JACKS CREEK ELEMENTARY SCHOOL

ASBESTOS

MANAGEMENT PLAN
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</tr>
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<td></td>
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<td>205.</td>
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<td></td>
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<td>e. North Chester Elementary School</td>
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<tr>
<td>209.</td>
<td>f. West Chester Elementary School</td>
<td></td>
</tr>
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</table>

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

TAHERA 4.0(8/88)
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

TAHERA 1.0(8/88)  Page 1 of 209
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)

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

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

<table>
<thead>
<tr>
<th>Name: Gene Cain</th>
<th>Training Agency: Georgia Tech</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Rutherford Ave.</td>
<td>Training Course: Inspecting &amp; Managing Asbestos</td>
</tr>
<tr>
<td>City/State/Zip: Jackson, TN 38301</td>
<td>Training Dates: March 21-25, 1988</td>
</tr>
<tr>
<td>Telephone: 901-427-6428</td>
<td>Total Hours: 40</td>
</tr>
<tr>
<td>Signature: Gene Cain</td>
<td>LEA Superintendent's Signature</td>
</tr>
<tr>
<td>Dated: 9/30/88</td>
<td>Dated: 9/30/88</td>
</tr>
</tbody>
</table>

( Management )
( Planner's )
( Seal )

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

**Address:** P.O. Box 327
Henderson, TN 38340

**Superintendent:** Dr. Kathy Coatney Mays

**Telephone:** 901-989-5134

**Date:** 9/30/88

TAHERA 2.0(8/88)

Page 2 of 209
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: ___________________________ Date: __________
LEA Designated Person, pursuant to 40 CFR 763.93(l) and 763.84

Typed Name: Gene Cain

LEA: Chester Co. Board of Education LEA NO.: 120
Date: 9/30/88
## List all schools and separate buildings:

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

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**LEGEND:**

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

**LEA:** Chester Co. Board of Education  **LEA NO.:** 120  
**Date:** 9/30/88  

TAHERA 5.0(8/88)  **Page 4 of 209**
1. **BUILDING STATISTICS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Area Name, Wing</th>
<th>Use</th>
<th>Total Area (Square Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-57</td>
<td>Jacks Creek</td>
<td>School</td>
<td>14,638</td>
</tr>
<tr>
<td>7-74</td>
<td>3 Portables</td>
<td></td>
<td>2,592</td>
</tr>
</tbody>
</table>

2. **STRUCTURAL SYSTEMS**

- **Walls:**
  - ☐ Masonry/Concrete
  - ☐ Steel
  - ☐ Wood
  - ☐ Other
- **Floors:**
  - ☐ Wood
  - ☐ Concrete
  - ☐ Steel
  - ☐ Other
- **Roof:**
  - ☐ Wood
  - ☐ Concrete
  - ☐ Steel
  - ☐ Other
- **Foundation:**
  - ☐ Slab-on-grade
  - ☐ Crawlspace
  - ☐ Basement
  - ☐ Other

**Notes (Explain Other):**

3. **MECHANICAL SYSTEMS**

- **Heating:**
  - ☐ Central HVAC
  - ☐ Radiator
  - ☐ Other
- **Cooling:**
  - ☐ Central HVAC
  - ☐ Wall Electric
  - ☐ Other

**Notes (Explain Other):** Propane Gas Heaters

4. **ARCHITECTURAL FINISHES**

- **Flooring:**
  - ☐ Vinyl Tile
  - ☐ Carpet
  - ☐ Wood
  - ☐ Unfinished
  - ☐ Other
- **Walls:**
  - ☐ Lathe and Plaster
  - ☐ Gypsum Board
  - ☐ Acoustical Finish
  - ☐ Tile
  - ☐ Other

**Notes (Explain Other):**

5. **SUMMARY OF DOCUMENTS REVIEWED**

- ☐ Floor Plans
- ☐ Mechanical Drawings
- ☐ Specifications
- ☐ Finish Schedules
- ☐ Sections
- ☐ As Built Drawings
- ☐ Sampling Reports (In-house)
- ☐ Past Abatement Projects
- ☐ Past Abatement Spec.s
- ☐ Past Abatement Drawing
- ☐ Past Surveys

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

- **Date of Inspection:** 7-19-88
- **Inspection Team Members:** Gene Cain
- **Signature:**
- **Accreditation Number/State:** 477-Georgia
- **Affiliation:**

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

TAHERA 6.1(8/88)  
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<table>
<thead>
<tr>
<th>HA No.</th>
<th>Material Description</th>
<th>Material Type (T,S or M)</th>
<th>BIA No.s Included in HA</th>
<th>Sample No. Taken in HA</th>
<th>HA Drawing No.</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Vinyl Asbestos Tile</td>
<td>M</td>
<td></td>
<td>0025-1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vinyl Asbestos Tile</td>
<td>M</td>
<td></td>
<td>0025-2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vinyl Asbestos Tile</td>
<td>M</td>
<td></td>
<td>0025-3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Vinyl Asbestos Tile</td>
<td>M</td>
<td></td>
<td>0025-4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ceiling Tile</td>
<td>M</td>
<td></td>
<td>All</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>HA No.</th>
<th>Confirmed</th>
<th>ACBM</th>
<th>Assumed</th>
<th>No ACBM</th>
<th>Total Quantity (Show Units)</th>
<th>Exposure Considerations</th>
<th>Assessment Category</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>6401 Sq. Ft.</td>
<td>1 1 1 3 3 2 4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>42 Sq. Ft.</td>
<td>1 1 1 3 3 2 4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>959 Sq. Ft.</td>
<td>1 1 1 3 3 2 4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>1512 Sq. Ft.</td>
<td>1 1 1 3 3 2 4</td>
<td>5</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>15,000 Sq. Ft.</td>
<td>1 1 1 3 3 3 5 5</td>
<td>5</td>
</tr>
</tbody>
</table>

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 MISCHELLENOUS ACM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or friable suspected ACBM

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

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

TAHERA 6.2(8/88)
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Identify limits of homogeneous area and sample locations.

Homogeneous Area A

Scale 1" = 20'

LEA: Chester County
LEA NO.: 120
Date: 9/30/88
Identify limits of homogeneous area and sample locations.

Homogeneous Area B

Scale 1" = 20"

Vynl Asbestos Floor Tile

N

LEA: Chester County
LEA NO.: 120
Date: 9/30/88
Identify limits of homogeneous area and sample locations.

Homogeneous Area C

Scale 1" = 10'
Identify limits of homogeneous area and sample locations.

Portable Classroom

Homogeneous Area D

Scale 1" = 20'

Vinyl Asbestos Floor Tile

LEA: Chester County LEA NO.: 120
Date: 9/30/88
Identify limits of homogeneous area and sample locations.

Scale 1" : 20'

LEA:  Chester County   LEA NO.:  120
Date:  9/30/88
1. Recommended by Management Planner

<table>
<thead>
<tr>
<th>HA No.</th>
<th>ACBM Description</th>
<th>Management Planner Recommended Response Action</th>
<th>LEA Selected Response Action*</th>
<th>Schedule Dates Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vinyl Asbestos Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>2</td>
<td>Vinyl Asbestos Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>3</td>
<td>Vinyl Asbestos Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>4</td>
<td>Vinyl Asbestos Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td></td>
<td>Ceiling Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
</tbody>
</table>

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  E. Enclose
B. O & M Program                  F. Remove
C. Repair                        G. Isolate
D. Encapsulate                   H. Other (Explain)

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

TAHERA 6.4(8/88)
IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: Jacks Creek Elementary NO.: 0025

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

1. RESPONSE ACTION:

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

Notes (Explain Other): Ceiling Tile

2. DETAILED DESCRIPTION:

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

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

Throughout

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

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

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

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

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

Include in general Operations and Maintenance Program with removal costs estimated at $3.00 - $4.50 per square foot.
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 rein-
spected 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 Surveys, 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 non-friable asbestos at the Jacks Creek 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:

Areas 1, 2, 3, 4 - Floor tile in the halls, classrooms, library, office, two portable classrooms, two landings from the stage, cafeteria and kitchen.
Identify type and extent of ACBM to remain in the building following implementation of response actions.

SEE ATTACHED SHEET
Identify limits of homogeneous area and sample locations.
Identify limits of homogeneous area and sample locations.

**Homogeneous Area B**

**Scale 1"=20'**

**VYNL ASBESTOS FLOOR TLE (ON LANDING)**

**GYMNASIUM**

**LEA:** Chester County  
**LEA NO.:** 120  
**Date:** 9/30/88
Identify limits of homogeneous area and sample locations.

**Homogeneous Area C**

**Scale 1" = 10'**

- VYLN ASBESTOS FLOOR TILE
Identify limits of homogeneous area and sample locations.

MRS. Phillips
PORTABLE CLASSROOM

HOMOGENEOUS AREA D

SCALE 1" = 20'

VYNL ASBESTOS FLOOR TILE

LEA: Chester County
LEA NO.: 120
Date: 9/30/88
Identify limits of homogeneous area and sample locations.

[Diagram of a rectangular area labeled "Homogeneous Area" with dimensions marked:
- 300" width
- 240" height
- Scale 1" = 20']

LEA: Chester County         LEA NO.: 120
Date: 9/30/88
In areas 1, 2, 3 and 4, there is assumed asphalt floor tile. This is a hard surface which releases fibers only when cut, drilled, sawed, broken or sanded. 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 fiber 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.
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 Vacumm. 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 of Asbestos In Buildings - Guidance for Service and Maintenance Personnel. Each maintenance man will also receive 14 additional hours of training:

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

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

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

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

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

(continued)
4. Location of training
5. Number of hours completed

B. Initial Cleaning
1. Name of each person performing the cleaning
2. Date of cleaning
3. Location
4. Method used

C. O and M Activities
1. Name of person performing the activity
2. Start and completion dates
3. Location
4. Description of activity

D. For Small Scale Fiber Release
1. Date and location of episode
2. Method of repair
3. Name of person performing the work

E. For large scale fiber release the school will be closed and a contractor certified to do the work will be called in.
1. Name and signature of the contractor
2. State of accreditation
3. Accreditation number
4. Start and completion dates
5. Location of activity
6. Description of activity
7. If ACM is removed, name and location of storage or disposal sites
March 21-23, 1988
Atlanta, Georgia
Education Extension Services
Georgia Tech
Conducted by

Inspecting Buildings for Asbestos

has successfully completed

Gene E. Cain

This is to certify that

Georgia Institute of Technology
Gene E. Cain
The Georgia Institute of Technology
March 25, 1988

Certificate Number:

418

Date:

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"

Excellence Administrator
Exam Administrator
Course Director
March 24-25, 1988
Atlanta, Georgia
Education Extension Services
Georgia Tech
Conducted by
Managing Asbestos in Buildings
has successfully completed
gene E. Cain
This is to certify that
Georgia Institute of Technology
QUALITATIVE RESPIRATOR FIT TEST

Name: GENE E. CAIN
Social Security No.: 415-111-5134
Respirator Type: NORTH 7050

By: R. Schmitt Date: 3/22/18

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

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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 women's 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

Location of Training: Chester County Junior High Captian

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

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


ATTENDEES:

NAME (Print) 

Jail Rose
Alindo Ray Clement
P. C. Burress
J. R. Oliver
J. R. Horns
Floyd King

JOE TITLE

Janitor - Crescent
Janitor - East Chester
Janitor - West Chester
Janitor - North Chester
Custodian - East
Custodian - West
Custodian - Jr. High School
Custodian - 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

TAHERA 11.0(8/88) Page 197 of 209
EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Jr. High Cafeteria

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

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


ATTENDEES:

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnny Hayes</td>
<td>Janitor High School</td>
</tr>
<tr>
<td>Marion L. Devins</td>
<td>Janitor Jr. High School</td>
</tr>
<tr>
<td>Dolly Williams</td>
<td>Merry Jr. High School</td>
</tr>
<tr>
<td>Kathy Swiney Hayes</td>
<td>School Superintendent</td>
</tr>
</tbody>
</table>

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

LEA Designated Person: Gene Cain

Signature:

______________________________________

LEA: Chester County LEA NO.: 120

Date: 9/30/88
EMPLOYEE TRAINING FORM

Location of Training: Chester County 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:

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimmy Witty</td>
<td></td>
</tr>
<tr>
<td>Lloyd H. King</td>
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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: Gene Cain

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

TAHEA 11.0(8/88)

Page 199 of 209
Location of Training: Chester County Courthouse

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Respirators for asbestos and fitting.

ATTENDEES:

NAME (Print)          JOB TITLE

[Signatures]

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County    LEA NO.: 120

Date: 9/30/88
Employee Training Form

Location of Training: Chester County Courthouse

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: HEPA vacuum cleaner for asbestos cleanup.

Attendees:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

* 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
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.

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwyer Loth</td>
<td>Merit</td>
</tr>
<tr>
<td>Lloyd H. King</td>
<td>11</td>
</tr>
</tbody>
</table>

* 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

TAHERA 11.0(6/88)  Page 202 of 209
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

* 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

TAHERA 11.0(8/88)
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
   2. Glenda Kay Climer
   3. R.C. Burross
   4. J.R. Edgar
   5. W.T. Hepsmith
   6. Thomas Maness
   7. Isiah Ross
   8. William Spencer
   9. Johnny Hayes
   10. Marian C. Davis

   Training date for all above: 9/21/88

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

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

**Signature:**

**Date:** 9/30/88
1. **Locations cleaned:**
   All of the floors in the building.

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

3. **Names of persons performing cleaning and training dates:**
   1. Gail Ross
   2. Glenda Kay Climer
   3. R.C. Burross
   4. J.R. Edgar
   5. W.T. Hepsmith
   6. Thomas Maness
   7. Isiah Ross
   8. William Spencer
   9. Johnny Hayes
   10. Marian C. Davis
   
   Training date for all above: 9/21/88

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

5. **LEA Designated Person:** Gene Cain.
   
   **Signature:**
   
   **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
   2. Glenda Kay Climer
   3. R.C. Burross
   4. J.R. Edgar
   5. W.T. Hepsmith
   6. Thomas Maness
   7. Isiah Ross
   8. William Spencer
   9. Johnny Hayes
   10. Marian C. Davis

   Training date for all above: 9/21/88

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

5. **LEA Designated Person:** Gene Cair
   
   Signature: [Signature]
   
   Date: 9/30/88

---

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

TAHERA 13.0(8/88)  
Page 206 of 209
1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: ____________________________

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

   Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain
   Signature: [Signature]
   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
   2. Glenda Kay Climer
   3. R.C. Burross
   4. J.R. Edgar
   5. W.T. Hepsmith
   6. Thomas Maness
   7. Isiah Ross
   8. William Spencer
   9. Johnny Hayes
   10. Marian C. Davis

   Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain
   Signature: [signature]
   Date: 9/30/88
MEMO

TO: Principals
FROM: Kathy Coatney Mays
SUBJECT: Asbestos Plan
DATE: January 7, 1991

The attached copy should be put with your asbestos management plan for reference. These surveillance reports must be completed every six months.

