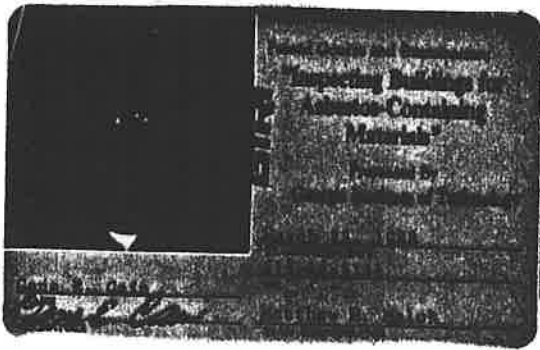
Atlanta, Georgia

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: N95 7760

By: R. Schuster Size M7

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

EMPLOYEE TRAINING FORM

Maintenance & Custodial

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
Neil Ross	Janitor Jackson Creek
Alonso Roy Climer	Janitor East Chester
P. C. Burross	Janitor West Chester
G. R. Edgson	Janitor North Chester
W. J. Nesmith	Custodian - East
Shelby King	Walter
J. L. ...	Custodian - Jr. High C-11 B
David 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 Cafeteria

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

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

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

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Johnny Hayes</u>	<u>Janitor High School</u>
<u>Marion C. Davis</u>	<u>Janitor Jr. High School</u>
<u>Darryl Walker</u>	<u>NAI</u>
<u>Kathy Calney Mays</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 White</u>	<u>MCINT</u>
<u>Lloyd H. King</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: Gene Cain

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

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouses

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>[Signature]</u>
<u>[Signature]</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



11/11/88

**EMPLOYEE TRAINING FORM**

Location of Training: Charter 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**

Dwight H. [Signature]

Meant

loyd H. King

11 11

\_\_\_\_\_\*

\_\_\_\_\_\*

\_\_\_\_\_\*

\_\_\_\_\_\*

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\_\_\_\_\_\*

\_\_\_\_\_\*

\_\_\_\_\_\*

\_\_\_\_\_\*

\* 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>[Signature]</u>	<u>Maint</u>
<u>[Signature]</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:** 

**Date:** 9/30/88

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

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

Signature: *Gene Cain*

Date: 9/30/88

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:** 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

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

Date: 9/30/88

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

LEA: Chester County LEA NO.: 120

Date: 9/30/88



# CHESTER COUNTY BOARD OF EDUCATION

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

KATHY COATNEY MAYS, Superintendent

M E M O

TO: Principals -- *Mr. Miller*  
FROM: Kathy Coatney Mays *Kathy Coatney Mays*  
SUBJECT: Asbestos Inspection  
DATE: January 4, 1990

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

KCM:cb

DWAIN SEATON, Chairman  
Route 2, Beech Bluff

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

STEVE LONG  
573 Woods Dr., Henderson

DANNY SWAFFORD  
Enville

JOE COX  
522 Jacks Creek Circle, Henderson

GENE HIBBETT  
482 White Ave., Henderson

JOE HOLMES, JR.  
Route 2, Henderson

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

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

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

Date of Surveillance: 12/13/89

Surveillance Inspector's\* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12/20/89

LEA: Chester Co. High School LEA NO.: 120

Date: 12/20/89



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

HA No.	Description of ACBM	Area Inspected	Change in Condition (if any)
8	Asphalt Tile	All	None
9	Pipe Wrapping	All	None
10	Pipe Wrapping Asphalt Tile	All	None
12	Vinyl Asbestos Tile	All	None
13	Pipe Wrapping Vinyl Asbestos Tile	All	None

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

Date of Surveillance: 12/13/89

Surveillance Inspector's\* Signature: *Gene Cain*

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12/20/89

LEA: Chester County LEA NO.: 120

Date: 12/20/89

# SAFETY • TRAINING • ECOLOGY • DESIGN

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

## CERTIFICATE OF COMPLETION

**EDDIE MILLER**

has successfully completed and passed an examination for the course of

**EPA/AHERA Approved Accreditation Course**

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

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

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

*Melanie M Wright*  
\_\_\_\_\_  
Classroom Instructor

*Dr. B. Wright*  
\_\_\_\_\_  
Field Instructor

*Melanie M Wright*  
\_\_\_\_\_  
Director of Programs

# Asbestos

## CERTIFICATE OF ACHIEVEMENT



Awarded to

*LARRY EDDIE MILLER*

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

Course Date

MAY 20, 1999

Expiration Date

*Thyllis Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284

Asbestos  
REFRESHER

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

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In accordance with EPA TSCA Title II accreditation standards for  
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### 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 18<sup>th</sup>, 2000 in Memphis, Tennessee**

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

BIMPR431-53-1229  
Certificate Number

*David B. Wright*  
Classroom Instructor

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

*Melanie M. Wright*  
Melanie M. Wright, Course Administrator

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





# 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 =



Instructor

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

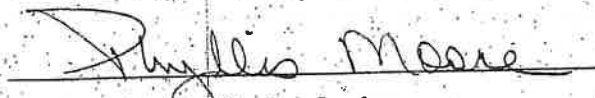
Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date



**Environmental Technologies**

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



# Asbestos

## 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



**SAFETY • TRAINING • ECOLOGY • DESIGN**

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

**CERTIFICATE OF COMPLETION**

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**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

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*LARRY EDDIE MILLER*

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431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

Course Date

MAY 20, 1999

Expiration Date

*Angelia Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



# Asbestos

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*LARRY EDDIE MILLER*

In accordance with EPA TSCA Title II accreditation standards for  
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### 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  
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**Asbestos Building Inspector/Management Planner  
Annual Refresher Training Course**

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

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

BIMPR431-53-1229  
Certificate Number

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

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



Instructor

*R. Bull Miller*  
President

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

M·E·T·A 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)



# THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  
 SCHOOL BUILDING NAME: Chester County Middle School  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7-09-89

LEA #: 120  
 BUILDING #: Main Building  
 INSPECTION DATE: 8-03-98



	EA NUMBER 1		EA NUMBER 2		EA NUMBER 3		EA NUMBER 4	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI SURFACING	X	X	X	X	X	X	X	X
MISCELLANEOUS								
<b>CHECK ONE</b>								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>EXPOSURE CONSIDERATION</b>								
DETERIORATION (1 TO 5 (5 WORST))	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	3	3	3	3	3	3	3	3
EXPOSURE	5	5	5	5	5	5	5	5
ACCESSIBILITY	5	5	5	5	5	5	5	5
<b>LENGTH OF EXPOSURE (CHECK ONE)</b>								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK			X	X			X	X
20 HOUR / WEEK					X	X		
40 HOUR / WEEK	X	X						
<b>EXPOSURE POPULATION (CHECK ALL APPLICABLE)</b>								
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								
<b>ASSESSMENT (MARK FROM 1 TO 7)</b>								
1	5	5	5	5	5	5	5	5
<b>RESPONSE ACTIONS (MARK FROM A TO H)</b>								
A	A-B	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 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

Eddie Miller  
 INSPECTOR (Typed name)

Eddie Miller  
 MANAGEMENT PLANNER

[Signature]  
 SIGNATURE

[Signature]  
 SIGNATURE

431531229 / TN  
 ACCREDITATION #/STATE

431531229 / TN  
 ACCREDITATION #/STATE

LEA NAME: Chester County Schools LEA #: 120

SCHOOL BUILDING NAME: Chester County Middle School BUILDING #: Main Building

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7-09-89 INSPECTION DATE: 8-03-98



	HA NUMBER 5A		HA NUMBER 6		HA NUMBER 7A		HA NUMBER 7B	
CURRENT QUANTITY	6250 sq. ft.		5849 sq. ft.		600 ln. ft.		12,832 sq. ft.	
MATERIAL DESCRIPTION	Floor Tile		Floor Tile		Pipe Wrapping		Floor 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
* CHECK ONE								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	3	3	3	3	2	2	2	2
EXPOSURE	5	5	5	5	2	2	5	5
ACCESSIBILITY	5	5	5	5	3	3	5	5
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR / WEEK					X	X	X	X
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK	X	X	X	X				
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE		X	X	X	X	X	X	X
CUSTODIAL		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-B	A-B	A-B	A-B	B-C	B-C	B-C	B-C

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

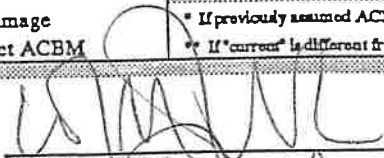
RESPONSE ACTIONS LEGEND

- |                                    |              |
|------------------------------------|--------------|
| A. Institute preventative measures | 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

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: Chester County Middle School

BUILDING #: Cafeteria

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

INSPECTION DATE: 8-03-98



	HA NUMBER		HA NUMBER		HA NUMBER		HA NUMBER	
	8							
	CURRENT QUANTITY 5466 sq. ft.		CURRENT QUANTITY Through Out		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
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
* CHECK ONE								
ASSUMED ACBM	X	X	X	X				
CONFIRMED ACBM								
NON-ACBM								
CHECK ONE								
NON-FRIABLE	X	X	X	X				
FRIABLE								
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY / VIBRATION	3	3	3	3				
EXPOSURE	5	5	3	3				
ACCESSIBILITY	5	5	3	3				
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR / WEEK								
5 HOUR / WEEK	X							
10 HOUR / WEEK								
HOUR / WEEK								
10 HOUR / WEEK		X	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	5	5				
* * RESPONSE ACTIONS								
(MARK FROM A TO H)	A-B	A-B	A-B	A-B				

