CHESTER COUNTY HIGH/Middle SCHOOL

ASBESTOS

MANAGEMENT PLAN

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## 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 resiprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

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

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

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

**Name:** Gene Cain
**Firm/LEA:** Madison County Board of Education
**Address:** 701 South Highland Ave.
**City/State/Zip:** Jackson, TN 38301
**Telephone:** 901-423-0270
**Signature:** Gene Cain
**Dated:** 9/30/88

**Accreditation No.:** 418
**Training Agency:** Georgia Institute of Technology
**Training Course:** Managing Asbestos in Buildings
**Course Date:** March 23-25, 1988

**LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON**

**Name:** Gene Cain
**Address:** 9 Rutherford Ave.
**City/State/Zip:** Jackson, TN 38301
**Telephone:** 901-427-6428

**Training Agency:** Georgia Tech
**Training Course:** Inspecting & Managing Asbestos
**Training Dates:** March 21-25, 1988
**Total Hours:** 40

Gene Cain
**LEA Designated Person's Signature**
**Dated:** 9/30/88

Kathey Coatney Mays
**LEA Superintendent's Signature**
**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, reinspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other State rules and requirements.**

2. **All custodial and maintenance employees are properly trained as required in Part 763 and all other applicable Federal and State regulations (e.g., the Occupational Safety and Health Administration Asbestos Standard for Construction, the EPA Worker Protection Rule or applicable State regulations).**

3. **All workers and building occupants, or their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities, that are planned or in progress.**

4. **All short term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of asbestos-containing building materials (ACBM) and suspected ACBM assumed to be asbestos-containing materials (ACM).**

5. **All warning labels are posted in accordance with Section 763.95.**

6. **All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Section 763.93(g).**

7. **The undersigned person designated by the LEA pursuant to Section 763.84(g)(1) has received adequate training as stipulated in Section 763.84(g)(2).**

8. **The LEA has and will consider whether any conflict of interest may arise from the interrelationship between the Management Planner and other accredited persons performing AHERA activities.**

**Signed:** Gene Cain **Date:** 9/30/88

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

**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 F | ACBM NF | NO ACBM |
|---|---|---|---|---|---|---|---|
| 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 | |
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**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

## SCHOOL INFORMATION FORM /SCHOOL: Chester County High School NO.: 120-0005

### 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 | Renovation of Old Building | | 20,000 |

### 2. STRUCTURAL SYSTEMS

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

Notes (Explain Other): _____

### 3. MECHANICAL SYSTEMS

| Heating: | | Cooling: | |
|---|---|---|---|
| [ ] Central HVAC | [ ] Wall Electric | [X] Central HVAC | [X] Window Units |
| [X] Radiator | [ ] Other | [ ] Wall Electric | [ ] Other |

Notes (Explain Other): _____

### 4. ARCHITECTURAL FINISHES

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

Notes (Explain Other): _____

### 5. SUMMARY OF DOCUMENTS REVIEWED

| | | |
|---|---|---|
| [X] Floor Plans | [ ] Sections | [ ] Past Abatement Projects |
| [X] Mechanical Drawings | [ ] As Built Drawings | [ ] Past Abatement Spec.s |
| [X] Specifications | [ ] Sampling Reports (In-house) | [ ] Past Abatement Drawing |
| [ ] Finish Schedules | | [ ] 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 |
|---|---|---|---|
| Gene Cain | | 477-Georgia | |
| | | | |

LEA: Chester County LEA NO.: 120

Date: 9/30/88

## HOMOGENEOUS AREA SUMMARY/SCHOOL: Chester County High NO.: 120-005

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 Confirmed F | ACBM Confirmed NF | ACBM Assumed F | ACBM Assumed NF | No ACBM | Total Quantity (Show Units) | Exposure Considerations A | B | C | D | E | F | G | H | Assessment Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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):**

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

## HOMOGENEOUS AREA SUMMARY/SCHOOL: Chester County High NO.: 120-0005

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 Confirmed F | ACBM Confirmed NF | ACBM Assumed F | ACBM Assumed NF | No ACBM | Total Quantity (Show Units) | Exposure Considerations A | B | C | D | E | F | G | H | Assessment Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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)

## HOMOGENEOUS AREA SUMMARY/SCHOOL: Chester County High NO.: 120-0005

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 Confirmed F | ACBM Confirmed NF | ACBM Assumed F | ACBM Assumed NF | No ACBM | Total Quantity (Show Units) | Exposure Considerations A | B | C | D | E | F | G | H | Assessment Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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
S = Surfacing
M = Miscellaneous
BIA= Building Inspection Area (Number assigned by Inspector)

LEA: Chester County LEA NO.: 120

Date: 9/30/88

## HOMOGENEOUS AREA SUMMARY/SCHOOL: Chester County High NO.: 120-005

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. |
|---|---|---|---|---|---|
| 13A | Asphalt Tile | M | | | 13 |
| 13B | Pipe Wrappings | T | | | 13 |
| Through Out | Ceiling Tile | M | | | ALL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2.

| HA No. | ACBM Confirmed F | ACBM Confirmed NF | ACBM Assumed F | ACBM Assumed NF | No ACBM | Total Quantity (Show Units) | Exposure Considerations A | B | C | D | E | F | G | H | Assessment Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
| Through Out | | | | X | | 80,000 Sq. Ft. | 1 | 1 | 1 | 3 | 3 | 3 | 5 | 5 | 5 |
| | | | | | | | | | | | | | | | |
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**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

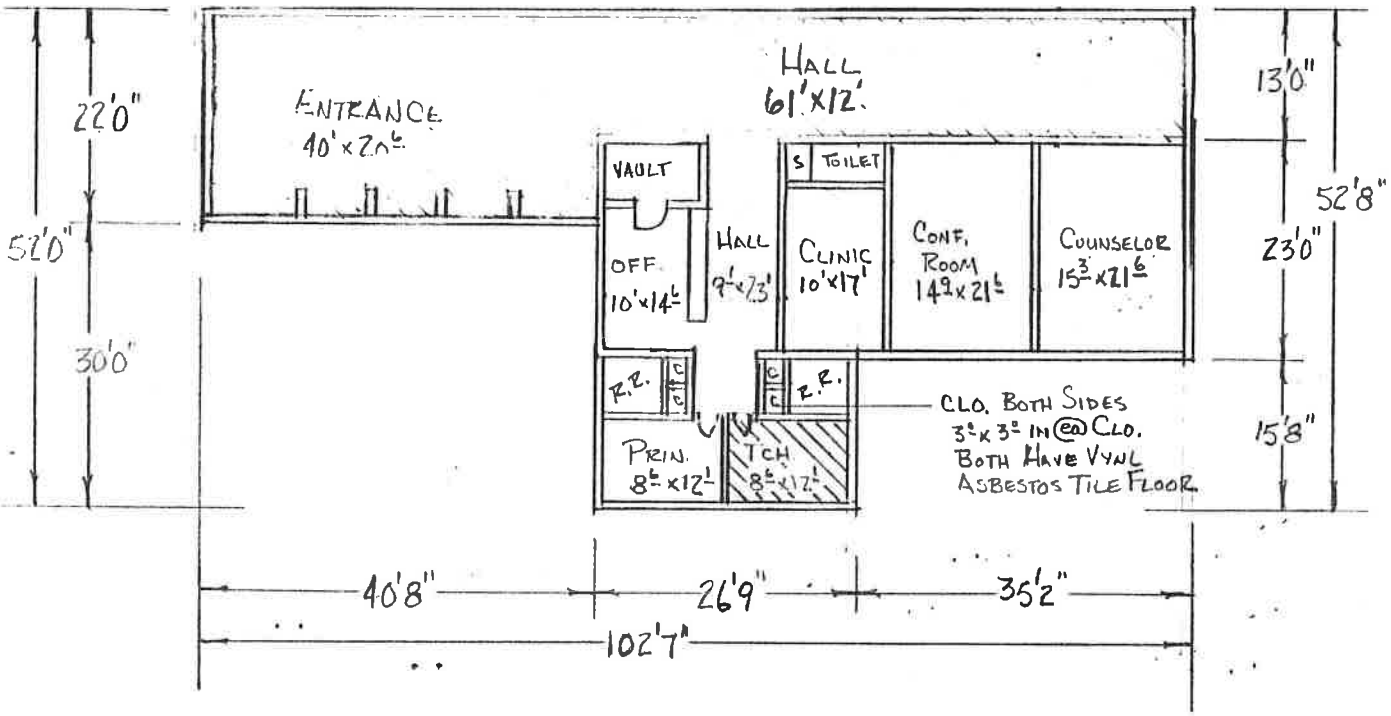
Date: 6-26-91

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 1

**DRAWING NO.:** 0005-1

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA A

SCALE 1"=20'

VYNL ASBESTOS FLOOR TILE

N

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

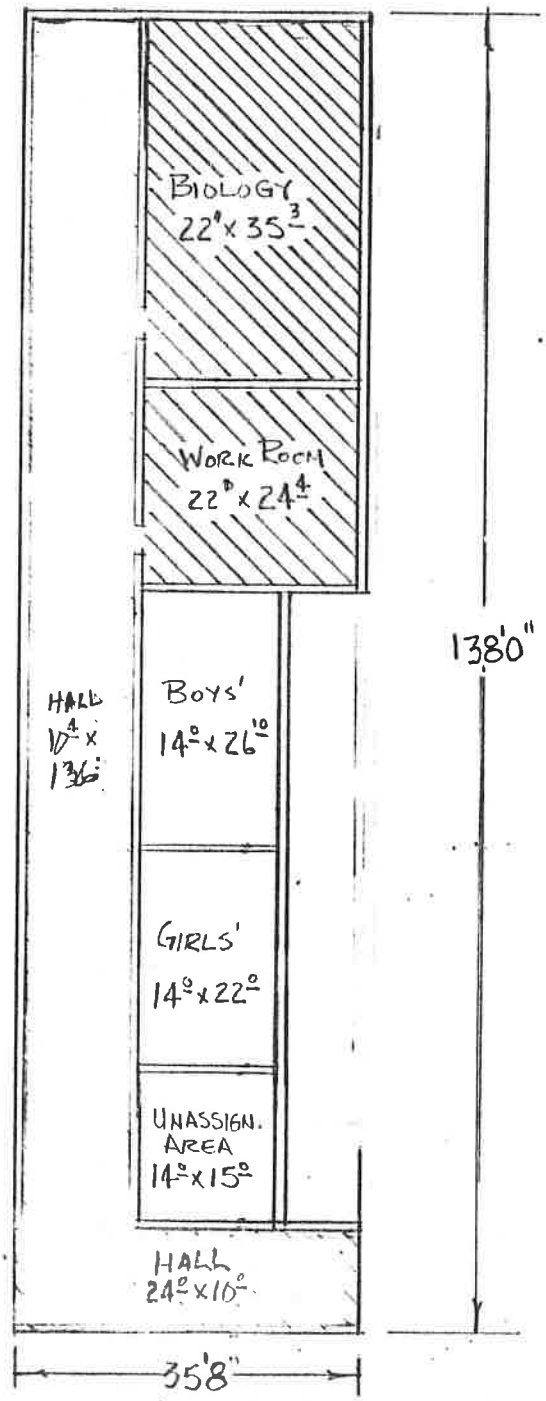
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 2

**DRAWING NO.:** 0005-2

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA B

SCALE 1"=20'

VINL ASBESTOS FLOOR TILE

DI

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

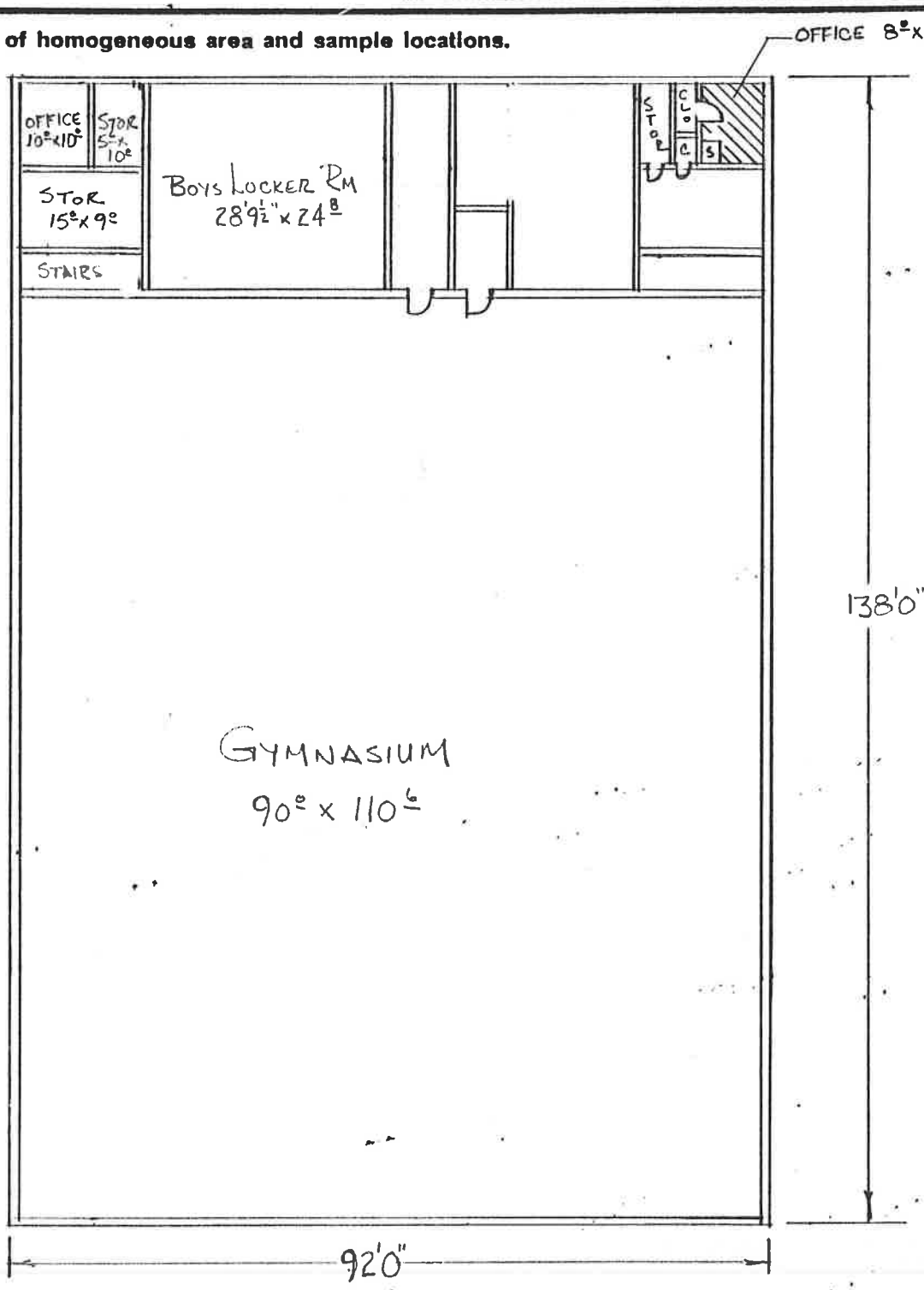
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 3

**DRAWING NO.:** 0005-3

**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

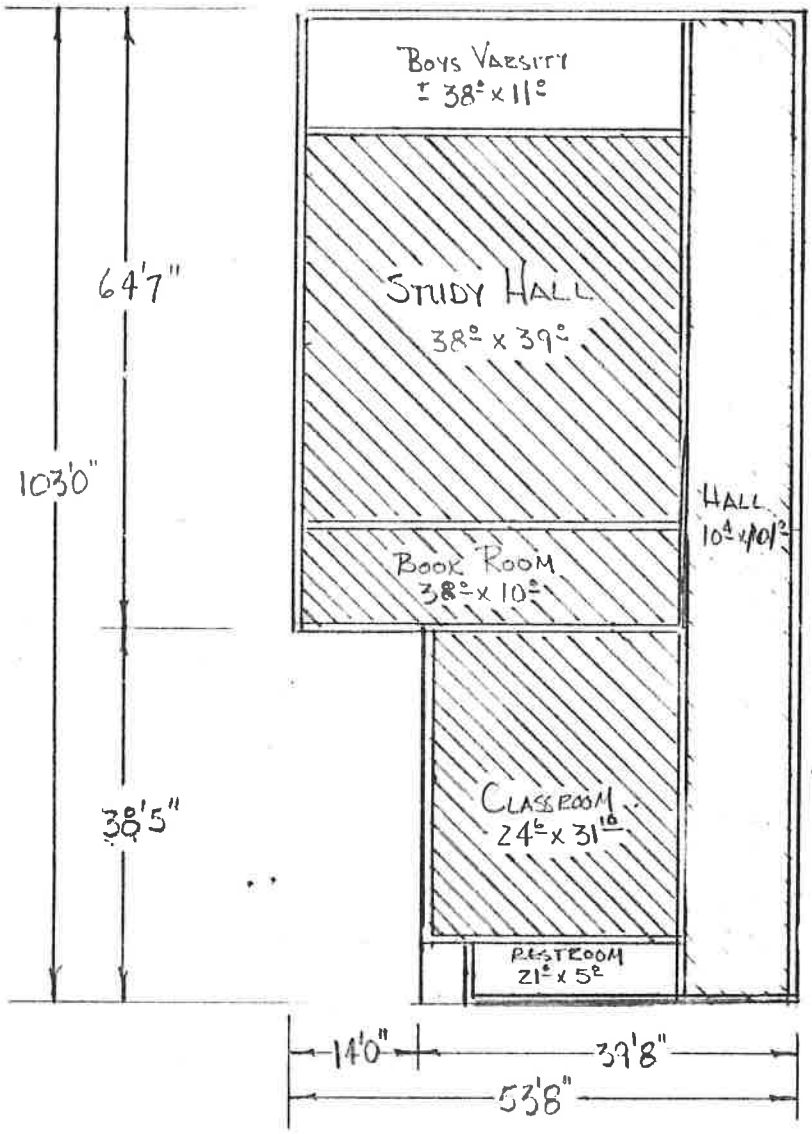
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 4

**DRAWING NO.:** 0005-3

**Identify limits of homogeneous area and sample locations.**

S




Homogeneous Area D

Scale 1" = 20'

Vynl Asbestos Floor Tile

N

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

**Date:** 9/30/88

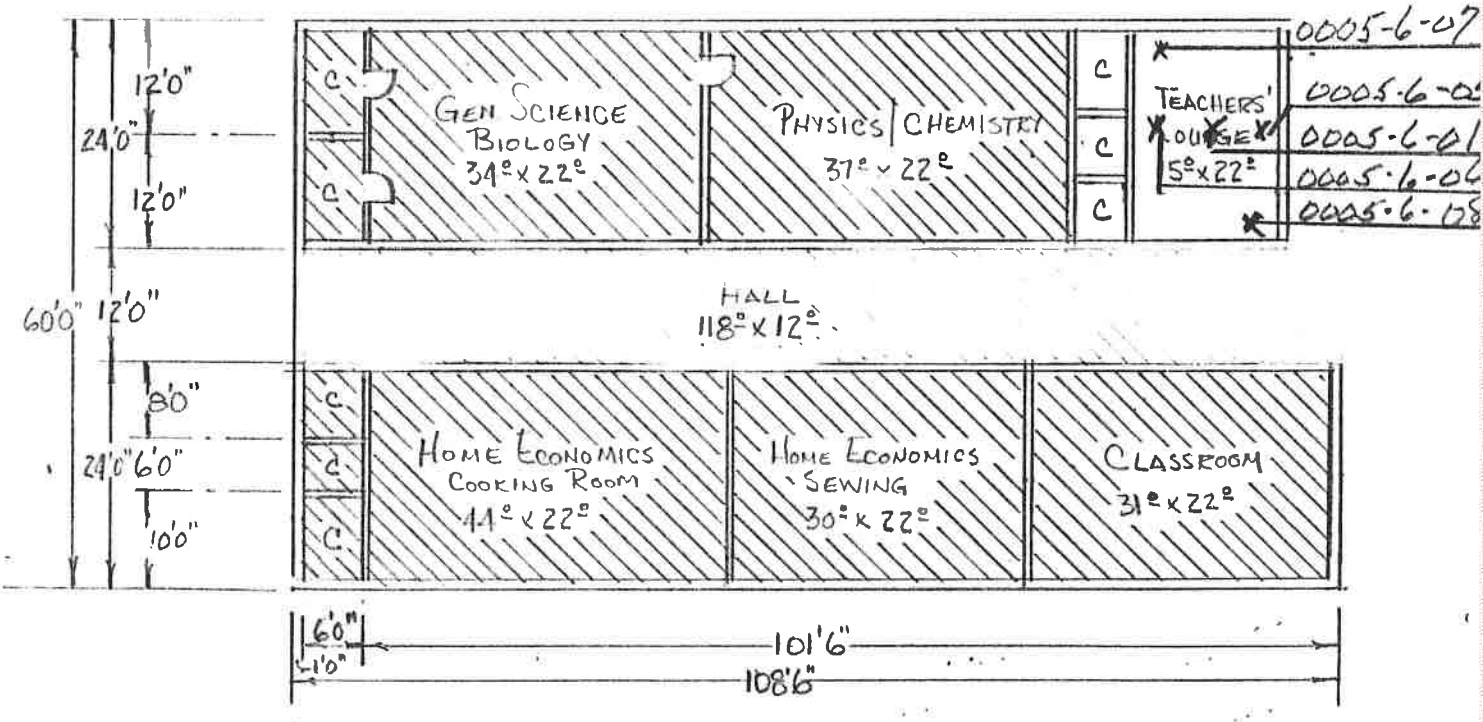
**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 5