Thank you for your attention to this matter.

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

<table>
<thead>
<tr>
<th>HA No.</th>
<th>Description of ACBM</th>
<th>Area Inspected</th>
<th>Change in Condition (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
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<tr>
<td>3</td>
<td>Vinyl Asbestos Tile</td>
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<tr>
<td>4</td>
<td>Vinyl Asbestos Tile</td>
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<tr>
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<td>Vinyl Asbestos Tile</td>
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<tr>
<td>7</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

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

Date of Surveillance: 12-27-90

Surveillance Inspector’s Signature: [Signature]

Surveillance Inspector’s Name: Gene Cain

AHERA Accreditation Number/Date (If applicable): 455 - 3/27/90

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

LEA Designated Person Signature: [Signature]

Dated: 12-27-90

LEA: Chester County  LEA NO.: 120  Date: 12-27-90

TAHERA 9.0(8/88)
1. Fill out every six (6) months and Insert in Appendix of Management Plan

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</thead>
<tbody>
<tr>
<td>9</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

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

**Date of Surveillance:** 12-27-90

**Surveillance Inspector's Signature:** [Signature]

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

**AHERA Accreditation Number/Date (If applicable):** 455 - 3/27/90

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

**LEA Designated Person Signature:** [Signature]

**Dated:** 12-27-90

---

**LEA:** Chester County  
**LEA NO.:** 120  
**Date:** 12-27-90

TAHERA 9.0(8/88)
MEMO

TO: Principals
FROM: Kathy Coatney Mays
SUBJECT: Asbestos
DATE: October 23, 1990

Attached you will find Managing Asbestos In Place, A Building Owner's Guide to Operations and Maintenance Programs for Asbestos-Containing Materials.

Please place this in your asbestos file for future reference and for monitoring by the E.P.A.


KCM:ke
Mr. Bill Cobb  
State of Tennessee  
Department of Finance and Administration  
Division of Facilities Management  
Suite 206, John Sevier Building  
Nashville, Tennessee  

Dear Mr. Cobb:  

Please find enclosed Chester County School System's progress report:  

I. Inspection and periodic surveillance has been conducted.  

II. Workers and building occupants, or their legal guardians, are informed at least once each school year of response actions and presence of asbestos.  

III. All custodial employees have had at least two hours of awareness training.  

IV. All schools were cleaned by the wet method after inspection.  

V. All maintenance employees have had sixteen hours of training.  

VI. All maintenance employees have a medical check up each year.  

VII. All pipe and boiler insulation has been restored to its original condition.  

VIII. Signs have been placed in all boiler rooms as needed.  

IX. Short term workers who may come in contact with asbestos in a school are being informed of its presence.  

X. The local representative has completed approved training courses in inspection, management planning, and supervision of abatement.  

XI. All small scale disturbances have been reported to the state.  

Sincerely,  

Kathy Coatney Mays, Superintendent  
Chester County Schools  

KCM:cb
MEMO

TO: Principals
FROM: Kathy Coatney Mays
SUBJECT: Asbestos Inspection
DATE: January 4, 1990

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

KCM:cb
1. Fill out every six (6) months and Insert in Appendix of Management Plan

<table>
<thead>
<tr>
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<td>6</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

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

Date of Surveillance: 12/13/89

Surveillance Inspector's* Signature: [Signature]

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: [Signature]

Dated: 12/20/89

---

LEA: Chester County        LEA NO.: 120
Date: 12/20/89
1. Fill out every six (6) months and insert in Appendix of Management Plan

<table>
<thead>
<tr>
<th>HA No.</th>
<th>Description of ACBM</th>
<th>Area Inspected</th>
<th>Change in Condition (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Vinyl Asbestos Tile</td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

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

Date of Surveillance: 12/13/89

Surveillance Inspector's* Signature: [Signature]

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: [Signature]

Dated: 12/20/89

LEA: Chester County

LEA NO.: 120

Date: 12/20/89

TAHERA 9.0(8/88)
PERIODIC SURVEILLANCE REPORT  
SCHOOL YEAR: 1992-93

---

No. #1 [X] (1st six months) Date 12-30-92

No. #2 [ ] (2nd six months) Date

---

SCHOOL BUILDING NAME East 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.)

<table>
<thead>
<tr>
<th>HA No</th>
<th>Description of ACBM</th>
<th>Area Inspected</th>
<th>Change in Condition (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>Floor Tile</td>
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<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Floor Tile</td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

Surveillance Inspector's* Signature:  

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
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. L. B. Wright
Field Instructor

Melanie M. Wright
Director of Programs
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

Certificate Number
431-53-1229

Examination Date
MAY 20, 1998

Course Date
MAY 20, 1998

Expiration Date
MAY 20, 1999

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

431-53-1729
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
CERTIFICATION OF COMPLETION

this certifies that

Eddie Miller

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

Asbestos Building Inspector/Management Planner Annual Refresher Training Course

May 18th, 2000 in Memphis, Tennessee

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

BIMPR431-53-1229 Certificate Number
May 18th, 2000 Examination Date
May 18th, 2001 Expiration Date

David B. Wright Classroom Instructor
Melanie M. Wright, Course Administrator
Certificate # 7ME01187306MPR004

This is to certify that

**Eddie Miller**

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

**AHERA Asbestos Management Planner Recertification Course**

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

CM =

Instructor

President

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

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

Certificate Number

January 23, 2002

Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date

Environmental Technologies
F. O. Box 21245
Little Rock, AR 72221
(501) 425-9585
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
AHERA YEARLY PROGRESS REPORT PACKAGE

DEPARTMENT OF FINANCE AND ADMINISTRATION
CAPITAL PROJECTS MANAGEMENT
ENVIRONMENTAL PROGRAMS
ANNUAL PROGRESS REPORT
INSTRUCTION GUIDE

This packet contains the forms necessary to complete the AHERA Annual Progress Report. This packet should be completed every year and SUBMITTED BY JULY 9 to:

STATE OF TENNESSEE
Capital Projects Management
Environmental Programs Section
Suite 500, 511 Union Street
Nashville, TN 37243-0300

Attention: George G. Brummett, Jr.

This packet was developed to help Local Education Agencies (LEAs) to meet the requirements of record keeping as outlined in AHERA. THE LEA Designated Person may complete this packet. AN AHERA accredited inspector or Management Planner does not have to complete this packet.

**AT A MINIMUM**, completed copies of the following forms should be submitted to the State, the original documents must be kept with your Management Plan.

1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)
2. Checklist for Yearly Progress Report (TAHERA 1.1)
3. Assurances Form (TAHERA 3.0)
4. Dated Annual Written Notification
5. Periodic Surveillance Report Form (TAHERA 9.0)
6. Annual Progress Report (TAHERA 15.0)

Additional forms may also need to be submitted. Please review the Checklist For Yearly Progress Reports (TAHERA 1.1) in order to determine the need for additional forms. The list below indicates the additional forms that have been included for your use if needed.

1. School Building List (TAHERA 5.0)
2. School Information/Certification Form (TAHERA 6.1A)
3. Abatement Action (TAHERA 10.0)
4. Employee Training Form (TAHERA 11.0)
5. Operations and Maintenance Activity (TAHERA 12.0)
6. Cleaning Record (TAHERA 13.0)
7. Fiber Release Episode (TAHERA 14.0)
TRANSMITTAL SHEET/AHERA SUBMITTALS

LEA System Name: Chester County
LEA # 120

Address:
P O Box 327
Henderson TN 38340

County:

LEA Designated Person: Gene Cajin
Telephone: 901-424-6428

Date: May 24, 1995

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

<table>
<thead>
<tr>
<th>ORIGINAL SUBMISSION</th>
<th>CORRECTION/DEFICIENCY SUBMISSION</th>
<th>TYPE OF DOCUMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MANAGEMENT PLAN</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>YEARLY PROGRESS REPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REINSPECTION</td>
</tr>
</tbody>
</table>

Other (please explain)
A Progress Report must be completed and incorporated into your Management Plan yearly to assure compliance with the mandates of AHERA. This checklist and attached forms will assist you in meeting these record keeping requirements.

<table>
<thead>
<tr>
<th>Attached</th>
<th>Not Applicable</th>
<th>Will be sent by Management Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>1. Transmittal Sheet/AHERA Submittals (TAHERA 1.0)</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>2. Checklist for Yearly Progress Reports (TAHERA 1.1)</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>3. Assurances (TAHERA 3.0)</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>4. Periodic Surveillance Report (TAHERA 9.0)</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>5. Annual Progress Report (TAHERA 15.0)</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>6. Notice to the parents, teachers, and employees stating where the Management Plan is located.</td>
</tr>
</tbody>
</table>

**ADDITIONAL FORMS THAT MAY BE REQUIRED TO BE FILED WITH THE STATE**

*(Please indicate whether any of these forms are necessary for your LEA).*

<table>
<thead>
<tr>
<th>Attached</th>
<th>Not Applicable</th>
<th>Will be sent by Management Planner</th>
</tr>
</thead>
</table>
| X        |                | 1. Revised School Building List (TAHERA 5.0)  
This form must include all new school buildings or additions. |
| X        |                | 2. School Information/Certification Form (TAHERA 6.1A)  
This form must be completed for all buildings and additions completed during the last year. Attach letter(s) from Architect, Engineer, or accredited Inspector if: |
<p>|          |                | a. If an existing building is acquired after 10/12/88, and is intended to be used as a new school or as a part of an existing school, an AHERA inspection Management Plan shall be conducted PRIOR to the use of the building as a school building. PLEASE NOTE THAT THE MANAGEMENT PLAN MUST BE SUBMITTED TO THIS OFFICE PRIOR TO USE OF THE BUILDING AS A SCHOOL FACILITY. |</p>
<table>
<thead>
<tr>
<th>Attached</th>
<th>Not Applicable</th>
<th>Will be sent by Management Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. If a new building is constructed after 10/12/88, and is intended to be used as a school, an AHERA inspection Management Plan shall be conducted PRIOR to the use of the building as a school building. The inspection and assessment of the building materials may be waived if an Architect, Project Engineer responsible for the construction of the building, or an accredited inspector signs a statement that (1) no ACBM was specified as a building material in any construction document for the building or (2) to the best of his/her knowledge, no ACBM was used as a building material in the building. If such a statement is obtained, the LEA shall submit a copy of the signed statement to EPA Regional Office and shall include the statement in the Management Plan for the school.

X

8. Abatement Action (TAHERA 1.0)
This form must be completed for any removal, enclosure, encapsulation or repair greater than 3 square or linear feet. Please attach a copy of the air monitoring report.

X

4. Employee Training Form (TAHERA 11.0)
This form must be completed for any new custodial and maintenance employees. Training must be completed within sixty days (60) days of commencement of employment.

X

5. Operations and Maintenance Activity (TAHERA 12.0)
This form must be completed for any removal, enclosure, encapsulation or repair less than 3 square or linear feet.

X

6. Cleaning Record (TAHERA 13.0)
This form must be completed for any initial or additional cleaning as recommended by your Management Planner. Initial cleaning must be conducted for all schools containing friable asbestos.

X

7. Fiber Release Episode Form (TAHERA 14.0)
This form must be completed for the falling or dislodging of asbestos-containing materials in any quantity.

--

Chester County

LEA System Name: ___________________ LEA NO: 120

DATE: May 24, 1995

TAHERA 1.1 (4/98)
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, 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, reinspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other State rules and requirements.

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

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

4. All short term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of asbestos-containing 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 Paragraph 763.93(g).

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'S NAME (please print): Gene Cain

LEA DESIGNATED PERSON'S SIGNATURE: [Signature]

SUPERINTENDENT'S NAME (please print): Dr. Kathy Coatney Mays

SUPERINTENDENT'S SIGNATURE: [Signature]

LEA System Name: Chester County

LEA NO: 120

DATE: May 24, 1995

AHERA 8.0(4/93)
PERIODIC SURVEILLANCE REPORT

SCHOOL NAME: Jack's Creek Elementary
BUILDING NAME: Main Building
SCHOOL YEAR: 94 - 95

(Fill this form out every six (6) months for each school building; attach to your Yearly Progress Report and submit a copy to the State. The original of this document must be kept with your Management Plan.)

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACM</th>
<th>AREA INSPECTED</th>
<th>1st six months DATE</th>
<th>2nd six months DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor Tile</td>
<td>ALL</td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>2</td>
<td>Floor Tile</td>
<td>ALL</td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>3</td>
<td>Floor Tile</td>
<td>ALL</td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>4</td>
<td>Floor Tile</td>
<td>ALL</td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td></td>
<td>Ceiling Tile</td>
<td>ALL</td>
<td>Good</td>
<td>N/C</td>
</tr>
</tbody>
</table>

Surveillance Inspector's Name (please print): Gene Cain

Surveillance Inspector's Signature: [Signature]
(Surveillance Inspector is not required to be AHERA certified.)

AHERA Accreditation Number/Date (if applicable): Georgia Tech - 1839 - 2/7/95

LEA System Name: Chester County
LEA NO: 120
DATE: May 24, 1995
## Annual Progress Report

**SCHOOL NAME:** Jack's Creek Elementary  
**BUILDING NAME:** Main  
**SCHOOL YEAR:** 94 - 95

### Summary of Response Actions

<table>
<thead>
<tr>
<th>LEGEND</th>
<th>Material Description</th>
<th>1 Floor Tile</th>
<th>2 Floor Tile</th>
<th>3 Floor Tile</th>
<th>4 Floor Tile</th>
<th>Ceiling Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Institute Preventative Measures</td>
<td>X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>O &amp; M</td>
<td>X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Repair</td>
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<tr>
<td>D</td>
<td>Encapsulate</td>
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<tr>
<td>E</td>
<td>Enclose</td>
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</tr>
<tr>
<td>F</td>
<td>Remove</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G</td>
<td>Isolate</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>H</td>
<td>Other (Explain)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**LEA Selected Response Action (See Legend):**

**CHECK ONE**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Response Action Completed?**

- **Yes**
- **No**

**Response Action in Progress?**

- **Yes**
- **No**

**Management Plan Schedule Comparison**

- **On Schedule**
- **Ahead of Schedule**
- **Behind Schedule**

**Inspector's Name (please print):** Gene Cain  
**Inspector's Signature:**

**LEA System Name:** Chester County  
**LEA No:** 120  
**DATE:** May 24, 1995
August 10, 1994

Tennessee Department of Finance & Administration  
Capital Projects Management Division  
Suite 500, Nashville City Center  
511 Union Street  
Nashville, Tennessee 37245-0300

Dear Sir:

This is to verify that the Chester County School System has duplicated the attached asbestos letters and disseminated to all students, parents, personnel, and Parent-Teacher Organization officers. These were distributed on August 10, 1994.

