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<th>Contents</th>
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</thead>
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<td>b. East Chest Elementary School</td>
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<td></td>
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<td></td>
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<tr>
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<td>c. East Chest Elementary School</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>f. West Chest Elementary School</td>
<td></td>
</tr>
</tbody>
</table>

**LEA:** Chester County  
**LEA NO.:** 120  
**Date:** 9/30/88  
**TAHERA 4.0 (8/88)**  
**Page 1 of 1**
TRANSMITTAL SHEET/AHERA SUBMITTALS

1. DEFERRAL REQUEST
SUBMISSION: Original ☐ Resubmittal ☐
STATE REVIEW
Remarks:

No Exceptions Taken ☐
Returned for Reasons Stated ☐

2. MANAGEMENT PLAN
SUBMISSION: Original ☒ Resubmittal ☐ New Building ☐
STATE REVIEW
Remarks:

No Exceptions Taken ☐
Returned for Reasons Stated ☐

3. MANAGEMENT PLAN PROGRESS REPORT No. Dated
SUBMISSION: Original ☐ Resubmittal ☐
STATE REVIEW
Remarks:

No Exceptions Taken ☐
Returned for Reasons Stated ☐

Reviewer's Signature
Dated:

LEA: Chester Co. Board of Education LEA NO.: 120
Address: P.O. Box 327
Henderson, TN 38340
County: Chester County
Superintendent: Dr. Kathy Coatney Mays
Date: 9/30/88

TAHERA 1.0(8/88) Page 1 of 209
No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99-519, and Code of Federal Regulations Title 40, Part 763 (AHERA). The U.S. Environmental Protection Agency and the State of Tennessee recommend those persons or firms performing as professionals be registered under the registration laws of the State of Tennessee or a state which has reciprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

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

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

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

Name: Gene Cain
Firm/LEA: Madison County Board of Education
Address: 301 South Highland Ave.
City/State/Zip: Jackson, TN 38301
Telephone: 901-427-0270
Signature: Gene Cain
Dated: 9/30/88

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

LOCAL EDUCATION AGENCY (LEA) DESIGNATED PERSON

Name: Gene Cain
Address: 301 South Highland Ave.
City/State/Zip: Jackson, TN 38301
Telephone: 901-427-0270
Signature: Gene Cain
LEA Designated Person’s Signature: Gene Cain
Dated: 9/30/88

Training Agency: Georgia Tech
Training Course: Inspecting & Managing Asbestos
Training Dates: March 23-25, 1988
Total Hours: 40

LEA Superintendent’s Signature: Kathy Coatchey Mays
Dated: September 30, 1988

(Management)
(Planner’s)
(Seal)

LEA: Chester Co. Board of Edu.
Address: P.O. Box 327
Henderson, TN 38340
Superintendent: Dr. Kathy Coatchey Mays
Telephone: 901-989-5134
Date: 9/30/88

TAHERA 2.0(8/88)

Page 2 of 209
ASSURANCES

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

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

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

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

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

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

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

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

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

Signed: [Signature]  
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)  
Page 3 of 209
# SCHOOL BUILDING LIST

List all schools and separate buildings:

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

**LEGEND:**

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

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

**Date:** 9/30/88
1. BUILDING STATISTICS

<table>
<thead>
<tr>
<th>Date</th>
<th>Area Name, Wing</th>
<th>Use</th>
<th>Total Area (Square Feet)</th>
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<tr>
<td>8-49</td>
<td>North Chester</td>
<td>School</td>
<td>19,193</td>
</tr>
<tr>
<td>7-63</td>
<td>5 Classrooms, Kitchen Cafeteria</td>
<td></td>
<td>10,511</td>
</tr>
<tr>
<td>8-49</td>
<td>Brick Storage</td>
<td></td>
<td>1,500</td>
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<tr>
<td>7-66</td>
<td>Portable Storage</td>
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<td>864</td>
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2. STRUCTURAL SYSTEMS

