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<td>e. North Chester Elementary School</td>
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</tr>
<tr>
<td>209.</td>
<td>f. West Chester Elementary school</td>
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</tr>
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</table>

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

**TAHERA 4.0(8/88)**  
**Page 1 of 1**
1. DEFERRAL REQUEST

SUBMISSION: Original [ ] Resubmittal [ ]

STATE REVIEW

Remarks: ____________________________

[ ] No Exceptions Taken
[ ] Returned for Reasons Stated

2. MANAGEMENT PLAN

SUBMISSION: Original [x] 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
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 or response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99 - 519, and Code of Federal Regulations Title 40, Part 763 (AHERA). The U. S. Environmental Protection Agency and the State of Tennessee recommend those persons or firms performing as professionals be registered under the registration laws of the State of Tennessee or a state which has reciprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

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

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

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

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

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

LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON

Name: Gene Cain
Address: 9 Rutherford Ave.
City/State/Zip: Jackson, TN 38301
Telephone: 901-427-6428
Signature: ____________________________
Dated: 9/30/88

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

LEA Designated Person’s Signature

LEA Superintendent’s Signature

Dated: September 30, 1988
ASSURANCES

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

1. The activities of any persons who perform inspections, re-inspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other State rules and requirements.

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

3. All workers and building occupants, or their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic 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 building materials (ACBM) and suspected ACBM assumed to be asbestos-containing materials (ACM).

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

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

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

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

Signed: Gene Cain
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

TAHERA 3.0(8/88)
### SCHOOL BUILDING LIST

List all school 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</th>
<th>F</th>
<th>NF</th>
<th>NO ACBM</th>
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<td>120 0005</td>
<td>Chester Co. High, Hwy. 100 East, Henderson, TN 38340</td>
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<tr>
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<td>Bus Shop, Hwy. 100 East, Henderson, TN 38340</td>
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<td></td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td>120 0028</td>
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<td></td>
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<td></td>
<td>X</td>
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</tr>
<tr>
<td>0030</td>
<td>West Chester Elem., Hwy. 100 West, Henderson, TN 38340</td>
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---

**LEGEND:**

- **F** = Friable
- **NF** = Non-Friable
- **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

Date  
Built  

Area Name, Wing  
Addition, etc.  
Use  
Total Area (Square Feet)

7-62  
West Chester  
School  
33,856

8-74  
4 Classrooms  
5,624

2. STRUCTURAL SYSTEMS

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

Cooling:  
Central HVAC  
Wall Electric

Window Units  
Other

Notes (Explain Other):

4. ARCHITECTURAL FINISHES

Ceiling:  
Lathe and Plaster  
Gypsum Board  
Acoustical Finish  
Tile  
Other

Flooring:  
Vinyl Tile  
Carpet  
Wood  
Unfinished  
Other

Walls:  
Lathe and Plaster  
Gypsum Board  
Masonry  
Wood/Paneling  
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:  

Inspection Team Members  
Signature  
Accreditation Number/State  
Affiliation

LEA:  
LEA NO.:  
Date:

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### Material Summary

<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.s Taken in HA</th>
<th>HA Drawing No.</th>
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<table>
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<tr>
<th>No ACBM</th>
<th>Total Quantity (Show Units)</th>
<th>Exposure Considerations A</th>
<th>Exposure Considerations B</th>
<th>Exposure Considerations C</th>
<th>Exposure Considerations D</th>
<th>Exposure Considerations E</th>
<th>Exposure Considerations F</th>
<th>Exposure Considerations G</th>
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</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 hr./week, 2 hr./week, 3 hr./week, 4 hr./week, 5 hr./week

Assessment Categories:

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

Legend:

- HA = Homogeneous Area
- T = Thermal System Insulation
- S = Surfacing
- M = Miscellaneous
- BIA = Building Inspection Area

LEA: Chester County
LEA NO.: 120

Date: 9/30/93

Page 149 of 209
Identify limits of homogeneous area and sample locations.

**Homogeneous Area A**

**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'

Homogeneous Area B

Vinyl Asbestos Floor Tile

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

Page 151 of 209
Identify limits of homogeneous area and sample locations.

Homogeneous Area B2

Scale 1" : 20'

Y MIL Asbestos
Floor Tile

LEA: Chester County LEA NO.: 120

Date: 9/30/88

TAHERA 6.38/98)

Page 152 of 209
Identify limits of homogeneous area and sample locations.

Homogeneous Area C

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" = 40'

Vinyl Asbestos
Floor Tile

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

---

**Boiler Room**

- Height: 6'0"
- Width: 12'6"
- Length: 13'10"

**Homogeneous Area E**

**Scale**: 1/4" = 1'0"

---

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

HOMOGENEOUS AREA

SCALE 1" = 20'

VINYL ASBESTOS

FLOOR TILE

LEA: Chester County       LEA NO.: 120

Date: 9/30/88

TAHERA 6.3(8/88)
1. NOTIFICATION PLAN (Describe method of Notification and include dated copy of actual Notifications, meeting minutes, newspaper articles, etc. in Appendix):
   All parent's, teacher's, employee's organizations and school groups will be informed in writing of the location of the ACM and the location of the Management Plan. The Management Plan will go into effect July 9, 1989. The periodic surveillance will be in January of 1990 and each six months thereafter. In three years after July 9, 1989, all schools will be reinspected as described in AHERA 763.85 (b).

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

3. REINSPECTION PLAN: The requirements of a Reinspection Plan are described in Paragraph 763.85(b) of AHERA and shall include performance by an accredited inspector; frequency (at least every three (3) years); address all friable and nonfriable, known or assumed ACM; 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 ACM; 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

TAHERA 6.6(8/88)
September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

The management plan is located in the Principal's Office and may be seen at their convenience.
Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Boiler Room (Approx. 200 lin. ft. Thermal System Insulation)
Area 2 - Floor-Tile in Corridor, Handicap Room Adult Education Room and Janitorial Closet.
Area 3 - Floor Tile in Gym Foyer and Gym Storage Room.
Area 4 - Floor Tile in Corridor, Library, Storage Room, Kindergarten Room, Headstart Room, Mrs. Ware's Office, Band Room and Fourth Grade Classroom.
Area 5 - Floor Tile in Cafeteria.
Area 6 - Floor Tile in Corridor, Classrooms 1, 2, 3, 4, 5 and Book Room.
Area 7 - Floor Tile in Portable Storage Building.

(Approximately 19, 138 sq. ft. of floor tile.)
Identify type and extent of ACBM to remain in the building following implementation of response actions.

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

**Homogeneous Area A**

**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.

Scale 1"=20'

Vinyl Asbestos Floor Tile

Homogeneous Area B

LEA: Chester County
LEA NO.: 120

Date: 9/30/88
Identify limits of homogeneous area and sample locations.