Sincerely,

Kathy Coatney Mays, Superintendent  
Chester County Schools

KCM:cb

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning non-friable asbestos at the Jacks Creek 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.
OCCUPANT INFORMATION RECORD

DOCUMENT NUMBER: ___________ DATE: ___________

RECEIPT ACKNOWLEDGING THAT I HAVE BEEN INFORMED OF THE PRESENCE OF ASBESTO-CONTAINING BUILDING MATERIALS IN:

<table>
<thead>
<tr>
<th>Building Number and Name</th>
<th>Building Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>General Delivery</td>
</tr>
<tr>
<td>0025</td>
<td>Jacks Creek, TN 38347</td>
</tr>
<tr>
<td>Jacks Creek Elementary School</td>
<td></td>
</tr>
</tbody>
</table>

I FURTHER ACKNOWLEDGE THAT THE INFORMATION PROVIDED TO ME INCLUDED THE FOLLOWING:

1) THE LOCATIONS OF ASBESTO-CONTAINING MATERIALS TO WHICH I MIGHT HAVE ACCESS IN THE NORMAL COURSE OF MY PRESENCE IN THE BUILDING.

2) THE HAZARDS TO HEALTH PRESENTED BY ASBESTOS.

3) APPROPRIATE BEHAVIOR IN THE PRESENCE OF ASBESTO-CONTAINING MATERIALS WHICH WILL PREVENT OR REDUCE THE POTENTIAL HAZARD.

4) NOTIFICATION PROCEDURES WHICH I MUST FOLLOW IN THE EVENT I OBSERVE A POSSIBLE CHANGE IN THE CONDITION OF ANY OF THE ASBESTOS-CONTAINING MATERIALS.

5) SAFETY PROCEDURES WHICH I AM TO FOLLOW IN THE EVENT OF AN EMERGENCY WHICH MIGHT INVOLVE THE ASBESTOS-CONTAINING MATERIALS.

MY REASON FOR BEING IN THE BUILDING IS:

______________________________________________________________________________

My Signature In acknowledgment of the above.

______________________________________________________________________________

Please Print Your Name

______________________________________________________________________________

Employer Name, Address and Phone Number
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:

Areas A, B, C, D - Floor tile in the halls, classrooms, library, office, two portable classrooms, two landings from the stage, cafeteria and kitchen.
USE THIS FORM TO DOCUMENT TRAINING OF CUSTODIAL AND MAINTENANCE EMPLOYEES. PROVIDE ONE FORM FOR EVERY SCHOOL.

Asbestos awareness

Subject Matter Covered:

Date: May 8, 1995

Period of Instruction: ______________________ Hrs.

Instructor (Print Name): Kathy Coatney Mays

ATTENDEES:

NAME (Print) | JOB TITLE
---|---
See Attached List | *

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

LEA Designated Person:

Signature: [Signature]

LEA System Name: Chester County

LEA NO.: 120

Date: May 24, 1995

TAHERA11.0(3/91)

Page 1 of 1
I have this date, December 14, 1994 participated in an awareness training session for asbestos awareness.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy Kopp</td>
<td>CC H S</td>
</tr>
<tr>
<td>Brandon Lucas</td>
<td>West HS</td>
</tr>
<tr>
<td>J. C. Burress</td>
<td>CC H S</td>
</tr>
<tr>
<td>M. Davis</td>
<td>CC H S</td>
</tr>
<tr>
<td>Komen Schindlbeck</td>
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<tr>
<td>Gordon Stanoo</td>
<td>North</td>
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<td>Tony Arthur</td>
<td>Voc</td>
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<td>C. C. H S</td>
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<td>William Spence</td>
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</tr>
<tr>
<td>William Hyndall</td>
<td>East</td>
</tr>
<tr>
<td>Dianne Hyndall</td>
<td>East</td>
</tr>
<tr>
<td>Dale Ross</td>
<td>J. C. School</td>
</tr>
</tbody>
</table>
May 12, 1994

This is to certify that I participated in safety training with Michael Young on May 12, 1994. This included safety procedures, wearing back braces, right-to-know, blood borne pathogens, asbestos, danger, etc. Michael caused proper lifting procedures also.

Kathy Cantey (May)  

Superintendent Office  
C.C. H.S.  
High School  
Jacobs Creek

1. Willard Spence  
2. Johnny Hayes  
3. Harold Ross  
4. Terry Jarman  
5. R.E. Burress  
6. Patrick String  
7. Dianne Haynes  
8. William Haynes  
9. Kenie Schindelbeck  
10. Marion O'Daniel

West Chester  
North Chester  
East Chester  
EAST  
CCJHS  
CCJHS
January Meeting
May 8, 1995

The following participated in training on May 8, 1995, at Chester County Junior High School on handwashing procedures, Hepatitis B and A guidelines, the follow.

right-to-know and resistant procedures:

1. Kathy Goodwin May
2. Wilma Outlaw
3. Deanne Hofsmith
4. Nettie J. Strang
5. Gay Ross
6. Johnny Hayes
7. William Greene
8. Tommy Rippin
9. Marion C. Davis
10. Dr. C. Greenaway
11. ...
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 8/14/98

LEA SYSTEM NAME: Chester County Board of Education

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.

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<td>OTHER (Please Explain)</td>
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*AHERA 1.0 (12/93)*
**LEA NAME:** Chester County Schools  
**SCHOOL BUILDING NAME:** Jack's Creek Elementary  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** 7-09-89  
**BUILDING #:** Main Building  
**INSPECTION DATE:** 8-03-98

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<td>1512 sq. ft.</td>
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**TSI SURFACING**
- **MISCELLANEOUS CHECK ONE**
  - Assumed ACM
  - Confirmed ACM
  - Non-ACM

**EXPOSURE CONSIDERATION**
- **TO 24 WOKE**
  - Deterioration
  - Physical damage
  - Water damage
  - Activity/vibration
  - Exposure

**ACCESSIBILITY**
- Length of exposure
- 1 hour/week
- 5 hour/week
- 40 hour/week
- Exposure population
- Maintenance
- Custodial
- Faculty/staff
- Public

**ASSESSMENT**
- (Mark from 1 to 7)
- 5 5 5 5 5 5 5

**RESPONSE ACTIONS**
- (Mark from A to H)

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

**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 ACM was tested, attach THERA 52, THERA 63, THERA 65, and THERA 68.*
- *If current is different from last 5 year, attach revised THERA 64 and THERA 65.*

**Eddie Miller**  
**INSPECTOR (Typed name)**  
**SIGNATURE**

**Eddie Miller**  
**MANAGEMENT PLANNER**  
**SIGNATURE**

**TAHERA 16.0 (12/93)**

**ACCREDITATION #/STATE**

**431531229 / TN**
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<td>Ceiling Tile</td>
<td>Ceiling Tile</td>
<td>Ceiling Tile</td>
<td>Ceiling Tile</td>
</tr>
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**CHECK ONE**

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

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

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

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

Eddie Miller
INSPECTOR (Typed name)
SIGNATURE

Eddie Miller
MANAGEMENT PLANNER
SIGNATURE

431531229 / TN
ACCREDITATION #/STATE

431531229 / TN
ACCREDITATION #/STATE

TAHERA 16.0 (12/93)
PAGE 1 OF 1
# PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 791  
**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**SCHOOL #:** MAIN

**BUILDING NAME:** JACK'S CREEK 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.

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<th>HA #</th>
<th>DESCRIPTION OF ACBM</th>
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<th>ACBM CONDITION</th>
<th>ACBM CONDITION</th>
<th>DATE REMOVED</th>
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<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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<td>CEILING TILE</td>
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*IF NO CHANGE IN CONDITION WRITE N/C

**SURVEILLANCE INSPECTOR’S NAME (please print):** EDDIE MILLER  
**SURVEILLANCE INSPECTOR’S SIGNATURE:**

(Surveillance Inspector is not required to be AHERA certified)

**AHERA Accreditation Number/Date (if applicable):** ENVIRONMENTAL TECHNOLOGIES #431531229 - 5/20/98-99  
**TAHERA 9.0 (12/93):**
## ANNUAL PROGRESS REPORT

**SCHOOL NAME:** Jack's Creek 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)

### LEA SELECTED RESPONSE ACTION

(See Legend)

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<tr>
<td>G</td>
<td></td>
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</table>

### RESPONSE ACTION COMPLETED?

- **YES**
- **NO**

### RESPONSE ACTION IN PROGRESS?

- **YES**
- **NO**

### MANAGEMENT PLAN SCHEDULE COMPARISON

- **On Schedule**
- **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
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
LEA #: 120
SCHOOL NAME: JACK'S CREEK ELEMENTARY
SCHOOL #: MAIN
BUILDING NAME: JACK'S CREEK 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.

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*IF NO CHANGE IN CONDITION WRITE N/C

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

(Surveillance Inspector is not required to be AHERA certified)

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

TAHERA 9.0 (12/93)
2000
Yearly Progress Report
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 120

**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**SCHOOL #:** MAIN

**BUILDING NAME:** JACK'S CREEK 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.

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

**SURVEILLANCE INSPECTOR'S SIGNATURE:** [Signature]

(Surveillance Inspector is not required to be AHERA certified)

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

**TAHERA 9.0 (12/93)**
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.

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TAHERA 1.0 (12/93)
## PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 120  
**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**SCHOOL #:** MAIN  
**BUILDING NAME:** JACK'S CREEK 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.

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*IF NO CHANGE IN CONDITION WRITE N/C

**SURVEILLANCE INSPECTOR'S NAME** (please print): CHESTER ERVIN  
**SURVEILLANCE INSPECTOR'S SIGNATURE:** [Signature]  
(Surveillance Inspector is not required to be AHERA certified  
**AHERA Accreditation Number/Date (if applicable):** SEE TAHERA FORM 2.0 ATTACHMENTS  
**TAHERA 9.0 (12/93):**
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

ADDRESS:

Henderson, TN 38340

LEA #: 120

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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AHERA 1.0 (12/93)
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 120  
**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**SCHOOL #:** MAIN  
**BUILDING NAME:** JACK'S CREEK 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.

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<td>DATE FALL:</td>
<td>DATE SPRING:</td>
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<td>9-22-99</td>
<td>3-31-00</td>
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1. FLOOR TILE  
   - AREA INSPECTED: ALL  
   - ACBM CONDITION*: GOOD  
   - DATE REMOVED: N/C  

2. FLOOR TILE  
   - AREA INSPECTED: ALL  
   - ACBM CONDITION*: GOOD  
   - DATE REMOVED: N/C  

3. FLOOR TILE  
   - AREA INSPECTED: ALL  
   - ACBM CONDITION*: GOOD  
   - DATE REMOVED: N/C  

4. FLOOR TILE  
   - AREA INSPECTED: ALL  
   - ACBM CONDITION*: GOOD  
   - DATE REMOVED: N/C  

CEILING TILE  
   - AREA INSPECTED: ALL  
   - ACBM CONDITION*: GOOD  
   - DATE REMOVED: N/C

*IF NO CHANGE IN CONDITION WRITE N/C

**SURVEILLANCE INSPECTOR’S NAME** (please print): CHESTER ERVIN  
**SURVEILLANCE INSPECTOR’S SIGNATURE:**  
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): SEE TAHERA FORM 2.0 ATTACHMENTS  
TAHERA 9.0 (12/93)
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.

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<th>ORIGINAL SUBMISSION</th>
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<th>TYPE OF DOCUMENT</th>
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<td>YEARLY PROGRESS REPORT</td>
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<td>THREE YEAR REINSPECTION  - 2001</td>
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<td>OTHER (Please Explain)</td>
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THERA A.0 (12/93)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY
SCHOOL #: MAIN

BUILDING NAME: JACK'S CREEK 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

<table>
<thead>
<tr>
<th>HA #</th>
<th>DESCRIPTION OF ACB</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>1</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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<td></td>
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<td>4</td>
<td>FLOOR TILE</td>
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<td>GOOD</td>
<td>N/C</td>
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</tr>
<tr>
<td></td>
<td>CEILING TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

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

(Surveillance Inspector is not required to be AHERA certified

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

TAHERA 9.0 (12/93)
**STATE OF TENNESSEE**

**AHERA TRANSMITTAL/SUBMITTAL FORM**

**DATE:** September 25, 2003

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

**ADDRESS:**

Henderson, TN  38340

**LEA #:** 120

**DESIGNATED PERSON:** John Pipkin

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

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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (12/93)
### PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 120  
**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**SCHOOL #:** MAIN  
**BUILDING NAME:** JACK'S CREEK 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.

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<tr>
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<th>AREA INSPECTED</th>
<th>1ST SIX MONTHS ACBM CONDITION*</th>
<th>2ND SIX MONTHS ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<td></td>
<td>CEILING TILE</td>
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<td>GOOD</td>
<td>N/C</td>
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</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

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

**SURVEILLANCE INSPECTOR'S SIGNATURE:**

(Surveillance Inspector is not required to be AHERA certified)

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

**TAHERA 9.0 (12/93):**
**THREE YEAR REINSPECTION**

**LEA NAME:** CHESTER COUNTY SCHOOLS

**SCHOOL BLDG. NAME:** JACK'S CREEK ELEMENTARY

**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** 7/9/1989

**BUILDING #:** MAIN BUILDING

**INSPECTION DATE:** 8/13/2003

<table>
<thead>
<tr>
<th>HA 01</th>
<th>HA 02</th>
<th>HA 03</th>
<th>HA 04</th>
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<td>42</td>
<td>959</td>
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<tr>
<td>MATERIAL DESCRIPTION</td>
<td>FLOOR TILE</td>
<td>FLOOR TILE</td>
<td>FLOOR TILE</td>
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<tr>
<td>T, S or M</td>
<td>M</td>
<td>M</td>
<td>M</td>
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<tr>
<td>LAST 3 YEAR</td>
<td>CURRENT</td>
<td>LAST 3 YEAR</td>
<td>CURRENT</td>
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<tr>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

**Check One**

- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

**Check One**

- NON-FRIABLE
- FRIABLE

**Exposure Consideration**

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYS. DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY / VIBR.</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

**Length of Exposure**

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

**Exposure Population**

- MAINTENANCE
- CUSTODIAL
- FACULTY / STAFF
- PUBLIC

**Assessment**

- 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 ACM

**Response Actions Legend**

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

**Notes**

*If previously assumed ACBM was tested, attach TAHERA 2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0.
*If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5.