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

- \* If previously 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

Eddie Miller  
INSPECTOR (Typed name)

[Signature]  
SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

Eddie Miller  
MANAGEMENT PLANNER

[Signature]  
SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Chester County Middle School

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



	HA NUMBER 9A		HA NUMBER 9B		HA NUMBER 9C		HA NUMBER 9D	
CURRENT QUANTITY	150 ln. ft.		160 ln. ft.		120 sq. ft.		Through Out	
MATERIAL DESCRIPTION	Pipe Wrapping		Boiler Jacket		Hot Water Tank insulation		2x4 Ceiling Tile	
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TSI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SURFACING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MISCELLANEOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ASSUMED ACBM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CONFIRMED ACBM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON-ACBM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON-FRIABLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FRIABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	2	2	2	2	3	
EXPOSURE	2	2	2	2	2	2	3	
ACCESSIBILITY	1	1	2	1	1	1	3	
LENGTH OF EXPOSURE								
1 HOUR / WEEK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 HOUR / WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 HOUR / WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 HOUR / WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40 HOUR / WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EXPOSURE POPULATION								
MAINTENANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CUSTODIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FACULTY / STAFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSESSMENT								
5	5	5	5	5	5	5	5	
RESPONSE ACTIONS								
B-C	B-C	B-C	B-C	B-C	B-C	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

431531229 / TN  
ACCREDITATION #/STATE

Eddie Miller  
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Chester County Middle School

BUILDING #: Agriculture

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

INSPECTION DATE: 8-03-98



CHECK ONE

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

HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
10A	10B	10C	
CURRENT QUANTITY 100 ln. ft.	CURRENT QUANTITY 30 sq. ft.	CURRENT QUANTITY 2,275 sq. ft.	CURRENT QUANTITY Through Out
MATERIAL DESCRIPTION Pipe Wrapping	MATERIAL DESCRIPTION Boiler Jacket	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile
LAST 3 YEAR	LAST 3 YEAR	LAST 3 YEAR	LAST 3 YEAR
CURRENT	CURRENT	CURRENT	CURRENT
X	X		
		X	X
X	X	X	X
X	X	X	X
2	2	1	1
2	2	1	1
1	2	1	1
2	3	3	3
2	3	5	5
3	3	5	5
	X		
	X		
X	X	X	X
X	X	X	X
X	X	X	X
X	X	X	X
5	5	5	5
5	5	5	5
B-C	B-C	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 | 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

431531229 / TN  
ACCREDITATION #/STATE

Eddie Miller  
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

LEA NAME: Chester County Schools  
 SCHOOL BUILDING NAME: Chester County Middle School  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7-09-89

LEA #: 120  
 BUILDING #: Business  
 INSPECTION DATE: 8-03-98



CHECK ONE

TSI  
 SURFACING  
 MISCELLANEOUS  
 \* CHECK ONE  
 ASSUMED ACBM  
 CONFIRMED ACBM  
 NON-ACBM

CHECK ONE  
 NON-FRIABLE  
 FRIABLE  
 EXPOSURE CONSIDERATION  
 1 TO 5 (5 WORST)  
 DETERIORATION  
 PHYSICAL DAMAGE  
 WATER DAMAGE  
 ACTIVITY / VIBRATION  
 EXPOSURE  
 ACCESSIBILITY

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

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

ASSESSMENT  
 (MARK FROM 1 TO 7)

RESPONSE ACTIONS  
 (MARK FROM A TO H)

HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
12			
CURRENT QUANTITY 2500 sq. ft.	CURRENT QUANTITY Through Out	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4, Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
LAST 3 YEAR	LAST 3 YEAR	LAST 3 YEAR	LAST 3 YEAR
CURRENT	CURRENT	CURRENT	CURRENT
X	X		
X	X		
X	X		
1	1		
1	1		
1	1		
3	3		
5	5		
5	5		
X	X		
X	X		
X	X		
X	X		
5	5		
5	5		
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

431531229 / TN  
 ACCREDITATION #/STATE

Eddie Miller  
 MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
 ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Chester County Middle School

BUILDING #: Vocations

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

INSPECTION DATE: 8-03-98



	HA NUMBER 13A	HA NUMBER 13B	HA NUMBER	HA NUMBER	
CURRENT QUANTITY	1000 sq. ft.	25 in. ft.	Through Out	CURRENT QUANTITY	
MATERIAL DESCRIPTION	Floor Tile	Pipe Wrapping	2x4 Ceiling Tile	MATERIAL DESCRIPTION	
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI		X	X		
SURFACING	X	X	X	X	X
MISCELLANEOUS					
CHECK ONE					
ASSUMED ACBM	X	X	X	X	
CONFIRMED ACBM					
NON-ACBM					
CHECK ONE					
NON-FRIABLE	X	X	X	X	
FRIABLE					
EXPOSURE CONSIDERATION					
(1 TO 5 (5 WORST))					
DETERIORATION	1	1	1	1	
PHYSICAL DAMAGE	1	1	1	1	
WATER DAMAGE	1	1	1	1	
ACTIVITY / VIBRATION	3	3	2	2	
EXPOSURE	5	5	2	2	
ACCESSIBILITY	5	5	3	3	
LENGTH OF EXPOSURE					
(CHECK ONE)					
1 HOUR / WEEK			X	X	
5 HOUR / WEEK					
10 HOUR / WEEK					
HOUR / WEEK	X	X			
0 HOUR / WEEK					
EXPOSURE POPULATION					
(CHECK ALL APPLICABLE)					
MAINTENANCE	X	X	X	X	
CUSTODIAL	X	X	X	X	
FACULTY / STAFF	X	X	X	X	
PUBLIC	X	X	X	X	
ASSESSMENT					
(MARK FROM 1 TO 7)	5	5	5	5	
RESPONSE ACTIONS					
(MARK FROM A TO H)	A-B	A-B	B-C	B-C	A-B

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Eddie Miller  
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

Eddie Miller  
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS  
 SCHOOL NAME: CHESTER COUNTY MIDDLE  
 BUILDING NAME: CHESTER COUNTY MIDDLE


LEA #: 791  
 SCHOOL #: CAFE

**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
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  
 TAHERA 9.0 (12/93)



## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**INSTRUCTIONS:**

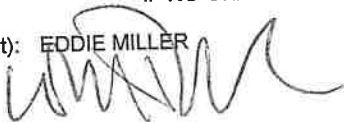
AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate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

HA #	DESCRIPTION OF ACBM	AREA INSPECTED	1ST SIX MONTHS	2ND SIX MONTHS	DATE REMOVED
			DATE FALL: 10-6-97	DATE SPRING 4-03-98	
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	
9A	PIPE INSULATION	ALL	GOOD	N/C	
9B	BOILERWRAP INSULATION	ALL	GOOD	N/C	
9C	H2O TANK INSULATION	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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: AGRI

BUILDING NAME: CHESTER COUNTY MIDDLE

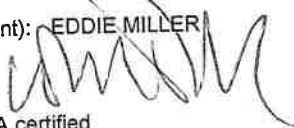
**INSTRUCTIONS:** AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed 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
10A	BOILER JACKET	ALL	GOOD	N/C	
10B	PIPE INSULATION	ALL	GOOD	N/C	
10C	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

TAHERA 9.0 (12/93)

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: BUSINESS

BUILDING NAME: CHESTER COUNTY MIDDLE

**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
12	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

TAHERA 9.0 (12/93)

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS  
 SCHOOL NAME: CHESTER COUNTY MIDDLE  
 BUILDING NAME: CHESTER COUNTY MIDDLE

LEA #: 791  
 SCHOOL #: MAIN

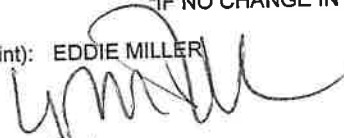
**INSTRUCTIONS:** AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed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

HA #	DESCRIPTION OF ACBM	AREA INSPECTED	1ST SIX MONTHS	2ND SIX MONTHS	DATE REMOVED
			DATE FALL: 10-6-97	DATE SPRING 4-03-98	
13A	FLOOR TILE	ALL	GOOD	N/C	
13B	PIPE INSULATION	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

TAHERA 9.0 (12/93)

**ANNUAL PROGRESS REPORT**

SCHOOL NAME: Chester County Middle School

BUILDING NAME: Main Building

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	4	5A	6	7A	7B	9A	9B	9C
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Floor Tile											
Pipe Wrapping											
Floor Tile											
Pipe Wrapping											
Boiler Jacket											
Hot Water Tank Insulation											

**LEA SELECTED RESPONSE ACTION**  
(See Legend)

CHECK ONE

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

**RESPONSE ACTION COMPLETED?**

CHECK ONE

YES											
NO	X	X	X	X	X	X	X	X	X	X	X

**RESPONSE ACTION IN PROGRESS?**

CHECK ONE

YES	X	X	X	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	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