DRAWING NO.: 0005-5

**Identify limits of homogeneous area and sample locations.**

S

Samples




HOMOGENEOUS AREA E

SCALE 1" = 20'

VYNL ASBESTOS FLOOR TILE

C CLOSET

N

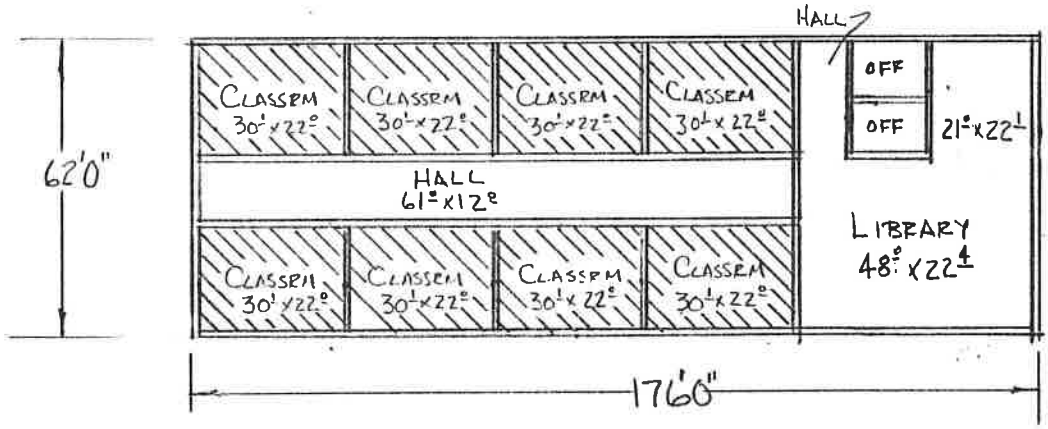
LEA: Chester County LEA NO.: 120

Date: 9/30/88

**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 6
DRAWING NO.: 0005-6

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA F

SCALE 1" = 40'

VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

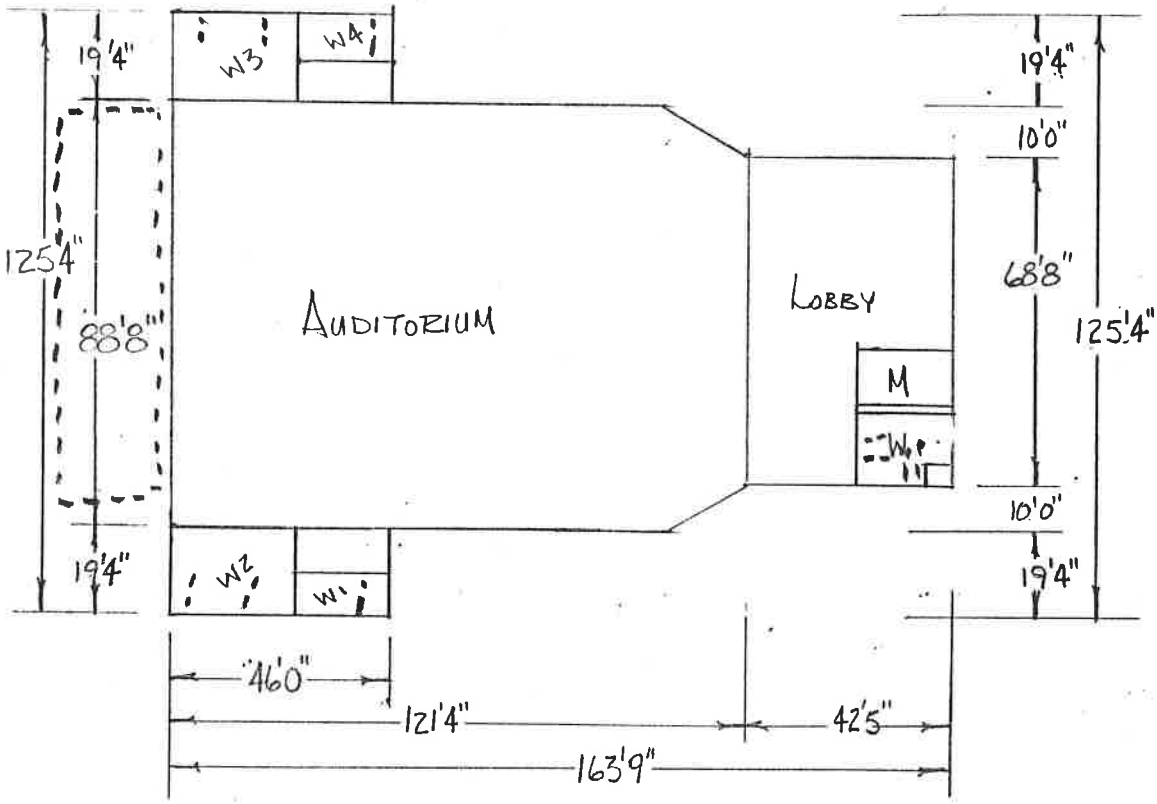
Date: 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 7

**DRAWING NO.:** 0005-7

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA G

SCALE 1"=40'

---- TSI

N

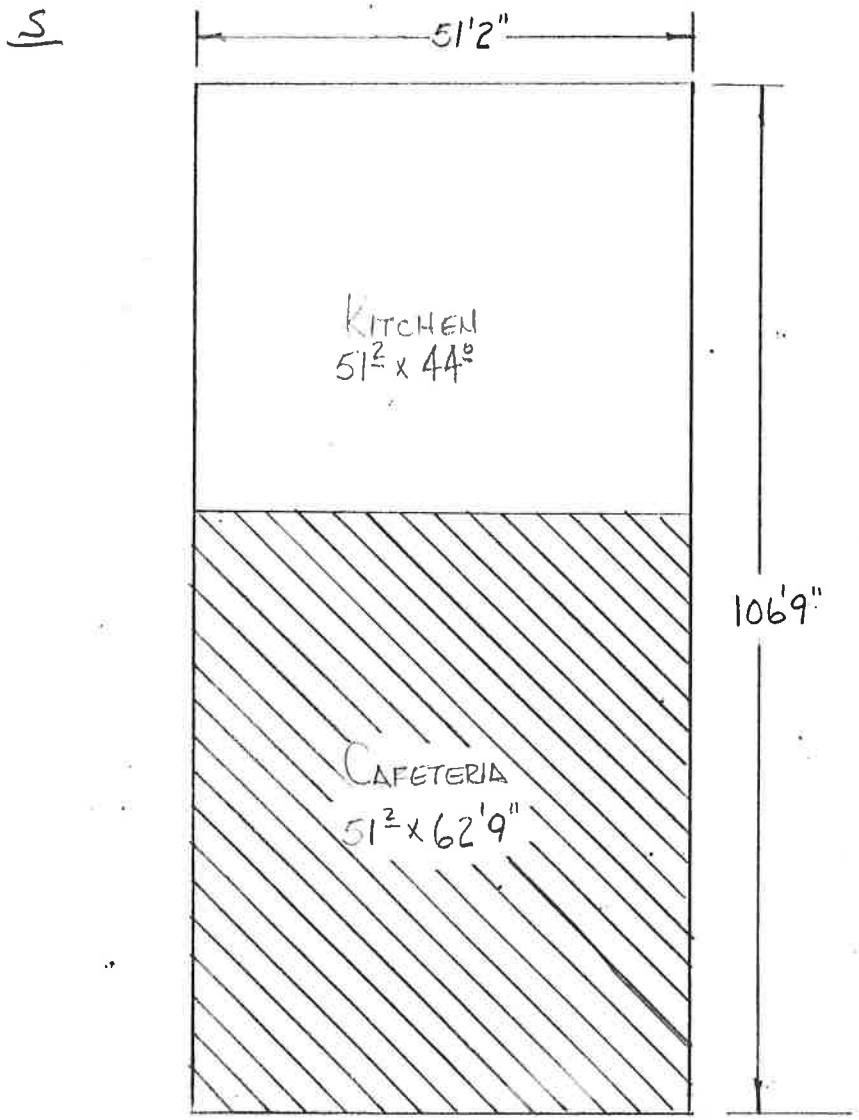
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

## HOMOGENEOUS AREA DRAWING /SCHOOL: Chester County High NO.: 8

DRAWING NO.: 0005-8

**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

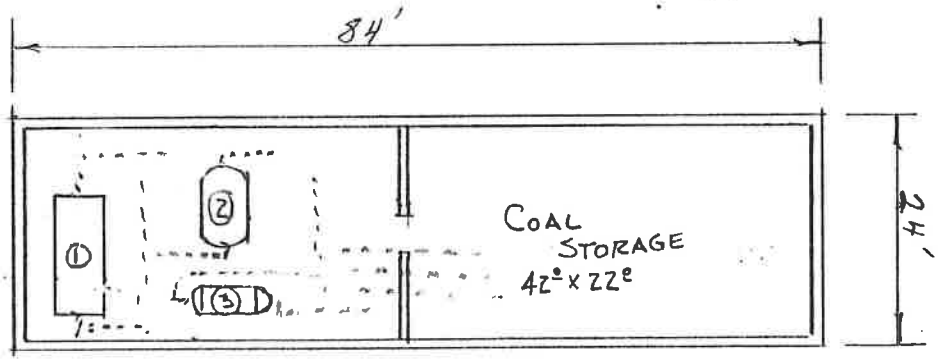
Date: 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 9

**DRAWING NO.:** 0005-9

**Identify limits of homogeneous area and sample locations.**

S




BOILER ROOM

SCALE 1" = 20'

TSI

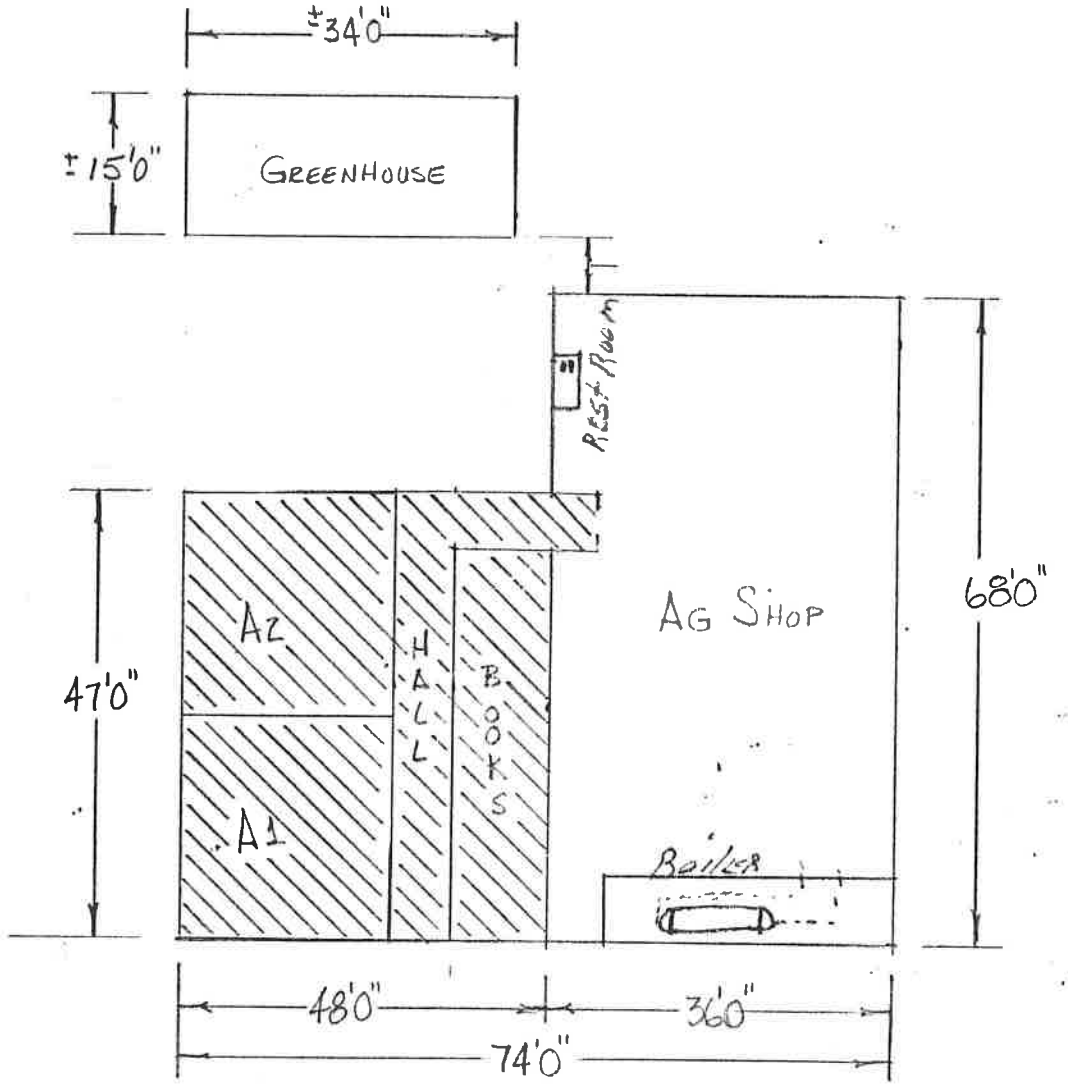
N

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

**Date:** 9/30/88

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA J

SCALE 1" = 20'

---- TSI

VINL ASBESTOS FLOOR TILE

N

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

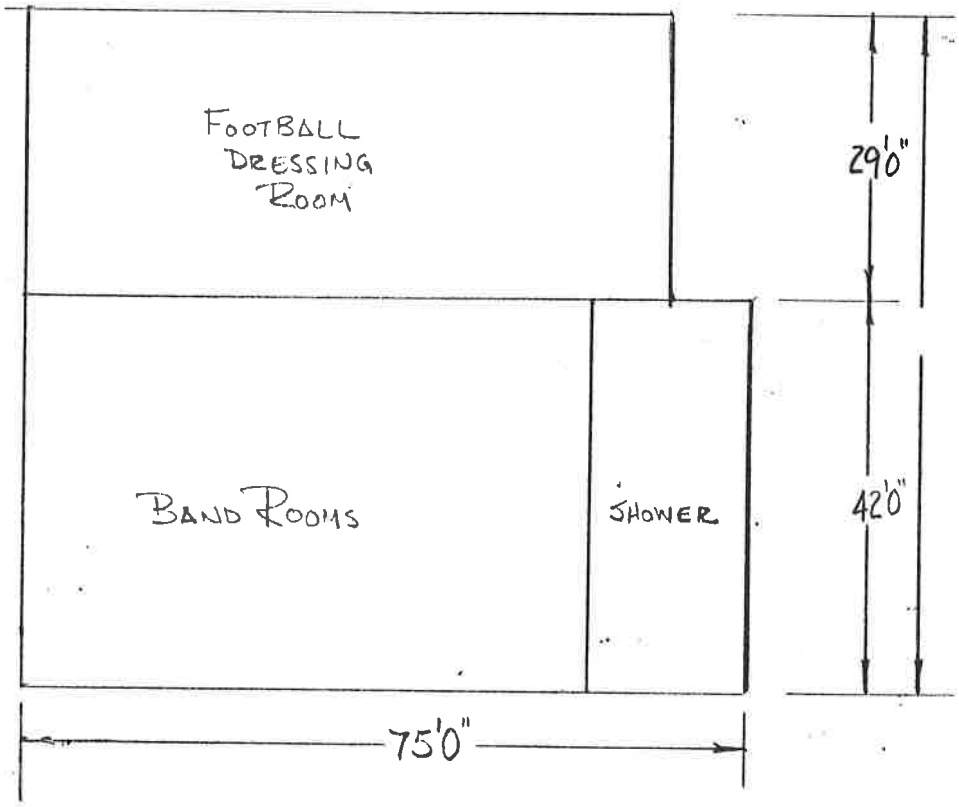
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 11

**DRAWING NO.:** 0005-11

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA K

SCALE 1" = 20'

N

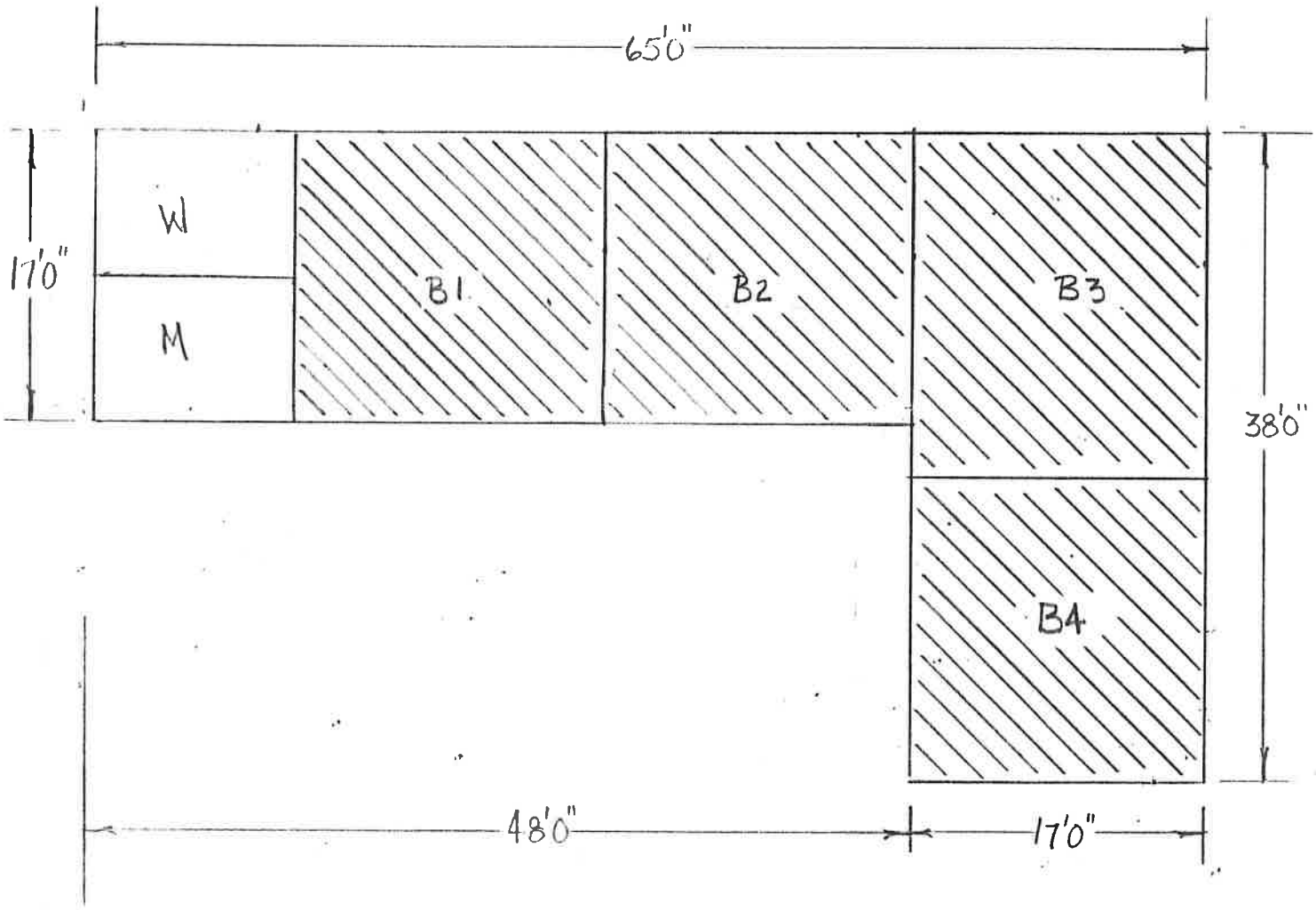
**LEA:** Chester Coutny **LEA NO.:** 120

**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 12
**DRAWING NO.:** 0005-12

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA L

SCALE 1" = 10'