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<th>Walls:</th>
<th>Floors:</th>
<th>Roof:</th>
<th>Foundation:</th>
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</thead>
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<tr>
<td>☐ Masonry/Concrete</td>
<td>☐ Wood</td>
<td>☐ Wood</td>
<td>☐ Slab-on-grade</td>
</tr>
<tr>
<td>☐ Steel</td>
<td>☐ Concrete</td>
<td>☐ Concrete</td>
<td>☐ Crawlspace</td>
</tr>
<tr>
<td>☐ Wood</td>
<td>☐ Steel</td>
<td>☐ Steel</td>
<td>☐ Basement</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
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Notes (Explain Other): 

3. MECHANICAL SYSTEMS

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<td>☐ Central HVAC</td>
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<tr>
<td>☐ Radiator</td>
<td>☐ Wall Electric</td>
</tr>
<tr>
<td>☐ Wall Electric</td>
<td>☐ Window Units</td>
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<td>☐ Other</td>
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Notes (Explain Other): 

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<th>Flooring:</th>
<th>Walls:</th>
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<tr>
<td>☐ Lathe and Plaster</td>
<td>☐ Vinyl Tile</td>
<td>☐ Lathe and Plaster</td>
</tr>
<tr>
<td>☐ Gypsum Board</td>
<td>☐ Carpet</td>
<td>☐ Gypsum Board</td>
</tr>
<tr>
<td>☐ Acoustical Finish</td>
<td>☐ Wood</td>
<td>☐ Masonry</td>
</tr>
<tr>
<td>☐ Tile</td>
<td>☐ Unfinished</td>
<td>☐ Wood/Panelling</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Other</td>
</tr>
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</table>

Notes (Explain Other): 

5. SUMMARY OF DOCUMENTS REVIEWED

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

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

Date of Inspection: 7-26-88

Inspection Team Members: Gene Cain

Signature:

Accreditation Number/State: 477-Georgia

Affiliation:

LEA: Chester County

LEA NO.: 120

Date: 9/30/88

TAHERA 6.1(8/88)
### Homogeneous Area Summary

**School:** North Chester Elementary  
**No.:** 120-0020

#### 1. Material Description

<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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<tbody>
<tr>
<td>1</td>
<td>Pipe Wrapping</td>
<td>T</td>
<td></td>
<td></td>
<td>0028-1</td>
</tr>
<tr>
<td>2</td>
<td>Asphalt Tile</td>
<td>M</td>
<td></td>
<td></td>
<td>0028-2</td>
</tr>
<tr>
<td>3</td>
<td>Asphalt Tile</td>
<td>M</td>
<td></td>
<td></td>
<td>0028-3</td>
</tr>
<tr>
<td>4</td>
<td>Sprayed on Ceiling</td>
<td>S</td>
<td></td>
<td>9-3-5</td>
<td>0028-4</td>
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<td>M</td>
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<td>0028-7</td>
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<td>M</td>
<td></td>
<td></td>
<td>0028-8</td>
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<tr>
<td></td>
<td>Ceiling Tile</td>
<td>M</td>
<td></td>
<td></td>
<td>All</td>
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#### 2. ACBM

<table>
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<tr>
<th>HA No.</th>
<th>Confirmed F</th>
<th>NF</th>
<th>Assumed F</th>
<th>NF</th>
<th>No ACBM</th>
<th>Total Quantity (Show Units)</th>
<th>Exposure Considerations</th>
<th>Assessment Category</th>
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<tr>
<td>1</td>
<td>X</td>
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<td>2</td>
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<td>3904 Sq. Ft.</td>
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<tr>
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<td>X</td>
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<td></td>
<td></td>
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<td>200 Sq. Ft.</td>
<td>1 1 1 1 2 3 2 4</td>
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<td>X</td>
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<td>4768 Sq. Ft.</td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td>X</td>
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<td></td>
<td>1870 Sq. Ft.</td>
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<tr>
<td>6</td>
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<td></td>
<td></td>
<td></td>
<td>6669 Sq. Ft.</td>
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<td></td>
<td>864 Sq. Ft.</td>
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<td>8</td>
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<td></td>
<td></td>
<td>29,000 Sq. Ft.</td>
<td>1 1 1 1 3 3 3 5 5</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