Scale 1" = 20'
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 Start</th>
<th>Dates Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vinyl Floor Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>2A</td>
<td>Vinyl Floor Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>2B</td>
<td>Vinyl Floor Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Removed</td>
</tr>
<tr>
<td>3</td>
<td>Vinyl Floor Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Removed</td>
</tr>
<tr>
<td>4</td>
<td>Vinyl Floor Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until Removed</td>
</tr>
<tr>
<td>6</td>
<td>Vinyl Floor 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>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
B. O & M Program
C. Repair
D. Encapsulate
E. Enclose
F. Remove
G. Isolate
H. Other (Explain)

LEA: Chester County
LEA NO: 120
Date: 9/30/93

TAHERA 6.4(8/88)
IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: West Chester Elementary  NO.: 0030

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

1. RESPONSE ACTION:

☐ Institute Preventative Measures
☐ Operations and Maintenance Program
☐ Repair
☐ Isolate
☐ Enclose
☐ Remove
☐ Encapsulate
☐ Other

Notes (Explain Other): Ceiling Tile

2. DETAILED DESCRIPTION:

Incorporate these areas/material 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.

LEA: Chester County  LEA NO.: 120

Date: May 9, 1989
Identify limits of homogeneous area and sample locations.

\[\text{Scale } 1" : 20'\]

\[\text{Homogeneous Area Bz}\]

\[\text{VYIL ASBESTOS FLOOR TILE}\]

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

HOMOGENEOUS AREA C

SCALE 1" = 20'

VINYL ASBESTOS
FLOOR TIE

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

HOMOGENEOUS AREA D

SCALE 1" = 40'

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

Homogeneous Area F

Scale 1" = 20'

Vinyl Asbestos Floor Tile

LEA: Chester County LEA No.: 120

Date: 9/30/88
In areas 1, 2, 3, 4 and 5 there is assumed asphalt floor tile. This is a hard surface and releases fibers at a very slow rate. There should be no drilling, sawing, breaking or sanding without proper equipment. When cleaning the tile these steps will be followed:

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

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

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

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

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

V. All custodians and maintenance personnel will receive two hours of 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
Consulting Architects
Inspecting Buildings for Asbestos
has successfully completed

GENE E. CAN

This is to certify that

GEORGIA INSTITUTE OF TECHNOLOGY
Gene I. Cain

The Georgia Institute of Technology

Inspecting Buildings for Asbestos-Containing Materials

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

March 23, 1988
Certificate Number
477
A18
March 25, 1988

The Georgia Institute of Technology

Gene E. Cain

MANAGING ASBESTOS IN BUILDINGS

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

Exam Administrator

Page 192 of 209
This is to certify that:

__GEORGIA INSTITUTE OF TECHNOLOGY__

MARCH 24-25, 1988

__MANAGING ASBESTOS IN BUILDINGS__

EDUCATION EXTENSION SERVICES

Atlanta, Georgia

__GENE E. CAIN__

Director, Extension Education Services
Associate Vice President for Academic Affairs

Presidio, 200

__ELIZABETH BROWN__
QUALITATIVE RESPIRATOR FIT TEST

Name: GENE E. CAIN
Social Security No.: 415-11-8134
Respirator Type: North 7250

Size 17

By: P. Schuster  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

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Area 1 - Lobby & Office - Asphalt floor tile.
Area 2 - Storage room, workroom, two restrooms, Biology Room - Asphalt floor tile.
Area 3 - Gym, corridors beside gym, Girls PE Office - Asphalt floor tile.
Area 4 - Varsity dressing room, study hall, bookroom, classroom, Teachers Lounge - Asphalt floor tile.
Area 5 - Home Economics, General Science, Physics Room - Asphalt floor tile.
Area 6 - Library, eight classrooms, conference room, counselors room - Vinyl asbestos floor tile.
Area 7 - Auditorium - Pipe wrappings in 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 Cafeteria

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

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


ATTENDEES:

NAME (Print)

Earl Love

Alondo Reamer

R.C. Barross

J.R. Edger

R.H. Hessith

Lloyd King

Dennis Johnson

Frank Lewis

William Spencer

JOB TITLE

Janitor - East Chester

Janitor - West Chester

Janitor - North Chester

Custodian - East

Custodian - West

Custodian - Jr. High Caf

Janitor - Jr. High School

Janitor - High School

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

TAHERA 11.0(8/88)
EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

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

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


ATTENDEES:

NAME (Print) JOB TITLE
Johnny Hayes
Marion C. Davis
Larry Miller
Kathy Crayton Hayes

School Superintendent

* 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)
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>James Miller</td>
<td>Monitor</td>
</tr>
<tr>
<td>Lloyd A. Jones</td>
<td>1611</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(8/88)
**EMPLOYEE TRAINING FORM**

- **Location of Training:** Chester County Courthouse
- **Date:** 9/21/1988  
  **Period of Instruction:** 1 Hrs.
- **Instructor (Print Name):** Gene Cain
- **Subject Matter Covered:** Respirators for asbestos and fitting.

**ATTENDEES:**

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>Nurse</td>
</tr>
<tr>
<td>[Signature]</td>
<td>1C 1C</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
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></td>
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</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(8/88)
**EMPLOYEE TRAINING FORM**

Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

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

ATTENDEES:

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owen H. Store</td>
<td>Memo</td>
</tr>
<tr>
<td>Lloyd H. Karg</td>
<td>15 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
**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:**

<table>
<thead>
<tr>
<th>NAME (Print)</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jerry Hill</strong></td>
<td>Maint.</td>
</tr>
<tr>
<td><strong>Mary A. Kerry</strong></td>
<td>C.L.</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**
1. Locations cleaned:
   All of the floors in the building.

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

3. Names of persons performing cleaning and training dates:
   All of the custodians of the Chester County schools.
   1. Gail Ross 6. Thomas Maness
   2. Glenda Kay Climer 7. Isiah Ross
   5. W.T. Hepsmith 10. Marian C. Davis
   Training date for all above: 9/21/88

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

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

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

TAHERA 13.0(8/88)
1. Locations cleaned:
   All of the floors in the building.