**CHESTER ERVIN**

**INSPECTOR (Typed Name)**

**EDDIE MILLER**

**MANAGEMENT PLANNER**

**TAHERA 16.0 (12/93)**

**SIGNED**

**ACCREDITATION #: STATE**

431531229 / TN

**ACCREDITATION #: STATE**
| LEA NAME: | CHESTER COUNTY SCHOOLS |
| SCHOOL BLDG. NAME: | JACK'S CREEK ELEMENTARY |
| LEA #: | 120 |
| BUILDING #: | PORTABLES |
| DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: | 7/9/89 |
| INSPECTION DATE: | 8/13/2003 |

### THRUOUTH

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<th>CURRENT QUANTITY</th>
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<td>15,000</td>
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### LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
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<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

### MATERIAL TYPE

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

### NON-FRIABLE

- **Check One**
  - X
  - X

### FRIABLE

- **Check One**
  - DETERIORATION
  - 1
  - PHYS. DAMAGE
  - 1
  - WATER DAMAGE
  - 1
  - ACTIVITY / VIBR.
  - 3
  - EXPOSURE
  - 3
  - ACCESSIBILITY
  - 5

### Length of Exposure

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

### Exposure Population

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

### Assessment

- 5
- 5

### Response Actions Legend

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

### Assessment Legend

1. Damaged/ significantly damaged TSI
2. Damaged friable surfacing ACBM
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6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACM

### Notes

"If previously assumed ACBM was tested, attach THERA-1.2, THERA-1.3, THERA-1.4 and THERA-1.5.

**"Current" is different from "last 3 year," attach revised THERA-1.4 and THERA-1.5."
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

ADDRESS:

Henderson, TN 38340

LEA #: 120

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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YEARLY PROGRESS REPORT - 2003

THREE YEAR REINSPECTION

OTHER (Please Explain)

TAHERA 1.0 (12/93)
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**SCHOOL NAME:** JACK'S CREEK ELEMENTARY  
**BUILDING NAME:** JACK'S CREEK ELEMENTARY  
**LEA #:** 120  
**SCHOOL #:** MAIN  
**INSTRUCTIONS:** AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management.

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*IF NO CHANGE IN CONDITION WRITE N/C*

**SURVEILLANCE INSPECTOR'S NAME (please print):** CHESTER ERVIN  
**SURVEILLANCE INSPECTOR'S SIGNATURE:** [Signature]  
(Surveillance Inspector is not required to be AHERA certified)  
**AHERA Accreditation Number/Date (if applicable):** SEE TAHERA FORM 2.0 ATTACHMENTS  
**TAHERA 9.0 (12/93):**
Ashley -
Resolutions Inc.
(Asbestos Inspection)

May 30?

615-865-8813

615-848-4140 Fax
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS       LEA #: 120
SCHOOL NAME: JACK'S CREEK ELEMENTARY      SCHOOL #: MAIN
BUILDING NAME: JACK'S CREEK 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.

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TAHERA 9.0 (12/93)
STATE OF TENNESSEE  
AHERA TRANSMITTAL/SUBMITTAL FORM  

DATE:  

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  

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<td>YEARLY PROGRESS REPORT</td>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
### THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120

**School Building Name:** Jacks Creek Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 6/6/07

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<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**CHECK ONE**

- TSI
- SURFACING
- MISCELLANEOUS

**CHECK ONE**

- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

**CHECK ONE**

- NON-FRIABLE
- FRIABLE

**EXPOSURE CONSIDERATION**

1 TO 5 (5 WORST)

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

**LENGTH OF EXPOSURE**

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

**EXPOSURE POPULATION**

- MAINTENANCE
- CUSTODIAL
- FACULTY/STAFF
- PUBLIC

**ASSESSMENT**

(MARK FROM 1 TO 7)

**RESPONSE ACTIONS**

(MARK FROM A TO H)

<table>
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<tr>
<th>RESPONSE ACTIONS</th>
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<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>
</tbody>
</table>

**NOTES**

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

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

---

**Jim Brooks**  
INSPECTOR (Typed Name)

**Ashlie Rawlings**  
MANAGEMENT PLANNER
# THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 6/6/07

<table>
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**CHECK ONE**  
**TSI**  
**SURFACING**  
**MISCELLANEOUS**  

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<th>ASSUMED ACBM</th>
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<th>NON-ACBM</th>
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**EXPOSURE CONSIDERATION**  
**1 TO 5 (5 WORST)**  
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<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
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**LENGTH OF EXPOSURE**  
**EXPOSURE POPULATION**  
**MAINTENANCE**  
**CUSTODIAL**  
**FACULTY/STAFF**  
**PUBLIC**  
**ASSESSMENT**  
**MARK FROM 1 TO 7**  
**RESPONSE ACTIONS**  
**MARK FROM A TO H**

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

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

---

Jim Brooks  
*INSPECTOR (Typed Name)*  
*SIGNATURE*

Ashlie Rawlings  
*MANAGEMENT PLANNER*  
*SIGNATURE*

**ACCREDITATION #/STATE**

**7ME020050701AIO00007/TN**

**7ME021600701AMPR004/TN**
Certificate # 7ME02050701A00007

This is to certify that

Jim Brooks

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

AHERA Asbestos Inspector Training

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

Instructor
Ronald Francis

President
Thomas Bradford Mayhew

Accreditation Expires: 2/7/08

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382
META
Mayhew Environmental Training Associates
INcorporated
Certificate # 7ME02160701AMPR004

This is to certify that

L Ashlie Rawlings

has on 02/16/2007, in Nashville, TN
completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646

AHERA Asbestos Management Planner Refresher Course

as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)
on 02/16/2007 - 02/16/2007 and passed the associated examination on 02/16/2007
with a score of 70% or better
CM = 0.50 Pts.

Instructor
Ronald Francis

President
Thomas Bradford Mayhew

Accreditation Expires: 2/16/08

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382
RESOLUTION, INCORPORATED
1101-A Darbytown Drive
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

TERRY MOODY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009
Expiration Date: July 28, 2010

Ron Francis – Training Manager
RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

MIKE TIGNOR

Has successfully completed the course entitled
CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Expiration Date: July 28, 2010

Training Date: July 28, 2009

Certifies That

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

Certifies That

DANA MEeks

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

Ron Francis - Training Manager
RESOLUTION, INCORPORATED
1101-A Darbytown Drive
Nashville, TN. 37207
(615) 865-8813

Certifies That

KIM ROBBINS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

Ron Francis – Training Manager
RESOLUTION, INCORPORATED
1101-A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

Certifies That

DARLENE HESTER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

Ron Francis – Training Manager
RESOLUTION, INCORPORATED
1101 A DARBYTOWN DRIVE
NASHVILLE, T.N. 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

DEMETRIUS LOCKETT

Has successfully completed the course entitled
CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Expiration Date: July 28, 2010

Training Date: July 28, 2009

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

Certifies That  

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

TERESA CONNER

Certifies That

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

YVONNE CROSS

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

Expiry Date: July 28, 2010

Training Date: July 28, 2009

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

Certifies That

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
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 DABYTOWN 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
PERRY FRYE

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Conducted at 930 East Main St.,
Henderson, TN 38340

Expiration Date: January 20, 2011

Training Date: January 20, 2010

Identification Number: OS8CA44A100479

Stephanie Perry - Instructor

Ron Francis - Training Manager

101 A Darytown Drive
Nashville, TN 37207

Resolution, Incorporated
(615) 865-8813
Henderson, TN 38340
Conducted At: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

JAMES CARSON

Certifies That

(615) 865-8813
Nashville, TN 37207
101-A DARTFOWN DRIVE

RESOLUTION, INCORPORATED

Identification Number: OSHA44A1001T78
Class IV Asbestos 2 Hour Awareness Training

Has successfully completed the course entitled

Clarence Ross

Certifies That

Resolution Incorporated

Resolution Incorporated

Identification Number: OSHA4444444444

Henderson, TN 38340

Conducted At: 930 East Main St.

Expiration Date: January 20, 2011

Training Manager

Ron Franks – Training Manager

Expiration Date: January 20, 2010

Stephanie Perry – Instructor

Signature

Signature
Safeschools Training

Monday, November 11, 2013

Vennie Reeves

Chester County School System

Asbestos Awareness (K-12 Full 2 Hour)

Training Coordinator's Signature: [Signature]

Has completed a training program requiring 2 hours.
Carissa Miller has completed a training program requiring 2 hours on Monday, November 11, 2013.

Asbestos Awareness (K-12 Full 2 Hour)

Chester County School System

Employees Initials: [Signature]
Monday, November 11, 2013

Marilyn Amos

has completed

a training program requiring 2 hours

Asbestos Awareness (K-12 Full 2 Hour)

Employees Initials:

Training Coordinator's Signature:

wshen@kccps.k12.md.us 800-909-3441

Certificate of Completion

Chester County School System
Monday, November 11, 2013

on

a training program requiring 2 hours

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Laura Poe

Chester County School System

Certificate of Completion
Employees Initials:

Training Coordinator's Signature:

Monday, November 11, 2013

on

2 Hours Training Program Requiring:

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Shane Burkeens

Chester County School System

Certificate of Completion
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

<table>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>YEARLY PROGRESS REPORT</td>
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TAHERA 1.0 (2/97)
**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: JACKS CREEK ELEMENTARY

BUILDING NAME: MAIN

LEA NO: 120

SCHOOL NO.: 120-0025

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.

<table>
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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date (Fall)</th>
<th>2nd six months Date (Spring)</th>
<th>DATE REMOVED</th>
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<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td>2</td>
<td>Floor tile</td>
<td>All</td>
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<tr>
<td>3</td>
<td>Floor tile</td>
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<td>Good</td>
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<tr>
<td>4</td>
<td>Floor tile</td>
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<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

SURVEILLANCE INSPECTOR’S SIGNATURE: [Signature]

(Surveillance Inspector is not required to be AHERA certified)

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

†AHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: MARCH 2010

LEA SYSTEM NAME: Chester County Schools

ADDRESS: PO Box 327, Henderson, Tennessee 38340

LEA#: 120

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**

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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
### THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120

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

**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** 1988  
**INCEPTION DATE:** 03/16/2010

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<tr>
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**MATERIAL DESCRIPTION**
- Floor Tile
- Floor Tile
- Floor Tile
- Floor Tile

<table>
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<th>LAST 3 YEAR</th>
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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**CHECK ONE**
- TSI SURFACING
- MISCELLANEOUS

**ASSUMED ACBM**
- CONFIRMED ACBM
- NON-ACBM

**CHECK ONE**
- NON-FRIABLE
- FRIABLE

**EXPOSURE CONSIDERATION**
- 1 TO 5 (6 WORST)
- DETERIORATION
- PHYSICAL DAMAGE
- WATER DAMAGE
- ACTIVITY/VIBRATION
- EXPOSURE
- ACCESSIBILITY

**LENGTH OF EXPOSURE**
- (CHECK ONE)
- 1 HOUR/WEK
- 5 HOUR/WEK
- 10 HOUR/WEK
- 20 HOUR/WEK
- 40 HOUR/WEK

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

**ASSESSMENT**
- (MARK FROM 1 TO 7)
- **RESPONSE ACTIONS**
- (MARK FROM A TO H)

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

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

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

**SIGNED BY**
- **INSPECTOR (Typed Name):**
- **SIGNATURE:**
- **AS RPR0910310/IN**
- **ACCREDITATION #/STATE:**

**MANAGEMENT PLANNER**
- **SIGNATURE:**
- **ASBMPR1002145/IN**
- **ACCREDITATION #/STATE:**
# THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120  
**School Building Name:** Jacks Creek Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** 1988  
**INSPECTION DATE:** 03/16/2010

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
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<tr>
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<th>CURRENT QUANTITY</th>
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<table>
<thead>
<tr>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>2x4 Ceiling Tile</td>
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**CHECK ONE**

<table>
<thead>
<tr>
<th>TSI</th>
<th>SURFACING</th>
<th>MISCELLANEOUS</th>
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<tbody>
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<table>
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<tr>
<th>CHECK ONE</th>
<th>ASSUMED ACBM</th>
<th>CONFIRMED ACBM</th>
<th>NON-ACBM</th>
<th>NON-FRIABLE</th>
<th>FRIABLE</th>
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<tr>
<td></td>
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**EXPOSURE CONSIDERATION**

1. TO 5 (5 WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
</tr>
</tbody>
</table>

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**LENGTH OF EXPOSURE (CHECK ONE)**

<table>
<thead>
<tr>
<th>1 HOUR/WEEK</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
<th>40 HOUR/WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**EXPOSURE POPULATION (CHECK ALL APPLICABLE)**

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

---

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

| 7 | 7 |

---

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

| 8 | 8 |

---

**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 assessed ACBM was tested, attach TAIERA 6.2, TAIERA 6.3, TAIERA 6.9 and TAIERA 8.0*  
*If “current” is different from “last 3 year”, attach revised TAIERA 6.4 and TAIERA 6.5*

---

**STEPHANIE PETTY**  
**SIGNATURE**

**STEVE CHAMBLISS**  
**SIGNATURE**

---

**TAHERA 16.0 (2/97)**
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  

<table>
<thead>
<tr>
<th>ORIGINAL SUBMISSION</th>
<th>CORRECTION/DEFICIENCY SUBMISSION</th>
<th>TYPE OF DOCUMENT</th>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<tr>
<td>X</td>
<td></td>
<td>YEARLY PROGRESS REPORT</td>
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<tr>
<td></td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
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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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st Six months Date (Fall)</th>
<th>2nd Six months Date 5/18/11 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile 1800 sf</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>2</td>
<td>Floor tile 212 sf</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>4</td>
<td>12 x 12 green &amp; light green Floor tile marbled 3066 sf</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>5</td>
<td>Floor tile 5124 sf</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td>7</td>
<td>Floor tile 164 sf</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td></td>
<td>Ceiling tile</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
<tr>
<td></td>
<td>Transite panels</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR’S NAME (please print): Ken West
SURVEILLANCE INSPECTOR’S SIGNATURE: Ken West
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): AHERA 9 (2/2007)
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.

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<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5A</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7A</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td></td>
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<tr>
<td>7B</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9A</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9B</td>
<td>Boiler wrap Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9C</td>
<td>H2O Tank Insulation</td>
<td>N/A</td>
<td>N/A</td>
<td>Tank removed in ’99</td>
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<td></td>
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<tr>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10A</td>
<td>Boiler Jacket</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td></td>
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<tr>
<td>10B</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):
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.