**ANNUAL PROGRESS REPORT**

**SCHOOL NAME:** Chester County Middle School

**BUILDING NAME:** Cafeteria

**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	NA Number	Floor Tile	2 x 4 Ceiling Tile											
	8													

**LEA SELECTED RESPONSE ACTION (See Legend)**

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

**RESPONSE ACTION COMPLETED?**

YES														
NO	X	X												

**RESPONSE ACTION IN PROGRESS?**

YES	X	X												
NO														

**MANAGEMENT PLAN SCHEDULE COMPARISON**

On Schedule	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

**ANNUAL PROGRESS REPORT**

**SCHOOL NAME:** Chester County Middle School  
**BUILDING NAME:** Vocational

**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	Floor Tile	Pipe Wrapping	2 x 4 Ceiling Tile											
NA Number	13A	13B												

**LEA SELECTED RESPONSE ACTION (See Legend)**

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

**RESPONSE ACTION COMPLETED?**

YES														
NO	X	X	X											

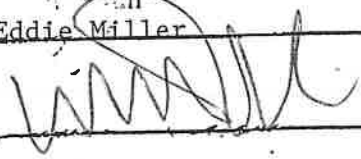
**RESPONSE ACTION IN PROGRESS?**

YES	X	X	X											
NO														

**MANAGEMENT PLAN SCHEDULE COMPARISON**

On Schedule	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

**ANNUAL PROGRESS REPORT**

**SCHOOL NAME:** Chester County Middle School

**BUILDING NAME:** Business

**SCHOOL YEAR:** 97-98

**SUMMARY OF RESPONSE ACTIONS:**

**LEGEND**

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

NA Number	Material Description													
12	Floor Tile													
	2 x 4 Ceiling Tile													

**LEA SELECTED RESPONSE ACTION (See Legend)**

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

**RESPONSE ACTION COMPLETED?**

YES														
NO	X	X												

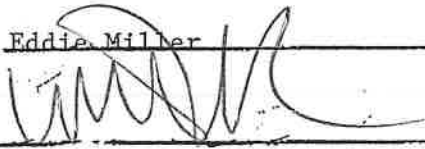
**RESPONSE ACTION IN PROGRESS?**

YES	X	X												
NO														

**MANAGEMENT PLAN SCHEDULE COMPARISON**

On Schedule	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



## ANNUAL PROGRESS REPORT

**SCHOOL NAME:** Chester County Middle School

**BUILDING NAME:** Agriculture

**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	Boiler Jacket	Pipe Wrapping	Floor Tile	2 x 4 Ceiling Tile					
NA Number	10A	10B	10C						

**LEA SELECTED RESPONSE ACTION**  
(See Legend)

CHECK ONE

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

**RESPONSE ACTION COMPLETED?**

CHECK ONE

YES									
NO	X	X	X	X					

**RESPONSE ACTION IN PROGRESS?**

CHECK ONE

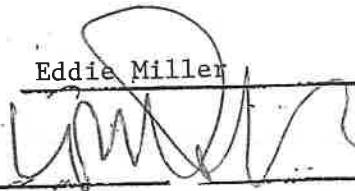
YES	X	X	X	X					
NO									

**MANAGEMENT PLAN SCHEDULE COMPARISON**

CHECK ONE

On Schedule	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: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
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		
9A	PIPE INSULATION	ALL	GOOD	N/C		
9B	BOILERWRAP INSULATI	ALL	GOOD	N/C		
9C	H2O TANK INSULATION	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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: CAFE

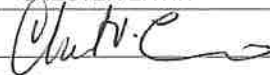
BUILDING NAME: CHESTER COUNTY MIDDLE

**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
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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: AGRI

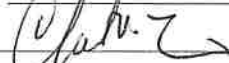
BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
10A	BOILER JACKET	ALL	GOOD	N/C		
10B	PIPE INSULATION	ALL	GOOD	N/C		
10C	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: BUSINESS

BUILDING NAME: CHESTER COUNTY MIDDLE

**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
12	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)

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL #: MAIN

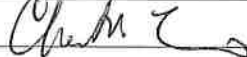
BUILDING NAME: CHESTER COUNTY MIDDLE

**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

HA #	DESCRIPTION OF ACB	AREA INSPECTED	1ST SIX MONTHS		2ND SIX MONTHS		DATE REMOVED
			DATE FALL:	11-16-98	DATE SPRING:	4-23-99	
13A	FLOOR TILE	ALL	GOOD	N/C			
13B	PIPE INSULATION	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



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: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN


BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
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		
9A	PIPE INSULATION	ALL	GOOD	N/C		
9B	BOILERWRAP INSULATI	ALL	GOOD	N/C		
9C	H2O TANK INSULATION	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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY SCHOOLS  
 SCHOOL NAME: CHESTER COUNTY MIDDLE  
 BUILDING NAME: CHESTER COUNTY MIDDLE

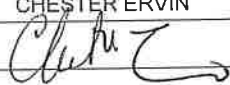
LEA #: 120  
 SCHOOL #: CAFE

**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
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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: AGRI

BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
10A	BOILER JACKET	ALL	GOOD	N/C		
10B	PIPE INSULATION	ALL	GOOD	N/C		
10C	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: BUSINESS

BUILDING NAME: CHESTER COUNTY MIDDLE

**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
12	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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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
13A	FLOOR TILE	ALL	GOOD	N/C	
13B	PIPE INSULATION	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)

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:	CHESTER COUNTY MIDDLE SCHOOL	BUILDING #	MAIN BUILDING
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:	7/9/1989	INSPECTION DATE:	8/13/2003



	HA 01		HA 02		HA 03		HA 04	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CURRENT QUANTITY</b>	150		1488		70		2960	
<b>MATERIAL DESCRIPTION</b>	FLOOR TILE		FLOOR TILE		FLOOR TILE		FLOOR TILE	
<b>MATERIAL TYPE</b>	M	M	M	M	M	M	M	M
<b>Check One</b>								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
<b>Check One</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>Exposure Consideration</b>								
DETERIORATION	1	1	1	1	1	1	1	1
PHYS. DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY / VIBR.	3	3	3	3	3	3	3	3
EXPOSURE	5	5	5	5	5	5	5	5
ACCESSIBILITY	5	5	5	5	5	5	5	5
<b>Length of Exposure</b>								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK			X	X				
40 HOUR / WEEK	X	X			X	X	X	X
<b>Exposure Population</b>								
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
<b>Assessment</b>	5	5	5	5	5	5	5	5
<b>** Response Actions</b>	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 ACM

Response Actions Legend
A. Institute Preventative Measures
B. O and 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

CHESTER ERVIN  
INSPECTOR (Typed Name)

EDDIE MILLER  
MANAGEMENT PLANNER

*[Signature]*  
SIGNATURE

*[Signature]*  
SIGNATURE

ACCREDITATION # / STATE

431531229 / TN

ACCREDITATION # / STATE

### THREE YEAR REINSPECTION

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



	HA 05A	HA 06	HA 07	HA 7A
CURRENT QUANTITY	6250	5849	600 ln. ft.	12,832
MATERIAL DESCRIPTION	FLOOR TILE	FLOOR TILE	PIPE INSULATION	FLOOR TILE
T, S or M				
LAST 3 YEAR	M	M	T	M
CURRENT	M	M	T	M

Check One

ASSUMED ACBM	X	X	X	X	X	X	X
CONFIRMED ACBM							
NON-ACBM							

Check One

NON-FRIABLE	X	X	X	X	X	X	X
FRIABLE							
Exposure Consideration							
DETERIORATION	1	1	1	1	1	1	1
PHYS. DAMAGE	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1
ACTIVITY / VIBR.	3	3	3	3	2	2	3
EXPOSURE	5	5	5	5	2	2	5
ACCESSIBILITY	5	5	5	5	3	3	5

Length of Exposure

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

Exposure Population

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

Assessment

	5	5	5	5	5	5	5
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\*\* Response Actions

	A-B	B	A-B	B	A-B	B	A-B	B
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- 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 8.5

CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*[Signature]*  
 SIGNATURE

*[Signature]*  
 SIGNATURE

ACCREDITATION # /STATE

BMPR 431-53-1229

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

LEA NAME: <b>CHESTER COUNTY SCHOOLS</b>	LEA #: <b>120</b>
SCHOOL BLDG. NAME: <b>CHESTER COUNTY MIDDLE SCHOOL</b>	BUILDING #: <b>CAFETERIA</b>
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: <b>7/9/89</b>	INSPECTION DATE: <b>8/13/2003</b>



THROUGHOUT		HA 06		HA 07		HA 08	
CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
5,000						5466	
MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
2 X 4 CEILING TILE						FLOOR TILE	
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	M		M			M	M

T, S or M

MATERIAL TYPE

Check One

ASSUMED ACBM	X	X				X	X
CONFIRMED ACBM							
NON-ACBM							

Check One

NON-FRIABLE	X	X				X	X
FRIABLE							

Exposure Consideration

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

Exposure Population

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

Assessment

5	5					5	5
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\*\* Response Actions