VYNL ASBESTOS FLOOR TILE

N

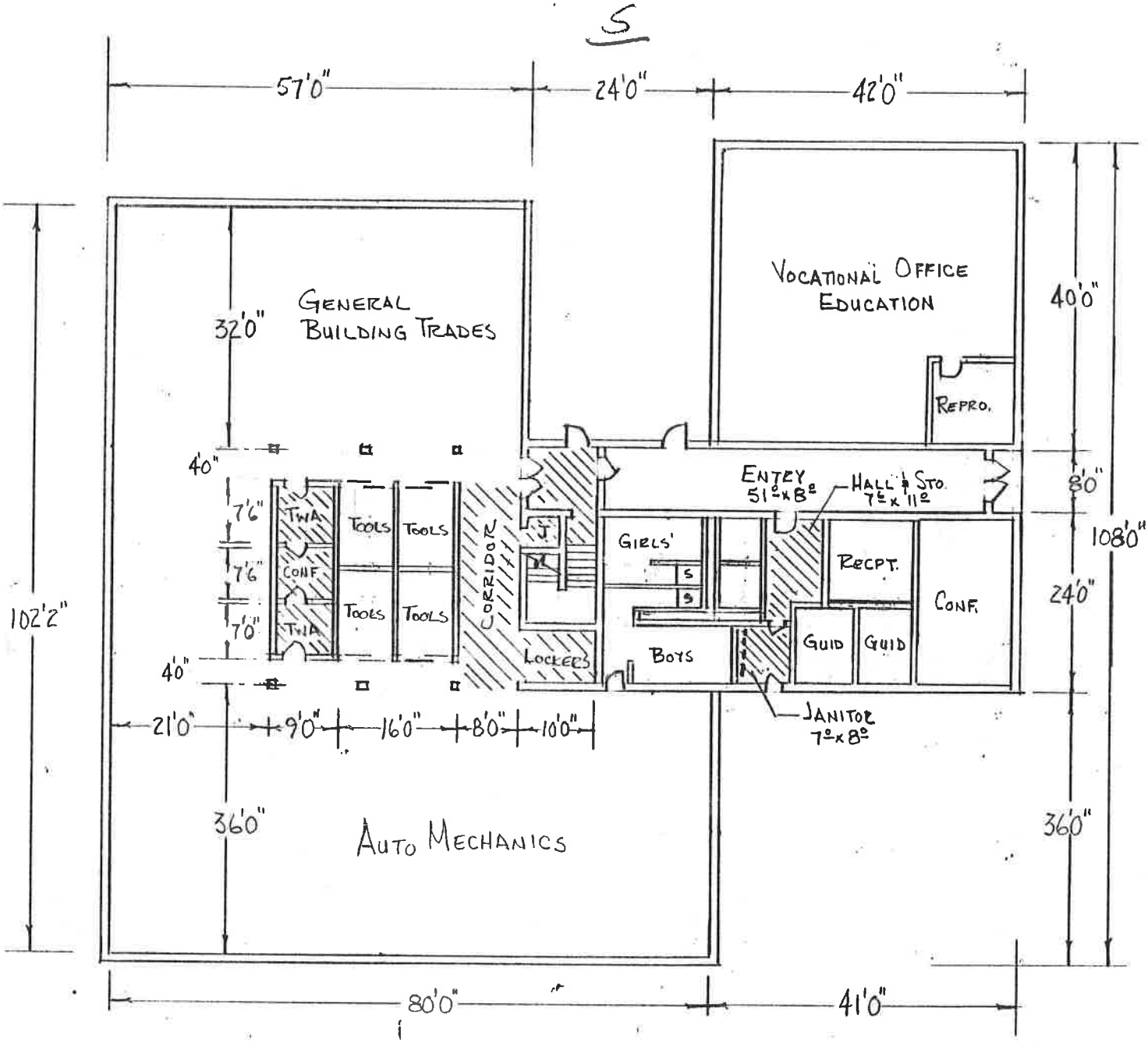
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County Vocational **NO.:** 13A

**DRAWING NO.:** 0005-13A

**Identify limits of homogeneous area and sample locations.**




HOMOGENEOUS AREA N

SCALE 1" = 20'

---- TSI

J - JANITOR ROOM 4'-x4'-

VYNL ASBESTOS FLOOR TILE

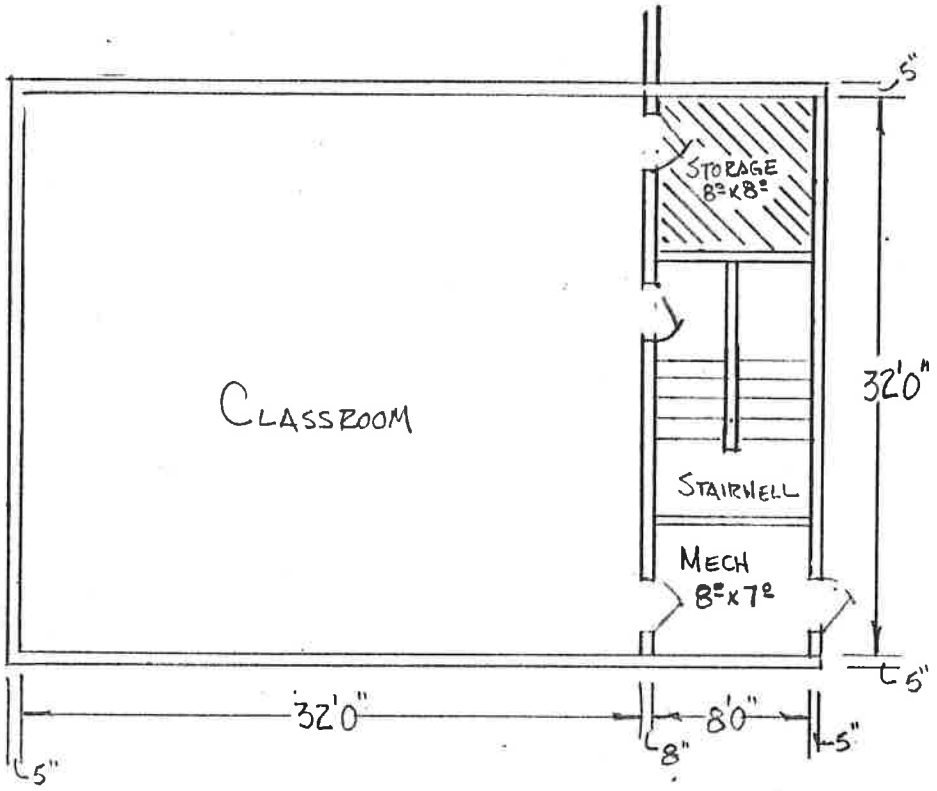
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County Vocational **NO.:** 13B

**DRAWING NO.:** 0005-13B

**Identify limits of homogeneous area and sample locations.**




HOMOGENEOUS AREA N

SCALE 1"=10'

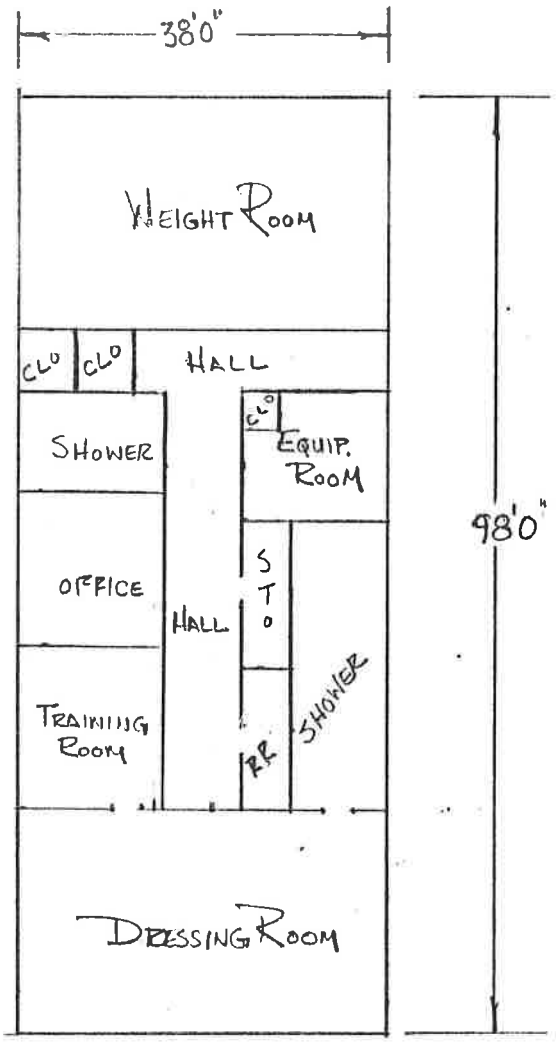
VYNL ASBESTOS FLOOR TILE

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

**Date:** 9/30/88

**Identify limits of homogeneous area and sample locations.**

5




HOMOGENEOUS AREA N

SCALE 1"=20'

N

## RESPONSE ACTIONS /SCHOOL: Chester County High NO.: 0005

1. **Recommended by Management Planner**

| HA No. | ACBM Description | Management Planner Recommended Response Action | LEA Selected Response Action* | Schedule Dates Start | Schedule Dates Complete |
|---|---|---|---|---|---|
| Through Out | 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

## IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: Chester County High NO.: 0005

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

**1. RESPONSE ACTION:**

- [ ] Institute Preventative Measures
- [x] Operations and Maintenance Program
- [ ] Repair
- [ ] Isolate
- [ ] Enclose
- [x] Remove
- [ ] Encapsulate
- [ ] Other

**Notes (Explain Other):** Ceiling Tile

**2. DETAILED DESCRIPTION:**

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

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

Throughout

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

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

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

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

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

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

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

## IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: Chester County High NO.: 120-0005

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

**1. RESPONSE ACTION:**

- ☐ Institute Preventative Measures
- ☐ Operations and Maintenance Program
- ☒ Repair
- ☐ Isolate
- ☐ Enclose
- ☐ Remove
- ☐ Encapsulate
- ☐ 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):**

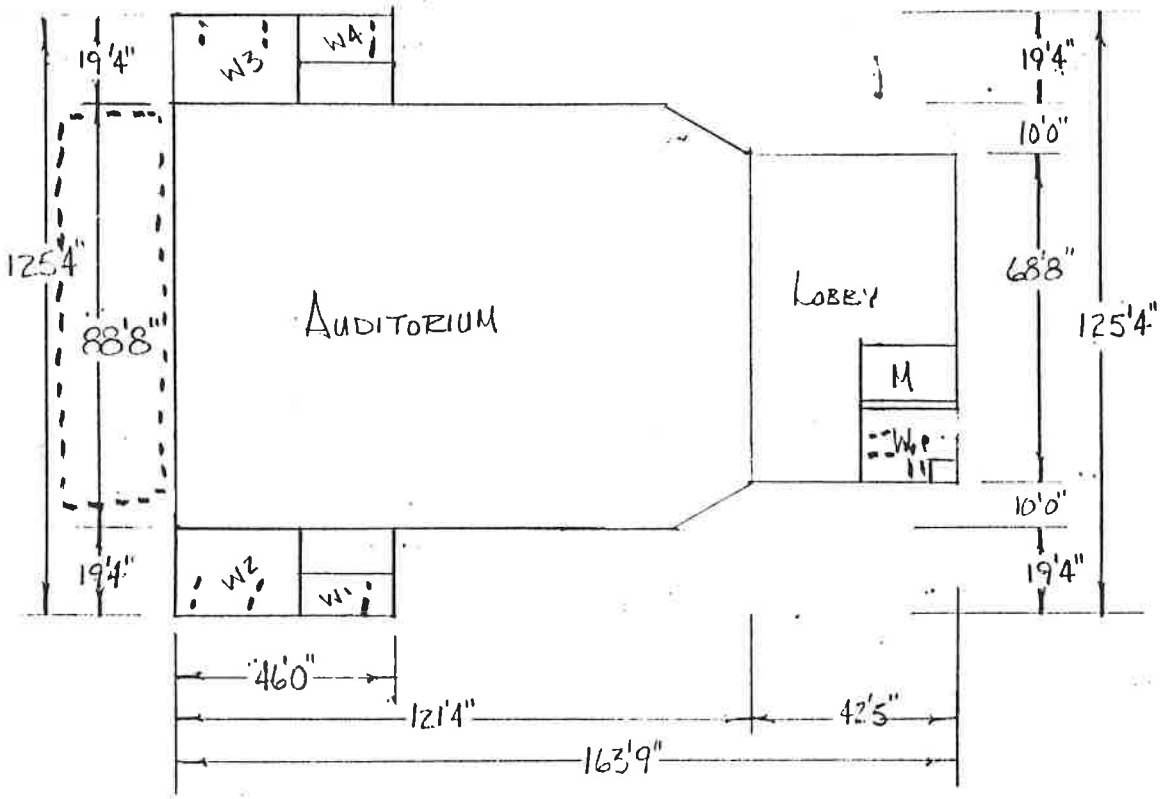
Work to start 9/1/88 and be completed on 7/9/89.

**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.

**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 7
DRAWING NO.: 0005-7

**Identify limits of homogeneous area and sample locations.**




HOMOGENEOUS AREA G

SCALE 1" = 40'

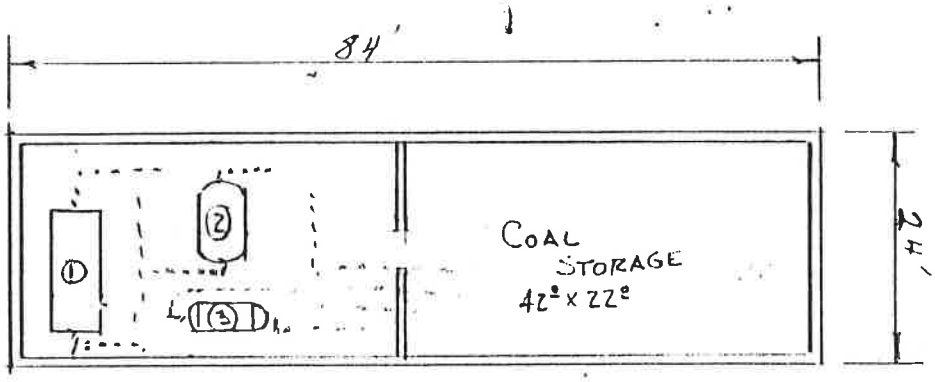
---- TSI

LEA: Chester County LEA NO.: 120

Date: 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 9
**DRAWING NO.:** 0005-9

**Identify limits of homogeneous area and sample locations.**




BOILER ROOM

SCALE 1" = 20'

TSI

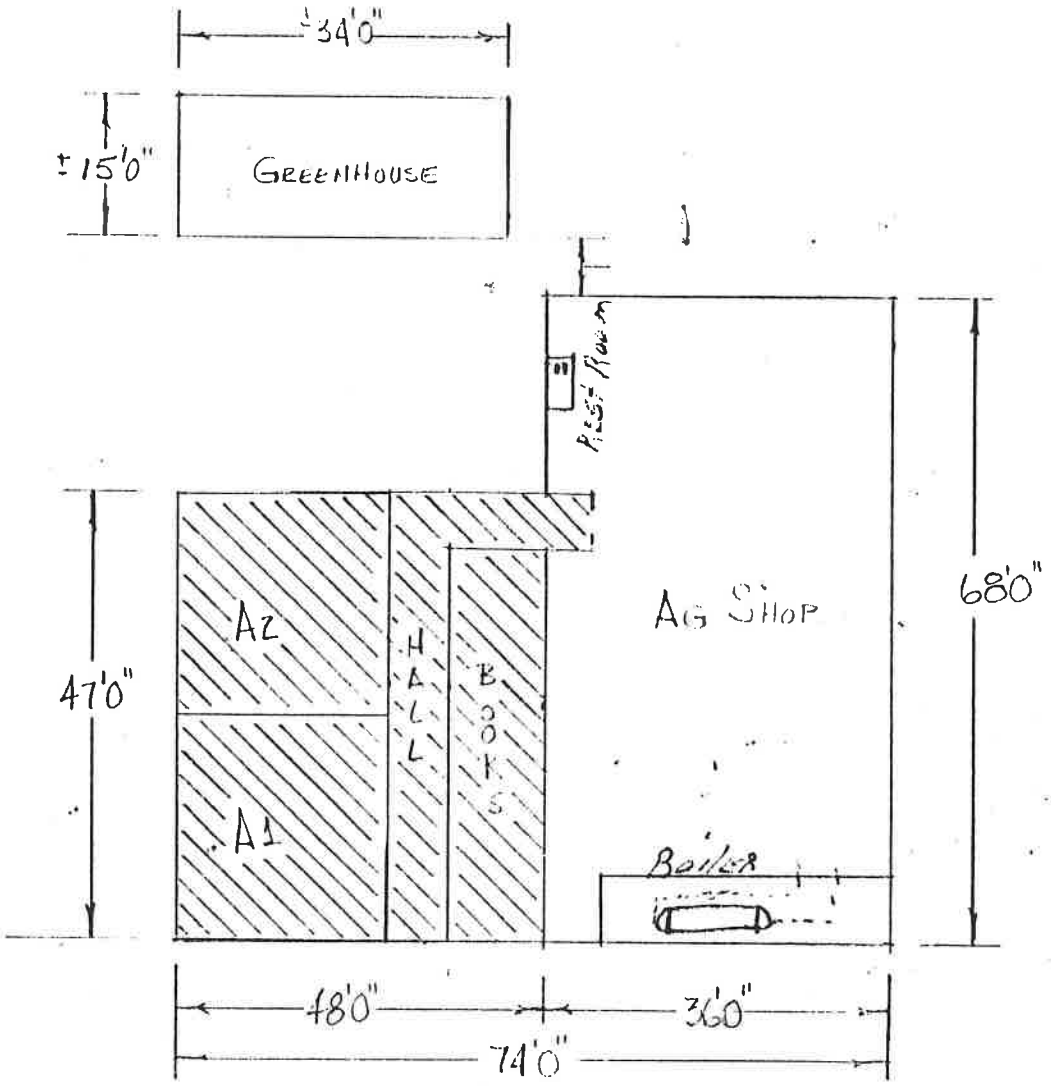
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

## HOMOGENEOUS AREA DRAWING /SCHOOL: Chester County High NO.: 10

DRAWING NO.: 0005-10

**Identify limits of homogeneous area and sample locations.**




HOMOGENEOUS AREA J

SCALE 1" = 20'

---- TSI

YMC ASBESTOS FLOOR TILE

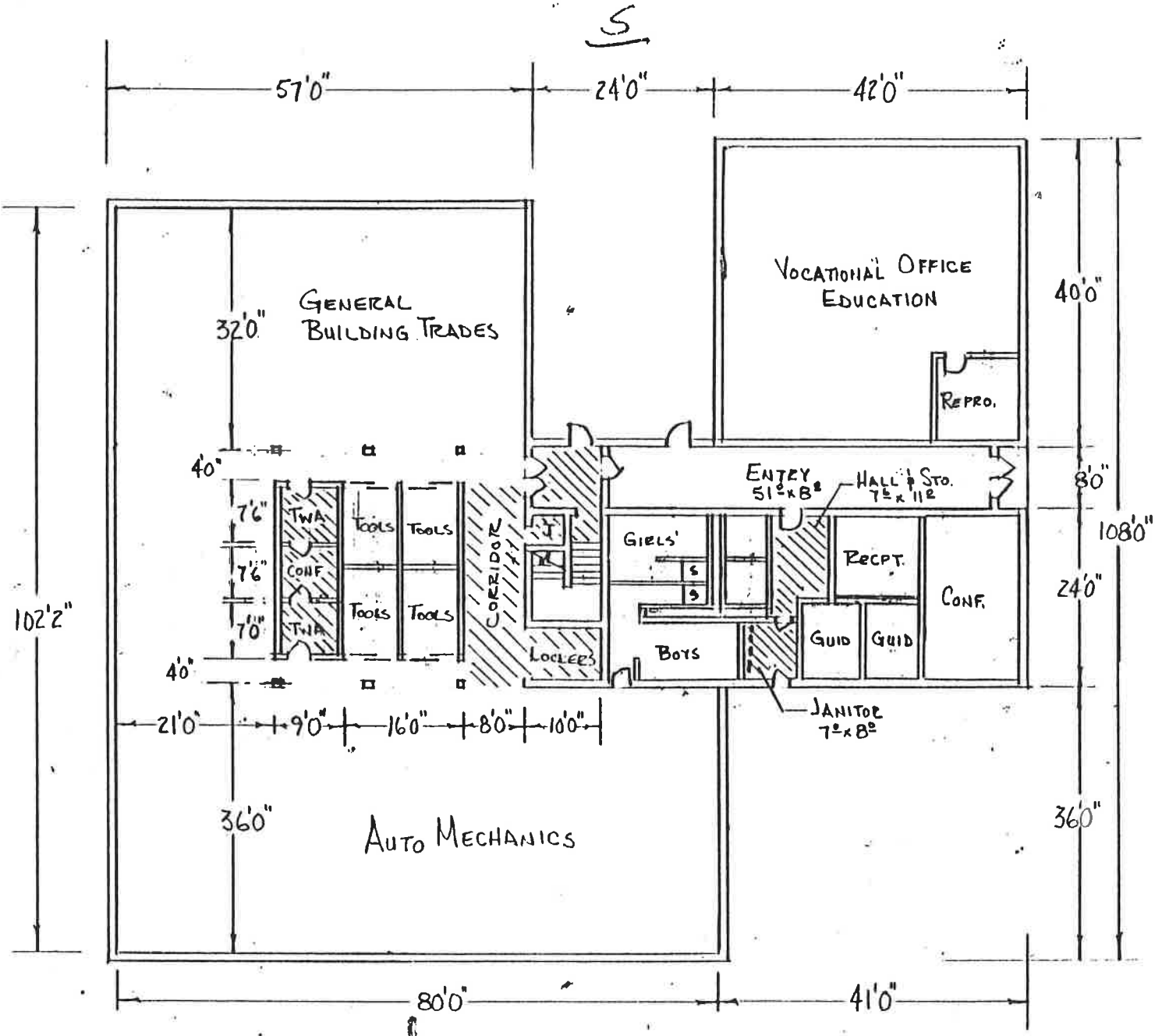
LEA: Chester County LEA NO.: 120

Date: 9/30/88

# HOMOGENEOUS AREA DRAWING /SCHOOL: Chester County Vocational NO.: 13A

DRAWING NO.: 0005-13A

**Identify limits of homogeneous area and sample locations.**




HOMOGENEOUS AREA N

---- TSI

SCALE 1" = 20'