2. Cleaning methods used (pursuant to 40 CFR 783.91[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: [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: 7/28-8/13/88

5. LEA Designated Person: Gene Caim

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: [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: 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
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 West Chester Elementary

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

<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>
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</tr>
<tr>
<td>5</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

TAHERA9.0(3/91)
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 Classroom Instructor

Examination Date 12/03/1994 Field Instructor

Date of Expiration 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

431-53-1229
Certificate Number
MAY 20, 1998
Examination Date
MAY 20, 1998
Course Date
MAY 20, 1999
Expiration Date

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

LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229
Certificate Number May 19, 1999

Examination Date May 19, 1999

Course Date May 19, 2000

Expiration Date

Phyllis Moore

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

Melanie M. Wright, Course Administrator

May 18th, 2001
Expiration Date

Classroom Instructor
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
Awarded to EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229
Certificate Number

January 23, 2002
Examination Date

January 23, 2002
Course Date

January 23, 2003
Expiration Date

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

Certificate of Achievement

Awarded to

EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date

Environmental Technologies
P. O. Box 21243
Little Rock, AR 72221
(501) 425-9585
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: 8/14/98

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

ADDRESS: Courthouse

Henderson, TN 38340

DESIGNATED PERSON: John H. Shelton  PHONE: (901) 664-2561

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

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**CHECK ONE**

1. TSI SURFACING
2. MISCELLANEOUS
3. ASSUMED ACBM
4. CONFIRMED ACBM
5. NON-ACBM
6. NON-FRIABLE
7. EXPOSURE CONSIDERATION
   - NON FRIABLE: X
   - EXPOSURE: 1

**ASSESSMENT LEGEND**

1. Damaged/significantly damaged TSI
2. Damage friable surfaced ACBM
3. Significantly damaged friable surfaced 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**

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

**NOTES**

* If previously assumed ACBM was tested, attach TAHERA 62, TAHERA 64, TAHERA 65 and TAHERA 66.
** If current is different from "last 5 year", attach revised TAHERA 64 and TAHERA 65.

---

Eddie Miller
INSPECTOR (Typed name)

Eddie Miller
MANAGEMENT PLANNER
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**TSI SURFACING**
- **MISCELLANEOUS**
  - **CHECK ONE**
  - **ASSUMED ACBM**
  - **CONFIRMED ACBM**
  - **NON-ACBM**
  - **NON-FRIABLE**
  - **FRIABLE**
- **EXPOSURE CONSIDERATION**
  - **DETERIORATION**
  - **PHYSICAL DAMAGE**
  - **WATER DAMAGE**
  - **ACTIVITY / VIBRATION**
  - **EXPOSURE**
  - **ACCESSIBILITY**
  - **LENGTH OF EXPOSURE**
- **1 HOUR / WEEK**
- **2 HOUR / WEEK**
- **10 HOUR / WEEK**
- **20 HOUR / WEEK**
- **HOUR / WEEK**
- **EXPOSURE POPULATION**
  - **MAINTENANCE**
  - **CUSTODIAL**
  - **FACULTY / STAFF**
  - **PUBLIC**
- **ASSESSMENT**
  - **(MARK FROM 1 TO 7)**
  - **RESPONSE ACTIONS**
  - **(MARK FROM A TO D)**

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

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

**ACREDCATION #: STATE**
- Eddie Miller
  - SIGNATURE
  - 431531229 / TN
  - ACCREDCATION #: STATE
- Eddie Miller
  - SIGNATURE
  - 431531229 / TN
  - ACCREDCATION #: STATE
## PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 791  
**SCHOOL NAME:** WEST CHESTER ELEMENTARY  
**SCHOOL #:** MAIN  
**BUILDING NAME:** WEST CHESTER ELEMENTARY  
**INSTRUCTIONS:** AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column, fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed, put the date removed in the appropriate column. Keep the original with your Management.

<table>
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<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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<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></td>
</tr>
<tr>
<td>5</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2X4 CEILING TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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</tr>
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*IF NO CHANGE IN CONDITION WRITE N/C

**SURVEILLANCE INSPECTOR'S NAME (please print):** EDDIE MILLER  
**SURVEILLANCE INSPECTOR'S SIGNATURE:** [Signature]  
(Surveillance Inspector is not required to be AHERA certified)  

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

**SCHOOL NAME:** West Chester Elementary  
**BUILDING NAME:** Main  
**SCHOOL YEAR:** 97-98

### SUMMARY OF RESPONSE ACTIONS:

<table>
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<th>LEGEND</th>
<th>RESPONSE ACTION</th>
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<th>RESPONSE ACTION COMPLETED?</th>
<th>RESPONSE ACTION IN PROGRESS?</th>
<th>MANAGEMENT PLAN SCHEDULE COMPARISON</th>
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<td>A</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>B</td>
<td>O&amp;M</td>
<td>B</td>
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<td>NO</td>
<td>Ahead Schedule</td>
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<tr>
<td>C</td>
<td>Repair</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Encapsulate</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E</td>
<td>Enclose</td>
<td>E</td>
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<td>H</td>
<td>Other (Explain)</td>
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**LEA SELECTED RESPONSE ACTION**

(See Legend)

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<th>BA Number</th>
<th>Material Description</th>
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<th>4 Floor Tile</th>
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<th>2 x 4 Ceiling Tile</th>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>B</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
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<td></td>
<td></td>
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</tr>
</tbody>
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---

**INSPECTOR’S NAME (please print):** Eddie Miller  
**INSPECTOR’S SIGNATURE:**

---

**LEA System Name:** Chester County  
**LEA NO:** 120  
**DATE:** 8-3-98  

---

**TAHERA 16.0 (4/98)**
1999
Yearly Progress Report
STATE OF TENNESSEE
ALER A 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

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
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TAHERA 1.0 (12/93)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
LEA #: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL #: MAIN

BUILDING NAME: WEST CHESTER ELEMENTARY

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

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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)
2000
Yearly Progress Report
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

ADDRESS: Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**LEA #:** 120  
**SCHOOL NAME:** WEST CHESTER ELEMENTARY  
**SCHOOL #:** MAIN  
**BUILDING NAME:** WEST CHESTER ELEMENTARY

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

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*IF NO CHANGE IN CONDITION WRITE N/C

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

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

**TAHERA 9.0** (12/93)
2001
Three Year Reinspection
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

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

ADDRESS:

Henderson, TN 38340

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

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</tr>
<tr>
<td>M</td>
<td>M</td>
<td>M</td>
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<tr>
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<td>X</td>
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<tr>
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<tr>
<td>NON-ACBM</td>
<td></td>
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| NON-FRIABLE | X | | X | | X | | X | | X | | X |
| FRIABLE | | | | | | | | | | | |
| Exposure Consideration | | | | | | | | | | | |
| DETERIORATION | 1 | 1 | 1 | 1 |
| PHYS. DAMAGE | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 |
| ACTIVITY / VIBR. | 3 | 3 | 3 | 3 |
| EXPOSURE | 5 | 5 | 5 | 5 |
| ACCESSIBILITY | 5 | 5 | 5 | 5 |

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<td>PUBLIC</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 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 THERA 6.2.
**"Current" is different from "last 3 year", attach revised THERA 6.4 and THERA 6.8.*

<table>
<thead>
<tr>
<th>CHESTER ERVIN</th>
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<tr>
<td>INSPECTOR (Typed Name)</td>
</tr>
<tr>
<td>EDDIE MILLER</td>
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<td>MANAGEMENT PLANNER</td>
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TAHERA 16.0 (12/93)
**THREE YEAR REINSPECTION**