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<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10C</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Floor tile</td>
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<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13A</td>
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<td>N/C</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td>13B</td>
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<td>N/C</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td></td>
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</table>

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IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
SCHOOL NAME: EAST CHESTER ELEMENTARY
BUILDING NAME: MAIN

LEA NO: 120
SCHOOL NO: 120-0015

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.

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<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
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<td>N/C</td>
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<td>6</td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

IF NO CHANGE IN CONDITION WRITE N/C

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

AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE  LEA NO: 120

SCHOOL NAME: 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.

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<th>1st six months Date (Fall)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<td>Good</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>6</td>
<td>2X4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
</tr>
</tbody>
</table>

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

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY
SCHOOL NO: 120-0025

BUILDING NAME: MAIN

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

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

IF NO CHANGE IN CONDITION WRITE N/C

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

AHERA Accreditation Number/Date (if applicable): ________________

TAHERA 9.0 (2/97)
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.

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<th>Area Inspected</th>
<th>1st six months Date</th>
<th>2nd six months Date</th>
<th>Date Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Fall)</td>
<td>(Spring)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
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<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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<td>7</td>
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<td>8</td>
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<td>N/C</td>
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<tr>
<td>8</td>
<td>2x4 Ceiling Tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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</tbody>
</table>

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

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): TAHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 11/2/11

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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>YEARLY PROGRESS REPORT</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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</tbody>
</table>

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

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

AHERA 9.0 (2/97)
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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>X</td>
<td></td>
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<td>THREE YEAR REINSPECTION</td>
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<td></td>
<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<td></td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
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SURVEILLANCE INSPECTOR’S NAME (please print): Ken West

SURVEILLANCE INSPECTOR’S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 12/04/12

LEA SYSTEM NAME: Chester County Schools

ADDRESS: PO Box 327, Henderson, Tennessee 38340

LEA#: 120

DESIGNATED PERSON: Mr. Ken West

PHONE: 731-989-5134

---

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>SIX MONTH PROGRESS REPORT</td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY
SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 12/03/2012 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
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</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
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</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling tile</td>
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<td>Good</td>
<td>N/C</td>
<td>Good</td>
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</table>

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

SURVEILLANCE INSPECTOR’S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 4-11-13

LEA SYSTEM NAME: Chester County Schools  LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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<th>ORIGINAL SUBMISSION</th>
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<td>MANAGEMENT PLAN</td>
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<td></td>
<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<tr>
<td>X</td>
<td></td>
<td>YEARLY PROGRESS REPORT/ SIX MONTH</td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
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</table>

TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME:  CHESTER COUNTY BOE  LEA NO:  120

SCHOOL NAME:  JACKS CREEK ELEMENTARY  SCHOOL NO:  120-0025

BUILDING NAME:  MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date (Fall)</th>
<th>2nd six months Date: 4-9-13 (Spring)</th>
<th>DATE REMOVED</th>
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<tr>
<td>1</td>
<td>Floor tile</td>
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<td>N/C</td>
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<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
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<td>N/C</td>
<td></td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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):  AHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 10-15-13

LEA SYSTEM NAME: Chester County Schools
LEA#: 120

ADDRESS: 970 East Main St. Henderson, TN 38340

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

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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
LEA #: 120

School Building Name: Chester County Middle School
Building #: Main
INSPECTION DATE: 10/15/13

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

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<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
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<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
</tr>
</tbody>
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MATERIAL DESCRIPTION

| Floor Tile | Floor Tile | Floor Tile | Floor Tile |

CHECK ONE:

TSI SURFACING

MISCELLANEOUS

CHECK ONE:

ASSUMED ACBM

CONFIRMED ACBM

NON-ACBM

CHECK ONE:

NON-FRAME

FRABLE

EXPOSURE CONSIDERATION

1 TO 5 (1 WORST)

DETERIORATION

PHYSICAL DAMAGE

WATER DAMAGE

ACTIVITY/VIBRATION

EXPOSURE

ACCESSIBILITY

LENGTH OF EXPOSURE

(CHECK ONE)

1 HOUR

WEEK

5 HOUR

WEEK

10 HOUR

WEEK

20 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 F)

ASSESSMENT LEGEND

1. Damaged or significantly damaged TSI
2. Damaged or significantly damaged ACBM
3. Significantly damaged friable surfacing material
4. Damaged or significantly damaged friable 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 preventive measures
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

NOTES

*Previously assumed ACBM can be removed per TAHERA #2, TAHERA #5, TAHERA #6, TAHERA #8
**If current is directed from last year, 25% directed TAHERA #6, 25% TAHERA #8
25% TAHERA #8

Stephanie Petty
INSPECTOR ( Typed Name )

Stephanie Petty
MANAGEMENT PLANNER

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

A-MP-47891-26076/TN
ACCREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
School Building Name: Chester County Middle School
LEA #: 120
Building #: Main
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:
INSPECTION DATE: 10/15/13

<table>
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<th>HA NUMBER</th>
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<td>Floor Tile</td>
<td>Pipe Insulation</td>
<td>Floor Tile</td>
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CHECK ONE

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<tr>
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<th>SURFACING</th>
<th>MISCELLANEOUS</th>
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CHECK ONE

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<tr>
<th>ASSUMED ACBM</th>
<th>CONFIRMED ACBM</th>
<th>NON-ACBM</th>
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CHECK ONE

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<th>NON-FRIABLE</th>
<th>FRIABLE</th>
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EXPOSURE CONSIDERATION

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<tr>
<th>1 TO 5 (6 WORST)</th>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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LENGTH OF EXPOSURE

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EXPOSURE POPULATION

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<th>(CHECK ALL APPLICABLE)</th>
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<td>MAINTENANCE</td>
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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 |

ASSESSMENT LEGEND

1. Damaged/Significantly damaged TSI
2. Damaged/frail surface AcBM
3. Significantly damaged/before surfacing material
4. Damaged/Significantly damaged/fragile/mixed AcBM
5. AcBM with potential for damage
6. AcBM with potential for significant damage
7. Any remaining friable AcBM or suspect AcBM

NOTEs

*All significant AcBM was treated, so no AHERA 6.2, 10/15/13, TAHERAS 63

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
MANAGEMENT PLANNER

A-MP-47891-216076/TN
ACREDITATION #/STATE

A-MP-47891-216076/TN
ACREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
LEA #: 120

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

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 10/15/13

INVESTIGATION DATE:

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<td>Pipe Insulation</td>
<td>Boiler wrap Insulation</td>
<td>H2O Tank Insulation</td>
<td>2x4 Ceiling Tile</td>
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CHECK ONE

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<thead>
<tr>
<th>TSI SURFACING MISCELLANEOUS</th>
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<td>LAST 3 YEAR</td>
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ASSUMED ACBHM CONFIRMED ACBHM NON-ACBHM

CHECK ONE

<table>
<thead>
<tr>
<th>NON-FRIABLE FRIABLE</th>
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<tbody>
<tr>
<td>LAST 3 YEAR</td>
</tr>
<tr>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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LENGTH OF EXPOSURE

(CHECK ONE)

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<th>1 HOUR/WEK</th>
<th>5 HOUR/WEK</th>
<th>10 HOUR/WEK</th>
<th>20 HOUR/WEK</th>
<th>40 HOUR/WEK</th>
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EXPOSURE/POPULATION

(CHECK ALL APPLICABLE)

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<tr>
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<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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<tr>
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ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 7 | 7 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B | B | B | B | B |

ASSESSMENT LEGEND

1. Damaged significantly damaged: TSI
2. Damaged in need of surfacing: ACBM
3. Significantly damaged/felible surfacing material
4. Damaged/significantly damaged, fireable 2x4 ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remains friable ACBM or suspect ACBM

RESPONSE ACTIONS LEGEND

A. Insulate, Preventive measures
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Isolate
H. Other

NOTES

If previously assited through MRRAS, mark THERA-63, THERA-63, THERA-69

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
MANAGEMENT PLANNER

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

A-MP-47891-26076/TN
ACCREDITATION #/STATE
# THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**School Building Name:** Chester County Middle  
**LEA #:** 120  
**Building #:** Cafè  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** INSPECTION DATE: 10/15/13

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**CURRENT QUANTITY**

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<td>2x4 Ceiling Tile</td>
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**LAST 3 YEAR CURRENT**

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**CHECK ONE**

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**NON-FRIABLE**

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**EXPOSURE CONSIDERATION**

1. TO 5 (5 WORST)

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<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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**LENGTH OF EXPOSURE**

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**ASSESSMENT**

(MARK FROM 1 TO 7)

<table>
<thead>
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<th>RESPONSE ACTIONS</th>
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<td>5 5 7 7</td>
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**RESPONSE ACTIONS LEGEND**

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

**NOTES**

**Stephanie Petty**  
**INSPECTOR (Typed Name)**

**Stephanie Petty**  
**MANAGEMENT PLANNER**

**A-MP-47891-26076/TN**  
**ACCRREDITATION #/STATE**

**TAHERA 16.0 (2/97)**

**Signature**

**Stephanie Petty**

**A-MP-47891-26076/TN**  
**ACCRREDITATION #/STATE**
## THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120

**School Building Name:** Chester County Middle School  
**Building #:** AGRI

**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**

**INSPECTION DATE:** 10/15/13

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<tr>
<td>10C</td>
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**MATERIAL DESCRIPTION**

- Boiler Jacket
- Pipe Insulation
- Floor Tile
- 2x4 Ceiling Tile

### CHECK ONE

- **TSI SURFACING**
- **MISCELLANEOUS**

**CHECK ONE**

- **ASSUMED ACBM**
- **CONFIRMED ACBM**
- **NON-ACBM**

**CHECK ONE**

- **NON-FRIABLE**
- **FRIABLE**

### EXPOSURE CONSIDERATION

**1 TO 3 (WORST)**

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

**LENGTH OF EXPOSURE**

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

**EXPOSURE POPULATION**

- **MAINTENANCE**
- **CUSTODIAL**
- **FACULTY/STAFF**
- **PUBLIC**

**ASSESSMENT**

**(MARK FROM 1 TO 7)**

**RESPONSE ACTIONS**

**(MARK FROM A TO H)**

### ASSESSMENT LEGEND

1. Damaged/Significantly damaged TSI
2. Damaged/Significantly damaged ACBM
3. Significantly damaged/Unprotected TSI
4. Damaged/Significantly damaged/Unprotected 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. Instruct preventative measures
B. O & M Program
C. Repair
D. Encapsulate
E. Enclosure
F. Remove
G. Other

### NOTES

- 10/15/13: If previously assumed ACBM was tested, status was TAHERA 6.2, TAHERA 6.3, TAHERA 6.4.
- 10/15/13: If previously assumed ACBM was tested, status was TAHERA 6.2, TAHERA 6.3, TAHERA 6.4.
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
School Building Name: Chester County Middle

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:  

LEA #: 120
Building #: Buisness

INSPCTION DATE: 10/15/13

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<tr>
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<tr>
<td>2x4 Ceiling Tile</td>
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<tr>
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<tbody>
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<th>EXPOSURE CONSIDERATION</th>
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<td>1 TO 5 (5 WORST)</td>
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<td>DETERIORATION</td>
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<td>WATER DAMAGE</td>
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<tr>
<td>1 HOUR WEEK</td>
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<tr>
<td>10 HOUR WEEK</td>
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<td>40 HOUR WEEK</td>
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<th>EXPOSURE POPULATION (CHECK ALL APPLICABLE)</th>
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<tbody>
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<td>CUSTODIAL</td>
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<th>RESPONSE ACTIONS</th>
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<tbody>
<tr>
<td>(MARK FROM A TO H)</td>
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ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged/frangible surfacing ACBM
3. Significantly damaged/frangible surfacing material
4. Damaged/significantly damaged/frangible/miscellaneous ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining frangible 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 at TAHERA 3, TAHERA 69, and TAHERA 80*
**If currently different from last 3 year assessment TAHERA 69, and TAHERA 80*

Stephanie Petty
INSPECTOR (Typed Name)  

Stephanie Petty
MANAGEMENT PLANNER  

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

TAHERA 16.0 (2/97)
### THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**School Building Name:** Chester County Middle  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13  
**LEA #:** 120

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<td>2x4 Ceiling Tile</td>
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**EXPOSURE CONSIDERATION**

- **1 TO 5 (5 WORST):**
  - Deterioration
  - Physical Damage
  - Water Damage
  - Activity/Vibration
  - Exposure
  - Accessibility
  - Length of Exposure
    - 1 Hour Week
    - 5 Hour Week
    - 10 Hour Week
    - 20 Hour Week
    - 40 Hour Week

**EXPOSURE POPULATION**

- **Maintainance:**
- **Custodial:**
- **Faculty/Staff:**
- **Public:**

**ASSESSMENT**

- **Response Actions**
  - (Mark from 1 to 7)

<table>
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<tr>
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<th>A</th>
<th>B</th>
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<td>1. Damaged or nearly damaged TSI</td>
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<td>3. Significantly damaged friable surfacing material</td>
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<td>4. Damaged or nearly damaged friable surfacing material</td>
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<tr>
<td>5. ACBM with potential for damage</td>
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<td>6. ACM with potential for significant damage</td>
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<td>7. Any remaining friable ACBM or suspect ACBM</td>
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**ASSESSMENT LEGEND**

- A: Institute preventative measures
- B: O&M Program
- C: Repairs
- D: Encapsulation
- E: Enclosure
- F: Removal
- G: Iolite
- H: Other

**NOTES**

- ACM at this site that may have been acclimated for the past 5 years as required by TAHERA 6.2 and TAHERA 6.3

---

**Stephanie Petty**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #:STATE**

**Stephanie Petty**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #:STATE**

---

**TAHERA 16.0 (2/97)**
## THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120  
**School Building Name:** East Chester Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13

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### ASSESSMENT LEGEND

1. Damaged or nearly damaged TSI  
2. Damaged or nearly damaged ACBM  
3. Significantly damaged or nearly damaged ACBM  
4. Damaged significantly damaged ACBM  
5. ACBM with potential for damage  
6. ACBM with potential for significant damage  
7. Any remaining ACBM of 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 assessed ACBM was tested during TAHERA 53, TAHERA 63, TAHERA 69, and TAHERA 79.

*Assessment is different from last year, but not revised TAHERA 69 and TAHERA 79.