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

#### Assessment Legend

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

#### Response Actions Legend

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

#### Notes

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

CHESTER ERVIN  
INSPECTOR (Typed Name)

EDDIE MILLER  
MANAGEMENT PLANNER

*Chester Ervin*  
SIGNATURE

*Eddie Miller*  
SIGNATURE

ACCREDITATION # /STATE

AR 431531229

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

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



	HA 9A	HA 9B	HA 9C	
CURRENT QUANTITY	150 LN. FT.	160 LN. FT.	120	
MATERIAL DESCRIPTION	PIPE WRAPPING	BOILER JACKET	HOT H2O TANK INSUL.	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MATERIAL TYPE	T	T	T	T

<b>Check One</b>							
ASSUMED ACBM	X	X	X	X	X		
CONFIRMED ACBM							
NON-ACBM							

<b>Check One</b>							
NON-FRIABLE	X	X	X	X	X		
FRIABLE							
<b>Exposure Consideration</b>							
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.	2	2	2	2	2	2	
EXPOSURE	2	2	2	2	2	2	
ACCESSIBILITY	1	1	1	1	1	1	

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

<b>Exposure Population</b>							
MAINTENANCE	X	X	X	X	X	X	
CUSTODIAL	X	X	X	X	X	X	
FACULTY / STAFF							
PUBLIC							

<b>Assessment</b>	5	5	5	5	5	5	5
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<b>** Response Actions</b>	B-C	B	B-C	B	B-C	B	B
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- 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  
INSPECTOR (Typed Name)

EDDIE MILLER  
MANAGEMENT PLANNER

*Chester Ervin*  
SIGNATURE

*Eddie Miller*  
SIGNATURE

ACCREDITATION # /STATE

BMPR 431-53-1229

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

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



#### THROUGHOUT

	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MATERIAL TYPE	M	M						
Check One								
ASSUMED ACBM	X	X						
CONFIRMED ACBM								
NON-ACBM								
Check One								
NON-FRIABLE	X	X						
FRIABLE								
Exposure Consideration								
DETERIORATION	1	1						
PHYS. DAMAGE	1	1						
WATER DAMAGE	1	1						
ACTIVITY / VIBR.	3	3						
EXPOSURE	3	3						
ACCESSIBILITY	3	3						
Length of Exposure								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK								
40 HOUR / WEEK	X	X						
Exposure Population								
MAINTENANCE	X	X						
CUSTODIAL	X	X						
FACULTY / STAFF	X	X						
PUBLIC	X	X						
Assessment	5	5						
** Response Actions	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
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#### 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

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

CHESTER ERVIN
INSPECTOR (Typed Name)
EDDIE MILLER
MANAGEMENT PLANNER

SIGNATURE
SIGNATURE

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

### THREE YEAR REINSPECTION

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



HA 10A	HA 10B	HA 10C	THROUGHOUT
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
100 LN. FT.	30	2275	
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
PIPE WRAPPING	BOILER JACKET	FLOOR TILE	2 X 4 CEILING TILE
T, S or M			
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
T	T	M	M

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

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

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

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

Exposure Population							
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

Assessment	5	5	5	5	5	5	5
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** Response Actions	B-C	B	B-C	B	A-B	B	A-B	B
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- 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**

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

CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*[Signature]*  
 SIGNATURE

*[Signature]*  
 SIGNATURE

ACCREDITATION # /STATE

BMPR 431-53-1229

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

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



HA 12	THROUGHOUT		
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
2500			
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
FLOOR TILE	2 X 4 CEILING TILE		
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
M	M		

T, S or M

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

Check One			
NON-FRIABLE	X	X	X
FRIABLE			

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

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

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

Assessment			
	5	5	5

** Response Actions			
	A-B	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
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- 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**

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CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*Chester Ervin*  
 SIGNATURE

*Eddie Miller*  
 SIGNATURE

ACCREDITATION # /STATE

BMPR 431-53-1229

ACCREDITATION # /STATE



### THREE YEAR REINSPECTION

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



	HA 13A	HA 13B	THROUGHOUT	
CURRENT QUANTITY	1000	25 LN FT		
MATERIAL DESCRIPTION	FLOOR TILE	PIPE WRAPPING	2 X 4 CEILING TILE	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MATERIAL TYPE	M	M	M	M

<b>Check One</b>				
ASSUMED ACBM	X	X	X	X
CONFIRMED ACBM				
NON-ACBM				

<b>Check One</b>				
NON-FRIABLE	X	X	X	X
FRIABLE				
<b>Exposure Consideration</b>				
DETERIORATION	1	1	1	1
PHYS. DAMAGE	1	1	2	2
WATER DAMAGE	1	1	1	1
ACTIVITY / VIBR.	3	3	2	2
EXPOSURE	3	3	2	2
ACCESSIBILITY	3	3	3	3

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

<b>Exposure Population</b>				
MAINTENANCE	X	X	X	X
CUSTODIAL	X	X	X	X
FACULTY / STAFF	X	X	X	X
PUBLIC	X	X		

<b>Assessment</b>				
	5	5	5	5

<b>** Response Actions</b>				
	A-B	B	B-C	B

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

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

**Notes**

\*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 6.0.  
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CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*[Signature]*  
 SIGNATURE

*[Signature]*  
 SIGNATURE

ACCREDITATION # /STATE

BMPR 431-53-1229

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: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
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		
9A	PIPE INSULATION	ALL	GOOD	N/C		
9B	BOILERWRAP INSULATI	ALL	GOOD	N/C		
9C	H2O TANK INSULATION	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)**

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: CAFE

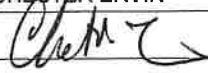
BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: AGRI

BUILDING NAME: CHESTER COUNTY MIDDLE

**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

HA #	DESCRIPTION OF ACB	AREA INSPECTED	1ST SIX MONTHS		2ND SIX MONTHS		DATE REMOVED
			DATE FALL:	10-15-01	DATE SPRING	5-18-02	
10A	BOILER JACKET	ALL	GOOD	N/C			
10B	PIPE INSULATION	ALL	GOOD	N/C			
10C	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: BUSINESS

BUILDING NAME: CHESTER COUNTY MIDDLE

**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	
12	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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
13A	FLOOR TILE	ALL	GOOD	N/C	
13B	PIPE INSULATION	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 Inspector)

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)

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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

HA #	DESCRIPTION OF ACB	AREA INSPECTED	1ST SIX MONTHS		2ND SIX MONTHS	
			DATE FALL:	9-6-02	DATE SPRING:	4-10-03
			ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED	
1	FLOOR TILE	ALL	GOOD	N/C		
2	FLOOR TILE	ALL	GOOD	N/C		
3	FLOOR TILE	ALL	GOOD	N/C		
4	FLOOR TILE	ALL	GOOD	N/C		
5A	FLOOR TILE	ALL	GOOD	N/C		
6	FLOOR TILE	ALL	GOOD	N/C		
7A	PIPE INSULATION	ALL	GOOD	N/C		
7B	FLOOR TILE	ALL	GOOD	N/C		
9A	PIPE INSULATION	ALL	GOOD	N/C		
9B	BOILERWRAP INSULATI	ALL	GOOD	N/C		
9C	H2O TANK INSULATION	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/Data (if applicable): SEE TAHERA FORM 2.0 ATTACHMENTS

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: CAFE

BUILDING NAME: CHESTER COUNTY MIDDLE

**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:	9-8-02	DATE SPRING:	4-10-03
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS  
 SCHOOL NAME: CHESTER COUNTY MIDDLE  
 BUILDING NAME: CHESTER COUNTY MIDDLE

LEA #: 120  
 SCHOOL #: AGRI

**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:	9-6-02	DATE SPRING:	4-10-03
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED	
10A	BOILER JACKET	ALL	GOOD	N/C		
10B	PIPE INSULATION	ALL	GOOD	N/C		
10C	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: BUSINESS

BUILDING NAME: CHESTER COUNTY MIDDLE

**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

HA #	DESCRIPTION OF ACB	AREA INSPECTED	1ST SIX MONTHS		2ND SIX MONTHS	
			DATE FALL:		DATE SPRING:	
			9-6-02		4-10-03	
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED	
12	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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE

SCHOOL #: MAIN

BUILDING NAME: CHESTER COUNTY MIDDLE

**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

HA #	DESCRIPTION OF ACB	AREA INSPECTED	1ST SIX MONTHS		2ND SIX MONTHS	
			DATE FALL:	9-6-02	DATE SPRING:	4-10-03
13A	FLOOR TILE	ALL	GOOD	N/C		
13B	PIPE INSULATION	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: *Chester Ervin*

(Surveillance Inspector is not required to be AHERA certified)

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

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

**DATE:** July 2007

**LEA SYSTEM NAME:** Chester County Board of Education **LEA#:** 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: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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
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	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

7ME02050701AI0007/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: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER 5A	HA NUMBER 6	HA NUMBER 7A	HA NUMBER 7B
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Pipe Insulation	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

**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 | 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

*Ashlie Rawlings*  
 \_\_\_\_\_  
 SIGNATURE

7ME02050701AI00007/TN  
 ACCREDITATION #/STATE

7ME02160701AMPR004/TN  
 ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
9A	9B	9C	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Pipe Insulation	Boiler wrap Insulation	H2O Tank Insulation	2x4 Ceiling Tile