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

<table>
<thead>
<tr>
<th></th>
<th>HA 06</th>
<th>HA 07</th>
<th>HA 08</th>
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<tr>
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<td><strong>Check One</strong></td>
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<tr>
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<td><strong>NON-ACBM</strong></td>
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</tr>
<tr>
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<td>1</td>
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<tr>
<td>WATER DAMAGE</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACTIVITY / VIBR.</td>
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<td>EXPOSURE</td>
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<td>3</td>
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</tr>
<tr>
<td>ACCESSIBILITY</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
</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** |       |       |       |
| A-B |       |       |       |
| B |       |       |       |

### Assessment Legend
1. Damaged/ significantly damaged TSI
2. Damaged friable surfaceing ACBM
3. Significantly damaged friable surfaceing 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 and M Program  
C. Repair  
D. Encapsulate  
E. Enclosure  
F. Remove  
G. Isolate  
H. Other

### Notes
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.5 and TAHERA 6.6.  
**"Current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5* 

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

**TAHERA 16.0 (12/93)**
2002
Yearly Progress Report
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

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

ADDRESS:

Henderson, TN 38340

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

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

<table>
<thead>
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<th>ORIGINAL SUBMISSION</th>
<th>CORRECTION/DEFICIENCY SUBMISSION</th>
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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 (12/93)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
SCHOOL NAME: WEST CHESTER ELEMENTARY
BUILDING NAME: WEST CHESTER 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.

<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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</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>
<td></td>
</tr>
<tr>
<td>5</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2 X 4 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'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)
2003
Yearly Progress Report

Ashley -
Resolution's Inc.
(Asbestos Inspection)

May 30?

615-865-8813
615-868-4140 Fax
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

ADDRESS:

Henderson, TN 38340

LEA #: 120

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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<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: WEST CHESTER ELEMENTARY  SCHOOL #: MAIN  

BUILDING NAME: WEST CHESTER ELEMENTARY  

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

<table>
<thead>
<tr>
<th>HA #</th>
<th>DESCRIPTION OF ACB</th>
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<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>
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<tr>
<td>4</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
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<tr>
<td>5</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2 X 4 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’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: July 2007

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

ADDRESS:  
P.O. Box 327  

Henderson, TN 38340

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

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<td>YEARLY PROGRESS REPORT</td>
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<td></td>
<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
# 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:** 6/6/07

<table>
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<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
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<td>CURRENT QUANTITY</td>
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### MATERIAL DESCRIPTION
- Floor Tile
- 2x4 Ceiling Tile

### TSI SURFACING

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

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### LENGTH OF EXPOSURE

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<td>CUSTODIAL</td>
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<td>FACULTY/STAFF</td>
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<td>PUBLIC ASSESSMENT</td>
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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 mixed 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 THERA 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

---

**INSPECTOR** (Typed Name): Jim Brooks  
**SIGNATURE:**  
**ACCREDITATION #:** 7ME02050701A00007/VA

**MANAGEMENT PLANNER:** Ashlie Rawlings  
**SIGNATURE:**  
**ACCREDITATION #:** 7ME02160701AMPR004/VA

---

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

LEA NAME: Chester County BOE

School Building Name: West Chester Elementary

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSTRUCTION DATE: 6/6/07

<table>
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<th>CURRENT QUANTITY</th>
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</tbody>
</table>

**CHECK ONE**

1. **TSI SURFACING**

   **MISCELLANEOUS**

   **CHECK ONE**

   ASSUMED AGBM

   CONFIRMED AGBM

   NON-AGBM

   NON-FRIABLE

   FRIABLE

EXPOSURE CONSIDERATION

1 TO 5 (6 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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</tr>
</tbody>
</table>

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

**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 AGBM 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

TAHERA 16.0 (2/97)
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

Accreditation Expires: 2/7/08

President
Thomas Bradford Mayhew

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

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.

Accreditation Expires: 2/16/08

Instructor:
Ronald Premack

President:
Thomas Bradford Mayhew

Mayhew Environmental Training Associates
Certificate #: 7ME0216071AMPR04

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

Mayhew INC. 1987
KAN S.
ENVIRONMENTAL TRAINING ASSOCIATES
EST 1985
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
CRESOIN, INCORPORATED
1101 A DARBYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

MIKE TIGNOR

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

Certifies That

DANA MEEKS

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

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

Ron Francis – Training Manager
Resolution, Incorporated
1101-A Darbytown Drive
Nashville, TN. 37207
(615) 865-8813

Certifies That

KIM ROBBINS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

Ron Francis – Training Manager
Resolution, Incorporated
1101-A Darbytown Drive
Nashville, TN. 37207
(615) 865-8813

Certifies That

DARLENE HESTER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

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

CERTIFIES THAT

LAURA GAUGER

HAS SUCCESSFULLY COMPLETED THE COURSE ENTITLED

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

CONDUCTED AT: 930 EAST MAIN ST.
HENDERSON, TN. 38340

TRAINING DATE: JULY 28, 2009

EXPIRATION DATE: JULY 28, 2010

R. FRANCIS - TRAINING MANAGER

[Signature]
RESOLUTION, INCORPORATED
1101 A Darbytown Drive
Nashville, TN. 37207
(615) 865-8813

Certificates 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

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

DEMETRIUS LOCKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

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

MELISSA MURLEY

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
Certifies That

TERESA CONNER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

Ron Francis – Training Manager
Certifies That

YVONNE CROSS

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

Ron Francis – Training Manager
Certifies That

WILLIE TROHER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

CERTIFIES THAT

JANE SMITH

has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

TERESA WILLIS

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

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
CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

PERRY RIVEY

Certifies This

Number: 09H4AC4A00179
Identification

NASHVILLE, TN 37207
1101 A DABTON DRIVE

RESOLUTION, INCORPORATED
CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

JAMES CARSON

Certifies That

NUMBER: OSHA4444400-178

IDENTIFICATION

(615) 865-8813
NASHVILLE, TN. 37207
1101 A DOWNTOWN DRIVE
RESOLUTION, INCORPORATED
Henderson, TN 38340
Conducted at: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

CLEARANCE PUSSEY

Certifies That

(615) 865-8813
NASHVILLE, TN 37204
101A DOWNTOWN DRIVE

Resolution, Incorporated

Number: OSHA44434400177
Identification
Certificate of Completion

Chester County School System

Vennie Reeves has completed Asbestos Awareness (K-12 Full 2 Hour) a training program requiring 2 hours on Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials:

safeschools TRAINING
Carissa Miller

Asbestos Awareness (K-12 Full 2 Hour)

Monday, November 11, 2013

Chester County School System

has completed a training program requiring 2 hours

Training Coordinator's Signature:

Employees Initials:
Marilyn Amos has completed a training program requiring 2 hours on Asbestos Awareness (K-12 Full 2 Hour) on Monday, November 11, 2013.
Monday, November 11, 2013

on

2 hours training program requiring

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Laura Poe

Chester County School System

certificate of completion
Mon., November 11, 2013

on

2 hours

A training program requiring 2 hours of training on 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

