

WEST CHESTER ELEMENTARY SCHOOL

ASBESTOS

MANAGEMENT PLAN

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LEA: Chester County LEA NO.: 120

Date: 9/30/88

**TRANSMITTAL SHEET/AHERA SUBMITTALS**

**1. DEFERRAL REQUEST**

**SUBMISSION:** Original  Resubmittal

**STATE REVIEW**

**Remarks:** \_\_\_\_\_

No Exceptions Taken

Returned for Reasons Stated

**2. MANAGEMENT PLAN**

**SUBMISSION:** Original  Resubmittal  New Building

**STATE REVIEW**

**Remarks:** \_\_\_\_\_

No Exceptions Taken

Returned for Reasons Stated

**3. MANAGEMENT PLAN PROGRESS REPORT No. \_\_\_\_\_ Dated \_\_\_\_\_**

**SUBMISSION:** Original  Resubmittal

**STATE REVIEW**

**Remarks:** \_\_\_\_\_

No Exceptions Taken

Returned for Reasons Stated

**Reviewer's Signature** \_\_\_\_\_

**Dated:** \_\_\_\_\_

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

**Address:** P.O. Box 327

Henderson, TN 38340

**County:** Chester County

**Superintendent:** Dr. Kathy Coatney Mays

**Date:** 9/30/88

**COVER SHEET**

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

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

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

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

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

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

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

( Management )  
( Planrier'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

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

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

Signed: \_\_\_\_\_

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

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

9/30/88

Typed Name: Gene Cain

---

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

Date: 9/30/88

# SCHOOL BUILDING LIST

List all schools and separate buildings:

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

**LEGEND:**

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

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

Date: 9/30/88

**1. BUILDING STATISTICS**

| Date Built | Area Name, Wing Addition, etc. | Use    | Total Area (Square Feet) |
|------------|--------------------------------|--------|--------------------------|
| 7-62       | West Chester                   | School | 33,856                   |
| 8-74       | 4 Classrooms                   |        | 5,624                    |

**2. STRUCTURAL SYSTEMS**

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

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

**3. MECHANICAL SYSTEMS**

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

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

**4. ARCHITECTURAL FINISHES**

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

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

**5. SUMMARY OF DOCUMENTS REVIEWED**

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

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

Date of Inspection: 7-26-88

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

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

HOMOGENEOUS AREA SUMMARY/SCHOOL: West Chester Elementary NO.: 0030

1.

| HA No. | Material Description | Material Type (T,S or M) | BIA No.s Included in HA | Sample No.s Taken in HA | HA Drawing No. |
|--------|----------------------|--------------------------|-------------------------|-------------------------|----------------|
| 1      | Vinyl Floor Tile     | M                        |                         |                         | 0030-1         |
| 2      | Vinyl Floor Tile     | M                        |                         |                         | 0030-2A        |
| 2B     | Vinyl Floor Tile     | M                        |                         |                         | 0030-2B        |
| 3      | Vinyl Floor Tile     | M                        |                         |                         | 0030-3         |
| 4      | Vinyl Floor Tile     | M                        |                         |                         | 0030-4         |
| 5      |                      |                          |                         |                         | 0030-5         |
| 6      | Vinyl Floor Tile     | M                        |                         |                         | 0030-6         |
|        | Ceiling Tile         | M                        |                         |                         | All            |

Through Out

2.

| HA No. | ACBM        |    |           |    | No ACBM | Total Quantity (Show Units) | Exposure Considerations |   |   |   |   |   |   |   | Assessment Category |
|--------|-------------|----|-----------|----|---------|-----------------------------|-------------------------|---|---|---|---|---|---|---|---------------------|
|        | Confirmed F | NF | Assumed F | NF |         |                             | A                       | B | C | D | E | F | G | H |                     |
| 1      |             |    |           | X  |         | 1,770 Sq. Ft.               | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
| 2A     |             |    |           | X  |         | 1,580 Sq. Ft.               | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
| 2B     |             |    |           | X  |         | 560 Sq. Ft.                 | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
| 3      |             |    |           | X  |         | 5,603 Sq. Ft.               | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
| 4      |             |    |           | X  |         | 6,240 Sq. Ft.               | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
| 5      |             |    |           |    | X       |                             |                         |   |   |   |   |   |   |   |                     |
| 6      |             |    |           | X  |         | 2,100 Sq. Ft.               | 1                       | 1 | 1 | 1 | 3 | 3 | 2 | 4 | 5                   |
|        |             |    |           | X  |         | 30,000 Sq. Ft.              | 1                       | 1 | 1 | 3 | 3 | 3 | 5 | 5 | 5                   |

Through Out

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

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

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

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

Assessment Categories:

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

Legend:

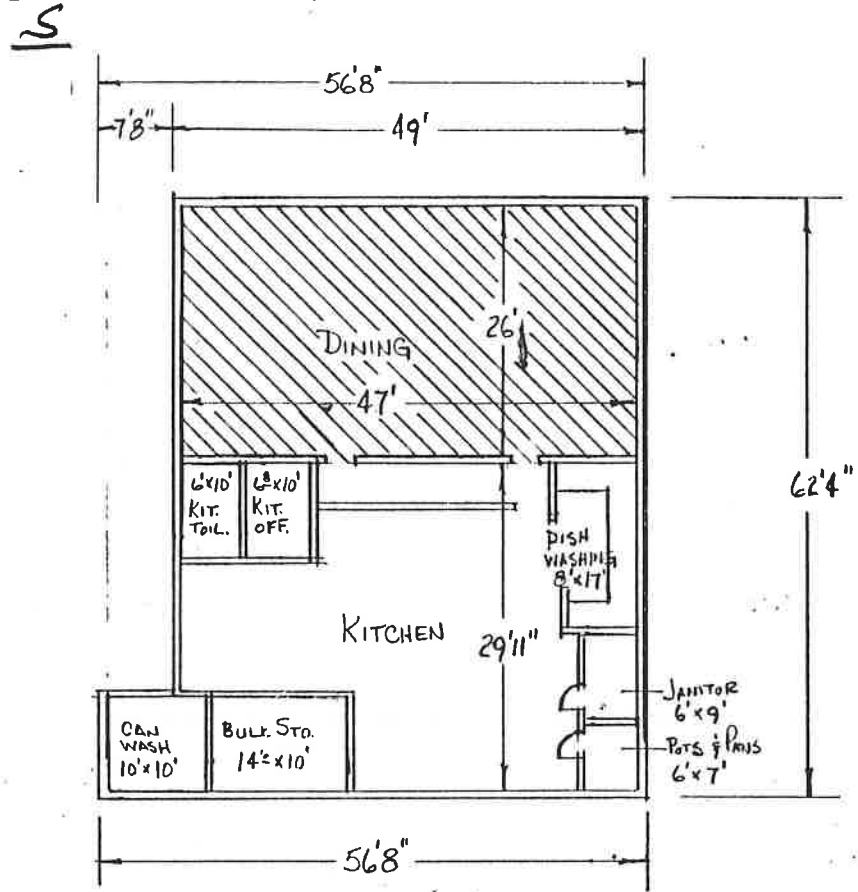
- HA = Homogeneous Area
- T = Thermal System Insulation
- S = Surfacing
- M = Miscellaneous
- BIA= Building Inspection Area (Number assigned by Inspector)

LEA: Chester County LEA NO.: 120

Date: 9/30/93




Identify limits of homogeneous area and sample locations.



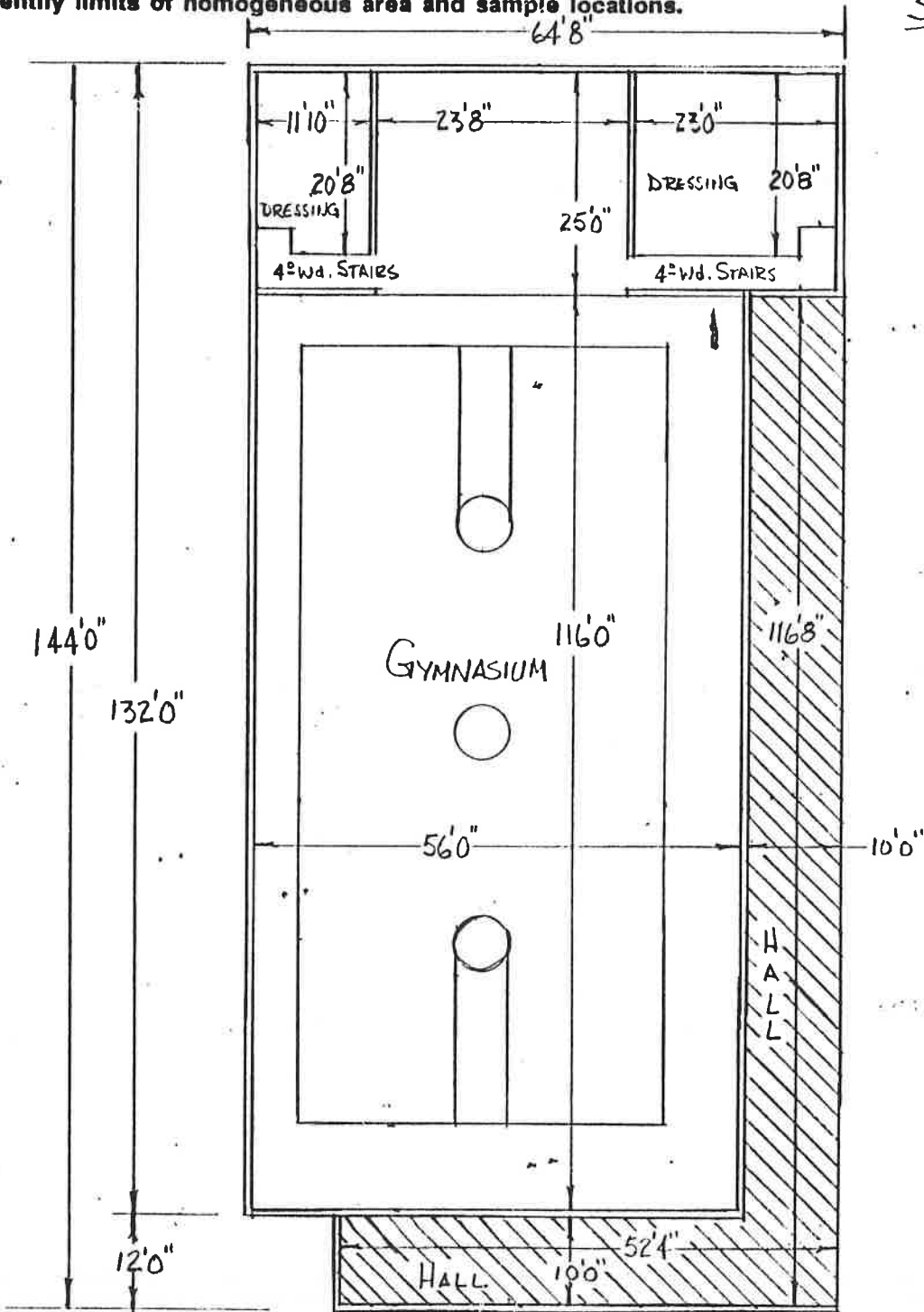
HOMOGENEOUS AREA A

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA B

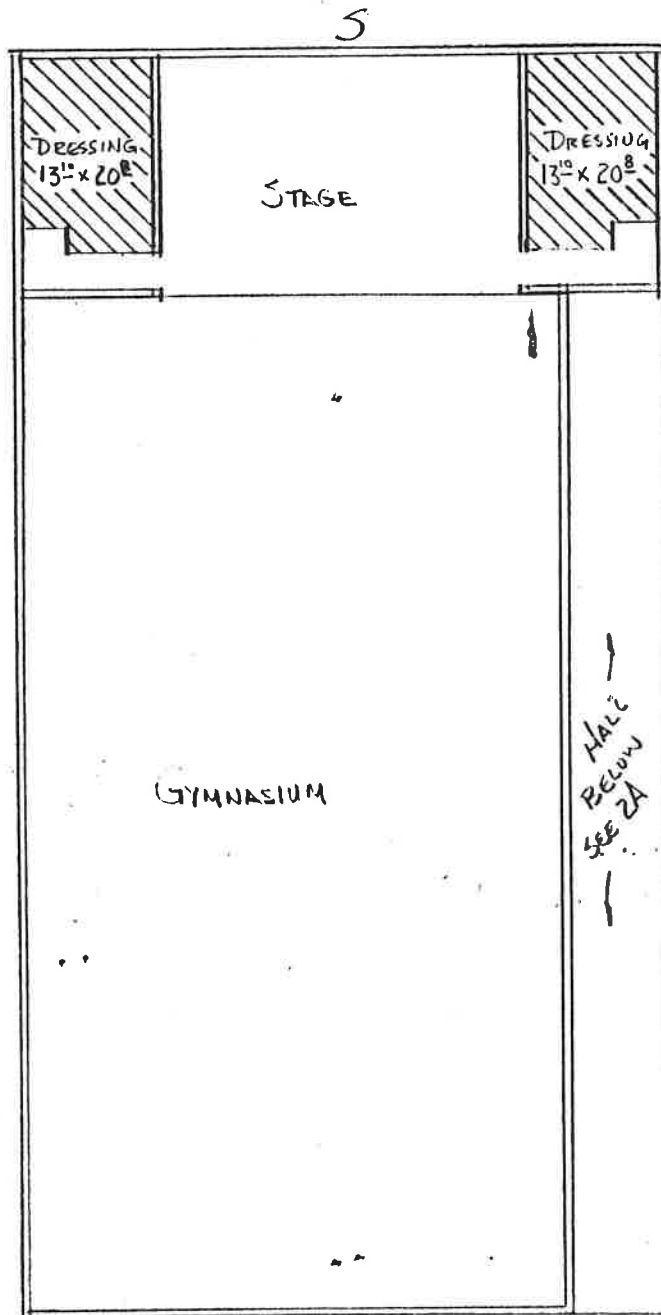
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA B2

SCALE 1" = 20'

 4 MIL ASBESTOS  
FLOOR TILE

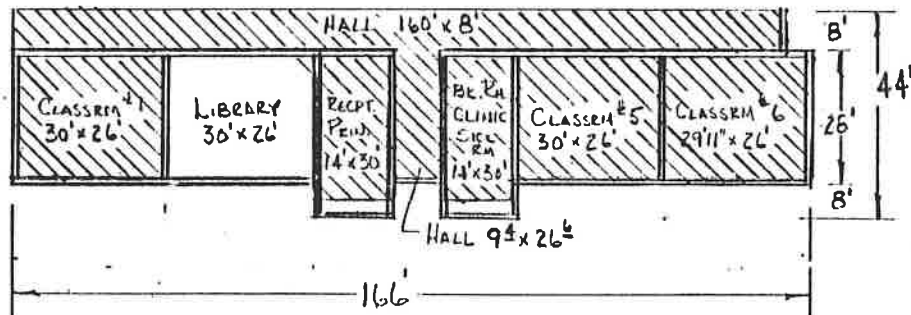
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

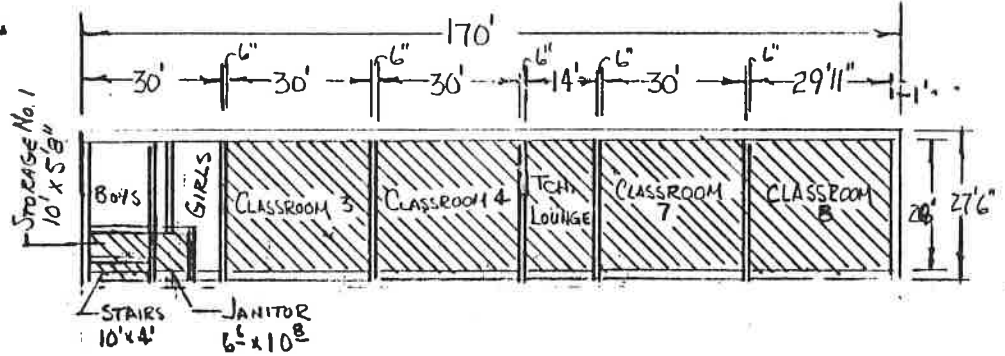
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE 1" = 40'