**CHECK ONE**

- TSI
- SURFACING
- MISCELLANEOUS
- CHECK ONE**
- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

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**
- NON-FRIABLE
- FRIABLE

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

2	2	2	2	2	2	2	2
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

**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

Jim Brooks  
INSPECTOR (Typed Name)

*Jim Brooks*  
SIGNATURE

7ME02050701AI00007/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: Chester County Middle Building #: Cafe  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: \_\_\_\_\_ INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
8			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

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

**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				
3	3	1	1				
2	2	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						

**EXPOSURE POPULATION  
 (CHECK ALL APPLICABLE)**

- MAINTENANCE  
 CUSTODIAL  
 FACULTY/STAFF  
 PUBLIC

X	X	X	X				
X	X	X	X				
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**

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<br>B. O & M Program<br>C. Repair<br>D. Encapsulate | E. Enclosure<br>F. Remove<br>G. Isolate<br>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: Chester County Middle School

Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER 10A	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
---------------------------------------	---	------------------------------------	--

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

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

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

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

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

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

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

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

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

**ASSESSMENT LEGEND**

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

7ME02050701AI00007/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: Chester County Middle Building #: Buisness  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: \_\_\_\_\_ INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
12			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

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

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

X	X						

**CHECK ONE**

NON-FRIABLE  
FRIABLE

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				
2	2	1	1				
2	2	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						

**EXPOSURE POPULATION**

(CHECK ALL APPLICABLE)

MAINTENANCE  
CUSTODIAL  
FACULTY/STAFF  
PUBLIC

X	X	X	X				
X	X	X	X				
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**

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<br>B. O & M Program<br>C. Repair<br>D. Encapsulate | E. Enclosure<br>F. Remove<br>G. Isolate<br>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: Chester County Middle

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
13A	13B		
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Pipe Insulation	2x4 Ceiling Tile	

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

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

DETERIORATION  
PHYSICAL DAMAGE  
WATER DAMAGE  
ACTIVITY/VIBRATION  
EXPOSURE  
ACCESSIBILITY

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

**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						

**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**

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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<br>B. O & M Program<br>C. Repair<br>D. Encapsulate | E. Enclosure<br>F. Remove<br>G. Isolate<br>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



**M·E·T·A**  
 Mayhew Environmental Training Associates  
**I N C O R P O R A T E D**

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.*



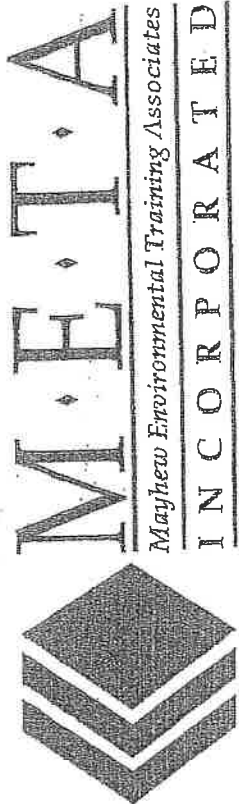
*Ronald Francis*  
 Instructor  
 Ronald Francis

*Thomas Bradford Mayhew*  
 President  
 Thomas Bradford Mayhew

Accreditation Expires: 2/7/08

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





Certificate # 7ME02160701AMPR004

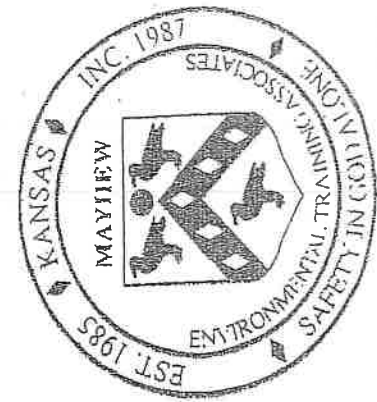
*This is to certify that*

### 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.*

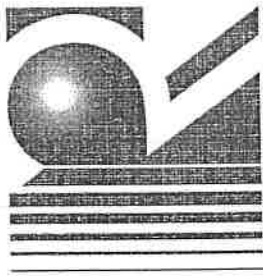


*Ronald Francis*  
Instructor  
Ronald Francis

*Thomas Bradford Mayhew*  
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**

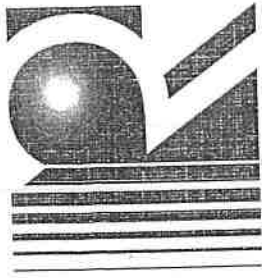
Conducted At: 930 East Main St.  
Henderson, TN 38340

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

Training Date: July 28, 2009

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**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**

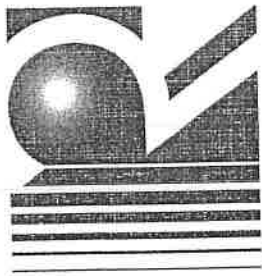
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**Ron Francis - Training Manager**



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**

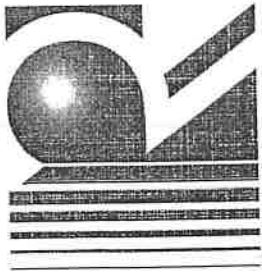
Conducted At: 930 East Main St.  
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Ron Francis – Training Manager



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**

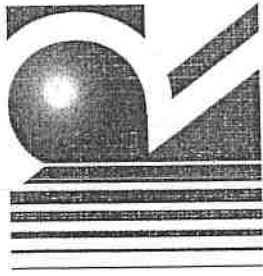
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

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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**

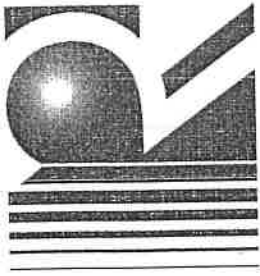
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Henderson, TN 38340

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**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

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**Ron Francis – Training Manager**



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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**



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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  
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*Certifies That*

**JANE SMITH**

Has successfully completed the course entitled


**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

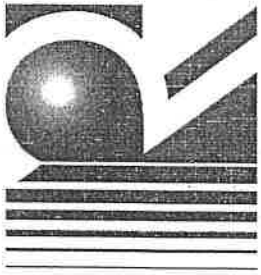
Conducted At: 930 East Main St.  
Henderson, TN 38340

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**

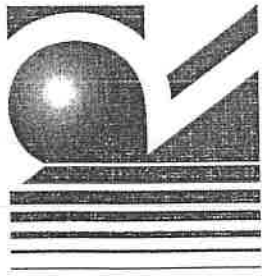
Conducted At: 930 East Main St.  
Henderson, TN 38340

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**

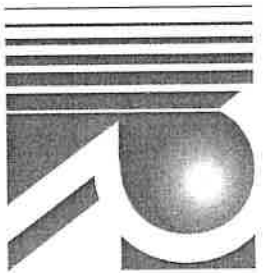
Conducted At: 930 East Main St.  
Henderson, TN 38340

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: OSHAC4AA100179

**PERRY FRYE**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

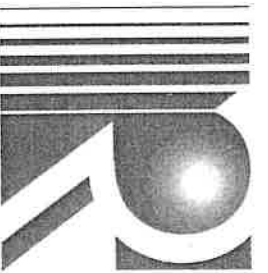
Training Date: January 20, 2010

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

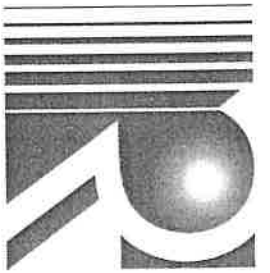
Training Date: January 20, 2010

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 PUSSEER**

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

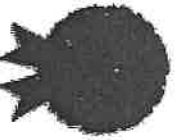
on

Monday, November 11, 2013

  
Training Coordinator's Signature

Employees Initials: \_\_\_\_\_

westk@kennk12.net 61029968-2p9r



**safesCHOOLS**  
TRAINING

# Certificate of Completion

**Chester County School System**

*Carrissa Miller*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

\_\_\_\_\_  
Training Coordinator's Signature

Employees Initials: \_\_\_\_\_

westik@lenk12.net 61029968-2p9r





# Certificate of Completion

Chester County School System

*Marilyn Amos*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

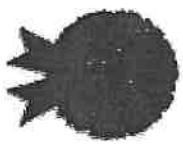
a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

Employees Initials: \_\_\_\_\_



**safesCHOOLS**  
TRAINING

westk@kenk12.net 61029q68-2pr

# Certificate of Completion

Chester County School System

*Laura Poe*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

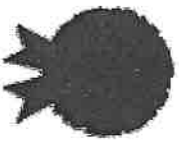
on

Monday, November 11, 2013

  
Training Coordinator's Signature

Employees Initials: \_\_\_\_\_

westk@tennk12.net 61029q68-2p9r



**safesCHOOLS**  
TRAINING

# Certificate of Completion

Chester County School System

*Shane Burkeens*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

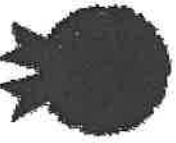
on

Monday, November 11, 2013

  
Training Coordinator's Signature

Employees Initials: \_\_\_\_\_

westk@tennk12.net 61029q68-2p9r



**safesCHOOLS**

TRAINING

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

DATE: 1-20-10

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 (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	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): 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