---

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

<table>
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<th>CORRECTION/DEFICIENCY SUBMISSION</th>
<th>TYPE OF DOCUMENT</th>
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<td></td>
<td>ASBESTOS FREE MANAGEMENT PLAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEARLY PROGRESS REPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>THREE YEAR REINSPECTION</td>
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<tr>
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<td></td>
<td>OTHER (Please Explain)</td>
</tr>
</tbody>
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**PERIODIC SURVEILLANCE REPORT**

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO:** 120  
**SCHOOL NAME:** WEST CHESTER ELEMENTARY  
**SCHOOL NO:**  
**BUILDING NAME:** MAIN  

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

<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 (Spring)</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></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>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2X4 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):** GARY W. GRISHAM

**SURVEILLANCE INSPECTOR'S SIGNATURE:**

(Surveillance Inspector is not required to be AHERA certified)

**AHERA Accreditation Number/Date (if applicable):** ASBBIR0502047/TN

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

DATE: MARCH 2010

LEA SYSTEM NAME: Chester County Schools
LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

TAHERA 1.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
LEA #: 120

School Building Name: West Chester Elementary
Building #: Main

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

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
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<tbody>
<tr>
<td>1</td>
<td>CURRENT</td>
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<td>CURRENT</td>
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<tr>
<th>MATERIAL DESCRIPTION</th>
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<tbody>
<tr>
<td>Floor Tile</td>
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<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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</table>

CHECK ONE

<table>
<thead>
<tr>
<th>TSI</th>
<th>SURFACING</th>
<th>MISCELLANEOUS</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>CHECK ONE</th>
<th>ASSUMED ACBM</th>
<th>Confirmed ACBM</th>
<th>Non-ACBM</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>CHECK ONE</th>
<th>Non-Friable</th>
<th>Friable</th>
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</thead>
<tbody>
<tr>
<td>X</td>
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</table>

EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

<table>
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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>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
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<td>1</td>
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</table>

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

EXPOSURE POPULATION (CHECK ALL APPLICABLE)

<table>
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<tr>
<th>Maintenance</th>
<th>Custodial</th>
<th>Faculty/Staff</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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 |

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

STEPHANIE PETTY
INSPECTOR (Typd Name)

STEVE CHAMBLISS
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE
School Building Name: West Chester Elementary
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988
BUILDING #: Main
INSPECTION DATE: 03/16/2010

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
</tr>
</thead>
<tbody>
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<td>6</td>
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<table>
<thead>
<tr>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

LENGTH OF EXPOSURE
1 HOUR/WEEK
5 HOUR/WEEK
10 HOUR/WEEK
20 HOUR/WEEK
40 HOUR/WEEK

<table>
<thead>
<tr>
<th>1 TO 5 (5 WORST)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

EXPOSURE POPULATION
- MAINTENANCE
- CUSTODIAL
- FACULTY/STAFF
- PUBLIC

ASSESSMENT (MARK FROM 1 TO 7)

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

ASSSESSMENT LEGEND
1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged surfacing material
4. Damaged/significantly damaged friable surfacing material
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

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

STEPPHANIE PETTY
INSPECTOR (Typed Name)

STEVE CHAMBLISS
MANAGEMENT PLANNER

SIGNATURE

ASBMR0910310/IN
ACCREDITATION #STATE

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

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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 5/18/11 (Spring)</th>
<th>ACBM CONDITION*</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>
<td></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>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
<tr>
<td></td>
<td>Ceiling tile</td>
<td>All</td>
<td></td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transite panels</td>
<td>All</td>
<td></td>
<td></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): Ken West

SURVEILLANCE INSPECTOR’S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): AHERA 9.010/2/07
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

BUILDING NAME: MAIN

LEA NO: 120

SCHOOL NO: 120-005

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>
<td></td>
</tr>
<tr>
<td>5A</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>7A</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>7B</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9A</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</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>
</tr>
<tr>
<td>9C</td>
<td>H2O Tank Insulation</td>
<td>N/A</td>
<td>N/A</td>
<td>Tank removed in '99</td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10A</td>
<td>Boiler Jacket</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>10B</td>
<td>Pipe Insulation</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

(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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</tr>
</thead>
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<tr>
<td>10C</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13A</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13B</td>
<td>Pipe Insulation</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</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): 

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: EAST CHESTER ELEMENTARY
SCHOOL NO.: 120-0015

BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each school building containing ACBM must be inspected. 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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<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>5</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>7</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
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<td>N/C</td>
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SURVEILLANCE INSPECTOR'S NAME (please print): Ken West
*IF NO CHANGE IN CONDITION WRITE N/C

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

AHERA Accreditation Number/Date (if applicable): 

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 the Management Plan.

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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>N/C</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>N/C</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>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
<td></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>
<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: 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>N/C</td>
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<td></td>
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<tr>
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<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): 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: NORTH CHESTER ELEMENTARY
SCHOOL NO.: NA

BUILDING NAME: MAIN

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

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</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</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>
</tr>
<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)
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></td>
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<td>OTHER (Please Explain)</td>
</tr>
</tbody>
</table>

TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: WEST CHESTER ELEMENTARY

BUILDING NAME: MAIN

LEA NO: 120

SCHOOL NO: 30

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 7/1 to 12/31 (Spring)</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>
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<td>5</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</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

(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

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

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

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>1st six months Date 11/16/2011 (Fall)</th>
<th>2nd six months Date 5/17/12 (Spring)</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>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td>7</td>
<td>Floor tile</td>
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<td>N/C</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Floor tile</td>
<td>All</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></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): AHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO:

BUILDING NAME: MAIN

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

<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>
<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>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</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
(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: 12/04/12

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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<th>TYPE OF DOCUMENT</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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<td>X</td>
<td>SIX MONTH PROGRESS REPORT</td>
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<td></td>
<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 NO:**  
**BUILDING NAME:** MAIN  

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 12/04/2012 (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>N/C</td>
<td></td>
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<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>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2X4 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): **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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<td></td>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<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

CHOOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO.: 0030

BUILDING NAME: MAIN

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

<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 Date4.9-13</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
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<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
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<td></td>
<td>N/C</td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<td>5</td>
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<td>All</td>
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<td>N/C</td>
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<tr>
<td>6</td>
<td>2X4 Ceiling tile</td>
<td>All</td>
<td></td>
<td></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)
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

<table>
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<td></td>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td></td>
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<td>YEARLY PROGRESS REPORT</td>
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<tr>
<td>X</td>
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<td>THREE YEAR REINSPECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER (Please Explain)</td>
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</table>
## 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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<table>
<thead>
<tr>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
<th>MATERIAL DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile</td>
<td>Floor Tile</td>
<td>Floor Tile</td>
<td>Floor Tile</td>
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</table>

### SURFACING

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

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<th>X</th>
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<th>X</th>
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</table>