 VINYL ASBESTOS FLOOR TILE

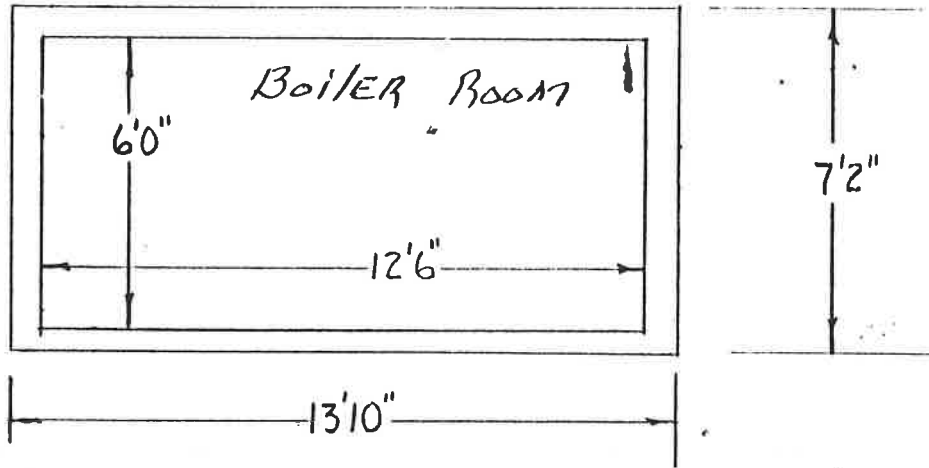
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

5



HOMOGENEOUS AREA E

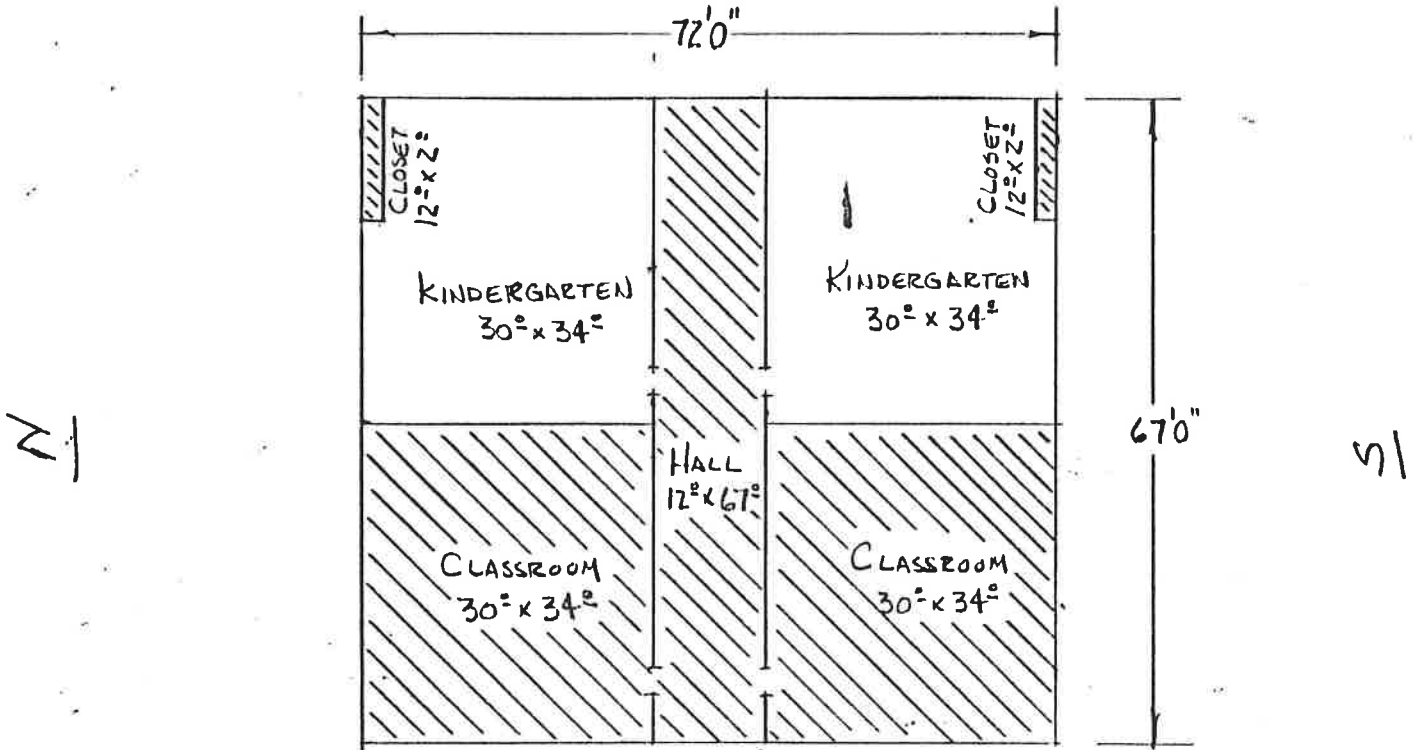
SCALE 1/4" = 1'0"

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA F

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

## FOLLOW-UP ACTIONS

---

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

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

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

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

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

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

LEA: Chester County

LEA NO.: 120

Date: 9/30/88



September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

## INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

Avoid disturbing the ACM (e.g., do not hang plants or pictures on the ACM, do not 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 - Boiler Room (Approx. 200 lin. ft. Thermal System Insulation)
- Area 2 - Floor Tile in Corridor, Handicap Room Adult Education Room and Janitorial Closet.
- Area 3 - Floor Tile in Gym Foyer and Gym Storage Room.
- Area 4 - Floor Tile in Corridor, Library, Storage Room, Kindergarten Room, Headstart Room, Mrs. Ware's Office, Band Room and Fourth Grade Classroom.
- Area 5 - Floor Tile in Cafeteria.
- Area 6 - Floor Tile in Corridor, Classrooms 1, 2, 3, 4, 5 and Book Room.
- Area 7 - Floor Tile in Portable Storage Building.

(Approximately 19, 138 sq. ft. of floor tile.)

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

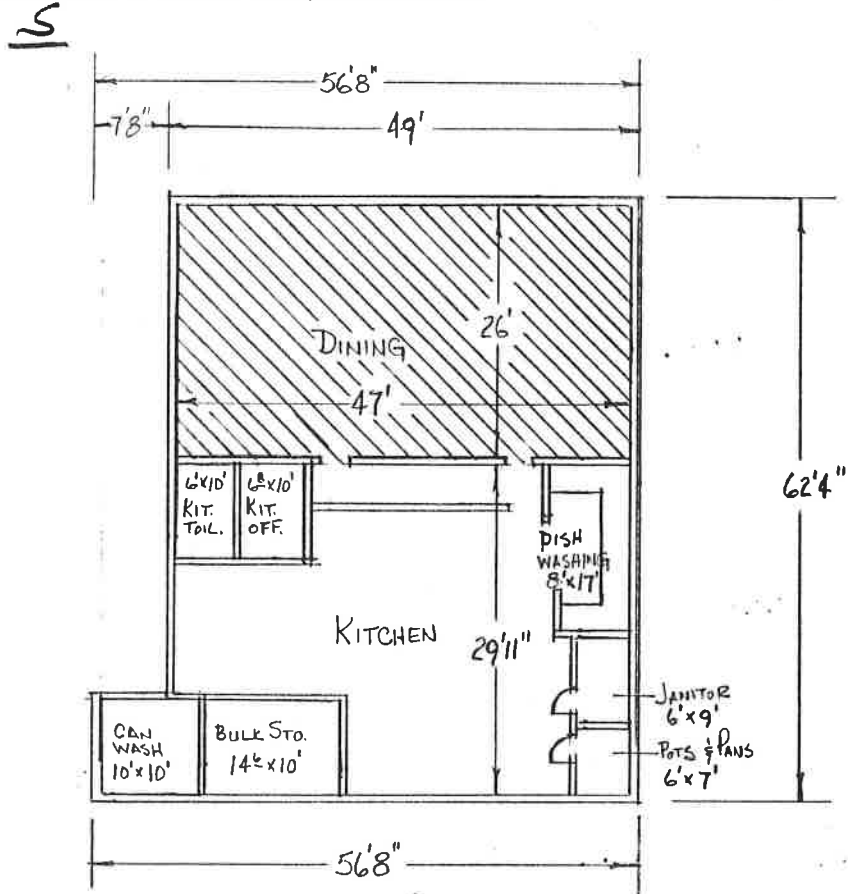
SEE ATTACHED SHEET

---

LEA: Chester County LEA NO.: 120


Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA A

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

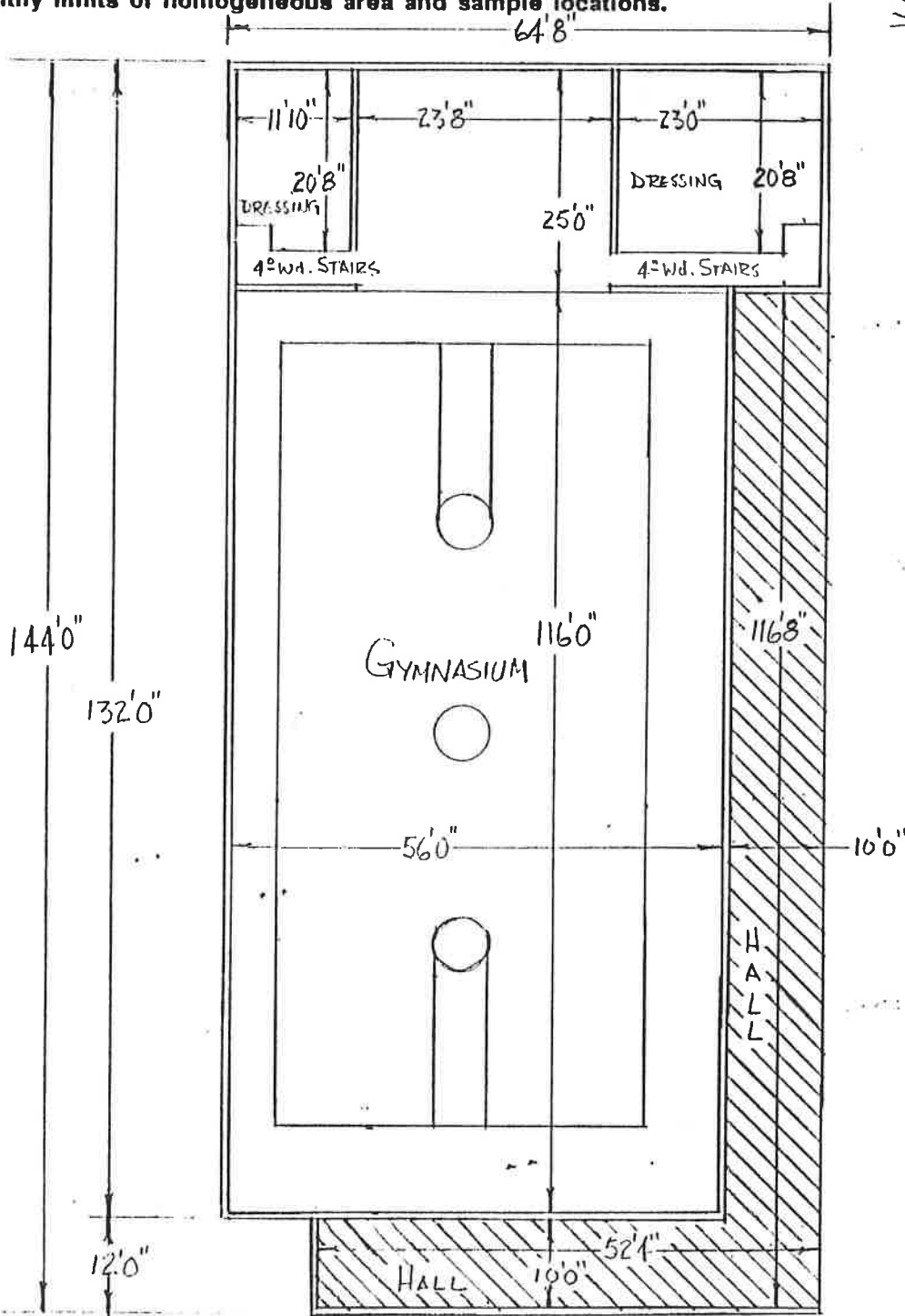
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

5



HOMOGENEOUS AREA B

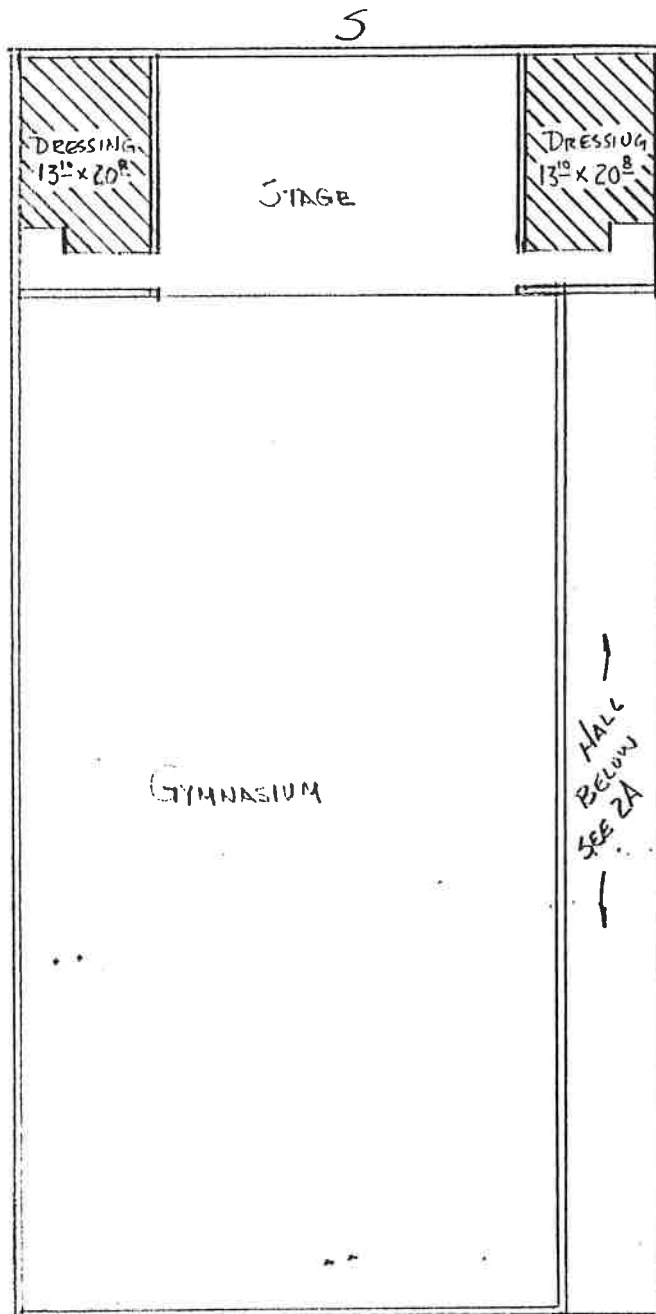
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA B2

SCALE 1" = 20'

 VINYL ASBESTOS  
FLOOR TILE

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. Recommended by Management Planner.

| HA No.      | ACBM Description | Management Planner Recommended Response Action | LEA Selected Response Action* | Schedule Dates |               |
|-------------|------------------|--|-------------------------------|----------------|---------------|
|             |                  |  |                               | Start          | Complete      |
| 1           | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| 2A          | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| 2B          | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| 3           | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| 4           | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| 6           | Vinyl Floor Tile | A-B  | A-B                           | July 1989      | Until Removed |
| Through Out | Ceiling Tile     | A-B  | A-B                           | July 1989      | Until Removed |
|             |                  |  |                               |                |               |
|             |                  |  |                               |                |               |

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

Response actions based on Hazard Ranking required by AHERA Section 763.90

\*If different than recommended action, explain:

Appropriate Response Actions:

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

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

LEA: Chester County

LEA NO.: 120

Date: 9/30/93

*West Chester Elementary*

**IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL:** West Chester Elementary **NO.:** 0030

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

**1. RESPONSE ACTION:**

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

Notes (Explain Other): Ceiling Tile

**2. DETAILED DESCRIPTION:**

Incorporate these areas/materials into an Operations and Maintenance Program until major renovation or demolition requires removal under 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):**

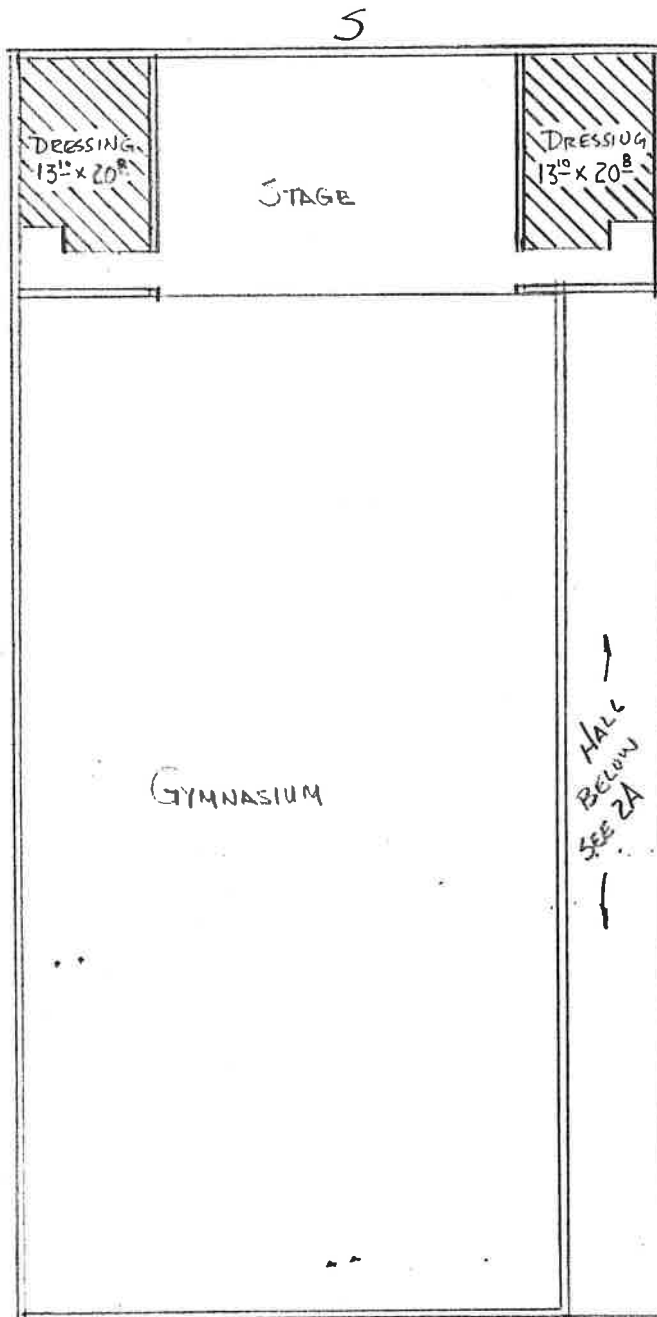
Begin May 9, 1989 and continue as long as this material remains in the building.