J - JANITOR ROOM 4'-x4'

VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

## FOLLOW-UP ACTIONS

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

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

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

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

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

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

**Date:** 9/30/88

## DRAWING OF ACBM TO REMAIN /SCHOOL: Chester County High School NO.: 120-0005

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

SEE ATTACHED SHEET

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

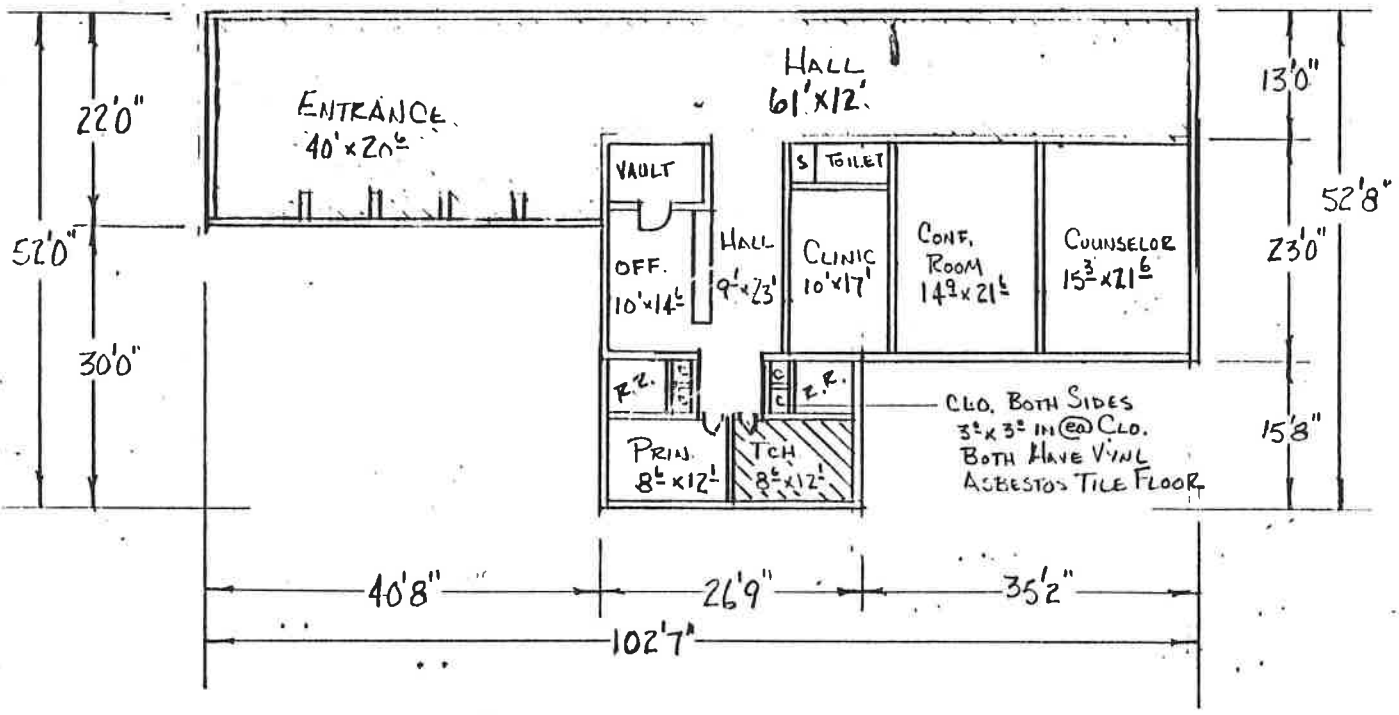
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 1

**DRAWING NO.:** 0005-1

**Identify limits of homogeneous area and sample locations.**

5




HOMOGENEOUS AREA A

SCALE 1" = 20'

VINL ASBESTOS FLOOR TILE

N

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

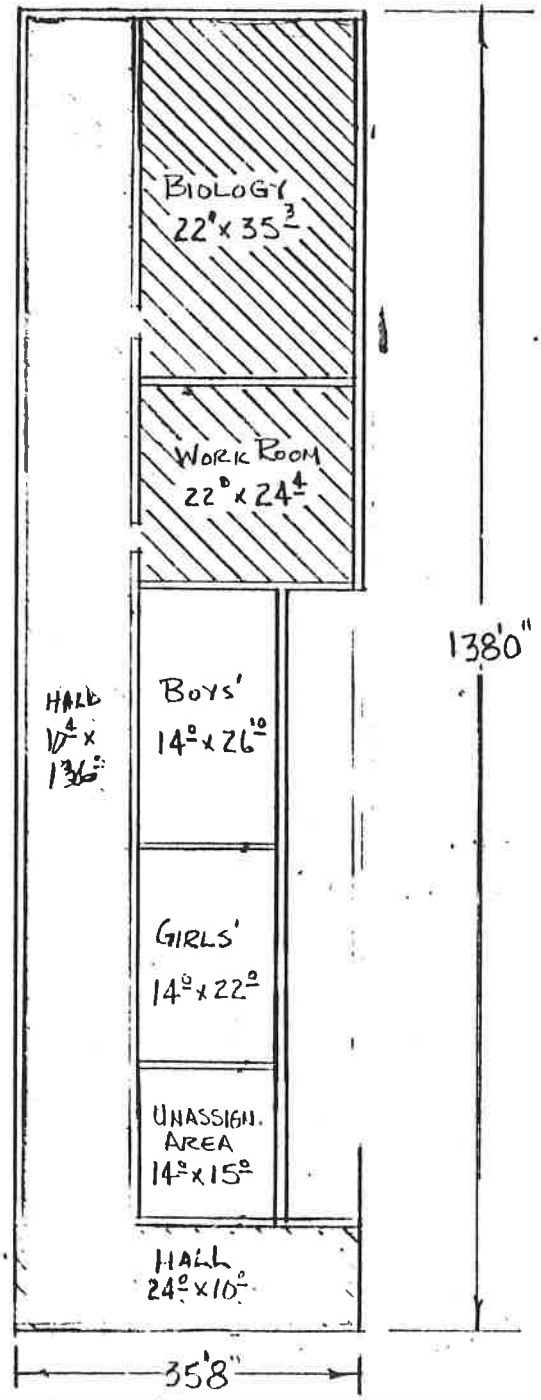
**Date:** 9/30/88

## HOMOGENEOUS AREA DRAWING /SCHOOL: Chester County High NO.: 2

DRAWING NO.: 0005-2

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA B

SCALE 1"=20'

VINL ASBESTOS FLOOR TILE

D1

LEA: Chester County LEA NO.: 120

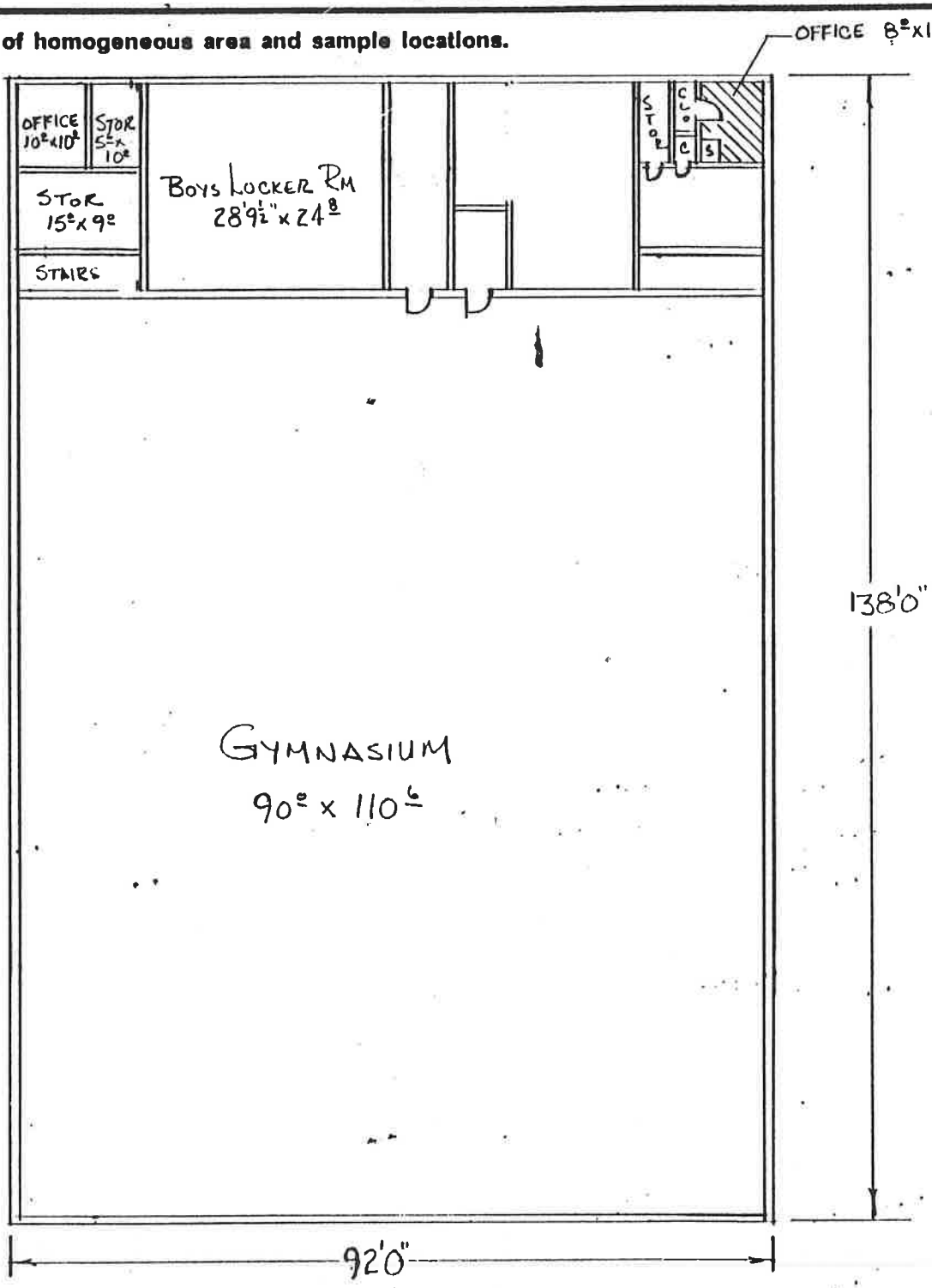
Date: 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 3

**DRAWING NO.:** 0005-3

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA C

SCALE 1" = 20'

VYNL ASBESTOS FLOOR TILE

N

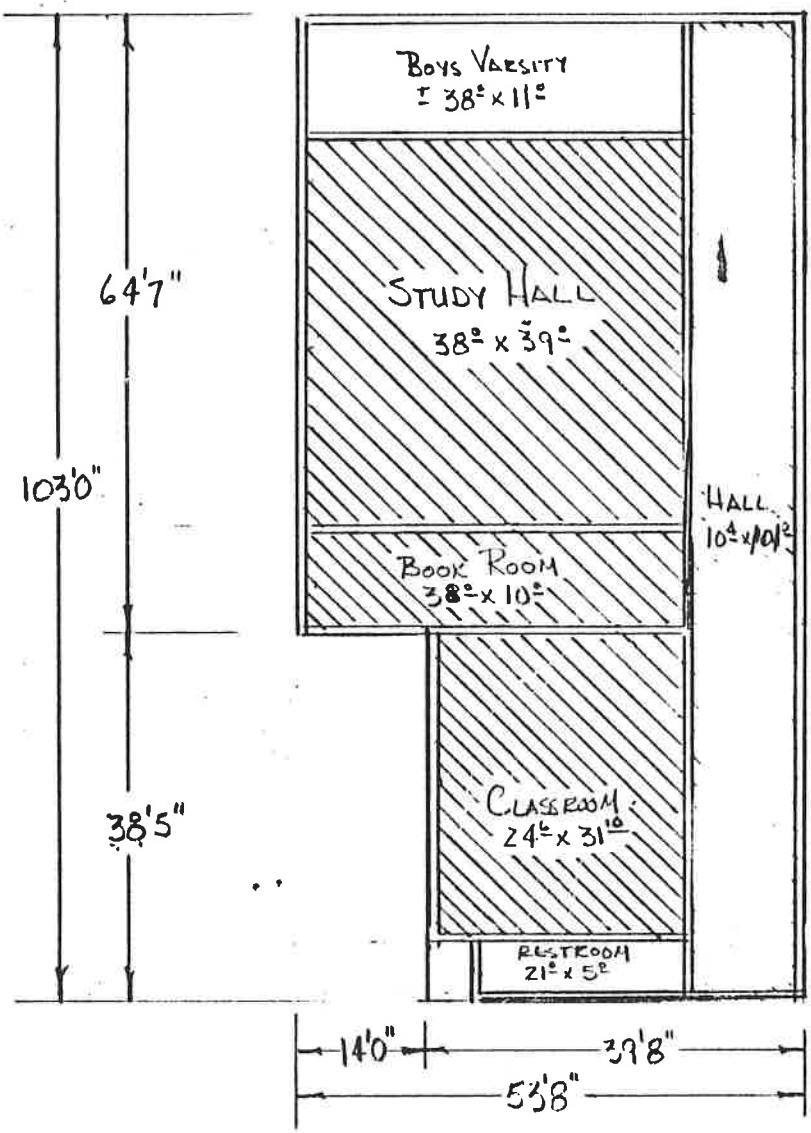
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 4
DRAWING NO.: 0005-3

**Identify limits of homogeneous area and sample locations.**

S




Homogeneous Area D

Scale 1" = 20'

Vinl. Asbestos Floor Tile

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

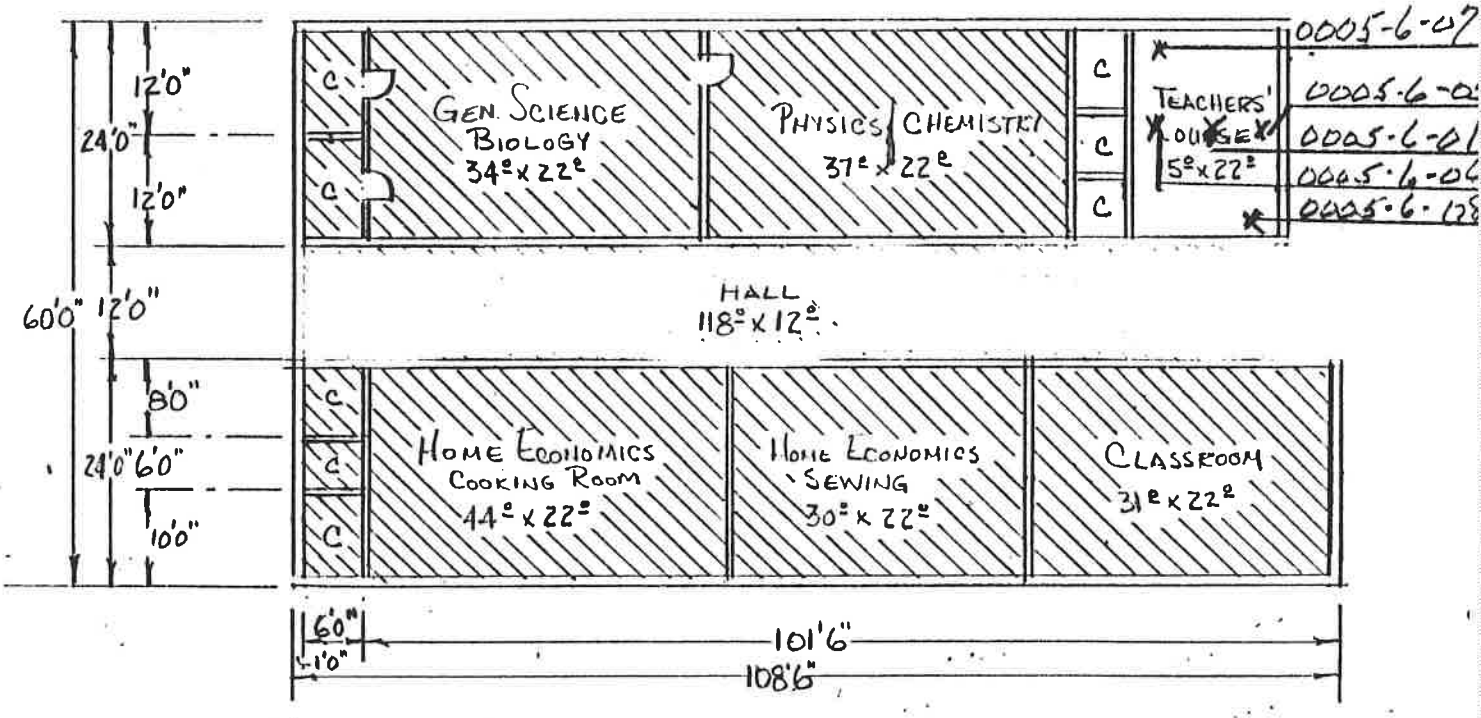
**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 5

**DRAWING NO.:** 0005-5

**Identify limits of homogeneous area and sample locations.**

S

Samples




HOMOGENEOUS AREA E

SCALE 1"=20'

VYNL ASBESTOS FLOOR TILE

C CLOSET

N

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

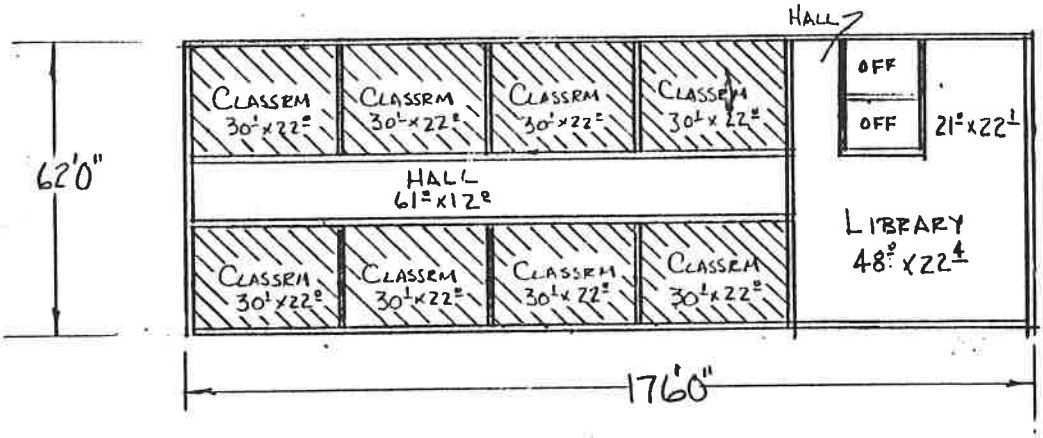
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 6

DRAWING NO.: 0005-6

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA F

SCALE 1" = 40'

VYNL ASBESTOS FLOOR TILE

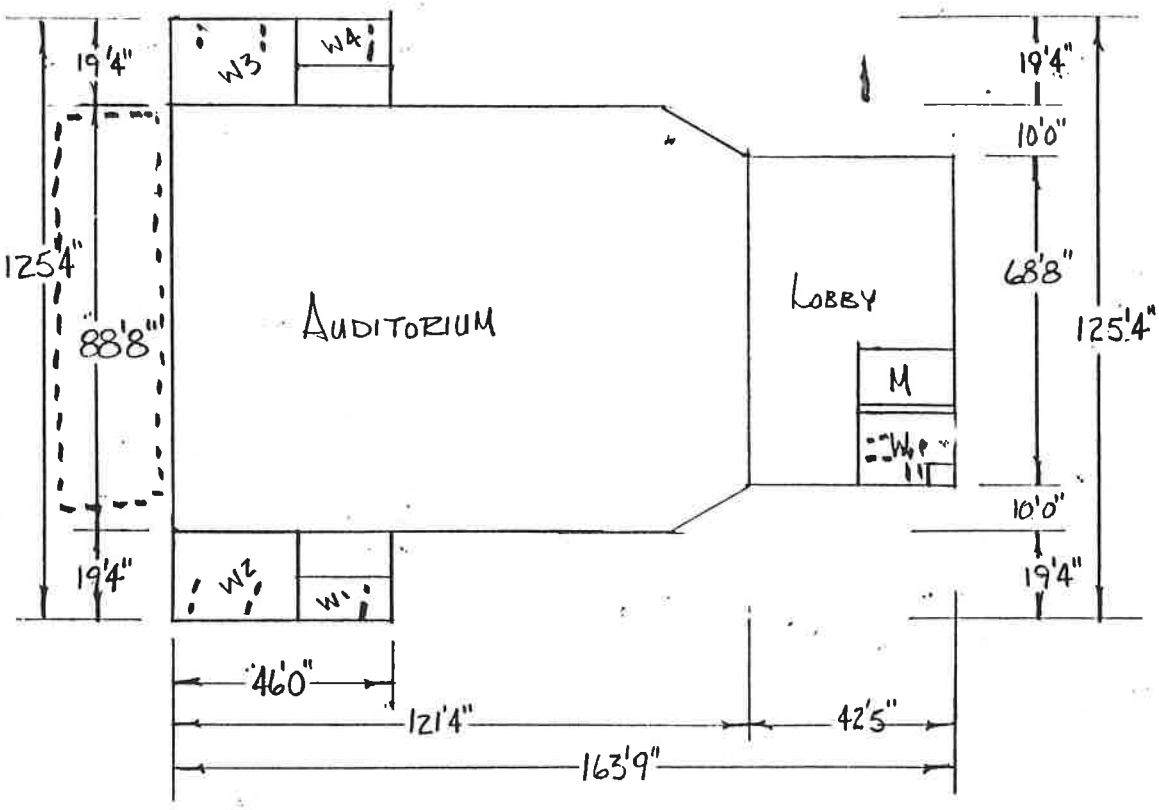
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA G