**Stephanie Petty**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**

**Stephanie Petty**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**
## THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**School Building Name:** East Chester Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INPECTION DATE:** 10/15/13

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### CHECK ONE

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<tr>
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### EXPOSURE CONSIDERATION

1 TO 6 (1 WORST)

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### LENGTH OF EXPOSURE

(CHECK ONE)

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### EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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### ASSESSMENT

(MARK FROM 1 TO 7)

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### RESPONSE ACTIONS

(MARK FROM A TO H)

| A | B | B | B | B | B | B | B |

### ASSESSMENT LEGEND

1. Damaged significantly damaged TSI  
2. Damaged fragile surfacing ACBM  
3. Significantly damaged fragile surfacing material  
4. Damaged significantly damaged fragile misc. ACBM  
5. ACBM with potential for damage  
6. Any remaining ACBM of suspect ACBM

### RESPONSE ACTIONS LEGEND

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

### NOTES

*For previously assessed ACBM was tested under TAHERA 67. TAHERA 51, TAHERA 67 and TAHERA 69.*

**If current as different from last year, attach revised TAHERA 51 and TAHERA 69.

---

**Stephanie Petty**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**

**Stephanie Petty**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  
**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**
## THREE YEAR RE INSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120  
**School Building Name:** East Chester Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13

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**HEAT CHECK ONE**

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**EXPOSURE CONSIDERATION**  
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**LENGTH OF EXPOSURE**  
(CHECK ONE)

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<tr>
<th>1 HOUR</th>
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**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

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

| 5 | 5 | 7 | 7 |

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

| B | B | B | B |

### ASSESSMENT LEGEND

1. Damage - significantly damaged TSI  
2. Damage - in the surface ACBM  
3. Significantly damaged immediate surface material  
4. (3) hard damage significantly damaged made of 100% ACBM  
5. ACBM with potential for damage  
6. ACBM with potential for significant damage  
7. Any remaining non-ACBM or suspect ACBM

### RESPONSE ACTIONS LEGEND

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

**NOTES**

*Previously桑桑 ACBM was tested with THERA 6.2, THERA 6.3, THERA 6.4, and THERA 6.5.
*Materials differ from those tested and revised in THERA 6.4 and THERA 6.5.

**Stephanie Petty**  
(INSPECTOR (Typed Name))  
**SIGNATURE**

**Stephanie Petty**  
(MANAGEMENT PLANNER)  
**SIGNATURE**

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

**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**
# THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE

**School Building Name:** Jacks Creek Elementary

**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**

**BUILDING #:** Main

**INVESTIGATION DATE:** 10/15/13

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**CHECK ONE**

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**EXPOSURE CONSIDERATION**

1. TO 6 (EXCEPT)
   - DETERIORATION
   - PHYSICAL DAMAGE
   - WATER DAMAGE
   - ACTIVITY/VIBRATION
   - EXPOSURE
   - ACCESSIBILITY

**LENGTH OF EXPOSURE**

1. HOUR WEEK
2. 5 HOURS WEEK
3. 10 HOURS WEEK
4. 20 HOURS WEEK
5. 40 HOURS WEEK

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<th>EXPOSURE POPULATION</th>
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**ASSESSMENT**

(MARK FROM 1 TO 7)

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**RESPONSE ACTIONS**

(MARK FROM A TO E)

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**ASSESSMENT LEGEND**

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

**NOTES**

*The previously assumed ACBM was tested at CHERA 69, TAHERA 69, and TAHERA 69.*

**Stephanie Petty**

INSPECTOR (Typed Name)

**Stephanie Petty**

MANAGEMENT PLANNER

**A-MP-47891-26076/TN**

ACREDITATION #/STATE

**TAHERA 16.0 (297)**
### THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**School Building Name:** Jacks Creek Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13

#### HA NUMBER

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#### LENGTH OF EXPOSURE

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#### EXPOSURE POPULATION

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

**RESPONSE ACTIONS LEGEND**

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

#### NOTES

* A-MP-47891-26076/TN  
** A-MP-47891-26076/TN

**Stephanie Petty**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  

**Stephanie Petty**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  

TAHERA 16.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
LEA #: 120

School Building Name: North Chester Elementary
Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 10/15/13

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CHECK ONE

TSI SURFACING MISCELLANEOUS

CHECK ONE

ASSUMED ACBM CONFERMED ACBM NON-ACBM

CHECK ONE

NON-FRIABLE FRIABLE

EXPOSURE CONSIDERATION

1 TO 3 (WORST)

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

LENGTH OF EXPOSURE

1 HOUR/WEK |
5 HOUR/WEK |
10 HOUR/WEK |
20 HOUR/WEK |
40 HOUR/WEK |

EXPOSURE POPULATION

(Check all applicable)

MAINTENANCE |
CUSTODIAL |
FACULTY/STAFF |
PUBLIC |

ASSESSMENT

(MARK FROM 1 TO 7)

**RESPONSE ACTIONS**

(MARK FROM 1 TO 10)

ASSESSMENT LEGEND

1. Damaged; significantly damaged TSI
2. Damaged; significantly damage ACBM
3. Significantly damaged surface material
4. Damaged; significantly damaged; mis-ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining XGACM, or suspected ACBM

RESPONSE ACTIONS LEGEND

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

NOTES

* Previously Assumed ACBM was tested, except: TAHERA 6.2, TAHERA 6.3, TAHERA 6.5 and TAHERA 6.6
* If current is different from test year, attach revised TAHERA 6.4 and TAHERA 6.5

Stephanie Petty
INSPECTOR (Typed Name)

Stephanie Petty
MANAGEMENT PLANNER

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

TAHERA 16.0 (297)
## THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120

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

**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13

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### MATERIAL DESCRIPTION
- **Floor Tile**
- **Ceiling Tile**

### CHECK ONE

#### TSI SURFACING
- **MISCELLANEOUS**

#### CHECK ONE

- **ASSUMED ACBM**
- **CONFIRMED ACBM**
- **NON-ACBM**

#### CHECK ONE

- **NON-FRIABLE**
- **FRIABLE**

### EXPOSURE CONSIDERATION

1. **DETERIORATION**
2. **PHYSICAL DAMAGE**
3. **WATER DAMAGE**
4. **ACTIVITY/VIBRATION**
5. **EXPOSURE**
6. **ACCESSIBILITY**

### LENGTH OF EXPOSURE

1. **1 HOUR WEEK**
2. **5 HOUR WEEK**
3. **10 HOUR WEEK**
4. **20 HOUR WEEK**
5. **40 HOUR WEEK**

### EXPOSURE POPULATION

- **MAINTENANCE**
- **CUSTODIAL**
- **FACULTY/STAFF**
- **PUBLIC**

### ASSESSMENT (MARK FROM 1 TO 7)

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

### ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged/frail surface ACBM
3. Significantly damaged frail surface material
4. Damaged/significantly damaged frail surface ACBM
5. ACBM with potential for significant damage
6. Any remaining frail ACBM on tested ACBM

### RESPONSE ACTIONS LEGEND

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

**NOTES**

*Newly imposed ACBM was tested using TAHERA 60/6, TAHERA 60, and TAHERA 60.

**If current is different from last year, please redo TAHERA 60 and TAHERA 60.*

---

**Stephanie Petty**  
**INSPECTOR (Typed Name)**

**Stephanie Petty**  
**MANAGEMENT PLANNER**

**Signature**  
**Signature**

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

TAHERA 16.0 (297)
# 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

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**EXPOSURE CONSIDERATION**

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**LENGTH OF EXPOSURE**

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**EXPOSURE POPULATION**

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**ASSESSMENT**

(MARK FROM 1 TO 7)

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**RESPONSE ACTIONS**

(MARK FROM A TO H)

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**RESPONSE ACTIONS LEGEND**

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

**NOTES**

1. Previously assessed ACBM was tested for TAHERA 4.2, TAHERA 4.3, TAHERA 4.9, and TAHERA 5.0.
2. If current is different from "last year", please refer to TAHERA 6.4 or TAHERA 6.7.

---

Stephanie Petty  
INSPECTOR (Typed Name)  
**SIGNATURE**  
A-MP-47891-26076/TN  
ACCREDITATION #/STATE

Stephanie Petty  
MANAGEMENT PLANNER  
**SIGNATURE**  
A-MP-47891-26076/TN  
ACCREDITATION #/STATE
## THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**School Building Name:** West Chester Elementary  
**LEA #:** 120  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:** 10/15/13

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### MATERIAL DESCRIPTION
- **Floor Tile**
- **2x4 Ceiling Tile**
- **Miscellaneous**

### CHECK ONE
- **TSI SURFACING**
- **MISCELLANEOUS**

### ASSUMED ACM:
- **ACBM CONFORED**
- **NON-ACBM**

### NON-FRIABLE:
- **FRIABLE**

### EXPOSURE CONSIDERATION:
- **1 TO 8**
  - **DETERIORATION**
    - **PHYSICAL DAMAGE**
    - **WATER DAMAGE**
    - **ACTIVITY/VIBRATION**
    - **EXPOSURE**
    - **ACCESSIBILITY**

### LENGTH OF EXPOSURE:
- **1 HOUR/WEEK**
- **5 HOUR/WEEK**
- **10 HOUR/WEEK**
- **20 HOUR/WEEK**
- **40 HOUR/WEEK**

### EXPOSURE POPULATION:
- **MAINTENANCE**
- **CUSTODIAL**
- **FACULTY/STAFF**
- **PUBLIC**

### ASSESSMENT:
- **ASSESSMENT** (MARK FROM 1 TO 7)
  - **RESPONSE ACTIONS** (MARK FROM A TO H)

### ASSESSMENT LEGEND:
- **A** Institute preventative measures
- **B** O&M Program
- **C** Repair
- **D** Encapsulate
- **E** Enclosure
- **F** Remove
- **G** Isolate
- **H** Other

### RESPONSE ACTIONS LEGEND:

**NOTES**

**Stephanie Petty**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  
**ACCRREDITATION #/STATE**  
**A-MP-47891-26076/TN**

**Stephanie Petty**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  
**ACCRREDITATION #/STATE**  
**A-MP-47891-26076/TN**

**TAHERA 16.0 (2/97)**
**STATE OF TENNESSEE**  
**AHERA TRANSMITTAL/SUBMITTAL FORM**  

**DATE:** 10-15-13

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

**ADDRESS:** 970 East Main St. Henderson, TN 38340

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

---

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

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TAHERA 1.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE  LEA #: 120

School Building Name: Jacks Creek Elementary  

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: INSPECTION DATE: 10/15/13

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MATERIAL DESCRIPTION
Floor Tile  Floor Tile  Floor Tile  Floor Tile

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CHECK ONE

TSI
SURFACING
MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

CHECK ONE

NON-FRIABLE
FRIABLE

EXPOSURE CONSIDERATION

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

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)
MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

ASSESSMENT
(MARK FROM 1 TO 7)

RESPONSE ACTIONS
(MARK FROM A TO F)

ASSESSMENT LEGEND

1. Damaged/definitely damaged TSI
2. Damaged/friable surface by ACBM
3. Significantly damaged friable surfracing material
4. Damaged/definitely damaged non-friable ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

NOTES
*A previous ACBM was tested in TAHERA 62, TAHERA 63, TAHERA 62 and TAHERA 63.
*If a new ACBM is different from that year, attach notes TAHERA 64 and TAHERA 65.

Stephanieetty
INSPECTOR (Typed Name)

Stephanieetty
MANAGEMENT PLANNER

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

Stephanieetty
SIGNATURE

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

TAHERA 16.0 (2/97)
### THREE YEAR REINSPECTION

**LEA NAME:** Chester County BOE  
**LEA #:** 120  
**School Building Name:** Jacks Creek Elementary  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** INSPECTION DATE: 10/15/13

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**MATERIAL DESCRIPTION:** 2x4 Ceiling Tile

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**CHECK ONE:**

- ASSUMED ACBM CONFIRMED ACBM NON-ACBM
- NON-FRIABLE FRIABLE

**EXPOSURE CONSIDERATION:**

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**LENGTH OF EXPOSURE (CHECK ONE):**

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

**EXPOSURE POPULATION (CHECK ALL APPLICABLE):**

- MAINTENANCE
- CUSTODIAL
- FACULTY/STAFF
- PUBLIC

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

| 7 | 7 |

**RESPONSE ACTIONS (MARK FROM A TO I):**

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

**ASSESSMENT LEGEND:**

1. Damage to recently damaged TSI
2. Damage to friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damage to recently damaged friable misf ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

**NOTES:**

- TSI or ACBM was tested using TAHERA A2, TAHERA A3, TAHERA A29, TAHERA A30
- If current is different from last year, please revise TAHERA A53

**Signature:**

- Stephanie Petty
  - INSPECTOR (Typed Name)
  - SIGNATURE

- Stephanie Petty
  - MANAGEMENT PLANNER
  - SIGNATURE

**ACCREDITATION #:STATE:**

- A-MP-47891-26076/TN
- A-MP-47891-26076/TN
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

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<tr>
<td></td>
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<td>MANAGEMENT PLAN</td>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
</tr>
<tr>
<td>X</td>
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<td>SIX MONTH PROGRESS REPORT</td>
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<tr>
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<td>THREE YEAR REINSPECTION</td>
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<tr>
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<td></td>
<td>OTHER (Please Explain)</td>
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</table>

TAHERA 1.0 (2/97)
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO:** 120  
**SCHOOL NAME:** JACKS CREEK ELEMENTARY  
**SCHOOL NO:** 025  
**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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 10-15-14 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date 5-6-14 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

**SURVEILLANCE INSPECTOR’S NAME (please print):** Ken West  
**SURVEILLANCE INSPECTOR’S SIGNATURE:**  
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):  
TAHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 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

<table>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

SCHOOL NO.: 120-0025

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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st Six Months</th>
<th>2nd Six Months</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West

(AHERA Accreditation Number/Date (if applicable): AHERA 9.0 (2/97)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE  LEA NO: 120
SCHOOL NAME: JACKS CREEK ELEMENTARY  SCHOOL NO: 120-0025
BUILDING NAME: MAIN

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

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<tr>
<th>HA#</th>
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<tbody>
<tr>
<td>1</td>
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<td>All</td>
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<td></td>
</tr>
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SURVEILLANCE INSPECTOR'S NAME (please print): Ken West

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

AHERA Accreditation Number/Date (if applicable): AHERA 9.0 (2/97)
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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO.:** 120  
**SCHOOL NAME:** JACKS CREEK ELEMENTARY  
**SCHOOL NO.:** 120-0025  
**BUILDING NAME:** MAIN

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

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<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

**SURVEILLANCE INSPECTOR’S NAME** (please print): Britt Eads

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

**AHERA Accreditation Number/Date (if applicable):**

**TAHERA 9.0 (2/97)**
February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

[Signature]

Christopher R. Johnson, PG
Manager

Attch: 2016 AHERA Three Year Reinspection Report
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: February 24, 2016