**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.




Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA B2

SCALE 1" = 20'

 VINYL ASBESTOS  
FLOOR TILE

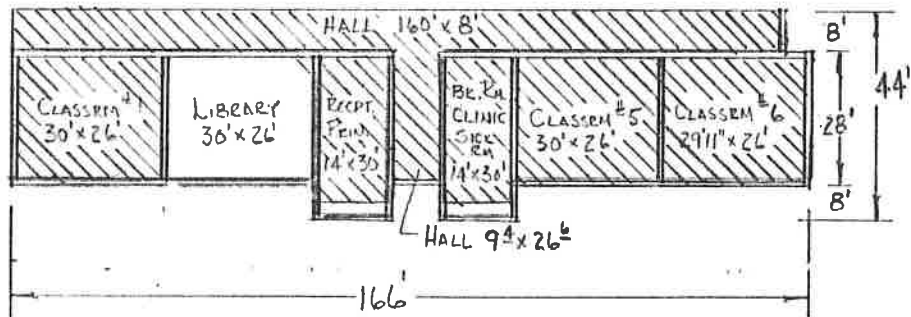
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA C

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

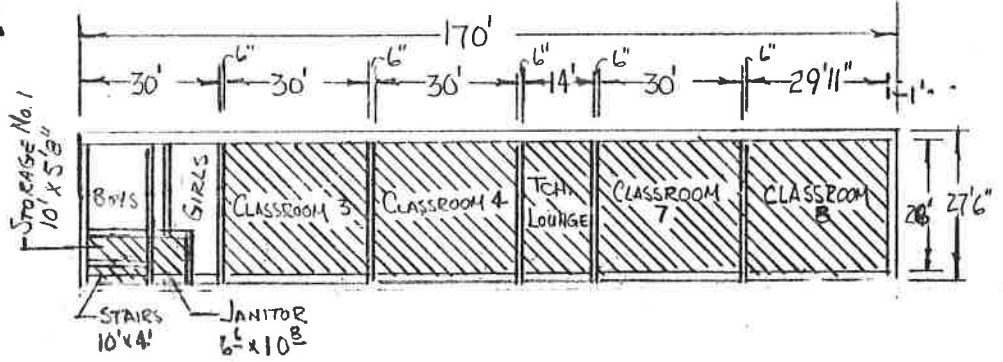
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA D

SCALE 1" = 40'

 VYNL ASBESTOS FLOOR TILE

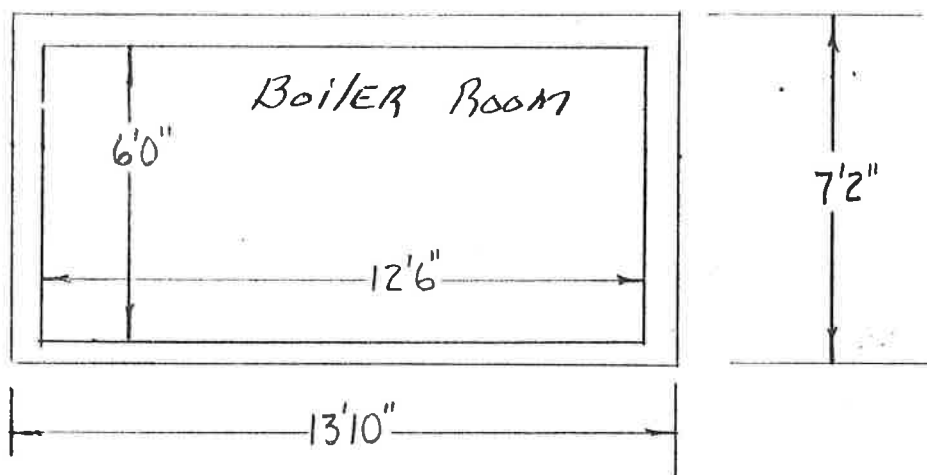
N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

5

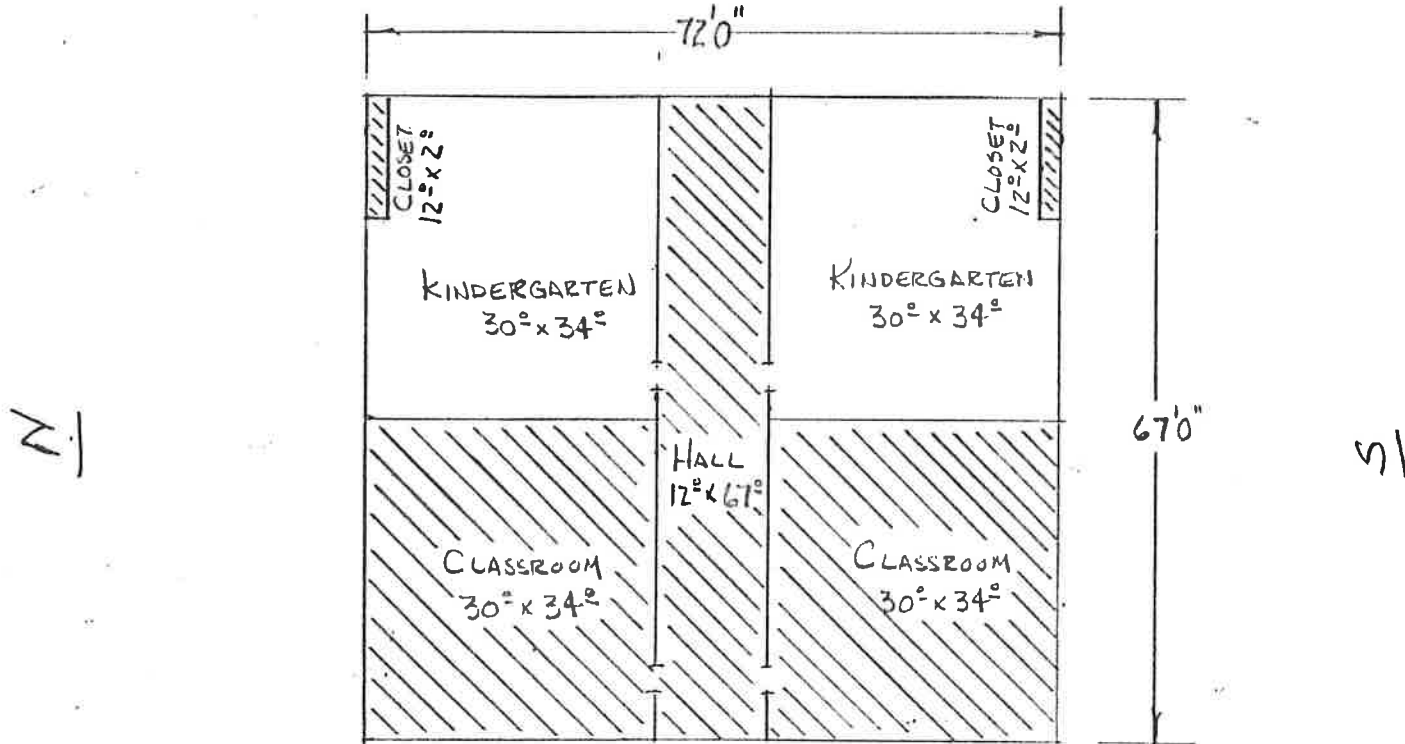


HOMOGENEOUS AREA E

SCALE 1/4" = 1'0"

N

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA F

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

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

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

# OPERATIONS AND MAINTENANCE PROCEDURES Chester County Schools

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

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

(continued)

---

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

## OPERATIONS AND MAINTENANCE PROCEDURES

---

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

---

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



# GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

Inspecting Buildings for Asbestos  
Containing Materials

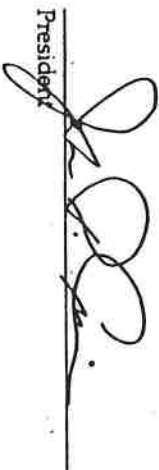
conducted by

GEORGIA TECH

EDUCATION EXTENSION SERVICES

Atlanta, Georgia

MARCH 21-23, 1988

  
President

  
Director, Education Extension Services  
Associate Vice President for Academic Affairs



# The Georgia Institute of Technology

## Gene E. Cain

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

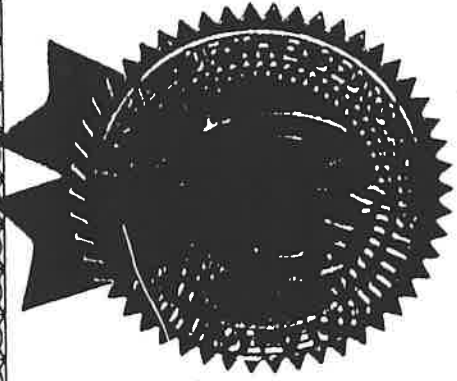
“INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS”

477

Certificate Number

March 23, 1988

Date



*David V. ...*  
Course Director

*Matt ...*  
Exam Administrator

# The Georgia Institute of Technology

Gene E. Cain

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

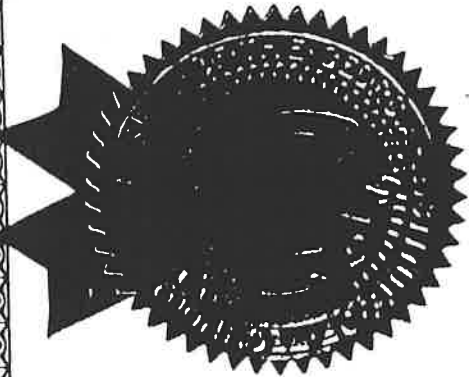
"MANAGING ASBESTOS IN BUILDINGS"

Certificate Number

418

Date

March 25, 1988



Course Director

*Terri Hurley*

Exam Administrator

*Matthew Marshall*

# GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

*Managing Asbestos in Buildings*

conducted by

GEORGIA TECH

EDUCATION EXTENSION SERVICES

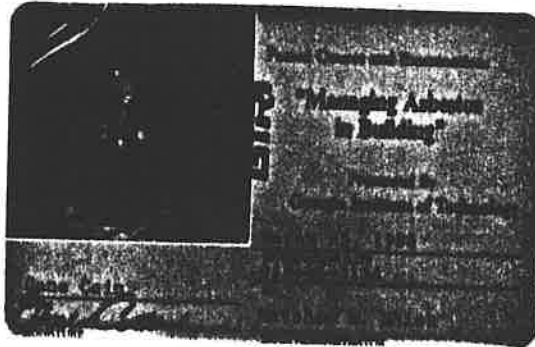
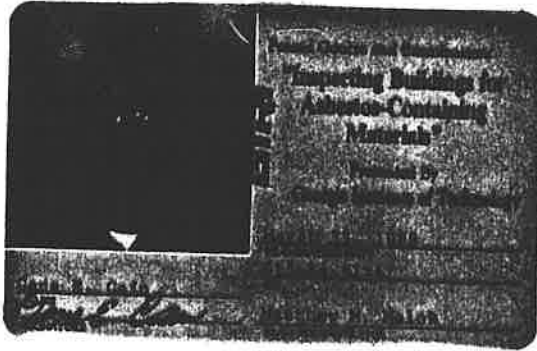
Atlanta, Georgia

MARCH 24-25, 1988



*[Signature]*  
\_\_\_\_\_  
President

*[Signature]*  
\_\_\_\_\_  
Director, Education Extension Services  
Associate Vice President for Academic Affairs



**QUALITATIVE RESPIRATOR FIT TEST**

Name: GENE E. CAIN

Social Security No.: 415-44-5134

Respirator Type: North 7760

Size: M

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

**Georgia Tech Research Institute**

September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

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

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

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

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

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

ATTENDEES:

| NAME (Print)      | JOB TITLE                  |
|-------------------|----------------------------|
| Boil Ross         | Janitor Gannock Creek      |
| Alonso Ray Climer | Janitor East Chester       |
| P. C. Burross     | Janitor West Chester       |
| G. R. Edgson      | Janitor North Chester      |
| W. J. Hysmith     | Custodian - East           |
| Shay King         | Janitor                    |
| Thomas [unclear]  | Custodian - Jr. High C&H B |
| Ysaciah 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                     |
|--------------------------|-------------------------------|
| <u>Johnny Hayes</u>      | <u>Junior High School</u>     |
| <u>Marion C. Davis</u>   | <u>Junior Jr. High School</u> |
| <u>Darryl Walker</u>     | <u>NA</u>                     |
| <u>Kathy Galney Maup</u> | <u>School Superintendent</u>  |
|                          |                               |
|                          |                               |
|                          |                               |
|                          |                               |
|                          |                               |
|                          |                               |

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

LEA Designated Person: Gene Cain

Signature: [Handwritten Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Maintaining asbestos covered pipes and surfaces.

ATTENDEES:

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

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouses

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Respirators for asbestos and fitting.

ATTENDEES:

NAME (Print)

JOB TITLE

[Signature]  
[Signature]

\_\_\_\_\_\*  
[Signature]\_\_\_\_\_\*  
lc lc\_\_\_\_\_\*  
\_\_\_\_\_\*  
\_\_\_\_\_\*  
\_\_\_\_\_\*  
\_\_\_\_\_\*  
\_\_\_\_\_\*  
\_\_\_\_\_\*

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouse

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: HEPA vacuum cleaner for asbestos cleanup.

ATTENDEES:

NAME (Print)

JOB TITLE

| NAME (Print)       | JOB TITLE          |
|--------------------|--------------------|
| <u>[Signature]</u> | <u>[Signature]</u> |
| <u>[Signature]</u> | <u>11 11</u>       |
|                    |                    |
|                    |                    |
|                    |                    |
|                    |                    |
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|                    |                    |
|                    |                    |

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

**EMPLOYEE TRAINING FORM**

Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

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

**ATTENDEES:**

**NAME (Print)**

**JOB TITLE**

Dwight H. [Signature]  
Steph H. [Signature]

[Signature]  
1/ 1/

\* 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

| NAME (Print)        | JOB TITLE    |
|---------------------|--------------|
| <u>Denny White</u>  | <u>Maint</u> |
| <u>Phyllis King</u> | <u>" "</u>   |
|                     |              |
|                     |              |
|                     |              |
|                     |              |
|                     |              |
|                     |              |
|                     |              |

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

All of the custodians of the Chester County schools.