SCALE 1"=40'

---- TSI

N

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

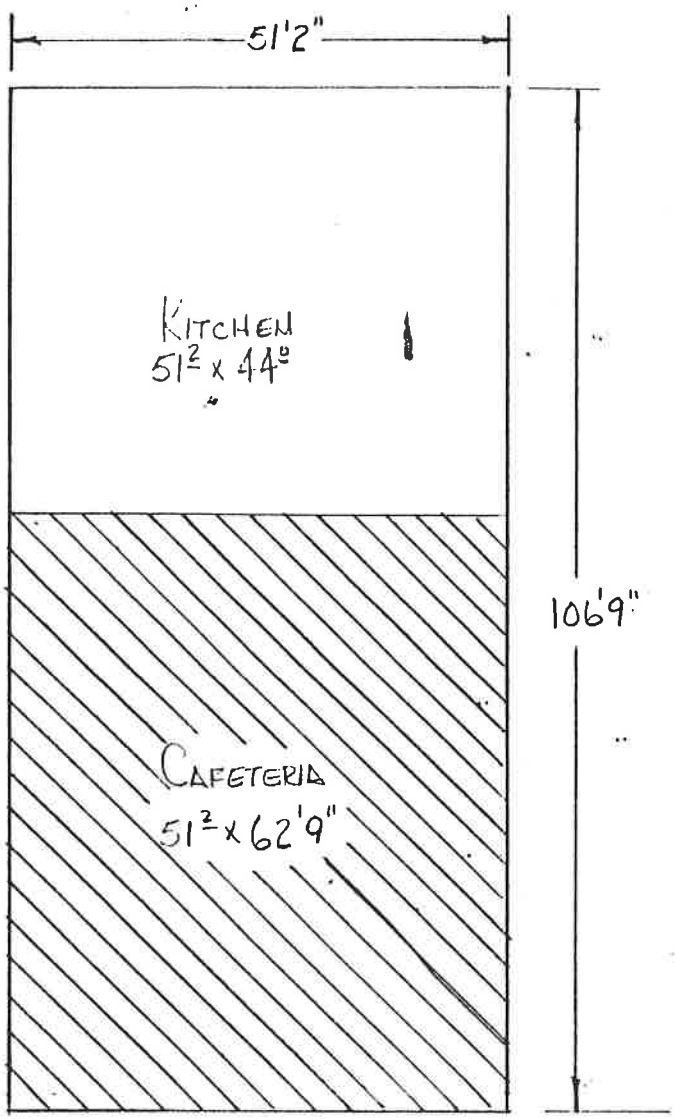
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 8

**DRAWING NO.:** 0005-8

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA H

SCALE 1" = 20'

VYNL ASBESTOS FLOOR TILE

N

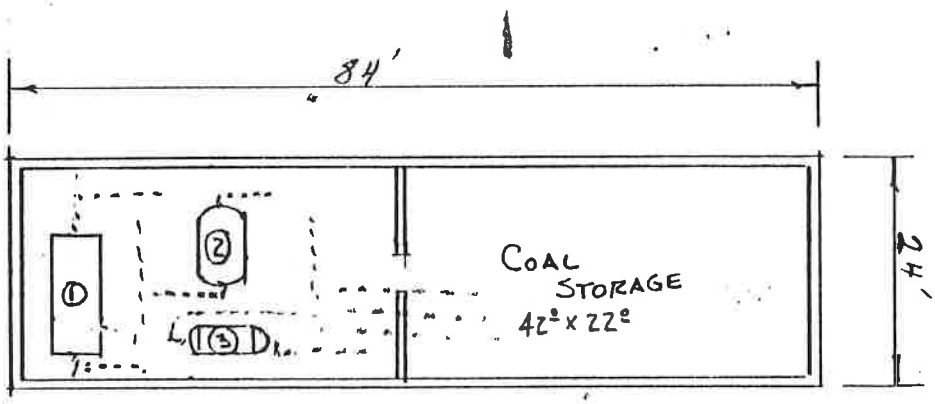
**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING** /SCHOOL: Chester County High NO.: 9
DRAWING NO.: 0005-9

**Identify limits of homogeneous area and sample locations.**

S




BOILER ROOM

SCALE 1" = 20'

--- TSI

N

LEA: Chester County LEA NO.: 120

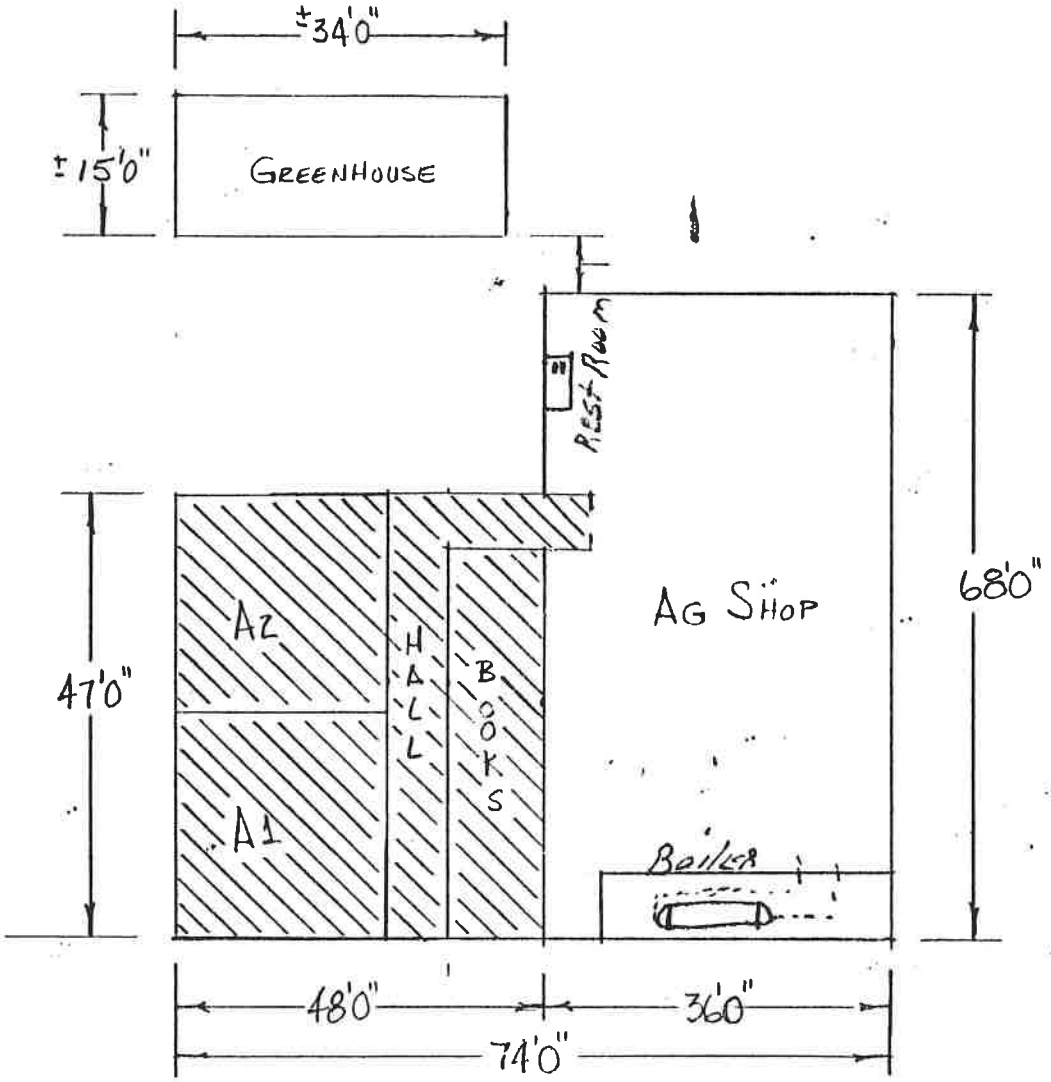
Date: 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 10

**DRAWING NO.:** 0005-10

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA J

SCALE 1" = 20'

---- TSI

VINIL ASBESTOS FLOOR TILE

N

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

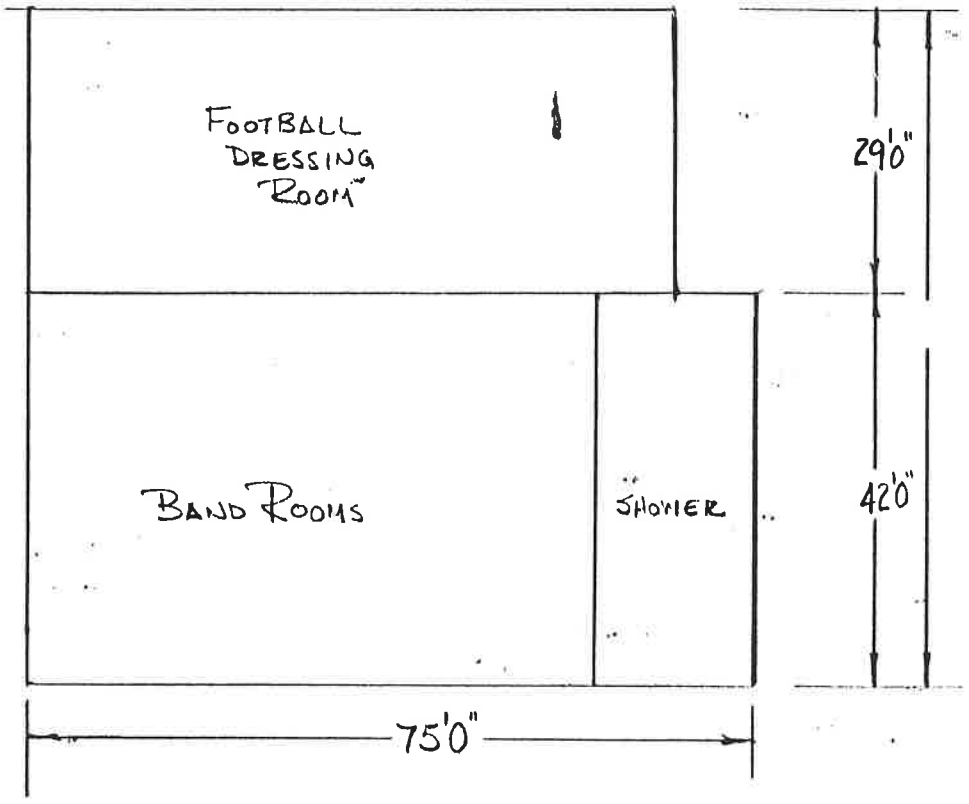
**Date:** 9/30/88

**HOMOGENEOUS AREA DRAWING /SCHOOL:** Chester County High **NO.:** 11

**DRAWING NO.:** 0005-11

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA K

SCALE 1" = 20'

N

**LEA:** Chester Coutny **LEA NO.:** 120

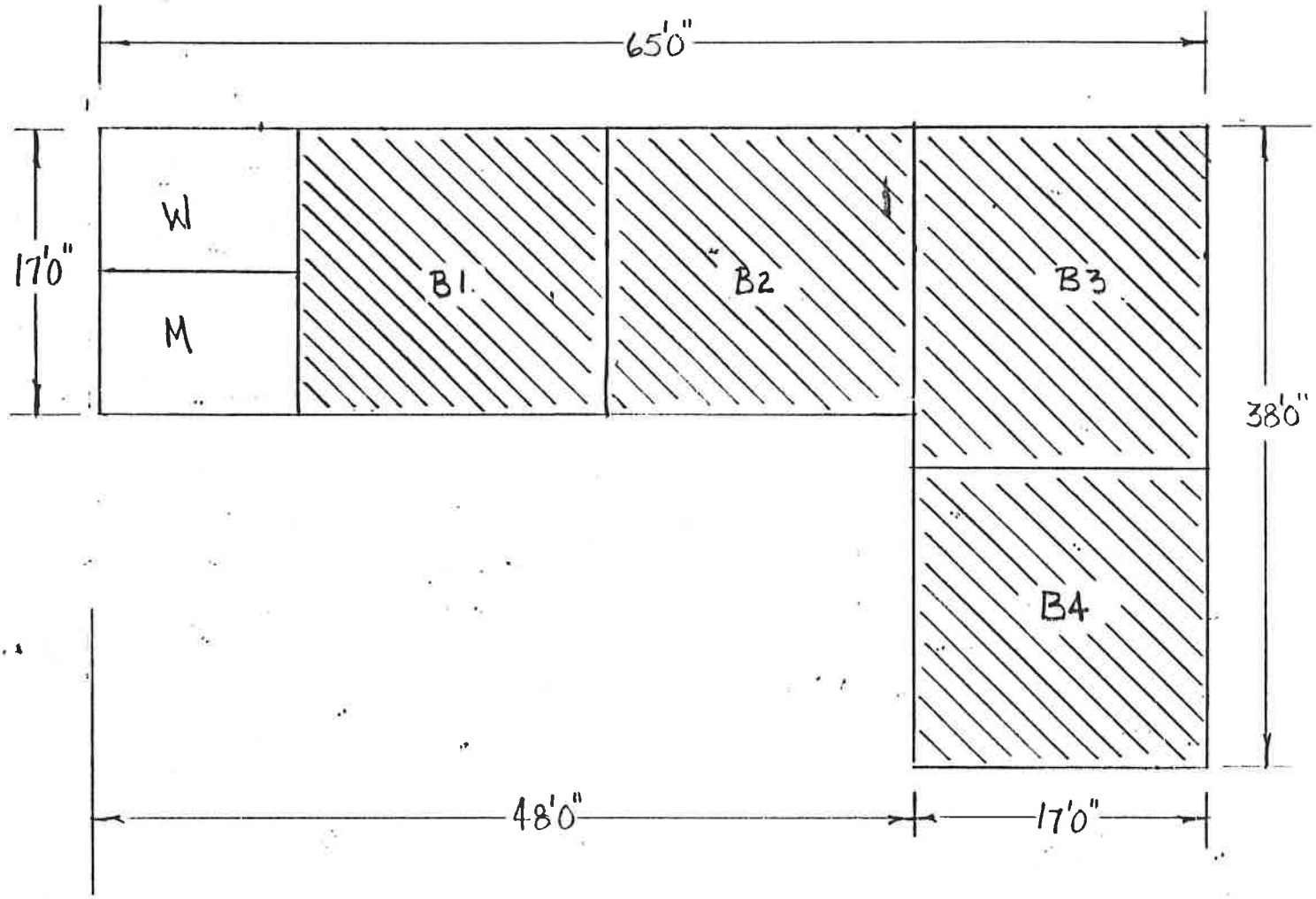
**Date:** 9/30/88

## HOMOGENEOUS AREA DRAWING /SCHOOL: Chester County High NO.: 12

DRAWING NO.: 0005-12

**Identify limits of homogeneous area and sample locations.**

S




HOMOGENEOUS AREA L

SCALE 1" = 10'

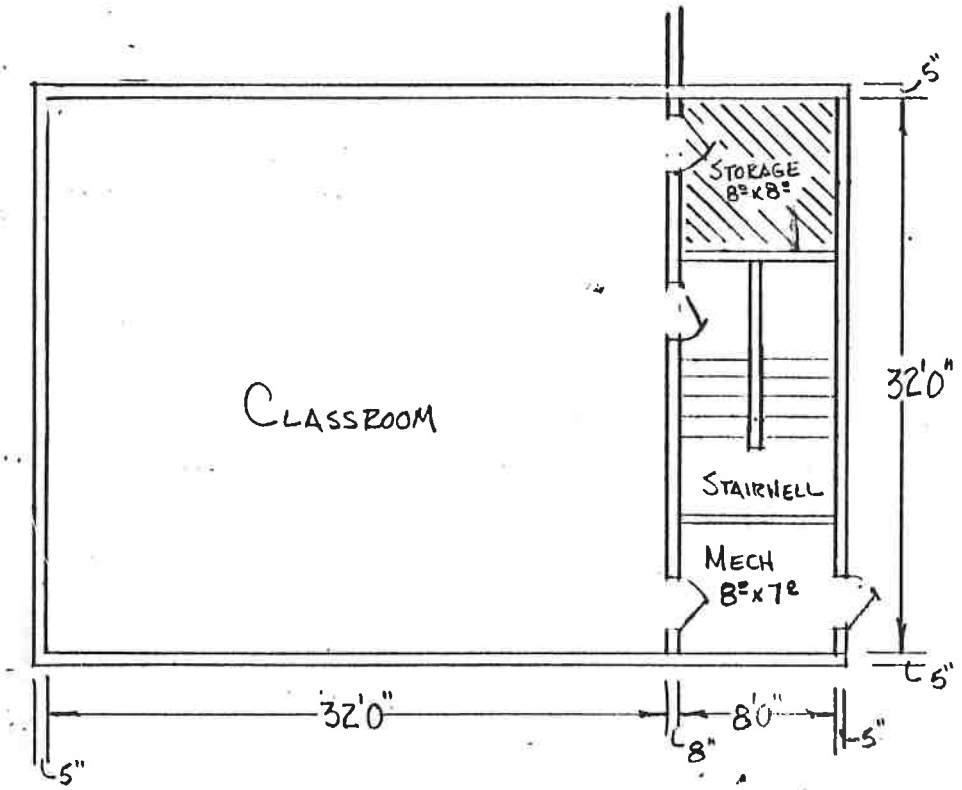
VYNL ASBESTOS FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

**Identify limits of homogeneous area and sample locations.**



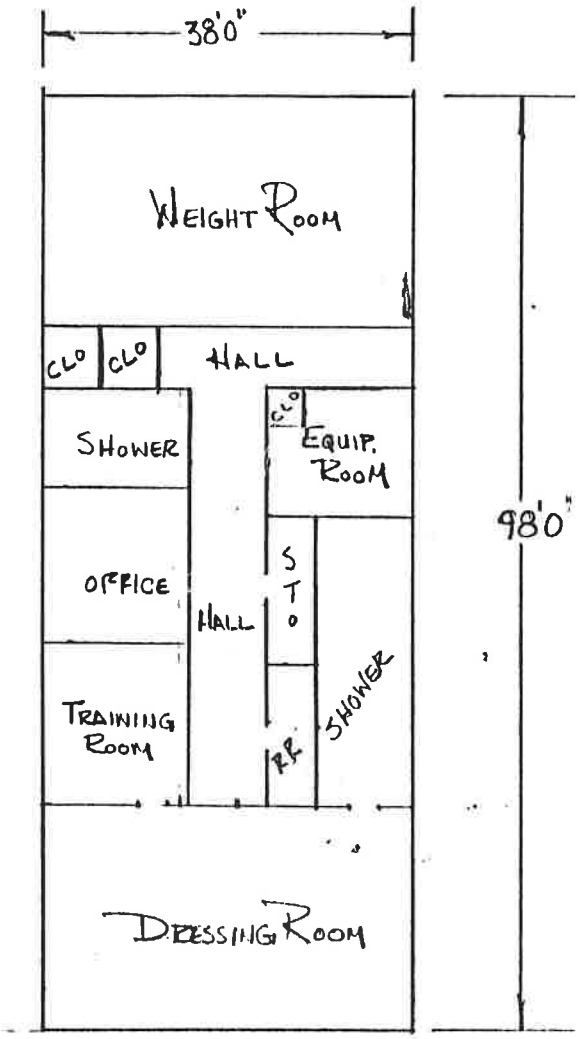

HOMOGENEOUS AREA N

SCALE 1" = 10'

VYNL ASBESTOS FLOOR TILE

**Identify limits of homogeneous area and sample locations.**

5




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. Custodians will be instructed to avoid dropping anything which may damage the tile.
V. No dry brooms, mops or dust cloths are to be used on the tile.
VI. A good coat of commerical 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 vaccum 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 proceedures should be followed:

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

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

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

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

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.

**BULK SAMPLE SUMMARY/SCHOOL:** Chester County High **NO.:** 120-0005

**Date Samples Collected:** 8-9-88 **Date Received by Laboratory:** 8-10-88

**Inspector's Name:** Gene Cain **Laboratory Name:** Tennessee Health and Environment 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

**Date:** 9/30/88

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

I. All Principals, Teachers, Lunchroom Employees, Custodians, Maintenance Employees, Students, Parents and Parent Organizations will be notified of the location of the ACM and location of the Management Plan. (See Copy of Notification)

II. All ACM in the floor tile must be cleaned using the wet method for cleaning and all records of the cleaning of the building must include names, dates and method used. This record will be kept in the Principal's office. The cleaning of the friable TSI will be with the wet wipe system and the HEPA Vaccum. All maintenance men performing this operation will wear an air purifying negative pressure respirator with HEPA filters and protective clothing (suits, hoods and boots). Any debris will be placed in an air tight bag and then a drum for proper disposal.