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: 970 East Main Street, Henderson, TN 38340

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

---

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

<table>
<thead>
<tr>
<th>ORIGINAL SUBMISSION</th>
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<tr>
<td></td>
<td></td>
<td>ASBESTOS FREE MANAGEMENT PLAN</td>
</tr>
<tr>
<td></td>
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<td>YEARLY PROGRESS REPORT</td>
</tr>
<tr>
<td>X</td>
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<td>THREE YEAR REINSPECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER (Please Explain)</td>
</tr>
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TAHERA 1.0 (2/97)
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 Kizer II

SUPERINTENDENT SIGNATURE: 

DATE: 3/3/16

TAHERA 3.0 (2/97)
# 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

<table>
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<tr>
<th>HA NUMBER 1</th>
<th>HA NUMBER 2</th>
<th>HA NUMBER 3</th>
<th>HA NUMBER 4</th>
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<tr>
<td>CURRENT QUANTITY 150 SF</td>
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<td>CURRENT QUANTITY 70 SF</td>
<td>CURRENT QUANTITY 2900</td>
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<td>MATERIAL DESCRIPTION Floor Tile</td>
<td>MATERIAL DESCRIPTION Floor Tile</td>
<td>MATERIAL DESCRIPTION Floor Tile</td>
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## CHECK ONE

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## CHECK ONE

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## CHECK ONE

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### EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/IBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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<tbody>
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<td>1 1 1 1 1</td>
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### LENGTH OF EXPOSURE

(CHECK ONE)

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<th>1 HOUR WEEK</th>
<th>5 HOUR WEEK</th>
<th>10 HOUR WEEK</th>
<th>20 HOUR WEEK</th>
<th>40 HOUR WEEK</th>
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<tbody>
<tr>
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### EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>

### ASSESSMENT

(MARK FROM 1 TO 7)

| 5 5 5 5 5 5 5 |

### **RESPONSE ACTIONS**

(MARK FROM A TO H)

| B B B B B B B |

### ASSESSMENT LEGEND

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

### RESPONSE ACTIONS LEGEND

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

### NOTES

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

---

Christopher R. Johnson  
INSPECTOR (Typed Name)  
SIGNATURE  
A-1-42505-44826/TN  
ACCREDITATION #/STATE

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

TAHERA 16.0 (2/97)  
Page 1 of 5
## 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

<table>
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<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<td>6250 SF</td>
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<td>6</td>
<td>5849 SF</td>
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<td>7A</td>
<td>600 LF</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>7B</td>
<td>12832</td>
<td>Floor Tile</td>
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### CHECK ONE

<table>
<thead>
<tr>
<th>TSI SURFACING</th>
<th>MIXED MISCELLANEOUS</th>
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### CHECK ONE

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<th>ASSUMED ACBM</th>
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<th>NON-ACBM</th>
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### CHECK ONE

<table>
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<th>NON-FRIABLE</th>
<th>FRIABLE</th>
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<tbody>
<tr>
<td>X</td>
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### EXPOSURE CONSIDERATION

1. **DETERIORATION:**  
2. **PHYSICAL DAMAGE:**  
3. **WATER DAMAGE:**  
4. **ACTIVITY/VIBRATION:**  
5. **EXPOSURE:**  
6. **ACCESSIBILITY:**

### LENGTH OF EXPOSURE

<table>
<thead>
<tr>
<th>CHECK ONE</th>
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<tbody>
<tr>
<td>1 HOUR/WEEK</td>
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### EXPOSURE POPULATION

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### ASSESSMENT

**MARK FROM 1 TO 7**

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

### RESPONSE ACTIONS

**MARK FROM A TO H**

| B | B | B | B | B | B | B | B |

### ASSESSMENT LEGEND

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

### RESPONSE ACTIONS LEGEND

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

### NOTES

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

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

---

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

Christopher R. Johnson  
**MANAGEMENT PLANNER**

---

TAHERA 16.0 (2/97)
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

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<tr>
<td>9C</td>
<td>120 LF</td>
<td>Water Tank Insulation</td>
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CHECK ONE

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CHECK ONE

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CHECK ONE

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EXPOSURE CONSIDERATION

1 TO 5 (5 = WORST)

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<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
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LENGTH OF EXPOSURE

(CHECK ONE)

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EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 7 | 7 |

**RESPONSE ACTIONS

(MARK FROM A TO H)

B B B B B B B B

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
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: 7/6/89  INSPECTION DATE: 2/23/16

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</tr>
<tr>
<td>WATER DAMAGE</td>
</tr>
<tr>
<td>ACTIVITY/VIBRATION</td>
</tr>
<tr>
<td>EXPOSURE</td>
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**RESPONSE ACTIONS**
(MARK FROM A TO H)

<table>
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<tr>
<th>RESPONSE ACTIONS LEGEND</th>
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<tr>
<td>A. Institute preventative measures</td>
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<td>B. O &amp; M Program</td>
</tr>
<tr>
<td>C. Repair</td>
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<tr>
<td>D. Encapsulate</td>
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<td>E. Enclosure</td>
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<tr>
<td>F. Remove</td>
</tr>
<tr>
<td>G. Isolate</td>
</tr>
<tr>
<td>H. Other</td>
</tr>
</tbody>
</table>

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

Christopher R. Johnson
INSPECTOR (Typed Name)
A-1-42505-44826/TN
ACREDITATION #/STATE

Christopher R. Johnson
MANAGEMENT PLANNER
A-MP-42505-44824/TN
ACREDITATION #/STATE

TAHERA 16.0 (2/97)
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

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<td>Pipe Insulation</td>
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<td>10C</td>
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<td>Floor Tile</td>
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<td></td>
<td></td>
<td>2x4 Ceiling Tile</td>
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<table>
<thead>
<tr>
<th>CHECK ONE</th>
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<tbody>
<tr>
<td>TSI SURFACING</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
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EXPOSURE CONSIDERATION
1 TO 5 (1 = WORST)

- Deterioration
- Physical Damage
- Water Damage
- Activity/Vibration
- Exposure
- Accessibility

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EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

- Maintenance
- Custodial
- Faculty/Staff
- Public

ASSESSMENT
(MARK FROM 1 TO 7)

**RESPONSE ACTIONS
(MARK FROM A TO H)

ASSOCIATION LEGEND

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

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

NOTES

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

Christopher R. Johnson  A-MI-42505-44824/TN
MANAGEMENT PLANNER  ACCREDITATION #/STATE

TAHERA 16.0 (2/97)  Page 1 of
## 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

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- **TSI:**  
- **SURFACING:**  
- **MISCELLANEOUS:**

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### ASUMED ACBM

- **CONFORMED ACBM:**
- **NON-ACBM:**

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### NON-FRIABLE FRIABLE

- **EXPOSURE CONSIDERATION**

#### 1 TO 5 (5 WORST)

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

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### LENGTH OF EXPOSURE

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### EXPOSURE POPULATION

- **MAINTENANCE:**
- **CUSTIODIAL:**
- **FACULTY/STAFF:**
- **PUBLIC:**

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### ASSESSMENT (MARK FROM 1 TO 7)

|                  | 5           | 5         | 7           | 7         |

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

<table>
<thead>
<tr>
<th>RESPONSE ACTIONS LEGEND</th>
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<tbody>
<tr>
<td>A. Institute preventative measures</td>
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<tr>
<td>B. O &amp; M Program</td>
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<tr>
<td>C. Repair</td>
</tr>
<tr>
<td>D. Encapsulate</td>
</tr>
<tr>
<td>E. Enclosure</td>
</tr>
<tr>
<td>F. Remove</td>
</tr>
<tr>
<td>G. Isolate</td>
</tr>
<tr>
<td>H. Other</td>
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### ASSESSMENT LEGEND

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

### NOTES

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---

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

**Christopher R. Johnson**  
**MANAGEMENT PLANNER**

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

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

---

**TAHERA 16.0 (297)**  
**Page of**
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: 7/8/89  INSPECTION DATE: 2/23/16

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CHECK ONE

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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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<tr>
<th>DETERIORATION</th>
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<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
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LENGTH OF EXPOSURE

1 HOUR/WEek 5 HOUR/WEek 10 HOUR/WEek 20 HOUR/WEek 40 HOUR/WEek

<table>
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EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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</table>

ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 7 | 7 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B | B |

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

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

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

TAHERA 16.0 (297)
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

<table>
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<th>HA NUMBER 3</th>
<th>HA NUMBER 4</th>
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<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
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<tbody>
<tr>
<td>Floor Tile</td>
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<td>Floor Tile</td>
<td>Floor Tile</td>
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</tbody>
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CHECK ONE

<table>
<thead>
<tr>
<th>TSI</th>
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<th>MISCELLANEOUS</th>
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CHECK ONE

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<th>NON-ACBM</th>
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CHECK ONE

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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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LENGTH OF EXPOSURE

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

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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<tbody>
<tr>
<td>[X]</td>
<td>[X]</td>
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ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B | B | B | B | B |

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97) Page of
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

<table>
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<td>5</td>
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<td>30,000 SF</td>
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<table>
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<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
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<tbody>
<tr>
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<tr>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI</td>
</tr>
<tr>
<td>SURFACING</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK ONE</th>
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<tbody>
<tr>
<td>ASSUMED ACBM</td>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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LENGTH OF EXPOSURE

<table>
<thead>
<tr>
<th>1 HOUR/WEEK</th>
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<tbody>
<tr>
<td>5 HOUR/WEEK</td>
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<td>20 HOUR/WEEK</td>
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<td>40 HOUR/WEEK</td>
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EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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<tr>
<th>MAINTENANCE</th>
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<td>CUSTODIAL</td>
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<tr>
<td>FACULTY/STAFF</td>
</tr>
<tr>
<td>PUBLIC</td>
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ASSESSMENT

(MARK FROM 1 TO 7)

**RESPONSE ACTIONS

(MARK FROM A TO H)

<table>
<thead>
<tr>
<th>ASSESSMENT LEGEND</th>
<th>RESPONSE ACTIONS LEGEND</th>
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<tbody>
<tr>
<td>1. Damaged/significantly damaged TSI</td>
<td></td>
</tr>
<tr>
<td>2. Damaged friable surfacing ACBM</td>
<td></td>
</tr>
<tr>
<td>3. Significantly damaged friable surfacing material</td>
<td></td>
</tr>
<tr>
<td>4. Damaged/significantly damaged friable misc. ACBM</td>
<td></td>
</tr>
<tr>
<td>5. ACBM with potential for damage</td>
<td></td>
</tr>
<tr>
<td>6. ACBM with potential for significant damage</td>
<td></td>
</tr>
<tr>
<td>7. Any remaining friable ACBM or suspect ACBM</td>
<td></td>
</tr>
</tbody>
</table>

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

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

A-MP-42505-44824/TN
ACREDITATION #/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

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<td>200 SF</td>
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<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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<td>X</td>
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<td>X</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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### EXPOSURE CONSIDERATION

**1 TO 5 (5 WORST)**

<table>
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<tr>
<td>PHYSICAL DAMAGE</td>
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<tr>
<td>WATER DAMAGE</td>
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<tr>
<td>ACCESSIBILITY</td>
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</tbody>
</table>

### LENGTH OF EXPOSURE

| 1 HOUR/WEek | 5 HOUR/WEek | 10 HOUR/WEek | 20 HOUR/WEek | 40 HOUR/WEek | X |

### EXPOSURE POPULATION

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

### ASSESSMENT

**MARK FROM 1.0 TO 7**

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

### **RESPONSE ACTIONS**

**MARK FROM A TO H**

| B | B | B | B | B | B | B | B |

### ASSESSMENT LEGEND

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

### 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 ACB was tested, attach TAHERA 6.2, TAHERA 6.9 and TAHERA 6.8*  
**If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5**

---

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

*Christopher R. Johnson*  
**MANAGEMENT PLANNER**  
**A-MP-42505-44824/TN**  
**ACCRREDITATION #/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

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<th>HA NUMBER</th>
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<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>CURRENT QUANTITY 1870 SF</td>
<td>CURRENT QUANTITY 6669 SF</td>
<td>CURRENT QUANTITY 854</td>
<td>CURRENT QUANTITY Throughout</td>
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<tr>
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<td>MATERIAL DESCRIPTION Floor Tile</td>
<td>MATERIAL DESCRIPTION Floor Tile</td>
<td>MATERIAL DESCRIPTION 2x4 Ceiling Tile</td>
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</tbody>
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CHECK ONE

TSI SURFACING MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

CHECK ONE

NON-FLAMMABLE
FLAMMABLE

EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
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<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
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LENGTH OF EXPOSURE

(CHECK ONE)

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

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

MAINTENANCE
CUSTODIAL
FACULTY/STAFF
PUBLIC

ASSESSMENT

(MARK FROM 1 TO 7)

5 5 5 5 5 5 7 7

**RESPONSE ACTIONS**

(MARK FROM A TO H)

B B B B B B B

ASSESSMENT LEGEND

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

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

NOTES

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** 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
MANAGEMENT PLANNER

A-42505-44826/TN
ACCREDITATION #/STATE

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: 7/9/99
INSPECTION DATE: 2/23/16

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<tr>
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<th>CHECK ONE</th>
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<tbody>
<tr>
<td>TSI SURFACING</td>
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<tr>
<td>MISCELLANEOUS</td>
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<tr>
<td>CONFIRMED ACBM</td>
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<td>NON-ACBM</td>
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EXPOSURE CONSIDERATION
1 TO 3 (5 WORST)

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<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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LENGTH OF EXPOSURE

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<tbody>
<tr>
<td>1 HOUR/WEEK</td>
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</tr>
<tr>
<td>20 HOUR/WEEK</td>
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<td>40 HOUR/WEEK</td>
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EXPOSURE POPULATION

<table>
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<tbody>
<tr>
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</tr>
<tr>
<td>FACULTY/STAFF</td>
</tr>
<tr>
<td>PUBLIC</td>
</tr>
</tbody>
</table>

ASSESSMENT
(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 5 |

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

| 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

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

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

Christopher R. Johnson
MANAGEMENT PLANNER

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

TAHERA 16.0 (2/97)
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

<table>
<thead>
<tr>
<th>HA NUMBER</th>
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<th>MATERIAL DESCRIPTION</th>
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<tr>
<td>5</td>
<td>11417 SF</td>
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CHECK ONE

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<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
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CHECK ONE

<table>
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<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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<th>CURRENT</th>
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CHECK ONE

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<th>LAST 3 YEAR</th>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/ABRASION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
</tr>
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LENGTH OF EXPOSURE

(CHECK ONE)

<table>
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<tr>
<th>1 HOUR/WEEK</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
<th>40 HOUR/WEEK</th>
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<tbody>
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EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