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cair*

**Date:** 9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cain*

**Date:** 9/30/88



1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cair*

**Date:** 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cain*

**Date:** 9/30/88

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

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

Date: 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cain*

**Date:** 9/30/88

LEA: Chester County LEA NO.: 120

Date: 9/30/88

**PERIODIC SURVEILLANCE REPORT**

**SCHOOL YEAR:** 1992-93

=====

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

=====

**No. #2**  (2nd six months) **Date** \_\_\_\_\_

=====

**SCHOOL BUILDING NAME** West Chester Elementary

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

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

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

**Surveillance Inspector's Name:** Gene Cain

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

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

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

**Date:** 12-30-92

# SAFETY • TRAINING • ECOLOGY • DESIGN

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

## CERTIFICATE OF COMPLETION

EDDIE MILLER

has successfully completed and passed an examination for the course of

**EPA/AHERA Approved Accreditation Course**

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

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

MP010  

---

Certificate Number  
  
12/03/1993  

---

Examination Date  
  
12/03/1994  

---

Date of Expiration

*Melanie M Wright*  
Classroom Instructor

*Dr. B. Wright*  
Field Instructor

*Melanie M Wright*  
Director of Programs

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

*LARRY EDDIE MILLER*

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

Course Date

MAY 20, 1999

Expiration Date

*Angela Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

*LARRY EDDIE MILLER*

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

May 19, 1999

Examination Date

May 19, 1999

Course Date

May 19, 2000

Expiration Date

*Phyllis Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284





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

## **CERTIFICATION OF COMPLETION**

this certifies that

**Eddie Miller**

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

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

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

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

BIMPR431-53-1229  
Certificate Number

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

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

*David B. Wright*  
Classroom Instructor

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





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

Certificate # 7ME01187306MPR004

*This is to certify that*

**Eddie Miller**

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

**AHERA Asbestos Management Planner Recertification Course**

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

CM =

*[Handwritten signature]*

Instructor

*[Handwritten signature]*  
 President



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

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

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

**EDDIE MILLER**

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2002

Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date

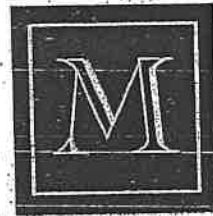
*Phyllis Moore*

**Environmental Technologies**

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

**EDDIE MILLER**

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date



**Environmental Technologies**

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



Asbestos  
REFRESHER

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

DATE: 8/14/98

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS: Courthouse

Henderson, TN 38340

DESIGNATED PERSON: John H. Shelton

PHONE: (901) 664-2561

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

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

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: West Chester Elementary

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



CHECK ONE

TSI SURFACING MISCELLANEOUS

ASSUMED ACBM CONFIRMED ACBM NON-ACBM

CHECK ONE NON-FRIABLE FRIABLE EXPOSURE CONSIDERATION

DETERIORATION PHYSICAL DAMAGE WATER DAMAGE ACTIVITY / VIBRATION EXPOSURE ACCESSIBILITY

LENGTH OF EXPOSURE (CHECK ONE) 1 HOUR / WEEK 5 HOUR / WEEK 10 HOUR / WEEK 30 HOUR / WEEK 40 HOUR / WEEK

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

ASSESSMENT (MARK FROM 1 TO 7)

RESPONSE ACTIONS (MARK FROM A TO H)

Table with 4 columns (HA NUMBER 1-4) and multiple rows for assessment criteria. Includes columns for 'CURRENT QUANTITY', 'MATERIAL DESCRIPTION', 'LAST 3 YEAR', 'CURRENT', and 'RESPONSE ACTIONS'.

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Eddie Miller INSPECTOR (Typed name)

SIGNATURE

431531229 / TN ACCREDITATION #/STATE

Eddie Miller MANAGEMENT PLANNER

SIGNATURE

431531229 / TN ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: West Chester Elementary

BUILDING #: Main Building

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

INSPECTION DATE: 8-03-98



CHECK ONE

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

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Eddie Miller  
 INSPECTOR (Typed name)

SIGNATURE

431531229 / TN  
 ACCREDITATION #/STATE

Eddie Miller  
 MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
 ACCREDITATION #/STATE

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: WEST CHESTER ELEMENTARY

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

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

| HA # | DESCRIPTION OF ACBM | AREA INSPECTED | ACBM CONDITION* | ACBM CONDITION* | DATE REMOVED |
|------|---------------------|----------------|-----------------|-----------------|--------------|
| 1    | 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    | 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



**ANNUAL PROGRESS REPORT**

SCHOOL NAME: West Chester Elementary

BUILDING NAME: Main

SCHOOL YEAR: 97-98

**SUMMARY OF RESPONSE ACTIONS:**

**LEGEND**

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

| Material Description | 1 | 2 | 3 | 4 | 6 | 2 x 4 Ceiling Tile |  |  |  |  |  |
|----------------------|---|---|---|---|---|--------------------|--|--|--|--|--|
| Floor Tile           |   |   |   |   |   |                    |  |  |  |  |  |
| Floor Tile           |   |   |   |   |   |                    |  |  |  |  |  |
| Floor Tile           |   |   |   |   |   |                    |  |  |  |  |  |
| Floor Tile           |   |   |   |   |   |                    |  |  |  |  |  |
| Floor Tile           |   |   |   |   |   |                    |  |  |  |  |  |
| 2 x 4 Ceiling Tile   |   |   |   |   |   |                    |  |  |  |  |  |

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

CHECK ONE

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

**RESPONSE ACTION COMPLETED?**

CHECK ONE

|     |   |   |   |   |   |   |  |  |  |  |  |
|-----|---|---|---|---|---|---|--|--|--|--|--|
| YES |   |   |   |   |   |   |  |  |  |  |  |
| NO  | X | X | X | X | X | X |  |  |  |  |  |

**RESPONSE ACTION IN PROGRESS?**

CHECK ONE

|     |   |   |   |   |   |   |  |  |  |  |  |
|-----|---|---|---|---|---|---|--|--|--|--|--|
| YES | X | X | X | X | X | X |  |  |  |  |  |
| NO  |   |   |   |   |   |   |  |  |  |  |  |

**MANAGEMENT PLAN SCHEDULE COMPARISON**

CHECK ONE

|                 |   |   |   |   |   |   |  |  |  |  |  |
|-----------------|---|---|---|---|---|---|--|--|--|--|--|
| On Schedule     | X | X | X | X | X | X |  |  |  |  |  |
| Ahead Schedule  |   |   |   |   |   |   |  |  |  |  |  |
| Behind Schedule |   |   |   |   |   |   |  |  |  |  |  |

INSPECTOR'S NAME (please print): Eddie Miller

INSPECTOR'S SIGNATURE: 

LEA System Name: Chester County

LEA NO: 120

DATE: 8-3-98

1999  
Yearly Progress Report

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
Henderson, TN 38340

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

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

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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

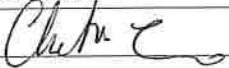
BUILDING NAME: WEST CHESTER ELEMENTARY

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

|      |                    | 1ST SIX MONTHS |                 | 2ND SIX MONTHS  |              |
|------|--------------------|----------------|-----------------|-----------------|--------------|
|      |                    | DATE FALL:     | 11-16-98        | DATE SPRING:    | 4-23-99      |
| HA # | DESCRIPTION OF ACB | AREA INSPECTED | ACBM CONDITION* | ACBM CONDITION* | DATE REMOVED |
| 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    | 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

2000  
Yearly Progress Report

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

**PHONE:** (901) 664-2561

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

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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

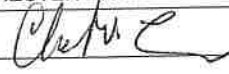
BUILDING NAME: WEST CHESTER ELEMENTARY

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

|      |                    | 1ST SIX MONTHS |                    | 2ND SIX MONTHS     |              |
|------|--------------------|----------------|--------------------|--------------------|--------------|
|      |                    | DATE FALL:     | 9-22-99            | DATE SPRING:       | 3-31-00      |
| HA # | DESCRIPTION OF ACB | AREA INSPECTED | ACBM<br>CONDITION* | ACBM<br>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    | 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:                         | WEST CHESTER ELEMENTARY | BUILDING #       | MAIN BUILDING |
| DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: | 7/9/1989                | INSPECTION DATE: | 8/13/2003     |



|                               | HA 01            |         | HA 02            |         | HA 03            |         | HA 04            |         |
|-------------------------------|------------------|---------|------------------|---------|------------------|---------|------------------|---------|
|                               | CURRENT QUANTITY |         | CURRENT QUANTITY |         | CURRENT QUANTITY |         | CURRENT QUANTITY |         |
|                               | 1770             |         | 2140             |         | 5603             |         | 6240             |         |
| 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       |
| <b>Check One</b>              |                  |         |                  |         |                  |         |                  |         |
| ASSUMED ACBM                  | X                | X       | X                | X       | X                | X       | X                | X       |
| CONFIRMED ACBM                |                  |         |                  |         |                  |         |                  |         |
| NON-ACBM                      |                  |         |                  |         |                  |         |                  |         |
| <b>Check One</b>              |                  |         |                  |         |                  |         |                  |         |
| NON-FRIABLE                   | X                | X       | X                | X       | X                | X       | X                | X       |
| FRIABLE                       |                  |         |                  |         |                  |         |                  |         |
| <b>Exposure Consideration</b> |                  |         |                  |         |                  |         |                  |         |
| DETERIORATION                 | 1                | 1       | 1                | 1       | 1                | 1       | 1                | 1       |
| PHYS. DAMAGE                  | 1                | 1       | 1                | 1       | 1                | 1       | 1                | 1       |
| WATER DAMAGE                  | 1                | 1       | 1                | 1       | 1                | 1       | 1                | 1       |
| ACTIVITY / VIBR.              | 3                | 3       | 3                | 3       | 3                | 3       | 3                | 3       |
| EXPOSURE                      | 5                | 5       | 5                | 5       | 5                | 5       | 5                | 5       |
| ACCESSIBILITY                 | 5                | 5       | 5                | 5       | 5                | 5       | 5                | 5       |
| <b>Length of Exposure</b>     |                  |         |                  |         |                  |         |                  |         |
| 1 HOUR / WEEK                 |                  |         |                  |         |                  |         |                  |         |
| 5 HOUR / WEEK                 |                  |         |                  |         |                  |         |                  |         |
| 10 HOUR / WEEK                |                  |         |                  |         |                  |         |                  |         |
| 20 HOUR / WEEK                |                  |         |                  |         |                  |         |                  |         |
| 40 HOUR / WEEK                | X                | X       | X                | X       | X                | X       | X                | X       |
| <b>Exposure Population</b>    |                  |         |                  |         |                  |         |                  |         |
| MAINTENANCE                   | X                | X       | X                | X       | X                | X       | X                | X       |
| CUSTODIAL                     | X                | X       | X                | X       | X                | X       | X                | X       |
| FACULTY / STAFF               | X                | X       | X                | X       | X                | X       | X                | X       |
| PUBLIC                        | X                | X       | X                | X       | X                | X       | X                | X       |
| <b>Assessment</b>             |                  |         |                  |         |                  |         |                  |         |
|                               | 5                | 5       | 5                | 5       | 5                | 5       | 5                | 5       |
| <b>** Response Actions</b>    |                  |         |                  |         |                  |         |                  |         |
|                               | B                | B       | B                | B       | B                | B       | B                | B       |

| Assessment Legend                                   | Response Actions Legend   |
|---|---|
| 1. Damaged/ significantly damaged TSI               | A. Institute Preventative Measures  |
| 2. Damaged friable surfacing ACBM                   | E. Enclosure  |
| 3. Significantly damaged friable surfacing material | B. O and M Program  |
| 4. Damaged/significantly damaged friable misc. ACBM | F. Remove   |
| 5. ACBM with potential for damage                   | C. Repair   |
| 6. ACBM with potential for significant damage       | G. Isolate  |
| 7. Any remaining friable ACBM or suspect ACM        | D. Encapsulate  |
|   | H. Other  |
|   | <b>Notes</b>  |
|   | *If previously assumed ACBM was tested, attach TAHERA6.2, TAHERA6.3, TAHERA 6.9 and TAHERA 8.0. |
|   | **If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5        |

CHESTER ERVIN  
INSPECTOR (Typed Name)

EDDIE MILLER  
MANAGEMENT PLANNER

*Chester Ervin*  
SIGNATURE

*Eddie Miller*  
SIGNATURE

ACCREDITATION # /STATE

431531229 / TN

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

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



|                      | THROUGHOUT         | HA 06 | HA 07 | HA 08 |
|----------------------|--------------------|-------|-------|-------|
| CURRENT QUANTITY     | 30,000             |       |       |       |
| MATERIAL DESCRIPTION | 2 X 4 CEILING TILE |       |       |       |
| T, S or M            |                    |       |       |       |
| MATERIAL TYPE        | M                  | M     |       |       |

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

|                        |   |   |  |  |
|------------------------|---|---|--|--|
| <b>Check One</b>       |   |   |  |  |
| 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          | 5 | 5 |  |  |

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

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

|                   |   |   |  |  |
|-------------------|---|---|--|--|
| <b>Assessment</b> |   |   |  |  |
|                   | 5 | 5 |  |  |

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

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

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

**Notes**

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

CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*[Signature]*  
 SIGNATURE

*[Signature]*  
 SIGNATURE

ACCREDITATION # /STATE

AR 431531229

ACCREDITATION # /STATE

2002  
Yearly Progress Report

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

**PHONE:** (901) 664-2561

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

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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

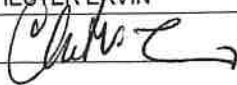
BUILDING NAME: WEST CHESTER ELEMENTARY

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

|      |                    | 1ST SIX MONTHS |                    | 2ND SIX MONTHS     |              |
|------|--------------------|----------------|--------------------|--------------------|--------------|
|      |                    | DATE FALL:     | 10-15-01           | DATE SPRING:       | 5-18-02      |
| HA # | DESCRIPTION OF ACB | AREA INSPECTED | ACBM<br>CONDITION* | ACBM<br>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    | 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

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: WEST CHESTER ELEMENTARY

SCHOOL #: MAIN

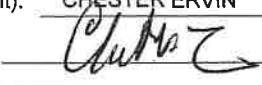
BUILDING NAME: WEST CHESTER ELEMENTARY

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

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

**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<br>SUBMISSION | CORRECTION/DEFICIENCY<br>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: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



| HA NUMBER        | HA NUMBER        | HA NUMBER        | HA NUMBER        |
|------------------|------------------|------------------|------------------|
| 5                | 6                |                  |                  |
| 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 |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|             |         |             |         |             |         |             |         |
| X           | X       | X           | X       |             |         |             |         |

TSI

SURFACING

MISCELLANEOUS

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X | X | X |  |  |  |  |
|---|---|---|---|--|--|--|--|

**CHECK ONE**

NON-FRIABLE  
FRIABLE

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X |   |   |  |  |  |  |
|   |   | X | X |  |  |  |  |

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

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

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

|               |   |   |   |   |  |  |  |
|---------------|---|---|---|---|--|--|--|
| MAINTENANCE   | X | X | X | X |  |  |  |
| CUSTODIAL     | X | X | X | X |  |  |  |
| FACULTY/STAFF | X | X |   |   |  |  |  |
| PUBLIC        | X | X |   |   |  |  |  |

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

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 5 | 5 | 7 | 7 |  |  |  |  |
|---|---|---|---|--|--|--|--|

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

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| B | B | B | B |  |  |  |  |
|---|---|---|---|--|--|--|--|

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

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: West Chester Elementary

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**

| TSI SURFACING MISCELLANEOUS | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|-----------------------------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|                             |             |         |             |         |             |         |             |         |
|                             | X           | X       | X           | X       | X           | X       | X           | X       |

**CHECK ONE**

|                |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|
| ASSUMED ACBM   |   |   |   |   |   |   |   |   |
| CONFIRMED ACBM | 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)   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|--------------------|---|---|---|---|---|---|---|---|
| DETERIORATION      | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| EXPOSURE           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACCESSIBILITY      | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

**LENGTH OF EXPOSURE**

| (CHECK ONE)  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|--------------|---|---|---|---|---|---|---|---|
| 1 HOUR/WEEK  |   |   |   |   |   |   |   |   |
| 5 HOUR/WEEK  |   |   |   |   |   |   |   |   |
| 10 HOUR/WEEK |   |   |   |   |   |   |   |   |
| 20 HOUR/WEEK |   |   |   |   |   |   |   |   |
| 40 HOUR/WEEK | X | X | X | X | X | X | X | X |

**EXPOSURE POPULATION**

| (CHECK ALL APPLICABLE) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|------------------------|---|---|---|---|---|---|---|---|
| MAINTENANCE            | X | X | X | X | X | X | X | X |
| CUSTODIAL              | X | X | X | X | X | X | X | X |
| FACULTY/STAFF          | X | X | X | X | X | X | X | X |
| PUBLIC                 | X | X | X | X | X | X | X | X |

**ASSESSMENT**

| (MARK FROM 1 TO 7) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|--------------------|---|---|---|---|---|---|---|---|
|                    | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

**\*\*RESPONSE ACTIONS**

| (MARK FROM A TO H) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|--------------------|---|---|---|---|---|---|---|---|
|                    | B | B | B | B | B | B | B | B |

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Jim Brooks  
INSPECTOR (Typed Name)