**Assessment Categories:**

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

**Legend:**

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

---

**LEA:** Chester County  
**LEA NO.:** 120  
**Date:** 9/30/88  
**Page 117 of 209**
Identify limits of homogeneous area and sample locations.
Identify limits of homogeneous area and sample locations.

Homogeneous Area B

Scale 1" = 10'

N

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

TAHERA 6:3(8/88)
Identify limits of homogeneous area and sample locations.

N

142' 0"

Gym

Homogeneous Area C

Scale 1" = 40'

Vynl Asbestos
Floor Tile

LEA: Chester County         LEA NO.: 120

Date: 9/30/88

TAHERA 6.3(8/88)
Identify limits of homogeneous area and sample locations.

Samples

0028-2-6

0028-2-3

0028-2-9

DRESSING ROOM
22' x 22'

DRESSING ROOM
22' x 22'

N

HOMOGENEOUS AREA D

SCALE 1" = 10'

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

TAHERA 6.3(8/88)  Page 121 of 209
Identify limits of homogeneous area and sample locations.

---

**Homogeneous Area E**

**Scale 1"=20'**

- **VYINL ASBESTOS**
- **FLOOR TILE**

---

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

**Date:** 9/30/88

---

TAHERA 6.3(8/88)  |  Page 122 of 209
Identify limits of homogeneous area and sample locations.
Identify limits of homogeneous area and sample locations.

HOMOGENEOUS AREA G

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.

**Portale Storage**

**Scale** $\frac{1}{8}" : 10"$

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

Brick Storage Bldg.

Scale \(\frac{1}{8}" \times 1"\)

LEA: Chester County  
LEA NO.: 120

Date: 9/30/88
1. Recommended by Management Planner.

<table>
<thead>
<tr>
<th>HA No.</th>
<th>ACBM Description</th>
<th>Management Planner Recommended Response Action</th>
<th>LEA Selected Response Action*</th>
<th>Schedule Dates Start</th>
<th>Complete</th>
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<tr>
<td>1</td>
<td>TSI</td>
<td>Repair</td>
<td>Repair</td>
<td>9/1/88</td>
<td>7/9/89</td>
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<td></td>
<td>Asphalt</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
</tr>
<tr>
<td></td>
<td>Asphalt</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
</tr>
<tr>
<td></td>
<td>Sprayed on</td>
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</tr>
<tr>
<td>4</td>
<td>Ceiling</td>
<td>None</td>
<td>None</td>
<td>July 1989</td>
<td>Until</td>
</tr>
<tr>
<td></td>
<td>Asphalt</td>
<td></td>
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<td>Removed</td>
</tr>
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<td>5</td>
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<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
</tr>
<tr>
<td></td>
<td>Asphalt</td>
<td></td>
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<td>Removed</td>
</tr>
<tr>
<td>6</td>
<td>Tile</td>
<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
</tr>
<tr>
<td></td>
<td>Asphalt</td>
<td></td>
<td></td>
<td></td>
<td>Removed</td>
</tr>
<tr>
<td>7</td>
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<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
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<td>Removed</td>
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<tr>
<td>8</td>
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<td>A-B</td>
<td>A-B</td>
<td>July 1989</td>
<td>Until</td>
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<td></td>
<td>Ceiling Tile</td>
<td>A-B</td>
<td>A-B</td>
<td></td>
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</tr>
</tbody>
</table>

2. Management Planner's method for selection of response actions: As defined in AHERA 763.90(B) TSI with potential for damage. (SEE ATTACHMENT)

*If different than recommended action, explain:

Appropriate Response Actions:

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

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

TAHERA 6.4(8/88)
IMPLEMENTATION OF RESPONSE ACTIONS/SCHOOL: North Chester Elementary NO.: 0028

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

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

Throughout

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

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

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

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

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

Include in general Operations and Maintenance Program with removal costs estimated at $3.00 - $4.50 per square foot.
As defined by AHERA this material is in fair condition since only about 2% of the TSI is damaged. By repairing this material, it will be returned to its original condition. This action will protect human health and the environment and will be the least burdensome on the local LEA.
1. RESPONSE ACTION:

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

Notes (Explain Other):

2. DETAILED DESCRIPTION:

Repair TSI on pipe in the boiler room and then follow up using the O & M Procedure.

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

SEE ATTACHED SHEETS

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

1. Material is in fair condition and repair will bring it back to its original condition.

2. This will protect health and environment and be the lease burdensome on the LEA.

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

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

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

At this school about $1000 for material and labor.
Identify limits of homogeneous area and sample locations.

BOILER ROOM

Homogeneous Area A

Scale 1/4" = 10"

TSI

LEA: Chester County  LEA NO.: 120

Date: 9/30/88
FOLLOW-UP ACTIONS

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

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

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

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

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

LEA: Chester County LEA NO.: 120
Date: 9/30/88
September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

Avoid disturbing the ACM (e.g., do not hang plants or pictures on the ACM, do not puch 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 - Cafeteria
Area 2 - Corridors
    Boys and Girls Dressing Rooms
Area 3 - Corridor
    Classrooms 1, 5, 6
    Office Area
    Book Room
    Clinic
    Closet
Area 4 - Classrooms 3, 4, 7, 8
    Teachers Lounge
    Teachers Lounge Closet
    Janitor Closet
    Storage Room
Asphalt Floor Tile (Approximately 11,590 sq. ft.)

Area 5 - Two Classrooms
    Corridor
    Four restrooms in kindergarten rooms
Vinyl Asbestos Floor Tile (Approximately 2,100 sq. ft.)

Area 6 - Boiler Room NONE.
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.

Scale \( \frac{1}{4}'' : 1'0'' \)

--- TSI

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

TAHERA 6.3(8/88)
Identify limits of homogeneous area and sample locations.

**Scale 1" = 10'**

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

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

Homogeneous Area C

Scale 1" = 40'

Vynl Asbestos Floor Tile
Identify limits of homogeneous area and sample locations.

**Samples**

- 0028-7-5
- 0028-7-3
- 0028-7-9

**Homogeneous Area D**

**Dressing Room**

- 220" x 220"
- 44'0"

**Scale 1" = 10'**

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

Homogeneous Area E

Scale 1" = 20'

Vinyl Asbestos
Floor Tile

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

**Homogeneous Area F**

**Scale 1" = 20'**

- **NYL Asbestos**
- **Floor Tile**

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

Dimensions:
- 1230" long
- 500" wide
- 240" high
- 240" high

Areas:
- Classrooms: 35x22
- Halls: 115x10
- Toilet: 38x4
- Storage: 13x22
- Book: 13x22
- Lobby: 24x12

Legend:
- Vinyl Floor
- Asbestos
- Floor Tile

Homogeneous Area G

Scale 1" = 20'

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

PORTABLE STORAGE

SCALE 1/8" = 10"

LEA: Chester County  LEA NO.: 120

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

BRICK STORAGE BLDG.

SCALE 1/8" = 1'0"

LEA: Chester County
LEA NO.: 120
Date: 9/30/88
In areas 2, 3, 4, 5, 6 and 7 there is floor tile assumed to contain asbestos. 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 vacuums will be used for clean up.
   F. All debris will be disposed of according to EPA regulations.
   G. For major release, the building will be closed down and a company accredited to remove asbestos shall be called in.
   H. All records must be kept in the Principal's office.