III. Should there be a small scale fiber release, the plan for Disturbance of ACM Intended or Likely TSI will be followed. (See Attached Sheets)

IV. All employees that wear a respirator must have a pulmonary function test or breathing test.

V. All custodians and maintenance personnel will receive two hours of awarness training (T.H.E.-/A.C.T.-/AHERA compliance film plus one hour of discussion of the film). Each will receive a copy of of Asbestos In Buildings - Guidance for Service and Maintenance Personnel. Each maintenance man will also receive 14 additional hours of training:

A. Respirator for asbestos and filtering - 1 hour
B. HEPA vaccum cleaner for asbestos clean up - 1 hour
C. Maintaining asbestos covered pipes and surfaces - 2 hours
D. Practicing use of glove bag - 5 hours
E. Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote - 5 hours

VI. All service personnel from outside of the school must report to the Principal's office before any work can begin. At this time they will be informed of any ACM.

VII. The ACM in each area will be inspected by a maintenance man and the date, time and condition of the ACM recorded. This will be kept in the Principal's office. The re-inspection will be in 3 years from July 9, 1989, and it will follow AHERA 763.93 (E) (9).

VIII. All records of activities involving ACM will be kept in the Principal's office.

A. Employee training
   1. Name
   2. Job Title
   3. Date training was completed

(continued)

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

## LABORATORY ACCREDITATION STATEMENT

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

**Laboratory:** Jackson Branch Laboratory

**Address:** 295 Summar Drive, P.O. Box 849

Jackson, Tennessee 38301

**Telephone:** (901) 424-9200 ext. 365

**Analysis Performed by:** William Jordan English

**Laboratory Manager:** Dr. John R. Hitz, Director

**Laboratory Manager's Signature:** J. R Hitz, Dr PH

**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**

NBS-1144
3806

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

National Voluntary Laboratory Accreditation Program
(NVLAP)

ASBESTOS PROGRAM FEE CALCULATION FORM

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:
_____ sub-facilities @ $ 250 Line 4. $ -0-

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

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

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

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

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

LEA: Chester County Board of Education
School: Chester 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): "D"

| Sample ID Owner | 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: 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 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
[x] QUANTITATIVE
[ ] QUANTITATE ACM ONLY

LAB USE ONLY
DATE RECEIVED 8/10/88 BY Jordan English LAB.# 2J89/69
DATE ANALYZED 8/11/88 BY
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 |
|---|---|---|---|---|---|
| 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: 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: 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 USE ONLY
DATE RECEIVED 8/10/88 BY Jordan English LAB.# 2J89/70
DATE ANALYZED 8/11/88 BY
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 USE ONLY.
DATE RECEIVED 8/10/88 BY Jordan English LAB.# 2J89/71
DATE ANALYZED 8/11/88 BY
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: 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: 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 USE ONLY
DATE RECEIVED 8/10/88 BY Jordan English LAB.# 2J89/72
DATE ANALYZED 8/11/88 BY
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 |
|---|---|---|---|---|---|
| 50 | quartz | | | | |
| 45 | binder | | | | |
| 4 | gypsum | | | | |
| <1 | cellulose | | | | |
| | | | | | |

* 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 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
[x] QUANTITATIVE
[ ] QUANTITATE ACM ONLY

LAB USE ONLY
DATE RECEIVED 8/10/88 BY Jordan English LAB.# 2J89/73
DATE ANALYZED 8/11/88 BY
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 |
|---|---|---|---|---|---|
| 60 | quartz | | | | |
| 38 | binder | | | | |
| 1 | cellulose | | | | |
| <1 | other | | | | |
| | | | | | |

* PERCENT BY VOLUME UNLESS STATED OTHERWISE

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SUPERVISOR DATE 8/11/88

# SAMPLE LOG and SAMPLE NOTES

DOCUMENT NUMBER

Building Number and Name: 0005 Chestnut 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 L-01 | | | GRANULAR SURFACE MATERIAL | TEACHERS LOUNGE |
| 0005 L-07 | | | GRANULAR SURFACE MATERIAL | TEACHERS LOUNGE |
| 0005 L-08 | | | GRANULAR SURFACE MATERIAL | TEACHERS LOUNGE |
| 0005 L-06 | | | GRANULAR SURFACE MATERIAL | HALL TO LOUNGE |
| 0005 L-05 | | | GRANULAR SURFACE MATERIAL | HALL TO LOUNGE |
| | | | | |
| | | | | |
| | | | | |

Receiving Analyst's Name: Jordan English

Receiving Analyst's Firm: Jackson Branch Lab.

Receiving Analyst's Signature:

Date Samples Received: 8/10/88

Inspector's Name: George Crain

Inspector's Firm: MADISON CO. BD. OF ED.

Inspector's Signature:

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

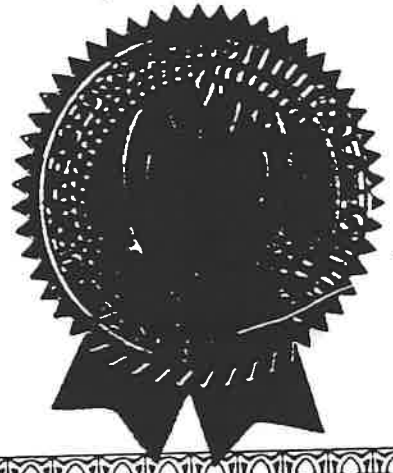
## Gene E. Cain

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



Toni Hurley
Course Director

Matthew M. Malok
Exam Administrator

# The Georgia Institute of Technology

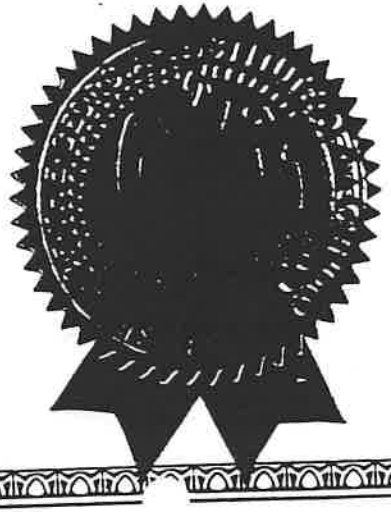
## Gene E. Cain

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

"MANAGING ASBESTOS IN BUILDINGS"

418
Certificate Number

March 25, 1988
Date



Toni Hurley
Course Director

Matthew M. Malok
Exam Administrator

# GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

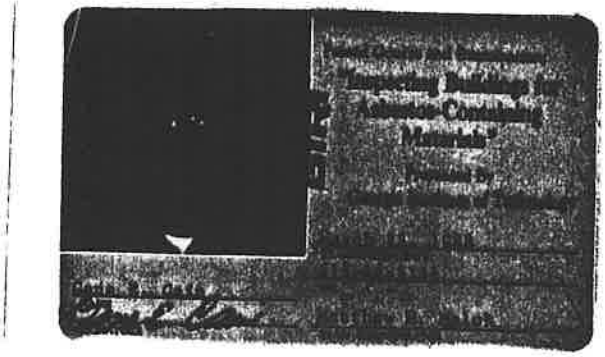
has successfully completed

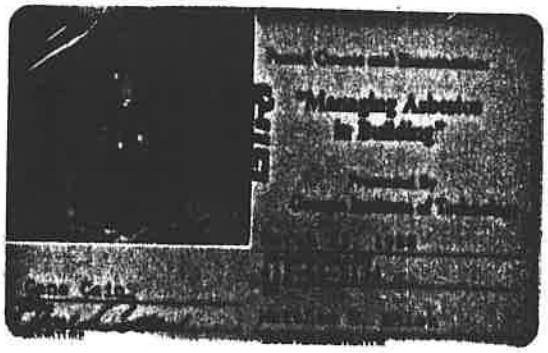
*Managing Asbestos in Buildings*

conducted by
GEORGIA TECH
EDUCATION EXTENSION SERVICES
Atlanta, Georgia
MARCH 24-25, 1988

President

Director, Education Extension Services
Associate Vice President for Academic Affairs





**QUALITATIVE RESPIRATOR FIT TEST**

Name: GENE E. CAIN

Social Security No.: 415-44-5134

Respirator Type: North 7760

Size M

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

**Georgia Tech Research Institute**

September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

## INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

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

**EMPLOYEE TRAINING FORM** Maintenance & Custodial

**Location of Training:** Chester County Junior High Cafeteria

**Date:** Septemb. 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 |
|---|---|
| Bud Ross | Janitor Lewis Creek |
| Glenda Kay Clemen | Janitor East Chester |
| P. C. Burrow | Janitor West Chester |
| J. R. Edgar | Janitor North Chester |
| Ruby J. Hesmith | Custodian - East * |
| Floyd King | Janitor * |
| Thomas Simons | Custodian - Jr. High C.H.S. |
| Sarah 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 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 |
|---|---|
| Johnny Hayes | Janitor High School * |
| Marion C. Davis | Janitor Jr. High School * |
| Danny K. Allen | Maint * |
| Kathy Gadney Mapp | School Secretary * |
| | * |
| | * |
| | * |
| | * |
| | * |

* 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 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 |
|---|---|
| | |
| [illegible] | Maint. |
| Lloyd H Kemp | 11 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

* 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 Courthouse

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Respirators for asbestos and fitting.

ATTENDEES:

| NAME (Print) | JOB TITLE |
|---|---|
| | |
| | Maint |
| | Ir Ir |
| | |
| | |
| | |
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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:

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 |
|---|---|
| [signature] | Maint. |
| Lloyd H Kemp | " " |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

LEA Designated Person: Gene Cain

Signature: [signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

# EMPLOYEE TRAINING FORM

**Location of Training:** Chester County High School

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

**Instructor (Print Name):** Gene Cain

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

**ATTENDEES:**

| NAME (Print) | JOB TITLE | |
|---|---|---|
| | | * |
| [illegible] | Maint | * |
| Lloyd A Kemp | Ir II | * |
| | | * |
| | | * |
| | | * |
| | | * |
| | | * |
| | | * |
| | | * |

* 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 |
|---|---|
| | |
| [signature] | Maint |
| [signature] | " " |
| | |
| | |
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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

**CLEANING RECORD** /SCHOOL: Chester County High NO.: 120-0005

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

Training date for all above: 9/21/88

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

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

**Signature:** [signature]

**Date:** 9/30/88

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

**Date:** 9/30/88

**CLEANING RECORD** /SCHOOL: Chester County Junior High NO.: 120-0010

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

Training date for all above: 9/21/88

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

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

**Signature:** Gene Cain

**Date:** 9/30/88

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

**Date:** 9/30/88

**CLEANING RECORD** /SCHOOL: East Chester Elementary NO.: 120-0015

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** Gene Cain

**Date:** 9/30/88

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

**Date:** 9/30/88

**CLEANING RECORD** /SCHOOL: Jacks Creek Elementary NO.: 120-0025

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** Gene Cain

**Date:** 9/30/88

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

**Date:** 9/30/88

**CLEANING RECORD /SCHOOL:** North Chester Elementary **NO.:** 120-0028

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** Gene Cain

**Date:** 9/30/88

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

**Date:** 9/30/88

**CLEANING RECORD** /SCHOOL: West Chester Elementary NO.: 120-0030

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

4. **Date cleaning performed:** 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

Jacks Creek
Henderson

# 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

## PERIODIC SURVEILLANCE REPORT/SCHOOL: Chester Co. High School NO.: 120-0005

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 | Ashpalt 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 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

**PERIODIC SURVEILLANCE REPORT/SCHOOL:** Chester Co. High School **NO.:** 120-0005

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<br>Asphalt Tile | All | None |
| 12 | Vinyl Asbestos Tile | All | None |
| 13 | Pipe Wrapping<br>Vinyl Asbestos Tile | All | None |
| | | | |
| | | | |

2. **Attach proof, sign-off sheets, notices, etc. that Paragraphs 2 and 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

Neil 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

Asbestos REFRESHER

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

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

*LARRY EDDIE MILLER*

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

**Asbestos Management Planner Refresher Training Course**

431-53-1229
Certificate Number

May 19, 1999
Examination Date

May 19, 1999

Course Date

May 19, 2000
Expiration Date

Phyllis Moore

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

Asbestos REFRESHER

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

# CERTIFICATION OF COMPLETION

this certifies that

## *Eddie Miller*

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

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

## May 18th, 2000 in Memphis, Tennessee

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

BIMPR431-53-1229
Certificate Number

David B. Wright
Classroom Instructor

May 18th, 2000
Examination Date

May 18th, 2001
Expiration Date

Melanie M Wright
Melanie M. Wright, Course Administrator



# M·E·T·A

*Mayhew Environmental Training Associates*

INCORPORATED

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*
*C M =*

*Instructor*

*President*

EST. 1985 KANSAS INC. 1987
MAYHEW
ENVIRONMENTAL TRAINING ASSOCIATES
SAFETY IN GOD ALONE

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 accrediation standards for successful completion of the

**Asbestos Management Planner Refresher Training Course**

431-53-1229
Certificate Number

January 23, 2002
Examination Date

January 23, 2002
Course Date

January 23, 2003
Expiration Date

Phyllis Moore

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

Asbestos REFRESHER

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

M

Awarded to

EDDIE MILLER

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

## Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date

Asbestos REFRESHER

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

# SAFETY • TRAINING • ECOLOGY • DESIGN

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

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**EPA/AHERA Approved Accreditation Course**

**Management Planner Course**
**December 2 - 3, 1993**
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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
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12/03/1993
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Date of Expiration

Melanie M Wright
Classroom Instructor

Orin 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

Phyllis Moore

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

Asbestos REFRESHER

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

M

Awarded to

*LARRY EDDIE MILLER*

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

**Asbestos Management Planner Refresher Training Course**

431-53-1229
Certificate Number

May 19, 1999
Examination Date

May 19, 1999

Course Date

May 19, 2000
Expiration Date

Phyllis Moore

Asbestos REFRESHER

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
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BIMPR431-53-1229
Certificate Number

David B. Wright
Classroom Instructor

May 18th, 2000
Examination Date

May 18th, 2001
Expiration Date

Melanie M Wright
Melanie M. Wright, Course Administrator



# M·E·T·A

*Mayhew Environmental Training Associates*

INCORPORATED

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*
*C M =*

*Instructor*

*President*

KANSAS INC. 1987 MAYHEW EST. 1985 ENVIRONMENTAL TRAINING ASSOCIATES SAFETY IN GOD ALONE

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 accrediation standards for successful completion of the

**Asbestos Management Planner Refresher Training Course**

431-53-1229
Certificate Number

January 23, 2002
Examination Date

January 23, 2002
Course Date

January 23, 2003
Expiration Date

Phyllis Moore

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

Asbestos REFRESHER

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

M

Awarded to

EDDIE MILLER

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

## Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date

Asbestos REFRESHER

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

# 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  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 1 | | HA NUMBER 2 | | HA NUMBER 3 | | HA NUMBER 4 | |
|---|---|---|---|---|---|---|---|---|
| CURRENT QUANTITY | 150 sq. ft. | | 1488 sq. ft. | | 70 sq. ft. | | 2960 sq. ft. | |
| MATERIAL DESCRIPTION | Floor Tile | | Floor Tile | | Floor Tile | | Floor Tile | |
| CHECK ONE | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| * CHECK ONE | | | | | | | | |
| ASSUMED ACBM | 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 | 3 | 3 | 3 | 3 |
| EXPOSURE | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ACCESSIBILITY | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | | | | | |
| 1 HOUR / WEEK | | | | | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | X | X | | | | |
| 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 | X | X |
| PUBLIC | | | | | 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 | 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
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

Eddie Miller
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

THREE TEAR NOTIFICATION

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. | | CURRENT QUANTITY 5849 sq. ft. | | CURRENT QUANTITY 600 ln. ft. | | CURRENT QUANTITY 12,832 sq.ft | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Pipe Wrapping | | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 5 HOUR / WEEK | | | | | X | X | X | X |
| 10 HOUR / WEEK | | | | | | | | |
| HOUR / WEEK | | | | | | | | |
| 40 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 |
| 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**

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

Eddie Miller
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

THREE YEAR REINSPECTION

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 | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 5466 sq. ft. | | Through Out | | | | | |
| | 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 | 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 | | | | | | | | |
| J 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
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

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 #: 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 | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 150 ln. ft. | | CURRENT QUANTITY 160 ln. ft. | | CURRENT QUANTITY 120 sq. ft. | | CURRENT QUANTITY Through Out | |
| | MATERIAL DESCRIPTION Pipe Wrapping | | MATERIAL DESCRIPTION Boiler Jacket | | MATERIAL DESCRIPTION Hot Water Tank insulation | | MATERIAL DESCRIPTION 2x4 Ceiling Tile | |
| CHECK ONE | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT |
| TSI | X | X | X | X | X | X | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | | | | | | | X | X |
| * CHECK ONE | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| CHECK ONE | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| EXPOSURE CONSIDERATION (1 TO 5 (5 WORST)) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
| EXPOSURE | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
| ACCESSIBILITY | 1 | 1 | 2 | 1 | 1 | 1 | 3 | 3 |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | | | | | |
| 1 HOUR / WEEK | | | | | X | X | | |
| 5 HOUR / WEEK | X | X | | X | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| ) HOUR / WEEK | | | | | | | | |
| 40 HOUR / WEEK | | | 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 |
| PUBLIC | | | | | | | X | X |
| ASSESSMENT (MARK FROM 1 TO 7) | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ** RESPONSE ACTIONS (MARK FROM A TO H) | 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
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 5 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

THREE YEAR REINSPECTION

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

| | HA NUMBER 10A | | HA NUMBER 10B | | HA NUMBER 10C | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 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 | |
| CHECK ONE | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | X | X | X | X | | | | |
| SURFACING | | | | | X | X | X | X |
| MISCELLANEOUS | | | | | | | | |
| * 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 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBRATION | 2 | 3 | 1 | 1 | 3 | 3 | 3 | 3 |
| EXPOSURE | 2 | 3 | 1 | 1 | 5 | 5 | 3 | 3 |
| ACCESSIBILITY | 3 | 3 | 1 | 1 | 5 | 5 | 3 | 3 |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | | | | | |
| 1 HOUR / WEEK | | | X | X | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| HOUR / WEEK | X | X | | | X | | X | X |
| HOUR / WEEK | | | | | | 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-C | B-C | B-C | B-C | 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
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

Eddie Miller
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

Eddie Miller
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

# THREE YEAR REINSPECTION

LEA NAME: Chester County Schools — LEA #: 120

SCHOOL BUILDING NAME: Chester County Middle School — BUILDING #: Business

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 12 | | | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 2500 sq. ft. | | Through Out | | | | | |
| | 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 | 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 | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| 9 HOUR / WEEK | X | | | | | | | |
| 40 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 | | | | |
| 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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

**NOTES**

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** 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

# THREE YEAR REINSPECTION

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

| CHECK ONE | HA NUMBER 13A | | HA NUMBER 13B | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 1000 sq. ft. | | CURRENT QUANTITY 25 ln. ft. | | CURRENT QUANTITY Through Out | | CURRENT QUANTITY | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Pipe Wrapping | | MATERIAL DESCRIPTION 2x4 Ceiling Tile | | MATERIAL DESCRIPTION | |
| | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT | LAST 5 YEAR | CURRENT |
| TSI | | | X | X | | | | |
| SURFACING | | | | | X | X | | |
| MISCELLANEOUS | X | X | | | | | | |
| * CHECK ONE | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| CHECK ONE | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | | |
| FRIABLE | | | | | | | | |
| EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | | |
| PHYSICAL DAMAGE | 1 | 1 | 2 | 2 | 1 | 1 | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | | |
| ACTIVITY / VIBRATION | 3 | 3 | 2 | 2 | 3 | 3 | | |
| EXPOSURE | 5 | 5 | 2 | 2 | 3 | 3 | | |
| ACCESSIBILITY | 5 | 5 | 3 | 3 | 3 | 3 | | |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | | | | | |
| 1 HOUR / WEEK | | | X | X | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| HOUR / WEEK | | | | | | | | |
| 40 HOUR / WEEK | X | X | | | 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 | X | X | X | X | | |
| PUBLIC | X | X | | | | | | |
| ASSESSMENT (MARK FROM 1 TO 7) | 5 | 5 | 5 | 5 | 5 | 5 | | |
| ** RESPONSE ACTIONS (MARK FROM A TO H) | A-B | A-B | 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
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

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 LEA #: 791

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 DATE FALL: 10-6-97 | 2ND SIX MONTHS 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

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

**TAHERA 9.0 (12/93)**

# 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 DATE FALL: 10-6-97 | 2ND SIX MONTHS 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 DATE FALL: 10-6-97 | 2ND SIX MONTHS 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 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

| | | | 1ST SIX MONTHS DATE FALL: 10-6-97 | 2ND SIX MONTHS DATE SPRING 4-03-98 | |
|---|---|---|---|---|---|
| HA # | DESCRIPTION OF ACBM | 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 | |
| | | | | | |
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| | | | | | |

*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

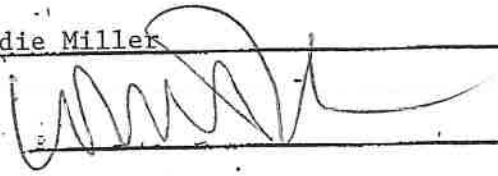
BUILDING NAME: Main Building SCHOOL YEAR: 97-98