*Jim Brooks*  
SIGNATURE

7ME02050701AI00007/TN  
ACCREDITATION #/STATE

Ashlie Rawlings  
MANAGEMENT PLANNER

*Ashlie Rawlings*  
SIGNATURE

7ME02160701AMPR004/TN  
ACCREDITATION #/STATE



# M·E·T·A

Mayhew Environmental Training Associates

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

Certificate # 7ME02050701A100007

*This is to certify that*

## Jim Brooks

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

### AHERA Asbestos Inspector Training

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

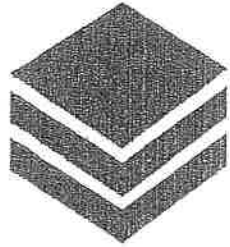


*Ronald Francis*  
Instructor  
Ronald Francis

*Thomas Bradford Mayhew*  
President  
Thomas Bradford Mayhew

Accreditation Expires: 2/7/08

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



# M·E·T·A

Mayhew Environmental Training Associates

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

Certificate # 7ME02160701AMP004

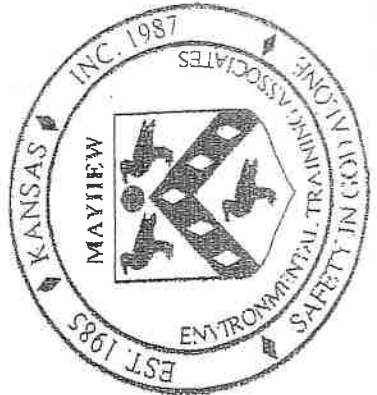
*This is to certify that*

## 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.*

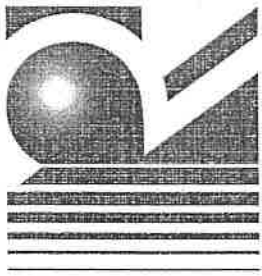


*R. Francis*  
Instructor  
Ronald Francis

*Thomas Bradford Mayhew*  
President  
Thomas Bradford Mayhew

Accreditation Expires: 2/16/08

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



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

*Certifies That*

**TERRY MOODY**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

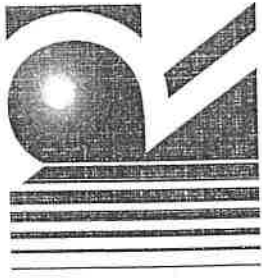
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**MIKE TIGNOR**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**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**

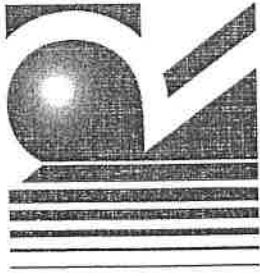
Conducted At: 930 East Main St.  
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Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**KIM ROBBINS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

*Certifies That*

**DARLENE HESTER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

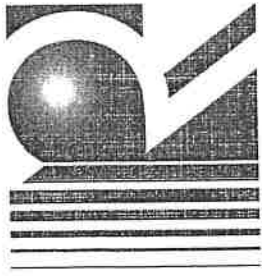
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**LAURA GAUGER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**BRENDA PICKETT**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**DEVEN HEARN**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**ANGIE PARRISH**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**TODD DAVIS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

Conducted At: 930 East Main St.

Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**





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

*Certifies That*

**DEMETRIUS LOCKETT**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**MELISSA MURLEY**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**TERESA CONNER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**YVONNE CROSS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

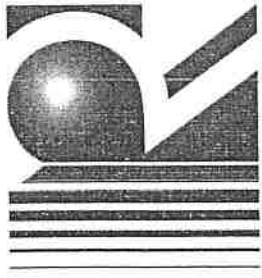
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**WILLIE TROHER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

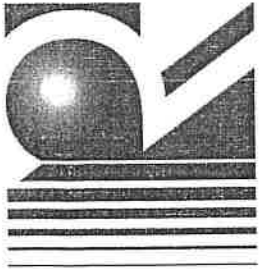
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**JANE SMITH**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**TERESA WILLIS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**KEN WEST**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

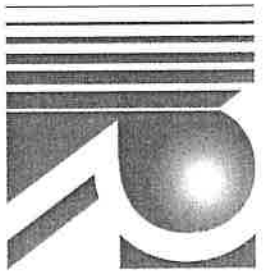
Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**





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

*Certifies That*

**PERRY FRYE**

Identification

Number: OSHAC4AA100179

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

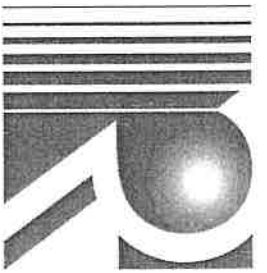
Training Date: January 20, 2010

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

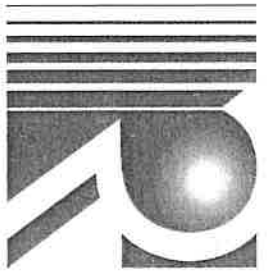
Training Date: January 20, 2010

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

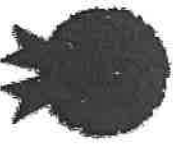
on

Monday, November 11, 2013

  
Training Coordinator's Signature

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

westk@tennk12.net 61029968-2p9r



**safeschools**

TRAINING

# Certificate of Completion

Chester County School System

*Carissa Miller*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

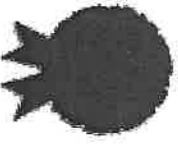
a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

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



**safesCHOOLS**  
TRAINING

westk@tennk12.net 61029968-2p9r

# Certificate of Completion

Chester County School System

*Marilyn Amos*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Training Coordinator's Signature



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



safesCHOOLS

TRAINING

westk@leamk12.net 61029968-2p9r

# Certificate of Completion

Chester County School System

*Laura Poe*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

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



**safesCHOOLS**  
TRAINING

westk@leannk12.net 61029968-2p9r

# 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

  
Training Coordinator's Signature

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

westk@kenk12.net 61029968-2p9r



**safesCHOOLS**  
TRAINING



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

**DATE:** 1-20-10

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

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

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

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

| <b>ORIGINAL<br/>SUBMISSION</b> | <b>CORRECTION/DEFICIENCY<br/>SUBMISSION</b> | <b>TYPE OF DOCUMENT</b>       |
|--------------------------------|---|-------------------------------|
|                                |   | 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: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE: MARCH 2010**

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

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

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

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

| <b>ORIGINAL<br/>SUBMISSION</b> | <b>CORRECTION/DEFICIENCY<br/>SUBMISSION</b> | <b>TYPE OF DOCUMENT</b>       |
|--------------------------------|---|-------------------------------|
|                                |   | 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: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



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

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

| CHECK ONE   |         | CHECK ONE   |         | CHECK ONE   |         | CHECK ONE   |         |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|             |         |             |         |             |         |             |         |
|             |         |             |         |             |         |             |         |
| X           | X       | X           | X       | X           | X       | X           | X       |

TSI  
SURFACING  
MISCELLANEOUS

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

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| X | X | X | X | X | X | X | X |

**CHECK ONE**  
NON-FRIABLE  
FRIABLE

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|

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

|                    |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|
| DETERIORATION      | 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 |

**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 |
| 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)**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| B | B | B | B | B | B | B | B |
|---|---|---|---|---|---|---|---|

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

*Stephanie Petty*  
\_\_\_\_\_  
SIGNATURE

*HC*  
\_\_\_\_\_  
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: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



| HA NUMBER        | HA NUMBER        | HA NUMBER        | HA NUMBER        |
|------------------|------------------|------------------|------------------|
| 5                | 6                |                  |                  |
| CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY |
|                  |                  |                  |                  |

| MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |
|----------------------|----------------------|----------------------|----------------------|
| Floor Tile           | 2x4 Ceiling Tile     |                      |                      |

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

| LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|             |         |             |         |             |         |             |         |
| X           | X       | X           | X       |             |         |             |         |

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
|   |   | X | X |  |  |  |  |
| X | X |   |   |  |  |  |  |

**CHECK ONE**

NON-FRIABLE  
FRIABLE

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X |   |   |  |  |  |  |
|   |   | X | X |  |  |  |  |

**EXPOSURE CONSIDERATION**

**1 TO 5 (5 WORST)**

DETERIORATION  
PHYSICAL DAMAGE  
WATER DAMAGE  
ACTIVITY/VIBRATION  
EXPOSURE  
ACCESSIBILITY

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 1 | 1 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |
| 2 | 2 | 1 | 1 |  |  |  |  |
| 2 | 2 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |

**LENGTH OF EXPOSURE**

**(CHECK ONE)**

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

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
|   |   | X | X |  |  |  |  |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
| X | X |   |   |  |  |  |  |

**EXPOSURE POPULATION**

**(CHECK ALL APPLICABLE)**

MAINTENANCE  
CUSTODIAL  
FACULTY/STAFF  
PUBLIC

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X | X | X |  |  |  |  |
| X | X | X | X |  |  |  |  |
| X | X |   |   |  |  |  |  |
| X | X |   |   |  |  |  |  |

**ASSESSMENT**

**(MARK FROM 1 TO 7)**

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 5 | 5 | 7 | 7 |  |  |  |  |
|---|---|---|---|--|--|--|--|

**\*\*RESPONSE ACTIONS**

**(MARK FROM A TO H)**

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| B | B | B | B |  |  |  |  |
|---|---|---|---|--|--|--|--|

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

SIGNATURE

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM                                       | AREA INSPECTED | 1st six months  | 2nd six months        | DATE REMOVED |
|-----|---|----------------|-----------------|-----------------------|--------------|
|     |   |                | Date (Fall)     | Date 5/18/11 (Spring) |              |
|     |   |                | ACBM CONDITION* | ACBM CONDITION*       |              |
| 1   | Floor tile 1800 sf  | All            | Good            | N/C                   |              |
| 2   | Floor tile 212 sf   | All            | Good            | N/C                   |              |
| 4   | 12 x 12 green & light green<br>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.

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

\*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.

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months       | 2nd six months           | DATE REMOVED |
|-----|---------------------|----------------|----------------------|--------------------------|--------------|
|     |                     |                | Date _____<br>(Fall) | Date 5/18/11<br>(Spring) |              |
| 10C | Floor tile          | All            | Good                 | N/C                      |              |
|     | 2x4 Ceiling tile    | All            | Good                 | N/C                      |              |
| 12  | Floor tile          | All            | Good                 | N/C                      |              |
|     | 2x4 Ceiling tile    | All            | Good                 | N/C                      |              |
| 13A | Floor tile          | All            | Good                 | N/C                      |              |
| 13B | Pipe Insulation     | All            | Good                 | N/C                      |              |
|     | 2x4 Ceiling tile    | All            | Good                 | N/C                      |              |
|     |                     |                |                      |                          |              |
|     |                     |                |                      |                          |              |
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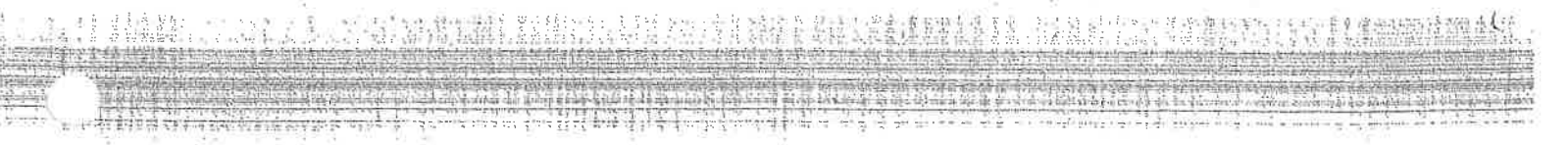
\*IF NO CHANGE IN CONDITION WRITE N/C

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.

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: 120-030

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months  | 2nd six months  | DATE REMOVED |
|-----|---------------------|----------------|-----------------|-----------------|--------------|
|     |                     |                | Date (Fall)     | Date (Spring)   |              |
|     |                     |                | ACBM CONDITION* | ACBM CONDITION* |              |
| 1   | Floor tile          | All            | Good            | N/C             |              |
| 2   | Floor tile          | All            | Good            | N/C             |              |
| 4   | Floor tile          | All            | Good            | N/C             |              |
| 5   | Floor tile          | All            | Good            | N/C             |              |
| 6   | 2X4 Ceiling tile    | All            | Good            | N/C             |              |
|     |                     |                |                 |                 |              |
|     |                     |                |                 |                 |              |
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SURVEILLANCE INSPECTOR'S NAME (please print): Ken West \*IF NO CHANGE IN CONDITION WRITE N/C

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

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

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

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

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

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

**DATE:** 11/21/11

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

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

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

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

| <b>ORIGINAL<br/>SUBMISSION</b> | <b>CORRECTION/DEFICIENCY<br/>SUBMISSION</b> | <b>TYPE OF DOCUMENT</b>       |
|--------------------------------|---|-------------------------------|
|                                |   | 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: WEST CHESTER ELEMENTARY

SCHOOL NO.: 30

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months            | 2nd six months   | DATE REMOVED |
|-----|---------------------|----------------|---------------------------|------------------|--------------|
|     |                     |                | Date 11/16/2011<br>(Fall) | Date<br>(Spring) |              |
| 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): \_\_\_\_\_

**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**

| <b>ORIGINAL<br/>SUBMISSION</b> | <b>CORRECTION/DEFICIENCY<br/>SUBMISSION</b> | <b>TYPE OF DOCUMENT</b>       |
|--------------------------------|---|-------------------------------|
|                                |   | 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: 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<br>Date <u>11/16/2011</u><br>(Fall) | 2nd six months<br>Date <u>5-17-12</u><br>(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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SURVEILLANCE INSPECTOR'S NAME (please print): Ken West \*IF NO CHANGE IN CONDITION WRITE N/C

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

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<br>Date 11/16/2011<br>(Fall) | 2nd six months<br>Date 5-17-12<br>(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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SURVEILLANCE INSPECTOR'S NAME (please print): Ken West \*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

**DATE: 12/04/12**

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

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

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

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

| ORIGINAL<br>SUBMISSION | CORRECTION/DEFICIENCY<br>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: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months            | 2nd six months         | DATE REMOVED |
|-----|---------------------|----------------|---------------------------|------------------------|--------------|
|     |                     |                | Date 12/04/2012<br>(Fall) | Date _____<br>(Spring) |              |
| 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): \_\_\_\_\_

**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<br>SUBMISSION | CORRECTION/DEFICIENCY<br>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: WEST CHESTER ELEMENTARY

SCHOOL NO.: 0030

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months  | 2nd six months          | DATE REMOVED |
|-----|---------------------|----------------|-----------------|-------------------------|--------------|
|     |                     |                | Date<br>(Fall)  | Date 4-9-13<br>(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                     |              |
| 4   | Floor tile          | All            |                 | N/C                     |              |
| 5   | Floor tile          | All            |                 | N/C                     |              |
| 6   | 2X4 Ceiling tile    | All            |                 | N/C                     |              |
|     |                     |                |                 |                         |              |
|     |                     |                |                 |                         |              |
|     |                     |                |                 |                         |              |
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|     |                     |                |                 |                         |              |

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

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

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

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

**DATE:** 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<br>SUBMISSION | CORRECTION/DEFICIENCY<br>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: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



| HA NUMBER<br>1   | HA NUMBER<br>2   | HA NUMBER<br>3   | HA NUMBER<br>4   |
|------------------|------------------|------------------|------------------|
| CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY |
|                  |                  |                  |                  |

| MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                                    |                                    |                                    |                                    |

**CHECK ONE**  
TSI  
SURFACING  
MISCELLANEOUS

| LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|             |         |             |         |             |         |             |         |
| X           | X       | X           | X       | X           | X       | X           | X       |

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

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| X | X | X | X | X | X | X | X |

**CHECK ONE**  
NON-FRIABLE  
FRIABLE

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|

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

|                    |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|
| DETERIORATION      | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE    | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| WATER DAMAGE       | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 2 | 2 | 2 | 2 | 2 | 2 | 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  |   |   |   |   |   |   |   |
| 5 HOUR/WEEK  |   |   |   |   |   |   |   |
| 10 HOUR/WEEK |   |   |   |   |   |   |   |
| 20 HOUR/WEEK |   |   |   |   |   |   |   |
| 40 HOUR/WEEK | X | X | X | X | X | X | X |

**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

|               |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|
| MAINTENANCE   | X | X | X | X | X | X | X |
| CUSTODIAL     | X | X | X | X | X | X | X |
| FACULTY/STAFF | X | X | X | X | X | 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)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| B | B | B | B | B | B | B | B |
|---|---|---|---|---|---|---|---|

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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



## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



| HA NUMBER            | HA NUMBER            | HA NUMBER            | HA NUMBER            |
|----------------------|----------------------|----------------------|----------------------|
| 5                    | 6                    |                      |                      |
| CURRENT QUANTITY     | CURRENT QUANTITY     | CURRENT QUANTITY     | CURRENT QUANTITY     |
|                      |                      |                      |                      |
| MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |
| Floor Tile           | 2x4 Ceiling Tile     |                      |                      |