In Area 1, there is assumed TSI on the pipes. This material shows signs of physical damage and deterioration on about 2% of the insulation. This material must be repaired using Lag-Kap, Lag-Kloth and Lag-Kote. When repaired this will make the TSI non-friable. Signs must be hung in the boiler room and stickers placed on the pipe as a warning of ACBM. The door to the boiler must be kept locked at all times and only maintenance personnel such as custodians are to use this room. For small disturbances the following procedures will be used:

(SEE ATTACHED SHEET)
DISTURBANCE OF ACM INTENDED OR LIKELY T. S. I.

Where asbestos-containing insulation must be removed to maintain or repair the thermal system, the ACM will obviously be disturbed. As with surfacing ACM, the amount to be removed or manipulated will determine the procedures to be used.

SMALL DISTURBANCES

If the amount to be removed is 3 linear feet or less (3 square feet for surfacing material), the project should be considered a small scale disturbance. The following procedures should be followed:

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

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

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

If a glove bag is ruptured during the course of the repairs, work should stop, the area should be sealed off, and all procedures recommended for large-scale asbestos removal (as outlined in Section 8.1.3, large disturbances) should be followed. Thorough clean-up of the work site followed by air testing is especially important to assure that fibers which may have escaped are removed. Sealing tape applied quickly to a small puncture could prevent significant release of fibers to the room, provided the ACM inside the bag was thoroughly wetted as it was removed.
At the conclusion of the work, maintenance workers should clean their clothing as above (if fibers escaped from the glove bag), shower with their respirators on, and clean their respirators while in the shower (see discussion in Section 11 on respirator programs).

All glove bags and any other used materials (including disposable clothing) should be discarded as asbestos waste.
**BULK SAMPLE SUMMARY/SCHOOL:** North Chester Elementary  
**NO.:** 120-0028

Date Samples Collected: 7-27-99  
Date Received by Laboratory: 7-28-99

**Inspector's Name:** Gene Cain  
**Laboratory Name:** Jackson Branch Laboratory

**Inspector’s Signature:**

**Name of Random Number Table Used for Sample Location Selection:** Simplified Sampling Scheme for Friable Surface Material

<table>
<thead>
<tr>
<th>Inspector's Sample No.</th>
<th>Description of Material Sampled</th>
<th>Sample Location</th>
<th>Laboratory Sample No.</th>
<th>Asbestos Type/Percentage</th>
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<td>0028-79</td>
<td>Sprayed On Surface Material</td>
<td>Dressing Room</td>
<td>2589165</td>
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<td>Sprayed On Surface Material</td>
<td>Dressing Room</td>
<td>2589167</td>
<td>None</td>
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</table>

SEE ATTACHED SHEETS

---

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

TAHERA 6.9(8/88)  
Page 147 of 209
This plan deals with non-friable ACM and friable TSI which will become non-friable when it is repaired. Most of the TSI is isolated in the boiler rooms of Chester County High School and North Chester Elementary School.

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

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

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

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

V. All custodians and maintenance personnel will receive two hours of awareness training (T.H.E.-/A.C.T.-/AHERA compliance film plus one hour of discussion of the film). Each will receive a copy of of Asbestos In Buildings - Guidance for Service and Maintenance Personnel. Each maintenance man will also receive 14 additional hours of training:
   A. Respirator for asbestos and filtering - 1 hour
   B. HEPA vacuum cleaner for asbestos clean up - 1 hour
   C. Maintaining asbestos covered pipes and surfaces - 2 hours
   D. Practicing use of glove bag - 5 hours
   E. Repairing TSI with Lag-Kap, Lag-Kloth and Lag-Kote - 5 hours

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

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

VIII. All records of activities involving ACM will be kept in the Principal's office.
   A. Employee training
      1. Name
      2. Job Title
      3. Date training was completed

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

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

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

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

E. For large scale fiber release the school will be closed and a contractor certified to do the work will be called in.
1. Name and signature of the contractor
2. State of accreditation
3. Accreditation number
4. Start and completion dates
5. Location of activity
6. Description of activity
7. If ACM is removed, name and location of storage or disposal sites
LABORATORY ACCREDITATION STATEMENT