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 | Floor Tile | Floor Tile | Floor Tile | Floor Tile | Floor Tile | Floor Tile | Pipe Wrapping | Floor Tile | Pipe Wrapping | Boiler Jacket | Hot Water Tank Insulation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HA Number | 1 | 2 | 3 | 4 | 5A | 6 | 7A | 7B | 9A | 9B | 9C |
| **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 | | Floor Tile | 2 x 4 Ceiling Tile | | | | | | | | | | |
| HA Number | | 8 | | | | | | | | | | | |
| LEA SELECTED RESPONSE ACTION (See Legend) | | | | | | | | | | | | | |
| CHECK ONE | A | X | X | | | | | | | | | | |
| | B | X | X | | | | | | | | | | |
| | C | | | | | | | | | | | | |
| | D | | | | | | | | | | | | |
| | E | | | | | | | | | | | | |
| | F | | | | | | | | | | | | |
| | G | | | | | | | | | | | | |
| | H | | | | | | | | | | | | |
| RESPONSE ACTION COMPLETED? | | | | | | | | | | | | | |
| CHECK ONE | YES | | | | | | | | | | | | |
| | NO | X | X | | | | | | | | | | |
| RESPONSE ACTION IN PROGRESS? | | | | | | | | | | | | | |
| CHECK ONE | YES | X | X | | | | | | | | | | |
| | NO | | | | | | | | | | | | |
| MANAGEMENT PLAN SCHEDULE COMPARISON | | | | | | | | | | | | | |
| CHECK ONE | 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 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | HA Number | 13A | 13B | | | | | | | | | |
| LEA SELECTED RESPONSE ACTION (See Legend) | | | | | | | | | | | | |
| CHECK ONE | A | X | | X | | | | | | | | |
| | B | X | X | X | | | | | | | | |
| | C | | X | | | | | | | | | |
| | D | | | | | | | | | | | |
| | E | | | | | | | | | | | |
| | F | | | | | | | | | | | |
| | G | | | | | | | | | | | |
| | H | | | | | | | | | | | |
| RESPONSE ACTION COMPLETED? | | | | | | | | | | | | |
| CHECK ONE | YES | | | | | | | | | | | |
| | NO | X | X | X | | | | | | | | |
| RESPONSE ACTION IN PROGRESS? | | | | | | | | | | | | |
| CHECK ONE | YES | X | X | X | | | | | | | | |
| | NO | | | | | | | | | | | |
| MANAGEMENT PLAN SCHEDULE COMPARISON | | | | | | | | | | | | |
| CHECK ONE | 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)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Material Description | | Floor Tile | 2 x 4 Ceiling Tile | | | | | | | | | | |
| HA Number | | 12 | | | | | | | | | | | |
| LEA SELECTED RESPONSE ACTION (See Legend) | | | | | | | | | | | | | |
| CHECK ONE | A | X | X | | | | | | | | | | |
| | B | X | X | | | | | | | | | | |
| | C | | | | | | | | | | | | |
| | D | | | | | | | | | | | | |
| | E | | | | | | | | | | | | |
| | F | | | | | | | | | | | | |
| | G | | | | | | | | | | | | |
| | H | | | | | | | | | | | | |
| RESPONSE ACTION COMPLETED? | | | | | | | | | | | | | |
| CHECK ONE | YES | | | | | | | | | | | | |
| | NO | X | X | | | | | | | | | | |
| RESPONSE ACTION IN PROGRESS? | | | | | | | | | | | | | |
| CHECK ONE | YES | X | X | | | | | | | | | | |
| | NO | | | | | | | | | | | | |
| MANAGEMENT PLAN SCHEDULE COMPARISON | | | | | | | | | | | | | |
| CHECK ONE | On Schedule | X | X | | | | | | | | | | |
| | Ahead Schedule | | | | | | | | | | | | |
| | Behind Schedule | | | | | | | | | | | | |

**INSPECTOR'S NAME (please print):** Eddie Miller

**INSPECTOR'S SIGNATURE:** [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 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | HA 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:** [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

**TAHERA 9.0 (12/93)**

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL #: CAFE

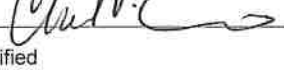
BUILDING NAME: CHESTER COUNTY MIDDLE

**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: 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 | |
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*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 #: AGRI

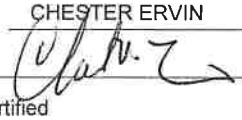
BUILDING NAME: CHESTER COUNTY MIDDLE

**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 | |
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*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 | |
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*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

**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

| | | | 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 |
| 13A | FLOOR TILE | ALL | GOOD | N/C | |
| 13B | PIPE INSULATION | ALL | GOOD | N/C | |
| | 2 X 4 CEILING TILE | ALL | GOOD | N/C | |
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*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified

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

**TAHERA 9.0 (12/93)**

2000
Yearly Progress Report

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** September 25, 2003

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

**ADDRESS:**

Henderson, TN 38340

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

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

| ORIGINAL SUBMISSION | CORRECTION/DELICIENCY 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 | |
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*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

# 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 DATE FALL: 9-22-99 | 2ND SIX MONTHS 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 | |
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*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

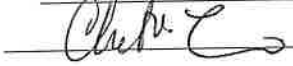
BUILDING NAME: CHESTER COUNTY MIDDLE

**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 DATE FALL: 9-22-99 | 2ND SIX MONTHS 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 | |
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*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

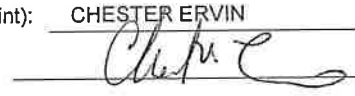
BUILDING NAME: CHESTER COUNTY MIDDLE

**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 | |
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*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

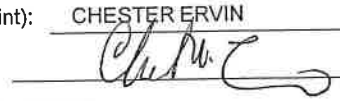
BUILDING NAME: CHESTER COUNTY MIDDLE

**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 DATE FALL: 9-22-99 | 2ND SIX MONTHS 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 | |
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*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified

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

2001
Three Year Reinspection

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** September 25, 2003

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

**ADDRESS:**

Henderson, TN 38340

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

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

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

# THREE YEAR REINSPECTION

| | | | |
|---|---|---|---|
| LEA NAME: | CHESTER COUNTY SCHOOLS | LEA #: | 120 |
| SCHOOL BLDG. NAME: | 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 | |
|---|---|---|---|---|---|---|---|---|
| CURRENT QUANTITY | 150 | | 1488 | | 70 | | 2960 | |
| MATERIAL DESCRIPTION | FLOOR TILE | | FLOOR TILE | | FLOOR TILE | | FLOOR TILE | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | M | M | M | M | M | M | M | M |
| **Check One** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **Check One** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **Exposure Consideration** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYS. DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBR. | 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 |
| **Length of Exposure** | | | | | | | | |
| 1 HOUR / WEEK | | | | | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| 20 HOUR / WEEK | | | X | X | | | | |
| 40 HOUR / WEEK | X | X | | | X | X | X | X |
| **Exposure Population** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY / STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | | | X | X | X | X | X | X |
| **Assessment** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ** Response Actions | 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 | 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 6.5 and TAHERA 8.0.

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

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

TAHERA 16.0 (12/93)

# 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 | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 6250 | | 5849 | | 600 ln.ft. | | 12,832 | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | FLOOR TILE | | FLOOR TILE | | PIPE INSULATION | | FLOOR TILE | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | M | M | M | M | T | T | M | M |
| Check One | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| Check One | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| Exposure Consideration | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYS. DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBR. | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 |
| EXPOSURE | 5 | 5 | 5 | 5 | 2 | 2 | 5 | 5 |
| ACCESSIBILITY | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 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 | X |
| Exposure Population | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY / STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| Assessment | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ** Response Actions | A-B | B | A-B | B | A-B | B | A-B | B |

## Assessment Legend

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

## Response Actions Legend

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

## Notes

*If previously assumed ACBM was tested, attach 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) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# THREE YEAR REINSPECTION

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

| | 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 | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | M | M | | | | | M | M |
| Check One | | | | | | | | |
| ASSUMED ACBM | X | X | | | | | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| Check One | | | | | | | | |
| NON-FRIABLE | X | X | | | | | X | X |
| FRIABLE | | | | | | | | |
| Exposure Consideration | | | | | | | | |
| DETERIORATION | 1 | 1 | | | | | 1 | 1 |
| PHYS. DAMAGE | 1 | 1 | | | | | 1 | 1 |
| WATER DAMAGE | 1 | 1 | | | | | 1 | 1 |
| ACTIVITY / VIBR. | 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 |
| ** 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) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | AR 431531229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# 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 H20 TANK INSUL. | | | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | T | T | T | T | T | T | | |
| **Check One** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **Check One** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | | |
| FRIABLE | | | | | | | | |
| **Exposure Consideration** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | | |
| PHYS. DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | | |
| ACTIVITY / VIBR. | 2 | 2 | 2 | 2 | 2 | 2 | | |
| EXPOSURE | 2 | 2 | 2 | 2 | 2 | 2 | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | | |
| **Length of Exposure** | | | | | | | | |
| 1 HOUR / WEEK | | | | | X | X | | |
| 5 HOUR / WEEK | X | X | X | X | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| 20 HOUR / WEEK | | | | | | | | |
| 40 HOUR / WEEK | | | | | | | | |
| **Exposure Population** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | | |
| CUSTODIAL | X | X | X | X | X | X | | |
| FACULTY / STAFF | | | | | | | | |
| PUBLIC | | | | | | | | |
| **Assessment** | 5 | 5 | 5 | 5 | 5 | 5 | | |
| ** **Response Actions** | B-C | B | B-C | 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 TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0.

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

| | | |
|---|---|---|
| CHESTER ERVIN | | |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# 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 | | | | |
| MATERIAL DESCRIPTION | 2X4 CEILING TILE | | | |
| T, S or M | LAST 3 YEAR / CURRENT | LAST 3 YEAR / CURRENT | LAST 3 YEAR / CURRENT | LAST 3 YEAR / CURRENT |
| MATERIAL TYPE | M / M | | | |
| **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
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 6.0.

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

| | | |
|---|---|---|
| CHESTER ERVIN | | |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# 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 | 100 LN. FT. | | 30 | | 2275 | | | |
| 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 | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | T | T | T | T | M | M | M | M |
| **Check One** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **Check One** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **Exposure Consideration** | | | | | | | | |
| DETERIORATION | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| PHYS. DAMAGE | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBR. | 2 | 2 | 1 | 1 | 3 | 3 | 3 | 3 |
| EXPOSURE | 3 | 2 | 1 | 1 | 5 | 5 | 3 | 3 |
| ACCESSIBILITY | 3 | 1 | 1 | 1 | 5 | 5 | 3 | 3 |
| **Length of Exposure** | | | | | | | | |
| 1 HOUR / WEEK | | | X | X | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| 20 HOUR / WEEK | X | X | | | | | | |
| 40 HOUR / WEEK | | | | | X | X | X | X |
| **Exposure Population** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY / STAFF | X | X | | | X | X | X | X |
| PUBLIC | X | X | | | X | X | X | X |
| **Assessment** | 5 | 5 | 5 | 5 | 5 | 5 | | 5 |
| ** **Response Actions** | B-C | B | B-C | B | A-B | B | A-B | B |

## Assessment Legend

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

## Response Actions Legend

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

## Notes

*If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0.

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

| | | |
|---|---|---|
| CHESTER ERVIN | | |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# 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 | 2500 | | | | | | |
| MATERIAL DESCRIPTION | FLOOR TILE | | 2 X 4 CEILING TILE | | | | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | M | M | M | M | | | | |
| **Check One** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | | | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **Check One** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | | | | |
| FRIABLE | | | | | | | | |
| **Exposure Consideration** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYS. DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY / VIBR. | 3 | 3 | 3 | 3 | | | | |
| EXPOSURE | 3 | 3 | 3 | 3 | | | | |
| ACCESSIBILITY | 3 | 3 | 3 | 3 | | | | |
| **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 | | | | |
| ** 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) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

# 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 | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 1000 | | 25 LN FT | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | FLOOR TILE | | PIPE WRAPPING | | 2 X 4 CEILING TILE | | | |
| T, S or M | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| MATERIAL TYPE | M | M | T | T | M | M | | |
| **Check One** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **Check One** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | | |
| FRIABLE | | | | | | | | |
| **Exposure Consideration** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | | |
| PHYS. DAMAGE | 1 | 1 | 2 | 2 | 1 | 1 | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | | |
| ACTIVITY / VIBR. | 3 | 3 | 2 | 2 | 3 | 3 | | |
| EXPOSURE | 3 | 3 | 2 | 2 | 3 | 3 | | |
| ACCESSIBILITY | 3 | 3 | 3 | 3 | 3 | 3 | | |
| **Length of Exposure** | | | | | | | | |
| 1 HOUR / WEEK | | | X | X | | | | |
| 5 HOUR / WEEK | | | | | | | | |
| 10 HOUR / WEEK | | | | | | | | |
| 20 HOUR / WEEK | X | X | | | | | | |
| 40 HOUR / WEEK | | | | | X | X | | |
| **Exposure Population** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | | |
| CUSTODIAL | X | X | X | X | X | X | | |
| FACULTY / STAFF | X | X | X | X | X | X | | |
| PUBLIC | X | X | | | X | X | | |
| **Assessment** | 5 | 5 | 5 | 5 | 5 | 5 | | |
| ** **Response Actions** | A-B | B | B-C | B | A-B | B | | |

## Assessment Legend

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

## Response Actions Legend

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

## Notes

*If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0.

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

| | | |
|---|---|---|
| CHESTER ERVIN | | |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION # /STATE |
| EDDIE MILLER | | BMPR 431-53-1229 |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION # /STATE |

TAHERA 16.0 (12/93)

2002
Yearly Progress Report

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** September 25, 2003

**LEA SYSTEM NAME:** Chester County Board of 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 | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: Chester E

(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 #: AGRI

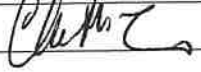
BUILDING NAME: CHESTER COUNTY MIDDLE

**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: 10-15-01 | DATE SPRING 5-18-02 | |
| 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 | |
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*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

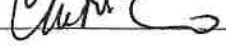
BUILDING NAME: CHESTER COUNTY MIDDLE

**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<br>DATE FALL: 10-15-01 | 2ND SIX MONTHS<br>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 | |
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*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

| | | | 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 | |
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*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

**TAHERA 9.0 (12/93)**

2003
Yearly Progress Report

Ashley -

Resolutions, Inc.
(Asbestos Inspection)

May 30 ?

615-865-8813

615-868-4140 FAX

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** September 25, 2003

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

**ADDRESS:**

Henderson, TN 38340

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

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

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

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS LEA #: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL #: MAIN

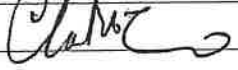
BUILDING NAME: CHESTER COUNTY MIDDLE

**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: 9-6-02 | DATE SPRING 4-10-03 | |
| HA # | DESCRIPTION OF ACB | AREA INSPECTED | ACBM CONDITION* | ACBM CONDITION* | DATE REMOVED |
| 1 | FLOOR TILE | ALL | GOOD | N/C | |
| 2 | FLOOR TILE | ALL | GOOD | N/C | |
| 3 | FLOOR TILE | ALL | GOOD | N/C | |
| 4 | FLOOR TILE | ALL | GOOD | N/C | |
| 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 | |
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*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

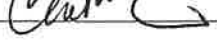
BUILDING NAME: CHESTER COUNTY MIDDLE

**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: 9-6-02 | 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 | |
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*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 #: AGRI

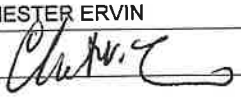
BUILDING NAME: CHESTER COUNTY MIDDLE

**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 DATE FALL: 9-6-02 | 2ND SIX MONTHS 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 | |
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*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: 9-6-02 | DATE SPRING 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 | |
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*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

# 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: 9-6-02 | DATE SPRING 4-10-03 | |
| 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 | |
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*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

**TAHERA 9.0 (12/93)**

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** July 2007

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

**ADDRESS:** P.O. Box 327

Henderson, TN 38340

**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 | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 1 | | 2 | | 3 | | 4 | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Floor Tile | | Floor Tile | | Floor Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

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 School Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 6/6/07

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 5A | | 6 | | 7A | | 7B | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Floor Tile | | Pipe Insulation | | 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** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | | | X | X |
| FRIABLE | | | | | X | X | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | X | X | | |
| 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
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

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

**ASSESSMENT LEGEND**

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

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

**ASSESSMENT LEGEND**

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

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 School Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 6/6/07

| | 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** | 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 |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | X | X |
| CONFIRMED ACBM | X | X | X | X | X | X | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | | | | | X | X | | |
| FRIABLE | X | X | X | X | | | X | X |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 2 | 2 | 2 | 2 | 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
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

Jim Brooks
INSPECTOR (Typed Name)

Jim Brooks
SIGNATURE

7ME02050701AI00007/TN
ACCREDITATION #/STATE

Ashlie Rawlings
MANAGEMENT PLANNER

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

**ASSESSMENT LEGEND**

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**

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** 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 #: 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 | | | |
| **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**

1. Damaged/significantly damaged TSI
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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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

**NOTES**

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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*

INCORPORATED

Certificate # 7ME02050701AI00007

*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.PA. 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.

KANSAS MAYHEW INC. 1985 EST. 1985 ENVIRONMENTAL TRAINING ASSOCIATES SAFETY IN GOD ALONE

*Instructor*
*Ronald Francis*

Accreditation Expires: 2/7/08

*President*
*Thomas Bradford Mayhew*

M E T A - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

# M·E·T·A

*Mayhew Environmental Training Associates*

INCORPORATED

Certificate # 7ME02160701AMPR004

*This is to certify that*

## L Ashlie 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.

KANSAS MAYHEW EST. 1985 INC. 1987 ENVIRONMENTAL TRAINING ASSOCIATES SAFETY IN GOD ALONE

*Instructor*
*Ronald Francis*

*President*
*Thomas Bradford Mayhew*

Accreditation Expires: 2/16/08

M E T A - 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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
EST. 1986
RESOLUTION, INC.

**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**

**Expiration Date: July 28, 2010**

ENVIRONMENTAL & SAFETY TRAINING SERVICES

**Ron Francis – Training Manager**

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

*Certifies That*

# DANA MEEKS

Has successfully completed the course entitled

## CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

**Training Date: July 28, 2009**

**Expiration Date: July 28, 2010**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
1986
RESOLUTION, INC.

**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**

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EST. 1986
RESOLUTIONING

**Ron Francis – Training Manager**

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

*Certifies That*

# DARLENE HESTER

Has successfully completed the course entitled

## CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

**Training Date: July 28, 2009**

**Expiration Date: July 28, 2010**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
RESOLUTION, INC.

**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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
EST. 1986
RESOLUTION, INC.

**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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
EST. 1986
RESOLUTION, INC.

**Ron Francis – Training Manager**

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

*Certifies That*

# ANGIE PARRISH

Has successfully completed the course entitled

## CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

**Training Date: July 28, 2009**

**Expiration Date: July 28, 2010**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
EST. 1986
RESOLUTION, INC.

**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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
EST. 1986
RESOLUTION, INC.

**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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
RESOLUTION, INC

**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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**Training Date: July 28, 2009**

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EST. 1986
RESOLUTION, INC.

**Ron Francis – Training Manager**

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

*Certifies That*

# TERESA CONNER

Has successfully completed the course entitled

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NASHVILLE, TN. 37207
(615) 865-8813

*Certifies That*

# YVONNE CROSS

Has successfully completed the course entitled

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Henderson, TN 38340

**Training Date: July 28, 2009**

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**Ron Francis – Training Manager**

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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**

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**Ron Francis – Training Manager**

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

*Certifies That*

# JANE SMITH

Has successfully completed the course entitled

## CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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Henderson, TN 38340

**Training Date: July 28, 2009**

**Expiration Date: July 28, 2010**

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**Ron Francis – Training Manager**

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NASHVILLE, TN. 37207
(615) 865-8813

*Certifies That*

# TERESA WILLIS

Has successfully completed the course entitled

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

**Training Date: July 28, 2009**

**Expiration Date: July 28, 2010**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
RESOLUTION INC

**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**

ENVIRONMENTAL & SAFETY TRAINING SERVICES
RESOLUTION, INC.