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

| LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|             |         |             |         |             |         |             |         |
| X           | X       | X           | X       |             |         |             |         |

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
|   |   | X | X |  |  |  |  |
| X | X |   |   |  |  |  |  |

**CHECK ONE**

NON-FRIABLE  
FRIABLE

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X |   |   |  |  |  |  |
|   |   | X | X |  |  |  |  |

**EXPOSURE CONSIDERATION**

1 TO 5 (5 WORST)

DETERIORATION  
PHYSICAL DAMAGE  
WATER DAMAGE  
ACTIVITY/VIBRATION  
EXPOSURE  
ACCESSIBILITY

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 1 | 1 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |
| 2 | 2 | 1 | 1 |  |  |  |  |
| 2 | 2 | 1 | 1 |  |  |  |  |
| 1 | 1 | 1 | 1 |  |  |  |  |

**LENGTH OF EXPOSURE**

(CHECK ONE)

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

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
|   |   | X | X |  |  |  |  |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
| X | X |   |   |  |  |  |  |

**EXPOSURE POPULATION**

(CHECK ALL APPLICABLE)

MAINTENANCE  
CUSTODIAL  
FACULTY/STAFF  
PUBLIC

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| X | X | X | X |  |  |  |  |
| X | X | X | X |  |  |  |  |
| X | X |   |   |  |  |  |  |
| X | X |   |   |  |  |  |  |

**ASSESSMENT**

(MARK FROM 1 TO 7)

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 5 | 5 | 7 | 7 |  |  |  |  |
|---|---|---|---|--|--|--|--|

**\*\*RESPONSE ACTIONS**

(MARK FROM A TO H)

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| B | B | B | B |  |  |  |  |
|---|---|---|---|--|--|--|--|

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

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

**DATE: 5-6-2014**

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: 30

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<br>Date 10-15-13<br>(Fall) | 2nd six months<br>Date 5-6-14<br>(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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|     |                     |                |   |   |              |
|     |                     |                |   |   |              |
|     |                     |                |   |   |              |

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

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

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

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months                 | 2nd six months         | DATE REMOVED |
|-----|---------------------|----------------|--------------------------------|------------------------|--------------|
|     |                     |                | Date <u>11-11-14</u><br>(Fall) | Date _____<br>(Spring) |              |
| 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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|     |                     |                |                                |                        |              |
|     |                     |                |                                |                        |              |

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

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

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

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

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months       | 2nd six months         | DATE REMOVED |
|-----|---------------------|----------------|----------------------|------------------------|--------------|
|     |                     |                | Date _____<br>(Fall) | Date _____<br>(Spring) |              |
| 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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|     |                     |                |                      |                        |              |
|     |                     |                |                      |                        |              |
|     |                     |                |                      |                        |              |
|     |                     |                |                      |                        |              |

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

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

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

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

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

**DATE: 10/13/15**

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

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

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_


BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months                | 2nd six months         | DATE REMOVED |
|-----|---------------------|----------------|-------------------------------|------------------------|--------------|
|     |                     |                | Date <u>10/9/15</u><br>(Fall) | Date _____<br>(Spring) |              |
| 1   | Floor tile          | All            | Good                          |                        |              |
| 2   | Floor tile          | All            | Good                          |                        |              |
| 4   | Floor tile          | All            | Good                          |                        |              |
| 5   | Floor tile          | All            | Good                          |                        |              |
| 6   | 2X4 Ceiling tile    | All            | Good                          |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |
|     |                     |                |                               |                        |              |

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

Christopher R. Johnson, PG  
Manager

Attach: 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**

| <b>ORIGINAL<br/>SUBMISSION</b> | <b>CORRECTION/DEFICIENCY<br/>SUBMISSION</b> | <b>TYPE OF DOCUMENT</b>       |
|--------------------------------|---|-------------------------------|
|                                |   | MANAGEMENT PLAN               |
|                                |   | ASBESTOS FREE MANAGEMENT PLAN |
|                                |   | YEARLY PROGRESS REPORT        |
| <b>X</b>                       |   | 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<br>1                     | HA NUMBER<br>2                     | HA NUMBER<br>3                     | HA NUMBER<br>4                     |
| CURRENT QUANTITY<br>150 SF         | CURRENT QUANTITY<br>1488 SF        | CURRENT QUANTITY<br>70 SF          | CURRENT QUANTITY<br>2960           |
| MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>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<br>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<br>(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<br>(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<br>(MARK FROM 1 TO 7) |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|
|                                  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

| **RESPONSE ACTIONS<br>(MARK FROM A TO H) |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
|  | B | B | B | B | B | B | B | B |

| ASSESSMENT LEGEND   |  |  |  | RESPONSE ACTIONS LEGEND   |  |  |   |  |
|---|--|--|--|---|--|--|---|--|
| <ol style="list-style-type: none"> <li>Damaged/significantly damaged TSI</li> <li>Damaged friable surfacing ACBM</li> <li>Significantly damaged friable surfacing material</li> <li>Damaged/significantly damaged friable misc. ACBM</li> <li>ACBM with potential for damage</li> <li>ACBM with potential for significant damage</li> <li>Any remaining friable ACBM or suspect ACBM</li> </ol> |  |  |  | <ol style="list-style-type: none"> <li>Institute preventative measures</li> <li>O &amp; M Program</li> <li>Repair</li> <li>Encapsulate</li> </ol> |  |  | <ol style="list-style-type: none"> <li>Enclosure</li> <li>Remove</li> <li>Isolate</li> <li>Other</li> </ol> |  |
| <b>NOTES</b>  |  |  |  |   |  |  |   |  |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** 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<br>5A                    |  |  | HA NUMBER<br>6                     |  |  | HA NUMBER<br>7A                         |  |  | HA NUMBER<br>7B                    |
|  |  | CURRENT QUANTITY<br>6250 SF        |  |  | CURRENT QUANTITY<br>5849 SF        |  |  | CURRENT QUANTITY<br>600 LF              |  |  | CURRENT QUANTITY<br>12832          |
|  |  | MATERIAL DESCRIPTION<br>Floor Tile |  |  | MATERIAL DESCRIPTION<br>Floor Tile |  |  | MATERIAL DESCRIPTION<br>Pipe Insulation |  |  | MATERIAL DESCRIPTION<br>Floor Tile |

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

**CHECK ONE**

|  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
| ASSUMED ACBM<br>CONFIRMED ACBM<br>NON-ACBM | X | X | X | X | X | X | X | X |
|  |   |   |   |   |   |   |   |   |

**CHECK ONE**

|                        |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|
| NON-FRIABLE<br>FRIABLE | X | X | X | X |   |   | X | X |
|                        |   |   |   |   | X | X |   |   |

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

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

**LENGTH OF EXPOSURE**  
(CHECK ONE)

|              |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|
| 1 HOUR/WEEK  |   |   |   |   |   |   |   |   |
| 5 HOUR/WEEK  |   |   |   |   | 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 |
|--|---|---|---|---|---|---|---|---|

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

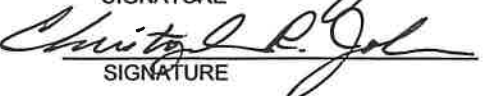
|  |   |  |   |   |                |   |                |         |
|--|---|--|---|---|----------------|---|----------------|---------|
|  | HA NUMBER<br>9A                         | HA NUMBER<br>9B                                | HA NUMBER<br>9C                               | HA NUMBER   |       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

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

|                                    |  |                      |                      |
|------------------------------------|--|----------------------|----------------------|
| HA NUMBER<br>8                     | HA NUMBER                                | HA NUMBER            | HA NUMBER            |
| CURRENT QUANTITY                   | CURRENT QUANTITY                         | CURRENT QUANTITY     | CURRENT QUANTITY     |
| MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>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<br>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<br>(CHECK ONE) |   |   |   |   |  |  |  |  |
|-----------------------------------|---|---|---|---|--|--|--|--|
| 1 HOUR/WEEK                       |   |   | X | X |  |  |  |  |
| 5 HOUR/WEEK                       |   |   |   |   |  |  |  |  |
| 10 HOUR/WEEK                      |   |   |   |   |  |  |  |  |
| 20 HOUR/WEEK                      |   |   |   |   |  |  |  |  |
| 40 HOUR/WEEK                      | X | X |   |   |  |  |  |  |

| EXPOSURE POPULATION<br>(CHECK ALL APPLICABLE) |   |   |   |   |  |  |  |  |
|---|---|---|---|---|--|--|--|--|
| MAINTENANCE                                   | X | X | X | X |  |  |  |  |
| CUSTODIAL                                     | X | X | X | X |  |  |  |  |
| FACULTY/STAFF                                 | X | X |   |   |  |  |  |  |
| PUBLIC  | X | X |   |   |  |  |  |  |

| ASSESSMENT<br>(MARK FROM 1 TO 7) |   |   |   |   |  |  |  |  |
|----------------------------------|---|---|---|---|--|--|--|--|
|                                  | 5 | 5 | 7 | 7 |  |  |  |  |

| **RESPONSE ACTIONS<br>(MARK FROM A TO H) |   |   |   |   |  |  |  |  |
|--|---|---|---|---|--|--|--|--|
|  | B | B | B | B |  |  |  |  |

| ASSESSMENT LEGEND   | RESPONSE ACTIONS LEGEND   |                                    |              |                  |           |           |            |                |          |
|---|---|------------------------------------|--------------|------------------|-----------|-----------|------------|----------------|----------|
| <ol style="list-style-type: none"> <li>Damaged/significantly damaged TSI</li> <li>Damaged friable surfacing ACBM</li> <li>Significantly damaged friable surfacing material</li> <li>Damaged/significantly damaged friable misc. ACBM</li> <li>ACBM with potential for damage</li> <li>ACBM with potential for significant damage</li> <li>Any remaining friable ACBM or suspect ACBM</li> </ol> | <table border="0"> <tr> <td>A. Institute preventative measures</td> <td>E. Enclosure</td> </tr> <tr> <td>B. O &amp; M Program</td> <td>F. Remove</td> </tr> <tr> <td>C. Repair</td> <td>G. Isolate</td> </tr> <tr> <td>D. Encapsulate</td> <td>H. Other</td> </tr> </table> | A. Institute preventative measures | E. Enclosure | B. O & M Program | F. Remove | C. Repair | G. Isolate | D. Encapsulate | H. Other |
| A. Institute preventative measures  | E. Enclosure  |                                    |              |                  |           |           |            |                |          |
| B. O & M Program  | F. Remove   |                                    |              |                  |           |           |            |                |          |
| C. Repair   | G. Isolate  |                                    |              |                  |           |           |            |                |          |
| D. Encapsulate  | H. Other  |                                    |              |                  |           |           |            |                |          |
|   | <p align="center"><b>NOTES</b></p> <p>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</p> <p>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</p>                                 |                                    |              |                  |           |           |            |                |          |

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



**THREE YEAR REINSPECTION**

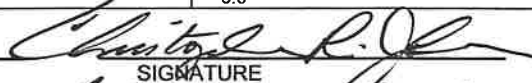
LEA NAME: Chester County Schools LEA #: 120

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

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

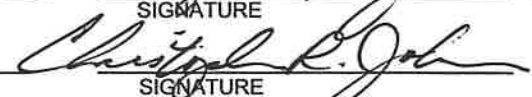
|  |                                       |         |   |   |                                    |         |   |         |
|--|---------------------------------------|---------|---|---|------------------------------------|---------|---|---------|
|  | HA NUMBER<br>10                       |         | HA NUMBER<br>10B                        |   | HA NUMBER<br>10C                   |         | HA NUMBER   |         |
|  | CURRENT QUANTITY                      |         | CURRENT QUANTITY                        |   | CURRENT QUANTITY                   |         | CURRENT QUANTITY                                    |         |
|  | MATERIAL DESCRIPTION<br>Boiler Jacket |         | MATERIAL DESCRIPTION<br>Pipe Insulation |   | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile            |         |
| <b>CHECK ONE</b>   | LAST 3<br>YEAR                        | CURRENT | LAST 3<br>YEAR                          | CURRENT   | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                                      | CURRENT |
| TSI  | X                                     | X       | X                                       | X   |                                    |         |   |         |
| SURFACING  |                                       |         |   |   |                                    |         |   |         |
| MISCELLANEOUS  |                                       |         |   |   | X                                  | X       | X   | X       |
| <b>CHECK ONE</b>   |                                       |         |   |   |                                    |         |   |         |
| ASSUMED ACBM   |                                       |         |   |   |                                    |         | X   | X       |
| CONFIRMED ACBM   | X                                     | X       | X                                       | X   | X                                  | X       |   |         |
| NON-ACBM   |                                       |         |   |   |                                    |         |   |         |
| <b>CHECK ONE</b>   |                                       |         |   |   |                                    |         |   |         |
| NON-FRIABLE  |                                       |         |   |   | X                                  | X       |   |         |
| FRIABLE  | X                                     | X       | X                                       | X   |                                    |         | X   | X       |
| <b>EXPOSURE CONSIDERATION</b>  |                                       |         |   |   |                                    |         |   |         |
| 1 TO 5 (5 WORST)   |                                       |         |   |   |                                    |         |   |         |
| DETERIORATION  | 2                                     | 2       | 2                                       | 2   | 2                                  | 2       | 2   | 2       |
| PHYSICAL DAMAGE  | 1                                     | 1       | 1                                       | 1   | 1                                  | 1       | 1   | 1       |
| WATER DAMAGE   | 1                                     | 1       | 1                                       | 1   | 1                                  | 1       | 1   | 1       |
| ACTIVITY/VIBRATION   | 2                                     | 2       | 2                                       | 2   | 2                                  | 2       | 2   | 2       |
| EXPOSURE   | 1                                     | 1       | 1                                       | 1   | 1                                  | 1       | 1   | 1       |
| ACCESSIBILITY  | 1                                     | 1       | 1                                       | 1   | 1                                  | 1       | 1   | 1       |
| <b>LENGTH OF EXPOSURE</b>  |                                       |         |   |   |                                    |         |   |         |
| (CHECK ONE)  |                                       |         |   |   |                                    |         |   |         |
| 1 HOUR/WEEK  | X                                     | X       | X                                       | X   |                                    |         | X   | X       |
| 5 HOUR/WEEK  |                                       |         |   |   |                                    |         |   |         |
| 10 HOUR/WEEK   |                                       |         |   |   |                                    |         |   |         |
| 20 HOUR/WEEK   |                                       |         |   |   |                                    |         |   |         |
| 40 HOUR/WEEK   |                                       |         |   |   | X                                  | X       |   |         |
| <b>EXPOSURE POPULATION</b>   |                                       |         |   |   |                                    |         |   |         |
| (CHECK ALL APPLICABLE)   |                                       |         |   |   |                                    |         |   |         |
| MAINTENANCE  | X                                     | X       | X                                       | X   | X                                  | X       | X   | X       |
| CUSTODIAL  | X                                     | X       | X                                       | X   | X                                  | X       | X   | X       |
| FACULTY/STAFF  |                                       |         |   |   | X                                  | X       |   |         |
| PUBLIC   |                                       |         |   |   | X                                  | X       |   |         |
| <b>ASSESSMENT</b>  |                                       |         |   |   |                                    |         |   |         |
| (MARK FROM 1 TO 7)   |                                       |         |   |   |                                    |         |   |         |
|  | 5                                     | 5       | 5                                       | 5   | 5                                  | 5       | 7   | 7       |
| <b>**RESPONSE ACTIONS</b>  |                                       |         |   |   |                                    |         |   |         |
| (MARK FROM A TO H)   |                                       |         |   |   |                                    |         |   |         |
|  | B                                     | B       | B                                       | B   | B                                  | B       | B   | B       |
| <b>ASSESSMENT LEGEND</b>   |                                       |         |   | <b>RESPONSE ACTIONS LEGEND</b>  |                                    |         |   |         |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM |                                       |         |   | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate |                                    |         | E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |         |
| <b>NOTES</b>   |                                       |         |   |   |                                    |         |   |         |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** 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<br>12                    |  | HA NUMBER                                |  | HA NUMBER            |  | HA NUMBER            |
|  | CURRENT QUANTITY                   |  | CURRENT QUANTITY                         |  | CURRENT QUANTITY     |  | CURRENT QUANTITY     |
|  | MATERIAL DESCRIPTION<br>Floor Tile |  | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile |  | MATERIAL DESCRIPTION |  | MATERIAL DESCRIPTION |

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

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

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

**LENGTH OF EXPOSURE**  
(CHECK ONE)

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

**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

|               |   |   |   |   |  |  |  |  |
|---------------|---|---|---|---|--|--|--|--|
| MAINTENANCE   | X | X | X | X |  |  |  |  |
| CUSTODIAL     | X | X | X | X |  |  |  |  |
| FACULTY/STAFF | X | X |   |   |  |  |  |  |
| PUBLIC        | X | X |   |   |  |  |  |  |