### EXPOSURE CONSIDERATION

<table>
<thead>
<tr>
<th>1 TO 6 (6 WORST)</th>
<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>
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<td>1</td>
<td>1</td>
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<td>1</td>
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</tbody>
</table>

### LENGTH OF EXPOSURE

<table>
<thead>
<tr>
<th>CHECK ONE</th>
<th>1 HOUR/WEEK</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
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<tbody>
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</table>

### EXPOSURE POPULATION

<table>
<thead>
<tr>
<th>CHECK ALL APPLICABLE</th>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
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<td>X</td>
<td>X</td>
</tr>
</tbody>
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### ASSESSMENT

<table>
<thead>
<tr>
<th>MARK FROM 1 TO 7</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
<th>5</th>
</tr>
</thead>
</table>

**RESPONSE ACTIONS LEGEND**

1. Institute preventative measures
2. O&M Program
3. Repair
4. Encapsulate
5. Other

### RESPONSE ACTIONS

<table>
<thead>
<tr>
<th>MARK FROM A TO H</th>
<th>B</th>
<th>B</th>
<th>B</th>
<th>B</th>
<th>B</th>
<th>B</th>
<th>B</th>
</tr>
</thead>
</table>

### ASSESSMENT LEGEND

1. Damaged or significantly damaged (T)
2. Damaged or able to surface ACBM
3. Significantly damaged or surface material
4. Damaged or significantly damaged, able to surface ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining flammable ACBM or suspect ACBM

---

**NOTES**

- If previously assumed ACBM was tested, refer to TAIERRA 61, TAIERRA 63, TAIERRA 69, TAIERRA 101
- If "Current" is different from "Last 3 Year", refer to TAIERRA 64 and TAIERRA 63

---

**Stephanie Petty**  
**INSPECTOR**

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

**SIGNATURE**

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

---

**Stephanie Petty**  
**SIGNATURE**

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

---

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

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

<table>
<thead>
<tr>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
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<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
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<tr>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>2x4 Ceiling Tile</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CHECK ONE

**TSI SURFACING**

- **MISCELLANEOUS**

  - **X** | **X** | **X** | **X** | **X**

- **ASSUMED ACM**
  - **CONFIRMED ACM**
  - **NON-ACM**

- **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/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 I)

- **ASSESSMENT LEGEND**
  - 1. Damaged or significantly damaged TSI
  - 2. Damaged friable surfacing ACM
  - 3. Significantly damaged friable surfacing material
  - 4. Damaged or significantly damaged friable misc. ACM
  - 5. ACM w/ potential for damage
  - 6. ACM w/ 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**
  - [Tahera 16.0 (297)]

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

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

**Stephanie Petty**  
**SIGNATURE**

**Stephanie Petty**  
**SIGNATURE**

**A-MP-47891-26076/TN**  
**ACCREDITATION #/STATE**
# STATE OF TENNESSEE
## AHERA TRANSMITTAL/SUBMITTAL FORM

**DATE:** 5-6-2014

- **LEA SYSTEM NAME:** Chester County Schools
- **LEA #:** 120
- **ADDRESS:** PO Box 327, Henderson, Tennessee 38340
- **DESIGNATED PERSON:** Mr. Ken West
- **PHONE:** 731-989-5134

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

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<tr>
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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>X</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: WEST CHESTER ELEMENTARY
SCHOOL NO.: 30

BUILDING NAME: MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 10-15-13 (Fall)</th>
<th>2nd six months Date 5-6-14 (Spring)</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>2</td>
<td>Floor tile</td>
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<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></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>6</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): __________________________

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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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 Bor  
**LEA NO.:** 120  
**SCHOOL NAME:** West Chester Elementary  
**SCHOOL NO.:**  
**BUILDING NAME:** Main  

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

<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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<tr>
<td>1</td>
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<td>N/C</td>
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<tr>
<td>2</td>
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<td>3</td>
<td>Floor tile</td>
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<tr>
<td>6</td>
<td>2X4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
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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: 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>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:** WEST CHESTER ELEMENTARY  
**SCHOOL NO.:**  
**BUILDING NAME:** MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st of Month Date (mm/dd)</th>
<th>2nd of Month Date (mm/dd)</th>
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<td>2</td>
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<td>N/C</td>
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<tr>
<td>4</td>
<td>Floor tile</td>
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<tr>
<td>5</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td>6</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  
*(Surveillance Inspector is not required to be AHERA certified)*

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

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

DATE: 10/13/15

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>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:** WEST CHESTER ELEMENTARY  
**SCHOOL NO:**  
**BUILDING NAME:** MAIN

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

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<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 10/9/15 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date (Spring)</th>
<th>ACBM CONDITION*</th>
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<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
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<td>4</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2X4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
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</tr>
</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): AHERA 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.

Christopher R. Johnson, PG  
Manager

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

DATE: February 24, 2016

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: 970 East Main Street, Henderson, TN 38340

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

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

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<td>MANAGEMENT PLAN</td>
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<tr>
<td></td>
<td></td>
<td>ASBESTOS FREE MANAGEMENT PLAN</td>
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<td>YEARLY 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)
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: [Signature]

DATE: 3/2/16

SUPERINTENDENT (please print): Troy Kilzer II

SUPERINTENDENT SIGNATURE: [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: 7/19/89  INSPECTION DATE: 2/23/16

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<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<td>1</td>
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<td>1488 SF</td>
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<td>4</td>
<td>2960</td>
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</tbody>
</table>

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

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

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

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

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
** "Current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.8

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: Chester County Middle School Building #: Main

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

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<th>MATERIAL DESCRIPTION</th>
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<td>7A</td>
<td>600 LF</td>
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CHECK ONE

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CHECK ONE

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CHECK ONE

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

1-5 (5 WORST)

<table>
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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

(1 HOUR WEEK, 5 HOUR WEEK, 10 HOUR WEEK, 20 HOUR WEEK, 40 HOUR WEEK)

<table>
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<tr>
<th>MAINTENANCE</th>
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ASSESSMENT

(MARK FROM 1 TO 7)

<table>
<thead>
<tr>
<th>RESPONSE ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARK FROM A TO H</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 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

A-I-42505-44826/TN ACREDITATION #/STATE
A-MF-42505-44824/TN ACREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  LEA #: 120
School Building Name: Chester County Middle School  Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/17/89  INSPECTION DATE: 2/23/16

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<td>MATERIAL DESCRIPTION Water Tank Insulation</td>
<td>MATERIAL DESCRIPTION 2x4 Ceiling 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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LENGTH OF EXPOSURE

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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 5 7 7

**RESPONSE ACTIONS (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 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)  A-I-42505-44826/TN

Christopher R. Johnson
MANAGEMENT PLANNER  A-MP-42505-44824/TN
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  LEA #: 120
School Building Name: Chester County Middle School  Building #: Cafe
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89  INSPECTION DATE: 2/23/16

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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)

<table>
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EXPOSURE POPULATION
(CHECK ALL APPLICABLE)

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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 0.5