**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 _____ (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	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE: MARCH 2010**

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
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	
X	X	X	X	X	X	X	X	X	X	X	X

**CHECK ONE**  
ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

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

**CHECK ONE**  
NON-FRIABLE  
FRIABLE

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	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
1	1	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	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	X	X	X	X	X	X	X	X

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

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

*Steve Chambliss*  
SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE



### THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER 5A	HA NUMBER 6	HA NUMBER 7A	HA NUMBER 7B
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Floor Tile
------------------------------------	------------------------------------	---	------------------------------------

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

ASBMPI1002145/TN  
ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER 9A	HA NUMBER 9B	HA NUMBER 9C	HA NUMBER
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Pipe Insulation	Boiler wrap Insulation	H2O Tank Insulation	2x4 Ceiling Tile

**CHECK ONE**

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI	X	X	X	X	X	T		
SURFACING						A		
MISCELLANEOUS						N	X	X

**CHECK ONE**

ASSUMED ACBM						K	X	X
CONFIRMED ACBM	X	X	X	X	X			
NON-ACBM						R		

**CHECK ONE**

NON-FRIABLE						E		
FRIABLE	X	X	X	X	X	M	X	X

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

DETERIORATION	2	2	2	2	2	O	2	2
PHYSICAL DAMAGE	1	1	1	1	1	V	1	1
WATER DAMAGE	1	1	1	1	1	E	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	D	2	2
EXPOSURE	1	1	1	1	1		1	1
ACCESSIBILITY	1	1	1	1	1		1	1

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

MAINTENANCE	X	X	X	X	X	1	X	X
CUSTODIAL	X	X	X	X	X	9	X	X
FACULTY/STAFF						9		
PUBLIC						9		

**ASSESSMENT**

**(MARK FROM 1 TO 7)**

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

**\*\*RESPONSE ACTIONS**

**(MARK FROM A TO H)**

	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

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Cafe

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
8			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

**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				

**CHECK ONE**  
 ASSUMED ACBM  
 CONFIRMED ACBM  
 NON-ACBM

		X	X				
X	X						

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

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				
3	3	1	1				
2	2	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						

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

MAINTENANCE  
 CUSTODIAL  
 FACULTY/STAFF  
 PUBLIC

X	X	X	X				
X	X	X	X				
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**

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER 10A	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
---------------------------------------	---	------------------------------------	--

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 (6 WORST)

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

**LENGTH OF EXPOSURE**

(CHECK ONE)

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

**EXPOSURE POPULATION**

(CHECK ALL APPLICABLE)

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

**ASSESSMENT**

(MARK FROM 1 TO 7)

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

**\*\*RESPONSE ACTIONS**

(MARK FROM A TO H)

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

**ASSESSMENT LEGEND**

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

*Steve Chambliss*  
SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Business

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
12			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

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

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

**CHECK ONE**  
NON-FRIABLE  
FRIABLE

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

DETERIORATION	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**

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

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
13A	13B		
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Pipe Insulation	2x4 Ceiling Tile	

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

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

**CHECK ONE**  
 ASSUMED ACBM  
 CONFIRMED ACBM  
 NON-ACBM

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

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

DETERIORATION	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

STEPHANIE PETTY  
 INSPECTOR (Typed Name)

*Stephanie Petty*  
 SIGNATURE

ASBBIR0910310/TN  
 ACCREDITATION #/STATE

STEVE CHAMBLISS  
 MANAGEMENT PLANNER

*Steve Chambliss*  
 SIGNATURE

ASBMPR1002145/TN  
 ACCREDITATION #/STATE

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

**DATE: 5/19/2011**

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

			1st six months Date _____ (Fall)	2nd six months Date 5/18/11 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
12	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
13A	Floor tile	All	Good	N/C	
13B	Pipe Insulation	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

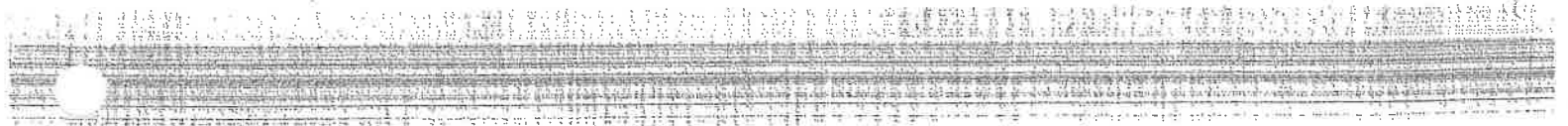
\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

TAHERA 9.0 (2/97)



**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.

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

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

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

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

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

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

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

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

**DATE:** 11/21/11

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

**ADDRESS:** PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 1/17/2011 (Fall)	Date (Spring)	
1	Floor tile				
2	Floor tile				
3	Floor tile				
4	Floor tile				
5A	Floor tile				
6	Floor tile				
7A	Pipe Insulation				
7B	Floor tile				
8	Floor tile				
	2x4 Ceiling tile				
9A	Pipe Insulation				
9B	Boiler wrap Insulation				
9C	H2O Tank Insulation				
	2x4 Ceiling tile				
10A	Boiler Jacket				
10B	Pipe Insulation				

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

AHERA 9.0 (2/97)

**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 11/17/2011 (Fall)	Date (Spring)	
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	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE: 5-17-2012**

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

**ADDRESS:** PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 <u>5-17-12</u> (Spring)	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5A	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7A	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	All	Good	N/C	
9B	Boiler wrap Insulation	All	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in '99	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

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

TAHERA 9.0 (2/97)

**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 <u>5-17-12</u> (Spring)	
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	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE: 12/04/12**

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

**ADDRESS:** PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 <u>12/03/12</u> (Fall)	Date _____ (Spring)	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5A	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7A	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	All	Good	N/C	
9B	Boiler wrap Insulation	All	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in '99	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

TAHERA 9.0 (2/97)

**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 <u>12/03/12</u> (Fall)	Date _____ (Spring)	
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	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

DATE: 4-11-13

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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.

			Ist six months Date _____ (Fall)	2nd six months Date: 4-9-13 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All		N/C	
2	Floor tile	All		N/C	
3	Floor tile	All		N/C	
4	Floor tile	All		N/C	
5A	Floor tile	All		N/C	
6	Floor tile	All		N/C	
7A	Pipe Insulation	All		N/C	
7B	Floor tile	All		N/C	
8	Floor tile	All		N/C	
	2x4 Ceiling tile	All		N/C	
9A	Pipe Insulation	All		N/C	
9B	Boiler wrap Insulation	All		N/C	
9C	H2O Tank Insulation	All		N/C	
	2x4 Ceiling tile	All		N/C	
10A	Boiler Jacket	All		N/C	
10B	Pipe Insulation	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): \_\_\_\_\_

AHERA 9.0 (2/97)

**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.

			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
10C	Floor tile	All		N/C	
	2x4 Ceiling tile	All		N/C	
12	Floor tile	All		N/C	
	2x4 Ceiling tile	All		N/C	
13A	Floor tile	All		N/C	
13B	Pipe Insulation	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: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
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		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

	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								

	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	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
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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

**NOTES**

\* If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0

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

Stephanie Petty  
INSPECTOR (Typed Name)

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

*Stephanie Petty*  
SIGNATURE

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER 5A	HA NUMBER 6	HA NUMBER 7A	HA NUMBER 7B
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

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

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

	5	5	5	5	5	5	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: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
9A	9B	9C	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Pipe Insulation	Boiler wrap Insulation	H2O Tank Insulation	2x4 Ceiling Tile

CHECK ONE	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI	X	X	X	X	X	X		
SURFACING								
MISCELLANEOUS							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	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								
FRIABLE	X	X	X	X	X	X	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
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
<ol style="list-style-type: none"> <li>1. Damaged/significantly damaged TSI</li> <li>2. Damaged friable surfacing ACBM</li> <li>3. Significantly damaged friable surfacing material</li> <li>4. Damaged/significantly damaged friable misc. ACBM</li> <li>5. ACBM with potential for damage</li> <li>6. ACBM with potential for significant damage</li> <li>7. Any remaining friable ACBM or suspect ACBM</li> </ol>	<ol style="list-style-type: none"> <li>A. Institute preventative measures</li> <li>B. O &amp; M Program</li> <li>C. Repair</li> <li>D. Encapsulate</li> <li>E. Enclosure</li> <li>F. Remove</li> <li>G. Isolate</li> <li>H. Other</li> </ol>
<p><b>NOTES</b></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>	

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Cafe

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
8			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

**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)**

	1	2	3	4	5			
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 | 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: Chester County Middle School

Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
10A	10B	10C	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Boiler Jacket	Pipe Insulation	Floor Tile	2x4 Ceiling Tile

CHECK ONE		CHECK ONE		CHECK ONE		CHECK ONE	
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X				
				X	X	X	X

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

LENGTH OF EXPOSURE  
(CHECK ONE)

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

EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)

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

ASSESSMENT  
(MARK FROM 1 TO 7)