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

|  |   |   |   |   |  |  |  |  |
|--|---|---|---|---|--|--|--|--|
|  | 5 | 5 | 7 | 7 |  |  |  |  |
|--|---|---|---|---|--|--|--|--|

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

|  |   |   |   |   |  |  |  |  |
|--|---|---|---|---|--|--|--|--|
|  | B | B | B | B |  |  |  |  |
|--|---|---|---|---|--|--|--|--|

| ASSESSMENT LEGEND  | RESPONSE ACTIONS LEGEND   |                                    |              |                  |           |           |            |                |          |
|--|---|------------------------------------|--------------|------------------|-----------|-----------|------------|----------------|----------|
| <ol style="list-style-type: none"> <li>1. Damaged/significantly damaged TSI</li> <li>2. Damaged friable surfacing ACBM</li> <li>3. Significantly damaged friable surfacing material</li> <li>4. Damaged/significantly damaged friable misc. ACBM</li> <li>5. ACBM with potential for damage</li> <li>6. ACBM with potential for significant damage</li> <li>7. Any remaining friable ACBM or suspect ACBM</li> </ol> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">A. Institute preventative measures</td> <td style="width:33%;">E. Enclosure</td> </tr> <tr> <td>B. O &amp; M Program</td> <td>F. Remove</td> </tr> <tr> <td>C. Repair</td> <td>G. Isolate</td> </tr> <tr> <td>D. Encapsulate</td> <td>H. Other</td> </tr> </table> | A. Institute preventative measures | E. Enclosure | B. O & M Program | F. Remove | C. Repair | G. Isolate | D. Encapsulate | H. Other |
| A. Institute preventative measures   | E. Enclosure  |                                    |              |                  |           |           |            |                |          |
| B. O & M Program   | F. Remove   |                                    |              |                  |           |           |            |                |          |
| C. Repair  | G. Isolate  |                                    |              |                  |           |           |            |                |          |
| D. Encapsulate   | H. Other  |                                    |              |                  |           |           |            |                |          |
| <p><b>NOTES</b></p> <p>*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</p> <p>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</p>   |   |                                    |              |                  |           |           |            |                |          |

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

|  |                                    |   |  |   |                |         |   |         |  |  |
|--|------------------------------------|---|--|---|----------------|---------|---|---------|--|--|
|  | HA NUMBER<br>13                    | HA NUMBER<br>13B                        | HA NUMBER                                | HA NUMBER   |                |         |   |         |  |  |
|  | CURRENT QUANTITY                   | CURRENT QUANTITY                        | CURRENT QUANTITY                         | CURRENT QUANTITY  |                |         |   |         |  |  |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Pipe Insulation | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile | MATERIAL DESCRIPTION  |                |         |   |         |  |  |
| <b>CHECK ONE</b>   | LAST 3<br>YEAR                     | CURRENT                                 | LAST 3<br>YEAR                           | CURRENT   | LAST 3<br>YEAR | CURRENT | LAST 3<br>YEAR                                      | CURRENT |  |  |
| TSI  |                                    |   | X  | X   |                |         |   |         |  |  |
| SURFACING  |                                    |   |  |   |                |         |   |         |  |  |
| MISCELLANEOUS  | X                                  | X                                       |  |   | X              | X       |   |         |  |  |
| <b>CHECK ONE</b>   |                                    |   |  |   |                |         |   |         |  |  |
| ASSUMED ACBM   |                                    |   |  |   | X              | X       |   |         |  |  |
| CONFIRMED ACBM   | X                                  | X                                       | X  | X   |                |         |   |         |  |  |
| NON-ACBM   |                                    |   |  |   |                |         |   |         |  |  |
| <b>CHECK ONE</b>   |                                    |   |  |   |                |         |   |         |  |  |
| NON-FRIABLE  | X                                  | X                                       |  |   |                |         |   |         |  |  |
| FRIABLE  |                                    |   | X  | X   | X              | X       |   |         |  |  |
| <b>EXPOSURE CONSIDERATION</b>  |                                    |   |  |   |                |         |   |         |  |  |
| 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       |   |         |  |  |
| <b>LENGTH OF EXPOSURE</b>  |                                    |   |  |   |                |         |   |         |  |  |
| (CHECK ONE)  |                                    |   |  |   |                |         |   |         |  |  |
| 1 HOUR/WEEK  |                                    |   | X  | X   | X              | X       |   |         |  |  |
| 5 HOUR/WEEK  |                                    |   |  |   |                |         |   |         |  |  |
| 10 HOUR/WEEK   |                                    |   |  |   |                |         |   |         |  |  |
| 20 HOUR/WEEK   |                                    |   |  |   |                |         |   |         |  |  |
| 40 HOUR/WEEK   | X                                  | X                                       |  |   |                |         |   |         |  |  |
| <b>EXPOSURE POPULATION</b>   |                                    |   |  |   |                |         |   |         |  |  |
| (CHECK ALL APPLICABLE)   |                                    |   |  |   |                |         |   |         |  |  |
| MAINTENANCE  | X                                  | X                                       | X  | X   | X              | X       |   |         |  |  |
| CUSTODIAL  | X                                  | X                                       | X  | X   | X              | X       |   |         |  |  |
| FACULTY/STAFF  | X                                  | X                                       |  |   |                |         |   |         |  |  |
| PUBLIC   | X                                  | X                                       |  |   |                |         |   |         |  |  |
| <b>ASSESSMENT</b>  |                                    |   |  |   |                |         |   |         |  |  |
| (MARK FROM 1 TO 7)   |                                    |   |  |   |                |         |   |         |  |  |
|  | 5                                  | 5                                       | 5  | 5   | 7              | 7       |   |         |  |  |
| <b>**RESPONSE ACTIONS</b>  |                                    |   |  |   |                |         |   |         |  |  |
| (MARK FROM A TO H)   |                                    |   |  |   |                |         |   |         |  |  |
|  | B                                  | B                                       | B  | B   | B              | B       |   |         |  |  |
| <b>ASSESSMENT LEGEND</b>   |                                    |   |  | <b>RESPONSE ACTIONS LEGEND</b>  |                |         |   |         |  |  |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM |                                    |   |  | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate |                |         | E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |         |  |  |
| <b>NOTES</b>   |                                    |   |  |   |                |         |   |         |  |  |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** 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<br>1                     |         | HA NUMBER<br>2                     |   | HA NUMBER<br>3                     |         | HA NUMBER<br>4                                      |         |
|  | CURRENT QUANTITY<br>1770 SF        |         | CURRENT QUANTITY<br>2140 SF        |   | CURRENT QUANTITY<br>5603 SF        |         | CURRENT QUANTITY<br>6240 SF                         |         |
|  | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>Floor Tile |   | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>Floor Tile                  |         |
| <b>CHECK ONE</b>   | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                     | CURRENT   | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                                      | CURRENT |
|  |                                    |         |                                    |   |                                    |         |   |         |
| TSI  |                                    |         |                                    |   |                                    |         |   |         |
| SURFACING  |                                    |         |                                    |   |                                    |         |   |         |
| MISCELLANEOUS  | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| <b>CHECK ONE</b>   |                                    |         |                                    |   |                                    |         |   |         |
| ASSUMED ACBM   |                                    |         |                                    |   |                                    |         |   |         |
| CONFIRMED ACBM   | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| NON-ACBM   |                                    |         |                                    |   |                                    |         |   |         |
| <b>CHECK ONE</b>   |                                    |         |                                    |   |                                    |         |   |         |
| NON-FRIABLE  | X                                  | X       | X                                  | X   | X                                  | X       |   |         |
| FRIABLE  |                                    |         |                                    |   |                                    |         | X   | X       |
| <b>EXPOSURE CONSIDERATION</b>  |                                    |         |                                    |   |                                    |         |   |         |
| <b>1 TO 5 (5 WORST)</b>  |                                    |         |                                    |   |                                    |         |   |         |
| DETERIORATION  | 1                                  | 1       | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| PHYSICAL DAMAGE  | 1                                  | 1       | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| WATER DAMAGE   | 1                                  | 1       | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| ACTIVITY/VIBRATION   | 2                                  | 2       | 2                                  | 2   | 2                                  | 2       | 2   | 2       |
| EXPOSURE   | 1                                  | 1       | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| ACCESSIBILITY  | 1                                  | 1       | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| <b>LENGTH OF EXPOSURE</b>  |                                    |         |                                    |   |                                    |         |   |         |
| <b>(CHECK ONE)</b>   |                                    |         |                                    |   |                                    |         |   |         |
| 1 HOUR/WEEK  |                                    |         |                                    |   |                                    |         |   |         |
| 5 HOUR/WEEK  |                                    |         |                                    |   |                                    |         |   |         |
| 10 HOUR/WEEK   |                                    |         |                                    |   |                                    |         |   |         |
| 20 HOUR/WEEK   |                                    |         |                                    |   |                                    |         |   |         |
| 40 HOUR/WEEK   | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| <b>EXPOSURE POPULATION</b>   |                                    |         |                                    |   |                                    |         |   |         |
| <b>(CHECK ALL APPLICABLE)</b>  |                                    |         |                                    |   |                                    |         |   |         |
| MAINTENANCE  | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| CUSTODIAL  | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| FACULTY/STAFF  | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| PUBLIC   | X                                  | X       | X                                  | X   | X                                  | X       | X   | X       |
| <b>ASSESSMENT</b>  |                                    |         |                                    |   |                                    |         |   |         |
| <b>(MARK FROM 1 TO 7)</b>  |                                    |         |                                    |   |                                    |         |   |         |
|  | 5                                  | 5       | 5                                  | 5   | 5                                  | 5       | 5   | 5       |
| <b>**RESPONSE ACTIONS</b>  |                                    |         |                                    |   |                                    |         |   |         |
| <b>(MARK FROM A TO H)</b>  |                                    |         |                                    |   |                                    |         |   |         |
|  | B                                  | B       | B                                  | B   | B                                  | B       | B   | B       |
| <b>ASSESSMENT LEGEND</b>   |                                    |         |                                    | <b>RESPONSE ACTIONS LEGEND</b>  |                                    |         |   |         |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM |                                    |         |                                    | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate |                                    |         | E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |         |
| <b>NOTES</b>   |                                    |         |                                    |   |                                    |         |   |         |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** 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<br>5                     | HA NUMBER<br>6                           | HA NUMBER            | HA NUMBER            |
|  | CURRENT QUANTITY                   | CURRENT QUANTITY<br>30,000 SF            | CURRENT QUANTITY     | CURRENT QUANTITY     |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |

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

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

|  |           |  |
|--|-----------|--|
| Christopher R. Johnson<br>INSPECTOR (Typed Name) | SIGNATURE | A-I-42505-44826/TN<br>ACCREDITATION #/STATE  |
| Christopher R. Johnson<br>MANAGEMENT PLANNER     | SIGNATURE | A-MP-42505-44824/TN<br>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<br>2                     | HA NUMBER<br>3                     | HA NUMBER<br>4                     | HA NUMBER<br>5                     |
|  | CURRENT QUANTITY<br>3904 SF        | CURRENT QUANTITY<br>200 SF         | CURRENT QUANTITY                   | CURRENT QUANTITY<br>4768           |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile |

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

| EXPOSURE CONSIDERATION<br>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<br>(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<br>(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<br>(MARK FROM 1 TO 7) |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|
|                                  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

| **RESPONSE ACTIONS<br>(MARK FROM A TO H) |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
|  | B | B | B | B | B | B | B | B |

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

|                                    |                                    |                                    |  |
|------------------------------------|------------------------------------|------------------------------------|--|
| HA NUMBER<br>6                     | HA NUMBER<br>7                     | HA NUMBER<br>8                     | HA NUMBER                                |
| CURRENT QUANTITY<br>1870 SF        | CURRENT QUANTITY<br>6669 SF        | CURRENT QUANTITY<br>864            | CURRENT QUANTITY<br>Throughout           |
| MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile |

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

|  |             |         |             |         |             |         |             |         |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| <b>CHECK ONE</b><br>ASSUMED ACBM<br>CONFIRMED ACBM<br>NON-ACBM | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|  |             |         |             |         |             |         | X           | X       |
|  | X           | X       | X           | X       | X           | X       |             |         |

|  |             |         |             |         |             |         |             |         |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| <b>CHECK ONE</b><br>NON-FRIABLE<br>FRIABLE | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|  | X           | X       | X           | X       | X           | X       |             |         |
|  |             |         |             |         |             |         | X           | X       |

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| <b>EXPOSURE CONSIDERATION</b><br>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 |

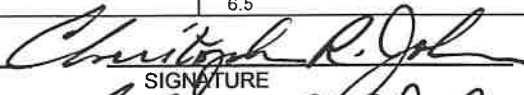
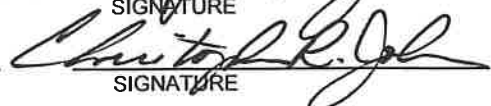
|  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
| <b>LENGTH OF EXPOSURE</b><br>(CHECK ONE) |   |   |   |   |   |   |   |   |
| 1 HOUR/WEEK                              |   |   |   |   |   |   | X | X |
| 5 HOUR/WEEK                              |   |   |   |   |   |   |   |   |
| 10 HOUR/WEEK                             |   |   |   |   |   |   |   |   |
| 20 HOUR/WEEK                             |   |   |   |   |   |   |   |   |
| 40 HOUR/WEEK                             | X | X | X | X | X | X |   |   |

|  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
| <b>EXPOSURE POPULATION</b><br>(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 |   |   |

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

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

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

|   |   |   |
|---|---|---|
| <u>Christopher R. Johnson</u><br>INSPECTOR (Typed Name) | <br>SIGNATURE | <u>A-I-42505-44826/TN</u><br>ACCREDITATION #/STATE  |
| <u>Christopher R. Johnson</u><br>MANAGEMENT PLANNER     | <br>SIGNATURE | <u>A-MP-42505-44824/TN</u><br>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<br>1                     | HA NUMBER<br>2                     | HA NUMBER<br>3                     | HA NUMBER<br>4                     |
| CURRENT QUANTITY<br>3915 SF        | CURRENT QUANTITY<br>576 SF         | CURRENT QUANTITY<br>7204 SF        | CURRENT QUANTITY<br>1192 SF        |
| MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile |

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

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

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

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

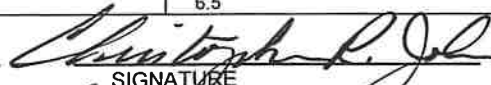

| LENGTH OF EXPOSURE |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|
| (CHECK ONE)        |   |   |   |   |   |   |   |   |
| 1 HOUR/WEEK        |   |   |   |   |   |   |   |   |
| 5 HOUR/WEEK        |   |   |   |   |   |   |   |   |
| 10 HOUR/WEEK       |   |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

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

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

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

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

|  |   |  |
|--|---|--|
| Christopher R. Johnson<br>INSPECTOR (Typed Name) | <br>SIGNATURE | A-I-42505-44826/TN<br>ACCREDITATION #/STATE  |
| Christopher R. Johnson<br>MANAGEMENT PLANNER     | <br>SIGNATURE | A-MP-42505-44824/TN<br>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<br>5                     | HA NUMBER<br>6                     | HA NUMBER<br>7                     | HA NUMBER<br>8                     |   |         |             |   |         |
|  | CURRENT QUANTITY                   | CURRENT QUANTITY<br>11417 SF       | CURRENT QUANTITY<br>10070 SF       | CURRENT QUANTITY<br>1544 SF        |   |         |             |   |         |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile |   |         |             |   |         |
| <b>CHECK ONE</b>   | LAST 3 YEAR                        | CURRENT                            | LAST 3 YEAR                        | CURRENT                            | LAST 3 YEAR   | CURRENT | LAST 3 YEAR | CURRENT   | CURRENT |
| TSI  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| SURFACING  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| MISCELLANEOUS  | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| <b>CHECK ONE</b>   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| ASSUMED ACBM   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| CONFIRMED ACBM   | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| NON-ACBM   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| <b>CHECK ONE</b>   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| NON-FRIABLE  | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| FRIABLE  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| <b>EXPOSURE CONSIDERATION</b>  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 1 TO 5 (5 WORST)   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| DETERIORATION  | 1                                  | 1                                  | 1                                  | 1                                  | 1   | 1       | 1           | 1   | 1       |
| PHYSICAL DAMAGE  | 1                                  | 1                                  | 1                                  | 1                                  | 1   | 1       | 1           | 1   | 1       |
| WATER DAMAGE   | 1                                  | 1                                  | 1                                  | 1                                  | 1   | 1       | 1           | 1   | 1       |
| ACTIVITY/VIBRATION   | 2                                  | 2                                  | 2                                  | 2                                  | 2   | 2       | 2           | 2   | 2       |
| EXPOSURE   | 1                                  | 1                                  | 1                                  | 1                                  | 1   | 1       | 1           | 1   | 1       |
| ACCESSIBILITY  | 1                                  | 1                                  | 1                                  | 1                                  | 1   | 1       | 1           | 1   | 1       |
| <b>LENGTH OF EXPOSURE</b>  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| (CHECK ONE)  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 1 HOUR/WEEK  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 5 HOUR/WEEK  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 10 HOUR/WEEK   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 20 HOUR/WEEK   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| 40 HOUR/WEEK   | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| <b>EXPOSURE POPULATION</b>   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| (CHECK ALL APPLICABLE)   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| MAINTENANCE  | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| CUSTODIAL  | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| FACULTY/STAFF  | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| PUBLIC   | X                                  | X                                  | X                                  | X                                  | X   | X       | X           | X   | X       |
| <b>ASSESSMENT</b>  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| (MARK FROM 1 TO 7)   |                                    |                                    |                                    |                                    |   |         |             |   |         |
|  | 5                                  | 5                                  | 5                                  | 5                                  | 5   | 5       | 5           | 5   | 5       |
| <b>**RESPONSE ACTIONS</b>  |                                    |                                    |                                    |                                    |   |         |             |   |         |
| (MARK FROM A TO H)   |                                    |                                    |                                    |                                    |   |         |             |   |         |
|  | B                                  | B                                  | B                                  | B                                  | B   | B       | B           | B   | B       |
| <b>ASSESSMENT LEGEND</b>   |                                    |                                    |                                    |                                    | <b>RESPONSE ACTIONS LEGEND</b>  |         |             |   |         |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM |                                    |                                    |                                    |                                    | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate |         |             | E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |         |
| <b>NOTES</b>   |                                    |                                    |                                    |                                    |   |         |             |   |         |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5  |                                    |                                    |                                    |                                    |   |         |             |   |         |