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

Laboratory: Jackson Branch Laboratory

Address: 295 Summer Drive, P.O. Box 849
Jackson, Tennessee 38301

Telephone: (901) 424-9200 ext. 365

Analysis Performed by: William Jordan English

Laboratory Manager: Dr. John R. Hitz, Director

Laboratory Manager's Signature: [Signature]

Date: September 15, 1988

NOTE: This accreditation statement is reflective of asbestos samples submitted by Mr. Gene Cain, Madison County Board of Education, and analyzed by PLM. Sample numbers are: 2J 89/65 through 2J 89/73.

Attachment: Copy of Accreditation
National Voluntary Laboratory Accreditation Program (NVLAP)

ASBESTOS PROGRAM FEE CALCULATION FORM

A. Laboratory Name ________ Jackson Branch Laboratory

NVLAP Laboratory Code Number ______ 1450

B. The Test Method Fee for this Program is:

Line 1. $ 250

C. The Proficiency Testing Fee for Bulk Asbestos analysis is:

Line 2. $ 875

D. The On-Site Assessment Fee for the Main Facility is:

Line 3. $ 475

E. The On-site Assessment Fee for Sub-facilities is:

Sub-facilities @ $ 250

Line 4. $ 0

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

F. The Initial (one-time) Fee is:

Line 5. $ 250

G. The Administrative and Technical Support Fee is:

Line 6. $ 1650

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

H. Add Lines 1 through 6 and enter the sum on Line 7.

Line 7. $ 3,500.00

I. IMPORTANT: If you have already paid a $300 deposit, subtract that amount from Line 7 and enter the difference on Line 8. Otherwise, enter the amount from Line 7 on Line 8 and remit that TOTAL FEE to NVLAP.

Line 8. $ 3,200.00

Remit the TOTAL FEE with the blue forms. Retain a photocopy for your future reference. Make all checks payable to: NATIONAL BUREAU OF STANDARDS. Print the letters "NVLAP" on your check so that your payment will be properly credited to the appropriate account. Send all blue forms with payment to:

National Bureau of Standards
VNLAP Program
Billing and Collection
Administration A807
Gaithersburg, MD 20899

For help, call (301) 975-4016.
## BULK SAMPLE ANALYSIS

**HOMOGENEOUS AREA(S):** B

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Lab</th>
<th>Asbestos</th>
<th>%</th>
<th>Comments</th>
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<td>2J89/65</td>
<td>NONE</td>
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<td>2J89/67</td>
<td>NONE</td>
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</table>

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

**Laboratory:** Jackson Branch Laboratory  **Address:** 295 Summar Drive, Jackson, TN 38301

**Analysis Performed By:** Jordan English

**Typed Name:** Jordan English  **Signature:**  **Date:** 7/29/98
REPORT OF BULK SAMPLE ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF LABORATORY SERVICES
JACKSON BRANCH LABORATORY
295 SUMMAR DRIVE
JACKSON, TN 38301

SOURCE North Chester Co. Elem. LOCATION ?
IDENTIFICATION old building, boy's dressing rm. FIELD # 0028-7-9
AGENCY EDUCATION COUNTY Chester BILLING CODE
SEND REPORT TO: DATE COLLECTED 7/27/88 BY Gene Cain
Mr. Gene Cain
Madison County Board of Education
701 South Highland Avenue
Jackson, TN 38301

ANALYSIS REQUESTED:
[ ] QUALITATIVE
[ ] QUANTITATIVE
[ ] QUANTITATE ACM ONLY

LAB DATE RECEIVED 7/28/88 BY Jordan English LAB. # 2J89/65
USE DATE ANALYZED 7-29-88 BY
ONLY DATE REPORTED 7-29-88 BY

GROSS APPEARANCE
[x] Fibrous [ ] Nonfibrous [ ] Homogeneous [x] Heterogeneous
[ ] Layered NUMBER OF LAYERS