Christopher R. Johnson
INSPECTOR (Typed Name)

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

Christopher R. Johnson
MANAGEMENT PLANNER

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

TAHERA 16.0 (2/97)  Page of
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  LEA #: 120
School Building Name: Chester County Middle School  Building #: Agr

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/8/89  INSPECTION DATE: 2/23/16

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

CHECK ONE

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CHECK ONE

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| NON-FRIABLE |
| FRIABLE |

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

(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 B

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

A. Institute preventative measures
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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
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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<tr>
<td>Floor Tile</td>
<td>2x4 Ceiling Tile</td>
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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 (5 WORST)

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<tr>
<th>DETERIORATION</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 | 7 | 7 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B |

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

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

A-MP-42505-44824/TN
ACCREDITION #/STATE
**THREE YEAR REINSPECTION**

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

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

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

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<td>Pipe Insulation</td>
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<th>X</th>
<th>X</th>
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</table>

<table>
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<table>
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<table>
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<table>
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**EXPOSURE CONSIDERATION**

<table>
<thead>
<tr>
<th>1 TO 5 (5 WORST)</th>
<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></td>
<td>1</td>
<td>1</td>
<td>1</td>
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</table>

**LENGTH OF EXPOSURE**

<table>
<thead>
<tr>
<th>(CHECK ONE)</th>
<th>1 HOUR/WEIGHT</th>
<th>5 HOUR/WEIGHT</th>
<th>10 HOUR/WEIGHT</th>
<th>20 HOUR/WEIGHT</th>
<th>40 HOUR/WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
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</table>

**EXPOSURE POPULATION**

<table>
<thead>
<tr>
<th>(CHECK ALL APPLICABLE)</th>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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**ASSESSMENT**

(MARK FROM 1 TO 7)

<table>
<thead>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>7</td>
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</tr>
</tbody>
</table>

**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 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 6.8 and TAHERA 8.0  
**If current is different from last 3 year, attach revised TAHERA 6.4 and TAHERA 6.5

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

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

TAHERA 16.0 (2/97)  
Page 1 of 1
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: 7/19/89  INSPECTION DATE: 2/23/16

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<tbody>
<tr>
<td>1</td>
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</tr>
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<td>2</td>
<td>2140 SF</td>
<td>Floor Tile</td>
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<tr>
<td>3</td>
<td>5603 SF</td>
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<td>6240 SF</td>
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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>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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CHECK ONE

<table>
<thead>
<tr>
<th>ASSUMED ACBM</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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CHECK ONE

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

1 TO 5 (WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
<th>1</th>
<th>1</th>
<th>1</th>
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<th>1</th>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>WATER DAMAGE</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ACTIVITY/VIBRATION</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
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<td>EXPOSURE</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>ACCESSIBILITY</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
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</table>

LENGTH OF EXPOSURE

(CHECK ONE)

<table>
<thead>
<tr>
<th>EXPOSURE POPULATION (CHECK ALL APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINTENANCE</td>
</tr>
<tr>
<td>CUSTODIAL</td>
</tr>
<tr>
<td>FACULTY/STAFF</td>
</tr>
<tr>
<td>PUBLIC</td>
</tr>
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ASSESSMENT

(MARK FROM 1 TO 7)

<table>
<thead>
<tr>
<th>RESPONSE ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARK FROM A TO H</td>
</tr>
<tr>
<td>B</td>
</tr>
</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

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

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

A-MP-42505-44824/TN
ACCRREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  LEA #: 120
School Building Name: West Chester Elementary School  Building #: Main

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

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
</tr>
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<tbody>
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<td>5</td>
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<td>CURRENT</td>
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<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
</tr>
<tr>
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<td>2x4 Ceiling Tile</td>
<td></td>
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CHECK ONE

<table>
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<tr>
<th>TSI SURFACING</th>
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</thead>
<tbody>
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<td>LAST 3 YEAR</td>
<td>CURRENT</td>
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CHECK ONE

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

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EXPOSURE CONSIDERATION

1 TO 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>
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<tr>
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LENGTH OF EXPOSURE

(CHECK ONE)

<table>
<thead>
<tr>
<th>1 HOUR/WEIGHT</th>
<th>5 HOUR/WEIGHT</th>
<th>10 HOUR/WEIGHT</th>
<th>20 HOUR/WEIGHT</th>
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</thead>
<tbody>
<tr>
<td>X</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>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

ASSESSMENT

(MARK FROM 1 TO 7)

| 5 | 5 | 7 | 7 |

**RESPONSE ACTIONS**

(MARK FROM A TO H)

| B | B | B | B |

ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged/friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable surficial 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 years", 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

A-MP-42505-44824/TN
ACCREDITATION #/STATE
# THREE YEAR REINSPECTION

**LEA NAME:** Chester County Schools  
**LEA #:** 120  
**School Building Name:** North Chester Elementary School  
**Building #:** Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:** 7/9/89  
**INSPECTION DATE:** 2/23/16

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<tbody>
<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
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## CHECK ONE

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

**ASSUMED ACBM**

- X

**CONFIRMED ACBM**

- X

**NON-ACBM**

- X

**CHECK ONE**

- X

## EXPOSURE CONSIDERATION

**1 TO 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>
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## LENGTH OF EXPOSURE

<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>
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<tbody>
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<td>X</td>
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<td>X</td>
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<td>X</td>
<td>X</td>
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## EXPOSURE POPULATION

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
<th>ASSESSMENT (MARK FROM 1 TO 7)</th>
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<tbody>
<tr>
<td>X</td>
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**RESPONSE ACTIONS**

**MARK FROM A TO H**

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

**NOTES**

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

---

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

Christopher R. Johnson  
MANAGEMENT PLANNER  
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: 7/19/89
INSPECTION DATE: 2/23/16

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<tbody>
<tr>
<td>6</td>
<td>1870 SF</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>7</td>
<td>6669 SF</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>8</td>
<td>864</td>
<td>2x4 Ceiling Tile</td>
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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 (5 WORST)

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

LENGTH OF EXPOSURE

(CHECK ONE)

1 HOUR/WEEK
5 HOUR/WEEK
10 HOUR/WEEK
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 friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable surf. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or suspect ACBM

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B. O & M Program
C. Repair
D. Encapsulate
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INSPECTOR (Typed Name)

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

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

TAHERA 16.0 (2/97)
Page of
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>
<thead>
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<th>MATERIAL DESCRIPTION</th>
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<tbody>
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</tr>
<tr>
<td>2</td>
<td>576 SF</td>
<td>Floor Tile</td>
</tr>
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<td>3</td>
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</tr>
<tr>
<td>4</td>
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**CHECK ONE**

<table>
<thead>
<tr>
<th>TSI SURFACING</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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**EXPOSURE CONSIDERATION**

1 TO 3 (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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<th>1 HOUR/WEEK</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
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**EXPOSURE POPULATION**