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

|  |                                    |  |                      |                      |
|--|------------------------------------|--|----------------------|----------------------|
|  | HA NUMBER<br>9                     | HA NUMBER                                | HA NUMBER            | HA NUMBER            |
|  | CURRENT QUANTITY<br>960 SF         | CURRENT QUANTITY<br>52000 SF             | CURRENT QUANTITY     | CURRENT QUANTITY     |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |

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

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

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

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

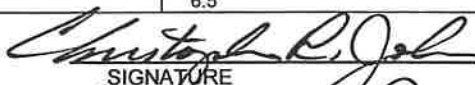

| ASSESSMENT         |   |   |   |   |  |  |  |  |
|--------------------|---|---|---|---|--|--|--|--|
| (MARK FROM 1 TO 7) |   |   |   |   |  |  |  |  |
|                    | 5 | 5 | 7 | 7 |  |  |  |  |

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

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

|   |   |  |
|---|---|--|
| <u>Christopher R. Johnson</u><br>INSPECTOR (Typed Name) | <br>SIGNATURE | A-I-42505-44826/TN<br>ACCREDITATION #/STATE  |
| <u>Christopher R. Johnson</u><br>MANAGEMENT PLANNER     | <br>SIGNATURE | A-MP-42505-44824/TN<br>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<br>1                     | HA NUMBER<br>2                     | HA NUMBER<br>3  | HA NUMBER<br>4                     |         |   |         |
|  |                            | CURRENT QUANTITY<br>6401 SF        | CURRENT QUANTITY<br>42 SF          | CURRENT QUANTITY<br>959 SF  | CURRENT QUANTITY<br>1512 SF        |         |   |         |
|  |                            | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>Floor Tile  | MATERIAL DESCRIPTION<br>Floor Tile |         |   |         |
| <b>CHECK ONE</b>   | LAST 3 YEAR                | CURRENT                            | LAST 3 YEAR                        | CURRENT   | LAST 3 YEAR                        | CURRENT | LAST 3 YEAR   | CURRENT |
|  | TSI                        |                                    |                                    |   |                                    |         |   |         |
|  | SURFACING<br>MISCELLANEOUS | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| <b>CHECK ONE</b>   |                            |                                    |                                    |   |                                    |         |   |         |
| ASSUMED ACBM   |                            |                                    |                                    |   |                                    |         |   |         |
| CONFIRMED ACBM   | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| NON-ACBM   |                            |                                    |                                    |   |                                    |         |   |         |
| <b>CHECK ONE</b>   |                            |                                    |                                    |   |                                    |         |   |         |
| NON-FRIABLE  | X                          | X                                  | X                                  | X   | X                                  | X       |   |         |
| FRIABLE  |                            |                                    |                                    |   |                                    |         | X   | X       |
| <b>EXPOSURE CONSIDERATION</b>  |                            |                                    |                                    |   |                                    |         |   |         |
| 1 TO 5 (5 WORST)   |                            |                                    |                                    |   |                                    |         |   |         |
| DETERIORATION  | 1                          | 1                                  | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| PHYSICAL DAMAGE  | 1                          | 1                                  | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| WATER DAMAGE   | 1                          | 1                                  | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| ACTIVITY/VIBRATION   | 2                          | 2                                  | 2                                  | 2   | 2                                  | 2       | 2   | 2       |
| EXPOSURE   | 1                          | 1                                  | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| ACCESSIBILITY  | 1                          | 1                                  | 1                                  | 1   | 1                                  | 1       | 1   | 1       |
| <b>LENGTH OF EXPOSURE</b>  |                            |                                    |                                    |   |                                    |         |   |         |
| (CHECK ONE)  |                            |                                    |                                    |   |                                    |         |   |         |
| 1 HOUR/WEEK  |                            |                                    |                                    |   |                                    |         |   |         |
| 5 HOUR/WEEK  |                            |                                    |                                    |   |                                    |         |   |         |
| 10 HOUR/WEEK   |                            |                                    |                                    |   |                                    |         |   |         |
| 20 HOUR/WEEK   |                            |                                    |                                    |   |                                    |         |   |         |
| 40 HOUR/WEEK   | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| <b>EXPOSURE POPULATION</b>   |                            |                                    |                                    |   |                                    |         |   |         |
| (CHECK ALL APPLICABLE)   |                            |                                    |                                    |   |                                    |         |   |         |
| MAINTENANCE  | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| CUSTODIAL  | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| FACULTY/STAFF  | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| PUBLIC   | X                          | X                                  | X                                  | X   | X                                  | X       | X   | X       |
| <b>ASSESSMENT</b>  |                            |                                    |                                    |   |                                    |         |   |         |
| (MARK FROM 1 TO 7)   |                            |                                    |                                    |   |                                    |         |   |         |
|  | 5                          | 5                                  | 5                                  | 5   | 5                                  | 5       | 5   | 5       |
| <b>**RESPONSE ACTIONS</b>  |                            |                                    |                                    |   |                                    |         |   |         |
| (MARK FROM A TO H)   |                            |                                    |                                    |   |                                    |         |   |         |
|  | B                          | B                                  | B                                  | B   | B                                  | B       | B   | B       |
| <b>ASSESSMENT LEGEND</b>   |                            |                                    |                                    | <b>RESPONSE ACTIONS LEGEND</b>  |                                    |         |   |         |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM |                            |                                    |                                    | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate |                                    |         | E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |         |
| <b>NOTES</b>   |                            |                                    |                                    |   |                                    |         |   |         |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5  |                            |                                    |                                    |   |                                    |         |   |         |

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

|  |                      |                      |                      |
|--|----------------------|----------------------|----------------------|
| HA NUMBER                                | HA NUMBER            | HA NUMBER            | HA NUMBER            |
| CURRENT QUANTITY<br>15000 SF             | CURRENT QUANTITY     | CURRENT QUANTITY     | CURRENT QUANTITY     |
| MATERIAL DESCRIPTION<br>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      | LAST 3 YEAR  | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|----------------|--------------|---------|-------------|---------|-------------|---------|-------------|---------|
|                | ASSUMED ACBM | X       | X           |         |             |         |             |         |
| CONFIRMED ACBM |              |         |             |         |             |         |             |         |
| NON-ACBM       |              |         |             |         |             |         |             |         |

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

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

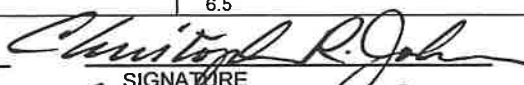
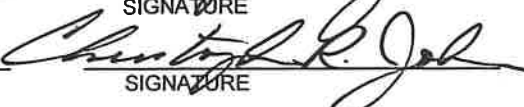
| LENGTH OF EXPOSURE |   |   |  |  |  |  |  |  |
|--------------------|---|---|--|--|--|--|--|--|
| (CHECK ONE)        |   |   |  |  |  |  |  |  |
| 1 HOUR/WEEK        | X | X |  |  |  |  |  |  |
| 5 HOUR/WEEK        |   |   |  |  |  |  |  |  |
| 10 HOUR/WEEK       |   |   |  |  |  |  |  |  |
| 20 HOUR/WEEK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

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

| ASSESSMENT         |   |   |  |  |  |  |  |  |
|--------------------|---|---|--|--|--|--|--|--|
| (MARK FROM 1 TO 7) |   |   |  |  |  |  |  |  |
|                    | 7 | 7 |  |  |  |  |  |  |

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

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

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

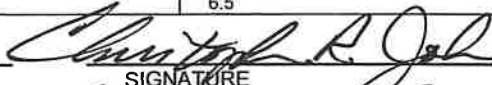

**THREE YEAR REINSPECTION**

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<br>1                     |         | HA NUMBER<br>2                     |         | HA NUMBER<br>4                     |         | HA NUMBER<br>5                     |         |
|                               | CURRENT QUANTITY<br>1800 SF        |         | CURRENT QUANTITY<br>212 SF         |         | CURRENT QUANTITY<br>3066 SF        |         | CURRENT QUANTITY<br>5124 SF        |         |
|                               | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>Floor Tile |         | MATERIAL DESCRIPTION<br>Floor Tile |         |
| <b>CHECK ONE</b>              | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                     | CURRENT | LAST 3<br>YEAR                     | CURRENT |
| TSI                           |                                    |         |                                    |         |                                    |         |                                    |         |
| SURFACING                     |                                    |         |                                    |         |                                    |         |                                    |         |
| MISCELLANEOUS                 | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| <b>CHECK ONE</b>              |                                    |         |                                    |         |                                    |         |                                    |         |
| ASSUMED ACBM                  | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| CONFIRMED ACBM                |                                    |         |                                    |         |                                    |         |                                    |         |
| NON-ACBM                      |                                    |         |                                    |         |                                    |         |                                    |         |
| <b>CHECK ONE</b>              |                                    |         |                                    |         |                                    |         |                                    |         |
| NON-FRIABLE                   | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| FRIABLE                       |                                    |         |                                    |         |                                    |         |                                    |         |
| <b>EXPOSURE CONSIDERATION</b> |                                    |         |                                    |         |                                    |         |                                    |         |
| 1 TO 5 (5 WORST)              |                                    |         |                                    |         |                                    |         |                                    |         |
| DETERIORATION                 | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       |
| PHYSICAL DAMAGE               | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       |
| WATER DAMAGE                  | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       |
| ACTIVITY/VIBRATION            | 2                                  | 2       | 2                                  | 2       | 2                                  | 2       | 2                                  | 2       |
| EXPOSURE                      | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       |
| ACCESSIBILITY                 | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       | 1                                  | 1       |
| <b>LENGTH OF EXPOSURE</b>     |                                    |         |                                    |         |                                    |         |                                    |         |
| (CHECK ONE)                   |                                    |         |                                    |         |                                    |         |                                    |         |
| 1 HOUR/WEEK                   |                                    |         |                                    |         |                                    |         |                                    |         |
| 5 HOUR/WEEK                   |                                    |         |                                    |         |                                    |         |                                    |         |
| 10 HOUR/WEEK                  |                                    |         |                                    |         |                                    |         |                                    |         |
| 20 HOUR/WEEK                  |                                    |         |                                    |         |                                    |         |                                    |         |
| 40 HOUR/WEEK                  | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| <b>EXPOSURE POPULATION</b>    |                                    |         |                                    |         |                                    |         |                                    |         |
| (CHECK ALL APPLICABLE)        |                                    |         |                                    |         |                                    |         |                                    |         |
| MAINTENANCE                   | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| CUSTODIAL                     | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| FACULTY/STAFF                 | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| PUBLIC                        | X                                  | X       | X                                  | X       | X                                  | X       | X                                  | X       |
| <b>ASSESSMENT</b>             |                                    |         |                                    |         |                                    |         |                                    |         |
| (MARK FROM 1 TO 7)            |                                    |         |                                    |         |                                    |         |                                    |         |
|                               | 5                                  | 5       | 5                                  | 5       | 5                                  | 5       | 5                                  | 5       |
| <b>**RESPONSE ACTIONS</b>     |                                    |         |                                    |         |                                    |         |                                    |         |
| (MARK FROM A TO H)            |                                    |         |                                    |         |                                    |         |                                    |         |
|                               | B                                  | B       | B                                  | B       | B                                  | B       | B                                  | B       |

|  |  |   |
|--|--|---|
| <b>ASSESSMENT LEGEND</b>   | <b>RESPONSE ACTIONS LEGEND</b>   |   |
| 1. Damaged/significantly damaged TSI<br>2. Damaged friable surfacing ACBM<br>3. Significantly damaged friable surfacing material<br>4. Damaged/significantly damaged friable misc. ACBM<br>5. ACBM with potential for damage<br>6. ACBM with potential for significant damage<br>7. Any remaining friable ACBM or suspect ACBM | A. Institute preventative measures<br>B. O & M Program<br>C. Repair<br>D. Encapsulate<br>E. Enclosure<br>F. Remove<br>G. Isolate<br>H. Other |   |
| <b>NOTES</b>   |  |   |
| *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0<br>** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5  |  |   |
| _____<br>Christopher R. Johnson<br>INSPECTOR (Typed Name)  | <br>SIGNATURE  | _____<br>A-I-42505-44826/TN<br>ACCREDITATION #/STATE  |
| _____<br>Christopher R. Johnson<br>MANAGEMENT PLANNER  | <br>SIGNATURE  | _____<br>A-MP-42505-44824/TN<br>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<br><u>7</u>              | HA NUMBER                                | HA NUMBER            | HA NUMBER            |
|  | CURRENT QUANTITY<br>164 SF         | CURRENT QUANTITY<br>70000 SF             | CURRENT QUANTITY     | CURRENT QUANTITY     |
|  | MATERIAL DESCRIPTION<br>Floor Tile | MATERIAL DESCRIPTION<br>2x4 Ceiling Tile | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |

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

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

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



## THE STATE OF TENNESSEE

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

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

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

### Resolution Incorporated

1101-A Darbytown Dr. Nashville TN, 37207

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

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



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

This 18th Day of December 2015

Division of Solid Waste Management  
Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020

# THE STATE OF TENNESSEE

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

44-4094-7018-5/6



## Christopher R. Johnson

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

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

## Asbestos Accreditation

Re-Accreditation



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

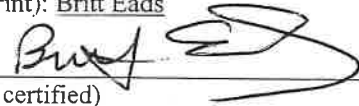
BUILDING NAME: MAIN

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

| HA# | DESCRIPTION OF ACBM | AREA INSPECTED | 1st six months                  | 2nd six months         | DATE REMOVED |
|-----|---------------------|----------------|---------------------------------|------------------------|--------------|
|     |                     |                | Date <u>8/22/2016</u><br>(Fall) | Date _____<br>(Spring) |              |
| 1   | Floor tile          | All            | Good                            |                        |              |
| 2   | Floor tile          | All            | Good                            |                        |              |
| 4   | Floor tile          | All            | Good                            |                        |              |
| 5   | Floor tile          | All            | Good                            |                        |              |
| 6   | 2X4 Ceiling tile    | All            | Good                            |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |
|     |                     |                |                                 |                        |              |

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

BUILDING NAME: MAIN

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

|     |                     |                | 1st six months<br>Date <u>8/22/2016</u><br>(Fall) | 2nd six months<br>Date <u>2/9/2017</u><br>(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   |              |
| 4   | Floor tile          | All            | Good  | Good   |              |
| 5   | Floor tile          | All            | Good  | Good   |              |
| 6   | 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): \_\_\_\_\_







**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: \_\_\_\_\_

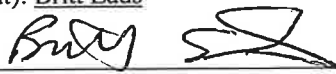
BUILDING NAME: MAIN

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

|     |                     |                | 1st six months<br>Date <u>8/6/2018</u><br>(Fall) | 2nd six months<br>Date <u>2/13/2019</u><br>(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  |              |
| 4   | Floor tile          | All            | Good   | Good  |              |
| 5   | Floor tile          | All            | Good   | Good  |              |
| 6   | 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): \_\_\_\_\_