SAMPLE TREATMENT
[ ] Untreated [ ] Homogenized [ ] Other Dried

METHOD OF ANALYSIS
[x] Polarized Light Microscopy with Dispersion Staining
[ ] Other

QUALITATIVE RESULTS
[ ] Asbestos Found [x] No Asbestos Observed [ ] Unsatisfactory

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<th>QUANTITATIVE RESULTS</th>
<th>% Constituent</th>
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<tr>
<td>87</td>
<td>Binder/mafic/other</td>
<td></td>
</tr>
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<td>10</td>
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</tr>
<tr>
<td>0.1</td>
<td>Kyanite</td>
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</table>

* Percent by volume unless stated otherwise

THIS LABORATORY'S ACCREDITATION AND TEST REPORTS DO NOT CONSTITUTE OR IMPLY PRODUCT CERTIFICATION, APPROVAL, OR ENDORSEMENT BY THIS OR ANY AGENCY. THIS ANALYSIS HAS BEEN DONE IN ACCORDANCE WITH FEDERALLY APPROVED PROCEDURES AND INCLUDES ADEQUATE QUALITY CONTROL ANALYSIS.

 Supervisor 14-18-88  Date 7/29/88
REPORT OF BULK SAMPLE
ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF LABORATORY SERVICES
JACKSON BRANCH LABORATORY
295 SUMMAR DRIVE
JACKSON, TN 38301

SOURCE North Chester Co. Elem. LOCATION ?
IDENTIFICATION old building, boy's dressing rm. FIELD #0028-7-3
AGENCY EDUCATION COUNTY Chester BILLING CODE
SEND REPORT TO: DATE COLLECTED 7/27/88 BY Gene Cain
Mr. Gene Cain
Madison County Board of Education
701 South Highland Avenue
Jackson, TN 38301

ANALYSIS REQUESTED:
[ ] QUALITATIVE
[ ] QUANTITATIVE
[ ] QUANTITATE ACM ONLY

LAB DATE RECEIVED 7/28/88 BY Jordan English LAB # 2189/66
USE DATE ANALYZED 7/29/88 BY Jordan English
ONLY DATE REPORTED 7/29/88 BY Jordan English

GROSS APPEARANCE
[ ] Fibrous [ ] Nonfibrous [ ] Homogeneous [ ] Heterogeneous
[ ] Layered NUMBER OF LAYERS

SAMPLE TREATMENT
[ ] Untreated [ ] Homogenized [ ] Other Dried

METHOD OF ANALYSIS
[ ] Polarized Light Microscopy with Dispersion Staining
[ ] Other

QUALITATIVE RESULTS
[ ] Asbestos Found [ ] No Asbestos Observed [ ] Unsatisfactory

QUANTITATIVE RESULTS *

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<th>% Constituent</th>
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<tbody>
<tr>
<td>65 Quartz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Binder/mafic/other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1 Cellulose</td>
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* Percent by volume unless stated otherwise

THIS LABORATORY'S ACCREDITATION AND TEST REPORTS DO NOT CONSTITUTE OR IMPLY PRODUCT CERTIFICATION, APPROVAL, OR ENDORSEMENT BY THIS OR ANY AGENCY. THIS ANALYSIS HAS BEEN DONE IN ACCORDANCE WITH FEDERALLY APPROVED PROCEDURES AND INCLUDES ADEQUATE QUALITY CONTROL ANALYSIS.