(ALL APPLICABLE)

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<thead>
<tr>
<th>MAINTENANCE</th>
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<th>FACULTY/STAFF</th>
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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

*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 6.6

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: East Chester Elementary School  Building #: Main
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/89  INSPECTION DATE: 2/23/16

<table>
<thead>
<tr>
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<tr>
<td>5</td>
<td>11417 SF</td>
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<td>6</td>
<td>10070 SF</td>
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<tr>
<td>7</td>
<td>1544 SF</td>
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CHECK ONE
TSI SURFACING
- LAST 3 YEAR
- CURRENT
- CHECK ONE
- ASSUMED ACBM
- CONFERMED ACBM
- NON-ACBM
- CHECK ONE
- NON-FRIABLE
- FRIABLE

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

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

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

ASSESSMENT
(MARK FROM 1 TO 7)
- 5

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

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
SIGNATURE  ACCREDITATION #/STATE

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

Lea Name: Chester County Schools
Lea #: 120
School Building Name: East Chester Elementary School
Building #: Main

Date of Implementation of Management Plan: 7/1/89
Inspection Date: 2/23/16

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</tbody>
</table>

Exposure Consideration
1 to 5 (5 worst)
- Deterioration: 1 1 1 1 1
- Physical Damage: 1 1 1 1
- Water Damage: 1 1 1 1
- Activity/Vibration: 2 2 1 1
- Exposure: 2 2 1 1
- Accessibility: 1 1 1 1

Length of Exposure
1 Hour/Week: X X
5 Hour/Week: X X
10 Hour/Week: X X
20 Hour/Week: X X
40 Hour/Week: X X

Exposure Population
- Maintenance: X X X X
- Custodial: X X X X
- Faculty/Staff: X X X X
- Public: X X X X

Assessment (Mark from 1 to 7)
5 5 7 7

Response Actions
(Mark from A to H)
B B B B

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

Notes:
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.6 and TAHERA 6.8
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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
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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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)

<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

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EXPOSURE POPULATION

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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

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 6.8
** 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/SC
ACCREDITATION #/STATE

Christopher R. Johnson
MANAGEMENT PLANNER

A-MP-42505-44824/SC
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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<th>HA NUMBER</th>
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CHECK ONE

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CHECK ONE

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EXPOSURE CONSIDERATION

1 TO 5 (WORST)

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

LENGTH OF EXPOSURE

(CHECK ONE)

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

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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

ASSESSMENT

(MARK FROM 1 TO 7)

| 7 | 7 | |

**RESPONSE ACTIONS

(MARK FROM A TO H)

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged friable surfacing material
4. Damaged/significantly damaged friable misc. ACBM
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6. ACBM with potential for significant damage
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ASSESSMENT LEGEND

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H. Other

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Christopher R. Johnson
INSPECTOR (Typed Name)

A-42505-44826/TN

Christopher R. Johnson
SIGNATURE

A-MP-42505-44824/TN

MANAGEMENT PLANNER

Page 1 of 1

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>
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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 IS WORST)

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

**LENGTH OF EXPOSURE**

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

| X | X | X | X | X | X |

**EXPOSURE POPULATION**

<table>
<thead>
<tr>
<th>MAINTENANCE</th>
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<th>FACULTY/STAFF</th>
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<td>X</td>
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</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 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
### 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:** 7/989  
**INSPECTION DATE:** 2/23/16

<table>
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<th>HA NUMBER</th>
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<th>LAST 3 YEAR</th>
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<th>MATERIAL DESCRIPTION</th>
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<tr>
<td>Floor Tile</td>
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<tr>
<td>2x4 Ceiling Tile</td>
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**CHECK ONE**  
- TSI SURFACING  
- MISCELLANEOUS  

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

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<th>LENGTH OF EXPOSURE</th>
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<th>10 HOUR/WEEK</th>
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**EXPOSURE POPULATION**  
- MAINTENANCE  
- CUSTODIAL  
- FACULTY/STAFF  
- PUBLIC  

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

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

**ASSESSMENT LEGEND**  
1. Damaged/significantly damaged TSI  
2. Damaged friable surface ACBM  
3. Significantly damaged friable surface 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)  
A-I-42505-44826/TN  
ACREDITATION #/STATE

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

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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<tbody>
<tr>
<td>Accreditation</td>
<td>Re-Accreditation</td>
<td>A-F-690-46059</td>
<td>December 01, 2015</td>
<td>December 31, 2016</td>
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</table>

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
<table>
<thead>
<tr>
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<tr>
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<tr>
<td>Project Monitor</td>
<td>A-PN-42505-44823</td>
<td>Oct-31-2016</td>
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</tbody>
</table>

Asbestos Accreditation

Christopher R. Johnson

DOB: 30-Nov-1961
Sex: M
Height: 5'9"
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO:

BUILDING NAME: MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 8/22/2016 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date (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></td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
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<tr>
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<td>Good</td>
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</tr>
<tr>
<td>6</td>
<td>2X4 Ceiling tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: [Signature]

(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: WEST CHESTER ELEMENTARY
SCHOOL NO.:

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<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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>All</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
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<td>Good</td>
<td>Good</td>
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</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
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AHERA Accreditation Number/Date (if applicable): AHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO:

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<th>1st six months Date</th>
<th>2nd six months Date</th>
<th>DATE REMOVE</th>
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<tr>
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<td>8/9/2017 (Fall)</td>
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SURVEILLANCE INSPECTOR’S SIGNATURE: [Signature]
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AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO: 

BUILDING NAME: MAIN

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<td>1</td>
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SURVEILLANCE INSPECTOR’S SIGNATURE: 
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AHERA Accreditation Number/Date (if applicable): 

TAHERA 9.0 (2/97)
## PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO:** 120  
**SCHOOL NAME:** WEST CHESTER ELEMENTARY  
**SCHOOL NO:**  
**BUILDING NAME:** MAIN

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

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<th>2nd six months Date (Spring)</th>
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**SURVEILLANCE INSPECTOR’S NAME** (please print): Britt Eads

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

**AHERA Accreditation Number/Date (if applicable):**  
AHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: WEST CHESTER ELEMENTARY

BUILDING NAME: MAIN

LEA NO: 120

SCHOOL NO:

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

SURVEILLANCE INSPECTOR’S SIGNATURE: [Signature]

(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: WEST CHESTER ELEMENTARY  SCHOOL NO: ____________
BUILDING NAME: MAIN

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<th>DESCRIPTION OF ACBM</th>
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<th>1st six months Date 8/8/2019 (Fall)</th>
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<tbody>
<tr>
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SURVEILLANCE INSPECTOR’S NAME (please print): Britt Eads

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

AHERA Accreditation Number/Date (if applicable): ____________________________

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO:

BUILDING NAME: MAIN

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<table>
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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 8/8/2019 (Fall)</th>
<th>2nd six months Date 2/7/2020 (Spring)</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>Good</td>
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