**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 PUSSER

Has successfully completed the course entitled

## CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

**Training Date: January 20, 2010**

**Expiration Date: January 20, 2011**

**Ron Francis – Training Manager**

**Stephanie Petty - Instructor**

# Certificate of Completion

## Chester County School System

*Vennie Reeves*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring **2 hours**

on

**Monday, November 11, 2013**

Ken West

Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029q68-2p9r

safeSCHOOLS TRAINING

# Certificate of Completion

## Chester County School System

*Carissa Miller*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring **2 hours**

on

**Monday, November 11, 2013**

Ken West

Training Coordinator's Signature

safeSCHOOLS TRAINING

Employees Initials: _____

westk@tennk12.net 61029q68-2p9r

# 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**

Ken West

Training Coordinator's Signature

Employees Initials: _____

westk@tennk12.net 61029q68-2p9r

safeSCHOOLS TRAINING

# Certificate of Completion

## Chester County School System

*Laura Poe*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring **2 hours**

on

**Monday, November 11, 2013**

Ken West

Training Coordinator's Signature

Employees Initials: _____

safeSCHOOLS TRAINING

westk@tennk12.net 61029q68-2p9r

# 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**

Ken West

Training Coordinator's Signature

Employees Initials: _____

safeSCHOOLS TRAINING

westk@tennk12.net 61029q68-2p9r

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** 1-20-10

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

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

**DESIGNATED PERSON:** Mr. Ken West **PHONE:** 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.

| | | | 1st six months Date_____ (Fall) | 2nd six months Date_____ (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile | All | Good | N/C | |
| 2 | Floor tile | All | Good | N/C | |
| 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

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_____ (Fall) | 2nd six months Date_____ (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): 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

TAHERA 9.0 (2/97)

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

## DATE: MARCH 2010

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

**ADDRESS:** PO Box 327, 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 | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 1 | | 2 | | 3 | | 4 | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Floor Tile | | Floor Tile | | Floor Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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
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 School Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988 INSPECTION DATE: 03/16/2010

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 5A | | 6 | | 7A | | 7B | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Floor Tile | | Pipe Insulation | | 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** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | | | X | X |
| FRIABLE | | | | | X | X | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | X | X | | |
| 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

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C. Repair
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E. Enclosure
F. Remove
G. Isolate
H. Other

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** 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

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 | | 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 | 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
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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**

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C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

NOTES

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** 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

SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
School Building Name: Chester County Middle
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

LEA #: 120
Building #: Cafe
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** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | | | | |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | X | X | | | | |
| CONFIRMED ACBM | X | X | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | | | | | | |
| FRIABLE | | | X | X | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY/VIBRATION | 3 | 3 | 1 | 1 | | | | |
| EXPOSURE | 2 | 2 | 1 | 1 | | | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | | | | |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | X | X | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | | | | | | |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | | | | |
| CUSTODIAL | X | X | X | X | | | | |
| FACULTY/STAFF | X | X | | | | | | |
| PUBLIC | X | X | | | | | | |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 7 | 7 | | | | |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | | | | |

**ASSESSMENT LEGEND**

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
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 School Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988 INSPECTION DATE: 03/16/2010

| | 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** | **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 |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | X | X |
| CONFIRMED ACBM | X | X | X | X | X | X | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | | | | | X | X | | |
| FRIABLE | X | X | X | X | | | X | X |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 2 | 2 | 2 | 2 | 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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

**NOTES**

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

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

STEPHANIE PETTY
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

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

**ASSESSMENT LEGEND**

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
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 | | | |
| **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**

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
SIGNATURE

ASBBIR0910310/TN
ACCREDITATION #/STATE

STEVE CHAMBLISS
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN
ACCREDITATION #/STATE

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

## DATE: 5/19/2011

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

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

| | | | 1st six months Date _____ (Fall) | 2nd six months Date 5/18/11 (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile 1800 sf | 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 | |
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*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.

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

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

| | | | 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** |
| 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 | |
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*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)

# 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.

| | | | 1st six months Date 11/17/2011 (Fall) | 2nd six months Date (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 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.

| | | | 1st six months Date 11/17/2011 (Fall) | 2nd six months Date _____ (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 | |
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*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)

# 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.

| | | | 1st six months Date _____ (Fall) | 2nd six months Date 5-17-12 (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 | |

*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.

| | | | 1st six months Date _____ (Fall) | 2nd six months Date 5-17-12 (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 | |
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*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)

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

## DATE: 12/04/12

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

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

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

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

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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE LEA NO: 120

HOOL 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 12/03/12 (Fall) | 2nd six months Date _____ (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile | All | Good | N/C | |
| 2 | Floor tile | All | Good | N/C | |
| 3 | Floor tile | All | Good | N/C | |
| 4 | Floor tile | All | Good | N/C | |
| 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.

| | | | 1st six months Date 12/03/12 (Fall) | 2nd six months Date _____ (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 | |
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*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)

# 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.

| | | | 1st six months Date_____ (Fall) | 2nd six months Date: 4-9-13 (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile | All | | N/C | |
| 2 | Floor tile | All | | N/C | |
| 3 | Floor tile | All | | N/C | |
| 4 | Floor tile | All | | N/C | |
| 5A | Floor tile | All | | N/C | |
| 6 | Floor tile | All | | N/C | |
| 'A | 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 | |
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*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)

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

**ASSESSMENT LEGEND**

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
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 | |
|---|---|---|---|---|---|---|---|---|
| | 5A | | 6 | | 7A | | 7B | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Floor Tile | | Pipe Insulation | | 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 | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| CHECK ONE | | | | | | | | |
| NON-FRIABLE | X | X | X | X | | | X | X |
| FRIABLE | | | | | X | X | | |
| EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | X | X | | |
| 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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

**NOTES**

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

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

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

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

Stephanie Petty
MANAGEMENT PLANNER

Stephanie Petty
SIGNATURE

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

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

**ASSESSMENT LEGEND**

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
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) | | | | | | | | |
| 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**

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
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 | 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 |
| CHECK ONE | | | | | | | | |
| ASSUMED ACBM | | | | | | | X | X |
| CONFIRMED ACBM | X | X | X | X | X | X | | |
| NON-ACBM | | | | | | | | |
| CHECK ONE | | | | | | | | |
| NON-FRIABLE | | | | | X | X | | |
| FRIABLE | X | X | X | X | | | X | X |
| EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 2 | 2 | 2 | 2 | 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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

## NOTES

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

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

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
SIGNATURE

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

Stephanie Petty
MANAGEMENT PLANNER

Stephanie Petty
SIGNATURE

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

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

**ASSESSMENT LEGEND**

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
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**

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
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 SCHOOL NO.: 05
BUILDING NAME: MAIN

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

| | | | 1st six months Date 10-15-13 (Fall) | 2nd six months Date 5-6-14 (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 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.

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

# 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 6 mos |
| | | THREE YEAR REINSPECTION |
| | | OTHER (Please Explain) |

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE LEA NO: 120

HOOL 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 _____ (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 | |

*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.

| | | | 1st six months Date ___/___/___ (Fall) | 2nd six months Date ___/___/___ (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 | |
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*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)

# 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 6 mo. Periodic Inspection |
| | | 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.

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

| | | | 1st six months Date (Fall) | 2nd six months Date (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 | |
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*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)

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**

| 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) |

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 10/9/2015 (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 | | |
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*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 10/9/2015 (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

RESOLUTION
INCORPORATED
Environmental Consulting & Training Services

February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

**RESOLUTION, INC.**

Christopher R. Johnson, PG
Manager

Attch: 2016 AHERA Three Year Reinspection Report

# STATE OF TENNESSEE
# AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** February 24, 2016

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

**ADDRESS:** 970 East Main Street, Henderson, TN 38340

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

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

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

# ASSURANCES

**SCHOOL YEAR ENDING:** 2016

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

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

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

LEA DESIGNATED PERSON (please print): Britt Eads

LEA DESIGNATED PERSON'S SIGNATURE: _____

DATE: 3/2/16

SUPERINTENDENT (please print): Troy Kilzer II

SUPERINTENDENT SIGNATURE: _____ DATE: 3/3/16

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

| | HA NUMBER 1 | | HA NUMBER 2 | | HA NUMBER 3 | | HA NUMBER 4 | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 150 SF | | CURRENT QUANTITY 1488 SF | | CURRENT QUANTITY 70 SF | | CURRENT QUANTITY 2960 | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | |
| **CHECK ONE** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

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 5A | | HA NUMBER 6 | | HA NUMBER 7A | | HA NUMBER 7B | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 6250 SF | | CURRENT QUANTITY 5849 SF | | CURRENT QUANTITY 600 LF | | CURRENT QUANTITY 12832 | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Pipe Insulation | | MATERIAL DESCRIPTION Floor Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | X | X | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | | | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | | | X | X |
| FRIABLE | | | | | X | X | | |
| **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE** (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | X | X | | |
| 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
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 #: Main

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

| | HA NUMBER 9A | | HA NUMBER 9B | | HA NUMBER 9C | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 150 SF | | CURRENT QUANTITY 160 SF | | CURRENT QUANTITY 120 LF | | CURRENT QUANTITY Throughout | |
| | MATERIAL DESCRIPTION Pipe Insulation | | MATERIAL DESCRIPTION Boiler Wrap Insulation | | MATERIAL DESCRIPTION Water Tank Insulation | | MATERIAL DESCRIPTION 2x4 Ceiling Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | X | X | X | X | X | X | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | | | | | | | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | X | X |
| CONFIRMED ACBM | X | X | X | X | X | X | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | | | | | | | | |
| FRIABLE | X | X | X | X | X | X | X | X |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | X | X | X | X | X | X | X | X |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | | | | | | | | |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | | | | | | | | |
| PUBLIC | | | | | | | | |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 5 | 5 | 5 | 5 | 7 | 7 |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

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

Christopher R. Johnson
MANAGEMENT PLANNER

Christopher R. Johnson
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

**ASSESSMENT LEGEND**

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

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

**ASSESSMENT LEGEND**

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 12 | | | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | 2x4 Ceiling Tile | | | | | |
| **CHECK ONE** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | | | | |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | X | X | | | | |
| CONFIRMED ACBM | X | X | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | | | | | | |
| FRIABLE | | | X | X | | | | |
| **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY/VIBRATION | 2 | 2 | 1 | 1 | | | | |
| EXPOSURE | 2 | 2 | 1 | 1 | | | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | | | | |
| **LENGTH OF EXPOSURE** (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | X | X | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | | | | | | |
| **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) | | | | | | | | |
| MAINTENANCE | X | X | X | X | | | | |
| CUSTODIAL | X | X | X | X | | | | |
| FACULTY/STAFF | X | X | | | | | | |
| PUBLIC | X | X | | | | | | |
| **ASSESSMENT** (MARK FROM 1 TO 7) | 5 | 5 | 7 | 7 | | | | |
| ****RESPONSE ACTIONS** (MARK FROM A TO H) | B | B | B | B | | | | |

**ASSESSMENT LEGEND**

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 13 | | 13B | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | Pipe Insulation | | 2x4 Ceiling Tile | | | |
| **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**

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

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

**ASSESSMENT LEGEND**

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

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: West Chester Elementary School Building #: Main

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 5 | | 6 | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | | | 30,000 SF | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | 2x4 Ceiling Tile | | | | | |
| **CHECK ONE** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | | | | |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | X | X | | | | |
| CONFIRMED ACBM | X | X | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | | | | | | |
| FRIABLE | | | X | X | | | | |
| **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY/VIBRATION | 2 | 2 | 1 | 1 | | | | |
| EXPOSURE | 2 | 2 | 1 | 1 | | | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | | | | |
| **LENGTH OF EXPOSURE** (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | X | X | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | | | | | | |
| **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) | | | | | | | | |
| MAINTENANCE | X | X | X | X | | | | |
| CUSTODIAL | X | X | X | X | | | | |
| FACULTY/STAFF | X | X | | | | | | |
| PUBLIC | X | X | | | | | | |
| **ASSESSMENT** (MARK FROM 1 TO 7) | 5 | 5 | 7 | 7 | | | | |
| ****RESPONSE ACTIONS** (MARK FROM A TO H) | B | B | B | B | | | | |

**ASSESSMENT LEGEND**

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**

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

**ASSESSMENT LEGEND**

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

| | | |
|---|---|---|
| Christopher R. Johnson | Christopher R. Johnson | A-I-42505-44826/TN |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION #/STATE |
| Christopher R. Johnson | 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: North Chester Elementary School Building #: Main

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

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

**ASSESSMENT LEGEND**

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

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: East Chester Elementary School Building #: Main

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

| | HA NUMBER 1 | | HA NUMBER 2 | | HA NUMBER 3 | | HA NUMBER 4 | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 3915 SF | | CURRENT QUANTITY 576 SF | | CURRENT QUANTITY 7204 SF | | CURRENT QUANTITY 1192 SF | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | |
| **CHECK ONE** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION** **1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE** **(CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION** **(CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT** **(MARK FROM 1 TO 7)** | | | | | | | | |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS** **(MARK FROM A TO H)** | | | | | | | | |
| | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

| | | |
|---|---|---|
| Christopher R. Johnson | Christopher R. Johnson | A-I-42505-44826/TN |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION #/STATE |
| Christopher R. Johnson | 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: 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 | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE** (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT** (MARK FROM 1 TO 7) | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS** (MARK FROM A TO H) | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

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: East Chester Elementary School Building #: Main

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 9 | | | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 960 SF | | 52000 SF | | | | | |
| | 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)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY/VIBRATION | 2 | 2 | 1 | 1 | | | | |
| EXPOSURE | 2 | 2 | 1 | 1 | | | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | | | | |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | X | X | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | | | | | | |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | | | | |
| CUSTODIAL | X | X | X | X | | | | |
| FACULTY/STAFF | X | X | X | X | | | | |
| PUBLIC | X | X | X | X | | | | |
| **ASSESSMENT (MARK FROM 1 TO 7)** | | | | | | | | |
| | 5 | 5 | 7 | 7 | | | | |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | | | | | | | | |
| | B | B | B | B | | | | |

**ASSESSMENT LEGEND**

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

| | | |
|---|---|---|
| Christopher R. Johnson | Christopher R. Johnson | A-I-42505-44826/TN |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION #/STATE |
| Christopher R. Johnson | 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 1 | | HA NUMBER 2 | | HA NUMBER 3 | | HA NUMBER 4 | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 6401 SF | | CURRENT QUANTITY 42 SF | | CURRENT QUANTITY 959 SF | | CURRENT QUANTITY 1512 SF | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | | | | | | | | |
| CONFIRMED ACBM | X | X | X | X | X | X | X | X |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | | |
| FRIABLE | | | | | | | X | X |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | | | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | X | X | X | X | X | X |
| CUSTODIAL | X | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | X | X | X |
| PUBLIC | X | X | X | X | X | X | X | X |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 15000 SF | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | MATERIAL DESCRIPTION 2X4 Ceiling Tile | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| **CHECK ONE** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** | **LAST 3 YEAR** | **CURRENT** |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | | | | | | |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | X | X | | | | | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | | | | | | | | |
| FRIABLE | X | X | | | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)** | | | | | | | | |
| DETERIORATION | 1 | 1 | | | | | | |
| PHYSICAL DAMAGE | 1 | 1 | | | | | | |
| WATER DAMAGE | 1 | 1 | | | | | | |
| ACTIVITY/VIBRATION | 1 | 1 | | | | | | |
| EXPOSURE | 1 | 1 | | | | | | |
| ACCESSIBILITY | 1 | 1 | | | | | | |
| **LENGTH OF EXPOSURE (CHECK ONE)** | | | | | | | | |
| 1 HOUR/WEEK | X | X | | | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | | | | | | | | |
| **EXPOSURE POPULATION (CHECK ALL APPLICABLE)** | | | | | | | | |
| MAINTENANCE | X | X | | | | | | |
| CUSTODIAL | X | X | | | | | | |
| FACULTY/STAFF | | | | | | | | |
| PUBLIC | | | | | | | | |
| **ASSESSMENT (MARK FROM 1 TO 7)** | 7 | 7 | | | | | | |
| ****RESPONSE ACTIONS (MARK FROM A TO H)** | B | B | | | | | | |

**ASSESSMENT LEGEND**

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County Schools LEA #: 120

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

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

| | HA NUMBER 1 | | HA NUMBER 2 | | HA NUMBER 4 | | HA NUMBER 5 | |
|---|---|---|---|---|---|---|---|---|
| | CURRENT QUANTITY 1800 SF | | CURRENT QUANTITY 212 SF | | CURRENT QUANTITY 3066 SF | | CURRENT QUANTITY 5124 SF | |
| | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | | MATERIAL DESCRIPTION Floor Tile | |
| **CHECK ONE** | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| TSI | | | | | | | | |
| SURFACING | | | | | | | | |
| MISCELLANEOUS | X | X | X | X | X | X | X | X |
| **CHECK ONE** | | | | | | | | |
| ASSUMED ACBM | X | X | X | X | X | X | X | X |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | X | X | X | X | X | X |
| FRIABLE | | | | | | | | |
| **EXPOSURE CONSIDERATION 1 TO 5 (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

| | | |
|---|---|---|
| Christopher R. Johnson | Christopher R. Johnson | A-I-42505-44826/TN |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION #/STATE |
| Christopher R. Johnson | 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 Jr. High School Building #: Main

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

| | HA NUMBER | | HA NUMBER | | HA NUMBER | | HA NUMBER | |
|---|---|---|---|---|---|---|---|---|
| | 7 | | | | | | | |
| | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | | CURRENT QUANTITY | |
| | 164 SF | | 70000 SF | | | | | |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | Floor Tile | | 2x4 Ceiling Tile | | | | | |
| **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 | X | X | | | | |
| CONFIRMED ACBM | | | | | | | | |
| NON-ACBM | | | | | | | | |
| **CHECK ONE** | | | | | | | | |
| NON-FRIABLE | X | X | | | | | | |
| FRIABLE | | | X | X | | | | |
| **EXPOSURE CONSIDERATION** 1 TO 5 (5 WORST) | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 | | | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | | | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | | | | |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | | | | |
| EXPOSURE | 1 | 1 | 1 | 1 | | | | |
| ACCESSIBILITY | 1 | 1 | 1 | 1 | | | | |
| **LENGTH OF EXPOSURE** (CHECK ONE) | | | | | | | | |
| 1 HOUR/WEEK | | | X | X | | | | |
| 5 HOUR/WEEK | | | | | | | | |
| 10 HOUR/WEEK | | | | | | | | |
| 20 HOUR/WEEK | | | | | | | | |
| 40 HOUR/WEEK | X | X | | | | | | |
| **EXPOSURE POPULATION** (CHECK ALL APPLICABLE) | | | | | | | | |
| MAINTENANCE | X | X | X | X | | | | |
| CUSTODIAL | X | X | X | X | | | | |
| FACULTY/STAFF | X | X | | | | | | |
| PUBLIC | X | X | | | | | | |
| **ASSESSMENT** (MARK FROM 1 TO 7) | 5 | 5 | 7 | 7 | | | | |
| ****RESPONSE ACTIONS** (MARK FROM A TO H) | B | B | B | B | | | | |

**ASSESSMENT LEGEND**

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

| | | |
|---|---|---|
| Christopher R. Johnson | Christopher R. Johnson | A-I-42505-44826/TN |
| INSPECTOR (Typed Name) | SIGNATURE | ACCREDITATION #/STATE |
| Christopher R. Johnson | Christopher R. Johnson | A-MP-42505-44824/TN |
| MANAGEMENT PLANNER | SIGNATURE | 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 accreditted to offer and/or conduct Asbestos activities pursuant to Rule 1200-01-20:**

## Resolution Incorporated

1101-A Darbytown Dr. Nashville TN, 37207

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

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

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

This **18th** Day of **December 2015**

Division of Solid Waste Management
Toxic Substance Program

CN-1324 (Rev 6/13) RDA-3020

# THE STATE OF TENNESSEE

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



## Christopher R. Johnson

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

Re-Accreditation

## Asbestos Accreditation

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL SCHOOL NO.: 120-005

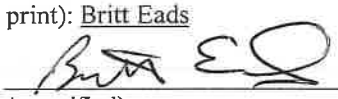
BUILDING NAME: MAIN

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.

| | | | 1st six months Date 8/22/2016 (Fall) | 2nd six months Date _____ (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 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 8/22/2016 (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 | | |
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*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 8/22/2016 (Fall) | 2nd six months Date 2/9/2017 (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

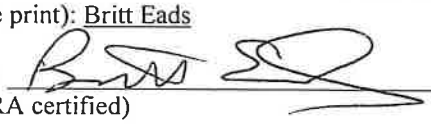
BUILDING NAME: MAIN

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.

| | | | 1st six months Date 8/22/2016 (Fall) | 2nd six months Date 2/9/2017 (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 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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*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 8/9/2017 (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 NC

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 8/9/2017 (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 | | |
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*IF NO CHANGE IN CONDITION WRITE NC

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 8/9/2017 (Fall)** | **2nd six months Date 2/8/2017 (Spring)** | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile | All | Good | Good | |
| 2 | Floor tile | 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 8/9/2017 (Fall)** | **2nd six months Date 2/8/2017 (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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*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 8/6/2018 (Fall) | 2nd six months Date 2/13/2019 (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
| 1 | Floor tile | All | Good | Good | |
| 2 | Floor tile | All | Good | Good | |
| 3 | Floor tile | All | Good | Good | |
| 4 | Floor tile | All | Good | Good | |
| 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 8/9/2017 (Fall) | 2nd six months Date 2/13/2019 (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): _____

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 8/6/2018 (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 8/9/2017 (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 | | |
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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 (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 | |

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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 (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 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

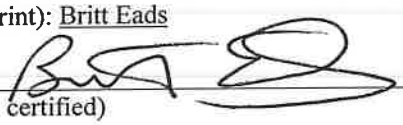
BUILDING NAME: MAIN

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| | | | 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 | |
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## PERIODIC SURVEILLANCE REPORT

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| | | | 1st six months Date 8/4/2020 (Fall) | 2nd six months Date (Spring) | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
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| 9C | H2O Tank Insulation | N/A | Tank removed in '99 | | |
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| | | | **1st six months Date 8/4/2020 (Fall)** | **2nd six months Date (Spring)** | |
|---|---|---|---|---|---|
| **HA#** | **DESCRIPTION OF ACBM** | **AREA INSPECTED** | **ACBM CONDITION*** | **ACBM CONDITION*** | **DATE REMOVED** |
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| | 2x4 Ceiling tile | All | Good | | |
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