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

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

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

**ASSESSMENT LEGEND**

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

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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



## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Buisness

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
12			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

**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				

**CHECK ONE**  
 ASSUMED ACBM  
 CONFIRMED ACBM  
 NON-ACBM

		X	X				
X	X						

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

X	X						
		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**

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: Chester County Middle

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



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

**ASSESSMENT LEGEND**

**RESPONSE ACTIONS LEGEND**

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

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

**NOTES**

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

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: CHESTER COUNTY MIDDLE SCHOOL  
 BUILDING NAME: MAIN

SCHOOL NO.: 05

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

TAHERA 9.0 (2/97)

**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 <u>10-15-14</u> (Fall)	Date <u>5-6-14</u> (Spring)	
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): \_\_\_\_\_

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 (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	
A	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	All	Good	N/C	
9B	Boiler wrap Insulation	All	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in '99	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

HERA 9.0 (2/97)

**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 _____ (Spring)	
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): \_\_\_\_\_



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

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 (Spring)	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
5A	Floor tile	All	Good	N/C	
6	Floor tile	All	Good	N/C	
7A	Pipe Insulation	All	Good	N/C	
7B	Floor tile	All	Good	N/C	
8	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
9A	Pipe Insulation	All	Good	N/C	
9B	Boiler wrap Insulation	All	Good	N/C	
9C	H2O Tank Insulation	N/A	N/A	Tank removed in '99	
	2x4 Ceiling tile	All	Good	N/C	
10A	Boiler Jacket	All	Good	N/C	
10B	Pipe Insulation	All	Good	N/C	

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

TAHERA 9.0 (2/97)

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 (Spring)	
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): \_\_\_\_\_

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

**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**

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

LEA NAME: CHESTER COUNTY BOE

LEA NO: 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 <u>10/9/2015</u> (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
10C	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
12	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
13A	Floor tile	All	Good		
13B	Pipe Insulation	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: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

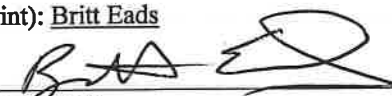
BUILDING NAME: MAIN

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 <u>10/9/2015</u> (Fall)	Date _____ (Spring)	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5A	Floor tile	All	Good		
6	Floor tile	All	Good		
7A	Pipe Insulation	All	Good		
7B	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
9A	Pipe Insulation	All	Good		
9B	Boiler wrap Insulation	All	Good		
9C	H2O Tank Insulation	N/A	Tank removed in '99		
	2x4 Ceiling tile	All	Good		
10A	Boiler Jacket	All	Good		
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**PERIODIC SURVEILLANCE REPORT**



February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

Christopher R. Johnson, PG  
Manager

Atch: 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

<b>CHECK ONE</b> TSI	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X

<b>CHECK ONE</b> ASSUMED ACBM								
CONFIRMED ACBM		X	X	X	X	X	X	X
NON-ACBM								

<b>CHECK ONE</b> NON-FRIABLE		X	X	X	X	X	X	X
FRIABLE								

<b>EXPOSURE CONSIDERATION</b> 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

<b>LENGTH OF EXPOSURE</b> (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

<b>EXPOSURE POPULATION</b> (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

<b>ASSESSMENT</b> (MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5


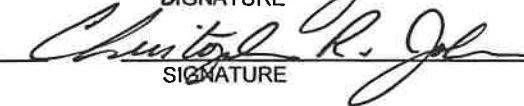
<b>**RESPONSE ACTIONS</b> (MARK FROM A TO H)								
	B	B	B	B	B	B	B	B

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

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI					X	X		
SURFACING								
MISCELLANEOUS	X	X	X	X			X	X
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
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					X	X		
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X			X	X

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

ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	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"> <li>1. Damaged/significantly damaged TSI</li> <li>2. Damaged friable surfacing ACBM</li> <li>3. Significantly damaged friable surfacing material</li> <li>4. Damaged/significantly damaged friable misc. ACBM</li> <li>5. ACBM with potential for damage</li> <li>6. ACBM with potential for significant damage</li> <li>7. Any remaining friable ACBM or suspect ACBM</li> </ol>	<ol style="list-style-type: none"> <li>A. Institute preventative measures</li> <li>B. O &amp; M Program</li> <li>C. Repair</li> <li>D. Encapsulate</li> <li>E. Enclosure</li> <li>F. Remove</li> <li>G. Isolate</li> <li>H. Other</li> </ol>
<b>NOTES</b>	
<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		A-I-42505-44826/TN
INSPECTOR (Typed Name)	SIGNATURE	ACCREDITATION #/STATE
Christopher R. Johnson		A-MP-42505-44824/TN
MANAGEMENT PLANNER	SIGNATURE	ACCREDITATION #/STATE

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

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

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

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

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

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

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

A-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

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
<b>CHECK ONE</b>								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
<b>CHECK ONE</b>								
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
<ol style="list-style-type: none"> <li>1. Damaged/significantly damaged TSI</li> <li>2. Damaged friable surfacing ACBM</li> <li>3. Significantly damaged friable surfacing material</li> <li>4. Damaged/significantly damaged friable misc. ACBM</li> <li>5. ACBM with potential for damage</li> <li>6. ACBM with potential for significant damage</li> <li>7. Any remaining friable ACBM or suspect ACBM</li> </ol>	<ol style="list-style-type: none"> <li>A. Institute preventative measures</li> <li>B. O &amp; M Program</li> <li>C. Repair</li> <li>D. Encapsulate</li> <li>E. Enclosure</li> <li>F. Remove</li> <li>G. Isolate</li> <li>H. Other</li> </ol>
<p><b>NOTES</b></p> <p>*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</p>	

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

School Building Name: Chester County Middle School Building #: 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				
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				
<b>CHECK ONE</b>								
ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X						
FRIABLE			X	X				
<b>EXPOSURE CONSIDERATION</b>								
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				
<b>LENGTH OF EXPOSURE</b>								
(CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
<b>EXPOSURE POPULATION</b>								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						
<b>ASSESSMENT</b>								
(MARK FROM 1 TO 7)								
	5	5	7	7				
<b>**RESPONSE ACTIONS</b>								
(MARK FROM A TO H)								
	B	B	B	B				
<b>ASSESSMENT LEGEND</b>					<b>RESPONSE ACTIONS LEGEND</b>			
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM					A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate		E. Enclosure F. Remove G. Isolate H. Other	
					<b>NOTES</b>			
					*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	MATERIAL DESCRIPTION

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

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

	1	2	3	4	5	6	7
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	2	3	4	5	6	7
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)

	1	2	3	4	5	6	7
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)

	1	2	3	4	5	6	7
	5	5	5	5	7	7	

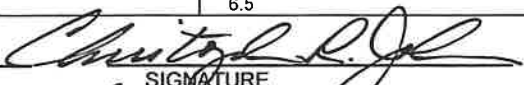
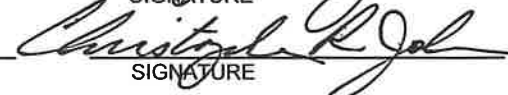
  

**\*\*RESPONSE ACTIONS**  
(MARK FROM A TO H)

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

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

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		
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**

- 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)

*Christopher R. Johnson*  
SIGNATURE

A-1-42505-44826/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: 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

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						
PUBLIC	X	X						

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

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

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
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

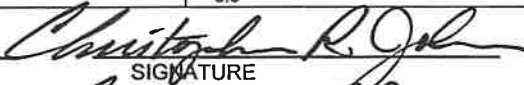
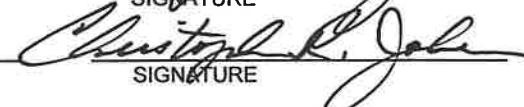
ASSESSMENT								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 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	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	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	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								

CHECK ONE	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	1
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

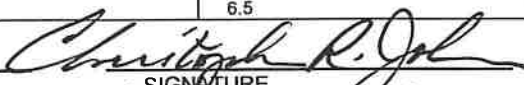
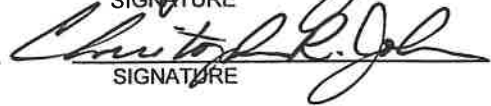
LENGTH OF EXPOSURE (CHECK ONE)	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
1 HOUR/WEEK							X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X		

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		

ASSESSMENT (MARK FROM 1 TO 7)	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	5	5	5	5	5	5	7	7

**RESPONSE ACTIONS (MARK FROM A TO H)	HA NUMBER 6		HA NUMBER 7		HA NUMBER 8		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	B	B	B	B	B	B	B	B