**RESPONSE ACTIONS

(MARK FROM A TO H)

<table>
<thead>
<tr>
<th>A: Institute preventative measures</th>
<th>B: O &amp; M Program</th>
<th>C: Repair</th>
<th>D: Encapsulate</th>
<th>E: Enclosure</th>
<th>F: Remove</th>
<th>G: Isolate</th>
<th>H: Other</th>
</tr>
</thead>
</table>

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

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

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: 7/19/89  INSPECTION DATE: 2/23/16

<table>
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<th>CURRENT QUANTITY</th>
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<tbody>
<tr>
<td>960 SF</td>
<td>52000 SF</td>
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MATERIAL DESCRIPTION
- Floor Tile
- 2x4 Ceiling Tile

CHECK ONE
- TSI SURFACING
- MISCELLANEOUS

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

CHECK ONE
- NON-FRIABLE
- FRIABLE

EXPOSURE CONSIDERATION

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

<table>
<thead>
<tr>
<th>LAST 3 YEAR</th>
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<th>LAST 3 YEAR</th>
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<table>
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<table>
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<table>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

1 HOUR/WEK
5 HOUR/WEK
10 HOUR/WEK
20 HOUR/WEK
40 HOUR/WEK

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
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</table>

EXPOSURE POPULATION

(ALL APPLICABLE)

ASSESSMENT
(MARK FROM 1 TO 7)

| 5 | 5 | 7 | 7 |

**RESPONSE ACTIONS LEGEND**

MARK FROM A TO H

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

NOTES

*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 9.0
**If current is different from last 3 year, attach revised TAHERA 6.4 and TAHERA 6.5

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

<table>
<thead>
<tr>
<th>HA NUMBER</th>
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<th>MATERIAL DESCRIPTION</th>
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<tbody>
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<td>1</td>
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<td>Floor Tile</td>
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<td>4</td>
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**CHECK ONE**

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<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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**SURFACING**

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**MISCELLANEOUS**

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<th>CURRENT</th>
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**EXPOSURE CONSIDERATION**

**1 TO 5 (5 WORST)**

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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</table>

**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**

<table>
<thead>
<tr>
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**ASSESSMENT**

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B | B | B | B | B |

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

[Signature]

[Signature]

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

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

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<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
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<td>2X4 Ceiling Tile</td>
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CHECK ONE

- **TSI**
- SURFACING
- MISCELLANEOUS

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<th>LAST 3 YEAR</th>
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CHECK ONE

- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

<table>
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<th>LAST 3 YEAR</th>
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CHECK ONE

- NON-FRIABLE
- FRIABLE

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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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

<table>
<thead>
<tr>
<th>1 TO 5 (5 WORST)</th>
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LENGTH OF EXPOSURE

(CHECK ONE)

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

<table>
<thead>
<tr>
<th>1 HOUR/WEEK</th>
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<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
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EXPOSURE POPULATION

(CHECK ALL APPlicable)

- MAINTENANCE
- CUSTODIAL
- FACULTY/STAFF
- PUBLIC

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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ASSESSMENT

(MARK FROM 1 TO 7)

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**RESPONSE ACTIONS**

(MARK FROM A TO H)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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</tbody>
</table>

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
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

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>212 SF</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>3</td>
<td>3066 SF</td>
<td>Floor Tile</td>
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### CHECK ONE

<table>
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<th>LAST 3 YEAR</th>
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<tbody>
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### ASSUMED ACBM

- X

### CONFIRMED ACBM

- X

### NON-ACBM

### NON-FRIABLE

- X

### FRIABLE

- X

### EXPOSURE CONSIDERATION

#### 1 TO 5 (5 WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>PHYSICAL DAMAGE</th>
<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
<th>ACCESSIBILITY</th>
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<tbody>
<tr>
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### LENGTH OF EXPOSURE

(CHECK ONE)

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<th>1 HOUR/WEK</th>
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<th>10 HOUR/WEK</th>
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### EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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<tr>
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### ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B | B | B | B | B |

### ASSESSMENT LEGEND

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

### RESPONSE ACTIONS LEGEND

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

NOTES

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

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
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

<table>
<thead>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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LENGTH OF EXPOSURE

(CHECK ONE)

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EXPOSURE POPULATION

(CHECK ALL APPlicable)

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<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
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<th>PUBLIC</th>
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</thead>
<tbody>
<tr>
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<td>X</td>
<td>X</td>
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</table>

| 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 surfacing material
4. Damaged/significantly damaged friable surfacing ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

**RESPONSE ACTIONS LEGEND

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

NOTES

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

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

---

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
SIGNATURE

Christopher R. Johnson
MANAGEMENT PLANNER

---

TAHERA 16.0 (2/97)
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.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Type</th>
<th>Accreditation Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
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<td>December 31, 2016</td>
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Given under the Seal of the State of Tennessee in Nashville.

This 18th Day of December 2015

Division of Solid Waste Management
Toxic Substance Program

CN-1324 (Rev 6/13) RDA-3020
THE STATE OF TENNESSEE
Department of Environment and Conservation
Division of Solid Waste Management
Toxic Substances Program

Christopher R. Johnson
DOB 30-Nov-1961
Sex M
HGT 5'9"
WGT 185

Discipline          Accreditation               Expiration
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: 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.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 8/22/2016 (Fall) ACBM CONDITION*</th>
<th>2nd six months Date (Spring) ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
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<tr>
<td>3</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
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<td></td>
</tr>
</tbody>
</table>

*SIF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR’S NAME (please print): Brit Fails

SURVEILLANCE INSPECTOR’S SIGNATURE: [Signature]
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): T-AHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME:  CHESTER COUNTY BOE  
LEA NO:  120  
SCHOOL NAME:  JACKS CREEK ELEMENTARY  
SCHOOL NO.:  120-0025  
BUILDING NAME:  MAIN  

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
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<th>1st six months Date 8/22/2016 (Fall)</th>
<th>2nd six months Date 2/9/2017 (Spring)</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>Floor tile</td>
<td>All</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
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<td>5</td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td></td>
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</tbody>
</table>

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads  
SURVEILLANCE INSPECTOR'S SIGNATURE:  
(Surveillance Inspector is not required to be AHERA certified)  

AHERA Accreditation Number/Date (if applicable):  

TAHERA 9.0 (2/97)
# PERIODIC SURVEILLANCE REPORT

**EA 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 months. Each School Building containing ACBM must be inspected. Put the date in the appropriate column. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management Plan.

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 8/9/2017 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVE</th>
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<tbody>
<tr>
<td>1</td>
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<td>2x4 Ceiling tile</td>
<td>All</td>
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SURVEILLANCE INSPECTOR’S NAME (please print): Britt Eads  
(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
SCHOOL NAME: JACKS CREEK ELEMENTARY
BUILDING NAME: MAIN

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

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SURVEILLANCE INSPECTOR'S NAME (please print): Brit Fads

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

AHERA Accreditation Number/Date (if applicable): ____________

TAHERA 9.0 (2'97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120
SCHOOL NAME: 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.

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<th>2nd six months Date (Spring)</th>
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SURVEILLANCE INSPECTOR'S NAME (please print): Britt Fads
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): AHERA 9.0 (2/97)
**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO:** 120

**SCHOOL NAME:** 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  
Date 8/6/2018  
(Fall)  | ACBM CONDITION* | 2nd six months  
Date 2/13/2019  
(Spring) | ACBM CONDITION* | DATE REMOVED |
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<td>Floor tile</td>
<td>All</td>
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<td></td>
</tr>
</tbody>
</table>

**SURVEILLANCE INSPECTOR’S NAME** (please print): Britt Fads

**SURVEILLANCE INSPECTOR’S SIGNATURE:**

(Surveillance Inspector is not required to be AHERA certified)

**AHERA Accreditation Number/Date (if applicable):** **AHERA 9.0 (2/97)**

*IF NO CHANGE IN CONDITION WRITE N/C
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.

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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 8/8/2018 (Fall)</th>
<th>2nd six months Date (Spring)</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
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<td>All</td>
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*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Brit Fads

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

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)
January 21, 2020

Mr. Britt Eads
Chester County Schools
970 East Main Street
Henderson, Tennessee 38340
Eadsb01@120cc.org
(731) 433-7266

RE: PCM CLEARANCE RESULTS
65 TN-22 ALTERNATE
JACKS CREEK, TENNESSEE 38347
PROJECT NO. 159719

Mr. Eads:

Resolution, Inc. has completed the asbestos air testing regarding the above referenced project. All testing was performed by Mr. Dominic Motes an Asbestos Hazard Emergency Response Act (AHERA) and State of Tennessee accredited project monitor.

A total of nine (9) air samples were collected from one (1) regulated work areas. Samples were collected using pre-calibrated high-volume pumps according to EPA and NIOSH air sampling protocols. All samples were analyzed using Phase Contrast Microscopy (PCM) according to the National Institute for Occupational Safety and Health (NIOSH) Method 7400. The following table is a summary of the analytical results.

**SUMMARY OF AHERA PCM CLEARANCE RESULTS**

<table>
<thead>
<tr>
<th>Sample No.</th>
<th>Sample Type</th>
<th>Sample Location</th>
<th>Volume (L)</th>
<th>Result (f/cc)</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In Area</td>
<td>In Kitchen, ADJ to doorway</td>
<td>300</td>
<td>0.0065</td>
<td>Pass</td>
</tr>
<tr>
<td>2</td>
<td>In Area</td>
<td>In Kitchen, ADJ to sink</td>
<td>300</td>
<td>0.0049</td>
<td>Pass</td>
</tr>
<tr>
<td>3</td>
<td>Outside Area</td>
<td>In Kitchen, ADJ to fridge</td>
<td>300</td>
<td>0.0033</td>
<td>Pass</td>
</tr>
<tr>
<td>4</td>
<td>Clearance</td>
<td>North Wall in containment</td>
<td>1260</td>
<td>0.0023</td>
<td>Pass</td>
</tr>
<tr>
<td>5</td>
<td>Clearance</td>
<td>South Wall in containment</td>
<td>1260</td>
<td>0.0027</td>
<td>Pass</td>
</tr>
<tr>
<td>6</td>
<td>Clearance</td>
<td>East Wall in containment</td>
<td>1260</td>
<td>0.0027</td>
<td>Pass</td>
</tr>
<tr>
<td>7</td>
<td>Clearance</td>
<td>West Wall containment</td>
<td>1260</td>
<td>0.0031</td>
<td>Pass</td>
</tr>
<tr>
<td>8</td>
<td>Clearance</td>
<td>Center of Containment</td>
<td>1260</td>
<td>0.0023</td>
<td>Pass</td>
</tr>
<tr>
<td>9</td>
<td>Clearance</td>
<td>Field Blank</td>
<td>0</td>
<td>0.0065</td>
<td>Pass</td>
</tr>
</tbody>
</table>

From the analytical, all clearance results are below the AHERA PCM clearance level of <0.01 fibers per cubic centimeter (f/cc). The work areas are cleared for re-occupancy.

Should you have any questions or require additional information, please feel free to call my office at (615) 865-8813 or my cell at (410) 725-2302.

Sincerely,

RESOLUTION, INC.

Domonic Motes, Field Technician Hygienist.

Attach: Analytical Report Sheets
        Accreditations

Resolution, Inc.
1101A Darbytown Drive
Nashville, Tennessee 37207
Phone (615) 865-8813 Fax (615) 868-4140
www.resolutionusa.com
# ASBESTOS SAMPLE COLLECTION DATA SHEET

**PROJECT NUMBER:** 159719  
**PROJECT LOCATION:** 907 Hatcher Lane, Columbia Tennessee 38401  
**PROJECT DATE:** 1/20/2020  
**CONTRACTOR:** ESI  
**REMOVAL ACTIVITY:** Floortile and mastic  
**ANALYTICAL METHOD:** NIOSH 7400 - "A" COUNTING RUL  
**TECHNICIAN:** Dominic Motes  
**SUPERVISOR:** Josh Goodman

<table>
<thead>
<tr>
<th>SAMPLE ID</th>
<th>SAMPLE TYPE</th>
<th>LOCATION / NAME &amp; SOCIAL SECURITY NUMBER</th>
<th>JOB TASK</th>
<th>RESP PROT</th>
<th>TIME ON</th>
<th>TIME OFF</th>
<th>TOTAL TIME</th>
<th>LFPM</th>
<th>VOL/LIT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IA</td>
<td>In Kitchen, ADJ to doorway</td>
<td></td>
<td>9:30</td>
<td>10:30</td>
<td>60</td>
<td>5</td>
<td>30L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IA</td>
<td>In Kitchen, ADJ to sink</td>
<td></td>
<td>9:30</td>
<td>10:30</td>
<td>60</td>
<td>5</td>
<td>30L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>OA</td>
<td>In Kitchen, ADJ to fridge</td>
<td></td>
<td>9:30</td>
<td>10:30</td>
<td>60</td>
<td>5</td>
<td>30L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CL</td>
<td>North Wall in containment</td>
<td></td>
<td>10:35</td>
<td>11:45</td>
<td>70</td>
<td>18</td>
<td>126L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CL</td>
<td>South Wall in containment</td>
<td></td>
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<td></td>
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<tr>
<td>9</td>
<td>FB</td>
<td>Field Blank</td>
<td></td>
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<td>10:30</td>
<td>60</td>
<td>5</td>
<td>30L</td>
<td></td>
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</tbody>
</table>

**REMARKS:**  
**SAMPLE TYPE:** AM - Ambient; CL - Clearance; EXC - Excursion; IA - Inside Area; OA - Outside Area; PR - Personnel  
**RESPIRATORY PROTECTION:** 1/2 - Half-Face; FULL - Full Face; PAPR - Powered Air Purifying Respirator  
**QA/QC CODE:**
# Asbestos Accreditation

**Dominic A Motes**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Accreditation</th>
<th>Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector</td>
<td>A-1-22940-75689</td>
<td>May-31-2020</td>
</tr>
<tr>
<td>Project Monitor</td>
<td>A-PA-1-22940-75689</td>
<td>May-31-2020</td>
</tr>
</tbody>
</table>

DOB: 31-Jul-1985

Sex: M

HT: 5'7"

WGT: 160 lbs

Initial: D

Date Issued: 3/4/2019
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.

<table>
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<tr>
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<th>Accreditation Number</th>
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<tbody>
<tr>
<td>Accreditation</td>
<td>Re-Accreditation</td>
<td>A-F-690-82185</td>
<td>November 06, 2019</td>
<td>December 31, 2020</td>
</tr>
</tbody>
</table>

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

This 6th Day of November 2019

Division of Solid Waste Management
Toxic Substance Program

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

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