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4			
		CURRENT QUANTITY 3915 SF	CURRENT QUANTITY 576 SF	CURRENT QUANTITY 7204 SF	CURRENT QUANTITY 1192 SF			
		MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile			
<b>CHECK ONE</b>	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
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>EXPOSURE CONSIDERATION</b>								
<b>1 TO 5 (5 WORST)</b>								
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
<b>LENGTH OF EXPOSURE</b>								
<b>(CHECK ONE)</b>								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
<b>EXPOSURE POPULATION</b>								
<b>(CHECK ALL APPLICABLE)</b>								
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
<b>ASSESSMENT</b>								
<b>(MARK FROM 1 TO 7)</b>								
	5	5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>								
<b>(MARK FROM A TO H)</b>								
	B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM				A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 5	HA NUMBER 6	HA NUMBER 7	HA NUMBER 8			
		CURRENT QUANTITY	CURRENT QUANTITY 11417 SF	CURRENT QUANTITY 10070 SF	CURRENT QUANTITY 1544 SF			
		MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile			
<b>CHECK ONE</b>	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
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>EXPOSURE CONSIDERATION</b>								
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
<b>LENGTH OF EXPOSURE</b>								
(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
<b>EXPOSURE POPULATION</b>								
(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
<b>ASSESSMENT</b>								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM				A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate			E. Enclosure F. Remove G. Isolate H. Other	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

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

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR		CURRENT		LAST 3 YEAR		CURRENT	
	YEAR		YEAR		YEAR		YEAR	
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	
	YEAR		YEAR		YEAR		YEAR	
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	
	YEAR		YEAR		YEAR		YEAR	
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)	LAST 3 YEAR		CURRENT		LAST 3 YEAR		CURRENT	
	YEAR		YEAR		YEAR		YEAR	
	5	5	7	7				

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR		CURRENT		LAST 3 YEAR		CURRENT	
	YEAR		YEAR		YEAR		YEAR	
	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
<b>NOTES</b> *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: Jacks Creek Elementary School Building #: Main

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

	HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4				
	CURRENT QUANTITY 6401 SF	CURRENT QUANTITY 42 SF	CURRENT QUANTITY 959 SF	CURRENT QUANTITY 1512 SF				
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile				

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
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
<b>NOTES</b>	
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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



**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

School Building Name: 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
<b>CHECK ONE</b>								
TSI								
SURFACING								
MISCELLANEOUS	X	X						
<b>CHECK ONE</b>								
ASSUMED ACBM	X	X						
CONFIRMED ACBM								
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE								
FRIABLE	X	X						

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

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

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

ASSESSMENT (MARK FROM 1 TO 7)								
	7	7						

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

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

	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CHECK ONE</b>								
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
<b>CHECK ONE</b>								
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
<b>NOTES</b> *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

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

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

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

	1	1	1	1				
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)

	1	1	1	1			
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			
	5	5	7	7			

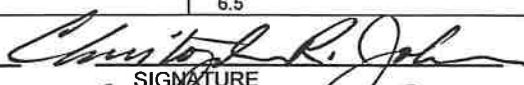
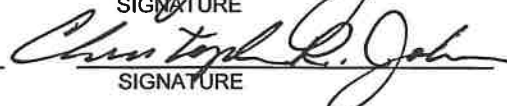
  

**\*\*RESPONSE ACTIONS**  
(MARK FROM A TO H)

	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
<b>NOTES</b>	
*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



## 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

6-1-074 20855



## Christopher R. Johnson

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

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

### Asbestos Accreditation

Re-Accreditation

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY 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 8/22/2016 (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5A	Floor tile	All	Good		
6	Floor tile	All	Good		
7A	Pipe Insulation	All	Good		
7B	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
9A	Pipe Insulation	All	Good		
9B	Boiler wrap Insulation	All	Good		
9C	H2O Tank Insulation	N/A	Tank removed in '99		
	2x4 Ceiling tile	All	Good		
10A	Boiler Jacket	All	Good		
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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.

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date _____ (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
12	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
13A	Floor tile	All	Good		
13B	Pipe Insulation	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: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

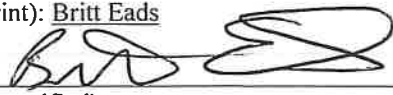
BUILDING NAME: MAIN

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

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date <u>2/9/2017</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5A	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7A	Pipe Insulation	All	Good	Good	
7B	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
9A	Pipe Insulation	All	Good	Good	
9B	Boiler wrap Insulation	All	Good	Good	
9C	H2O Tank Insulation	N/A	Tank removed in '99	Tank removed in '99	
	2x4 Ceiling tile	All	Good	Good	
10A	Boiler Jacket	All	Good	Good	
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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 8/22/2016 (Fall)	Date 2/9/2017 (Spring)	
10C	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
12	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
13A	Floor tile	All	Good	Good	
13B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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 HV, 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 8/9/2017 (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5A	Floor tile	All	Good		
6	Floor tile	All	Good		
7A	Pipe Insulation	All	Good		
7B	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
9A	Pipe Insulation	All	Good		
9B	Boiler wrap Insulation	All	Good		
9C	H2O Tank Insulation	N/A	Tank removed in '99		
	2x4 Ceiling tile	All	Good		
10A	Boiler Jacket	All	Good		
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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.

			1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
12	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
13A	Floor tile	All	Good		
13B	Pipe Insulation	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: 

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

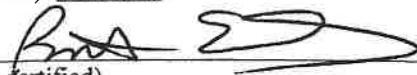
BUILDING NAME: MAIN

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.

			1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date <u>2/8/2017</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5A	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7A	Pipe Insulation	All	Good	Good	
7B	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
9A	Pipe Insulation	All	Good	Good	
9B	Boiler wrap Insulation	All	Good	Good	
9C	H2O Tank Insulation	N/A	Tank removed in '99	Tank removed in '99	
	2x4 Ceiling tile	All	Good	Good	
10A	Boiler Jacket	All	Good	Good	
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

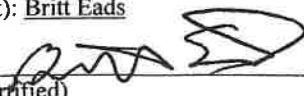
BUILDING NAME: MAIN

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 <u>8/9/2017</u> (Fall)	Date <u>2/8/2017</u> (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
10C	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
12	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
13A	Floor tile	All	Good	Good	
13B	Pipe Insulation	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: 

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

TAHERA 9.0 (2/97)

**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 8/6/2018 (Fall)	Date 2/13/2019 (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5A	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7A	Pipe Insulation	All	Good	Good	
7B	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
9A	Pipe Insulation	All	Good	Good	
9B	Boiler wrap Insulation	All	Good	Good	
9C	H2O Tank Insulation	N/A	Tank removed in '99	Tank removed in '99	
	2x4 Ceiling tile	All	Good	Good	
10A	Boiler Jacket	All	Good	Good	
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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.

			1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date <u>2/13/2019</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
12	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
13A	Floor tile	All	Good	Good	
13B	Pipe Insulation	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: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

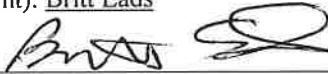
BUILDING NAME: MAIN

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

			1st six months Date <u>8/6/2018</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
5A	Floor tile	All	Good		
6	Floor tile	All	Good		
7A	Pipe Insulation	All	Good		
7B	Floor tile	All	Good		
8	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
9A	Pipe Insulation	All	Good		
9B	Boiler wrap Insulation	All	Good		
9C	H2O Tank Insulation	N/A	Tank removed in '99		
	2x4 Ceiling tile	All	Good		
10A	Boiler Jacket	All	Good		
10B	Pipe Insulation	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): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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.

			1st six months Date <u>8/9/2017</u> (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
12	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		
13A	Floor tile	All	Good		
13B	Pipe Insulation	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: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

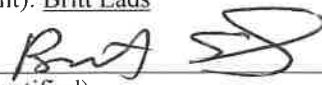
BUILDING NAME: MAIN

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

			1st six months Date 8/8/2019 (Fall)	2nd six months Date (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5A	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7A	Pipe Insulation	All	Good	Good	
7B	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
9A	Pipe Insulation	All	Good	Good	
9B	Boiler wrap Insulation	All	Good	Good	
9C	H2O Tank Insulation	N/A	Tank removed in '99	Tank removed in '99	
	2x4 Ceiling tile	All	Good	Good	
10A	Boiler Jacket	All	Good	Good	
10B	Pipe Insulation	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE:   
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AHERA Accreditation Number/Date (if applicable): \_\_\_\_\_

TAHERA 9.0 (2/97)

**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.

			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
10C	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
12	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
13A	Floor tile	All	Good	Good	
13B	Pipe Insulation	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

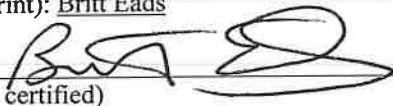
BUILDING NAME: MAIN

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.

			1st six months Date 8/8/2019 (Fall)	2nd six months Date 2/7/2020 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
5A	Floor tile	All	Good	Good	
6	Floor tile	All	Good	Good	
7A	Pipe Insulation	All	Good	Good	
7B	Floor tile	All	Good	Good	
8	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
9A	Pipe Insulation	All	Good	Good	
9B	Boiler wrap Insulation	All	Good	Good	
9C	H2O Tank Insulation	N/A	Tank removed in '99	Tank removed in '99	
	2x4 Ceiling tile	All	Good	Good	
10A	Boiler Jacket	All	Good	Good	
10B	Pipe Insulation	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

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SURVEILLANCE INSPECTOR'S SIGNATURE:   
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TAHERA 9.0 (2/97)

**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.

			1st six months Date 8/8/2019 (Fall)	2nd six months Date 2/7/2020 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
10C	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
12	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	
13A	Floor tile	All	Good	Good	
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