Supervisor: [Signature] Date 7/24/80

Page 187 of 209
REPORT OF BULK SAMPLE
ANALYSIS FOR ASBESTOS
TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF LABORATORY SERVICES
JACKSON BRANCH LABORATORY
295 SUMMER DRIVE
JACKSON, TN 38301

SOURCE: North Chester Co. Elem. LOCATION:
IDENTIFICATION: old building, boy's dressing rm. FIELD: #0028-7-5
AGENCY: EDUCATION: COUNTY: CHESTER: BILLING CODE:
SEND REPORT TO: DATE COLLECTED: 7/27/88 BY: Gene Cain
Mr. Gene Cain
Madison County Board of Education
701 South Highland Avenue
Jackson, TN 38301

ANALYSIS REQUESTED:
[ ] QUALITATIVE
[ ] QUANTITATIVE
[ ] QUANTITATE ACM ONLY

LAB: DATE RECEIVED: 7/28/88 BY: Jordan English LAB. #2J89/67
USE: DATE ANALYZED: 7/29/88 BY:
ONLY: DATE REPORTED: 7/29/88 BY: Jordan English

GROSS APPEARANCE
[ ] Fibrous [ ] Nonfibrous [ ] Homogeneous [ ] Heterogeneous
[ ] Layered
NUMBER OF LAYERS

SAMPLE TREATMENT
[ ] Untreated [ ] Homogenized [ ] Other: Dried

METHOD OF ANALYSIS
[ ] Polarized Light Microscopy with Dispersion Staining
[ ] Other

QUALITATIVE RESULTS
[ ] Asbestos Found [ ] No Asbestos Observed [ ] Unsatisfactory

QUANTITATIVE RESULTS

<table>
<thead>
<tr>
<th>%</th>
<th>Constituent</th>
<th>%</th>
<th>Constituent</th>
<th>%</th>
<th>Constituent</th>
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</thead>
<tbody>
<tr>
<td>53</td>
<td>Binder/mafic/other</td>
<td>45</td>
<td>Quartz</td>
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<tr>
<td>r1</td>
<td>Antigorite</td>
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<td>Cellulose</td>
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* PERCENT BY VOLUME UNLESS STATED OTHERWISE

THIS LABORATORY'S ACCREDITATION AND TEST REPORTS DO NOT CONSTITUTE
OR IMPLY PRODUCT CERTIFICATION, APPROVAL, OR ENDORSEMENT BY THIS
OR ANY AGENCY. THIS ANALYSIS HAS BEEN DONE IN ACCORDANCE WITH
FEDERALLY APPROVED PROCEDURES AND INCLUDES ADEQUATE QUALITY
CONTROL ANALYSIS.

Supervisor: (Signature) Date: 7/29/88

Page 188 of 209
<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Receiver's Initials</th>
<th>Photo. Number</th>
<th>Description of Sampled Material</th>
<th>Sample Site Location</th>
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<tr>
<td>2028 7-9</td>
<td>8</td>
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<td>Sprayed on Surface Material</td>
<td>Boy's Dressing Room</td>
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<tr>
<td>2028 7-3</td>
<td>6</td>
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<td>6</td>
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<td>Boy's Dressing Room</td>
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Receiving Analyst's Name: Jordan English
Receiving Analyst's Site: Jackson Branch Lab.
Receiving Analyst's Signature: [Signature]
Date Samples Received: 7/28/88

Inspector's Name: [Name]
Inspector's Site: Chester County Biological
Inspector's Signature: [Signature]
Date Samples Collected: [Date]
MARCH 21-23, 1988
Atlanta, Georgia
EDUCATION EXTENSION SERVICES
GEORGIA TECH
conducted by

Inspecting Building for Asbestos
has successfully completed

GENE E. CAIN

This is to certify that

GEORGIA INSTITUTE OF TECHNOLOGY
Gene E. Cain
The Georgia Institute of Technology

Certificate

Certificate Number
477

Date
March 23, 1988

Exam Administrator

Course Director

Inspecting Buildings for Asbestos-Containing Materials

Covering the contents of a continuing education course entitled:

Has attended and satisfactorily passed an examination

Page 191 of 200
March 25, 1988

Certificate Number A18

The Georgia Institute of Technology

MANAGING ASBESTOS IN BUILDINGS

Gene E. Cain

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

Exam Administrator

Page 192 of 209
GEORGIA INSTITUTE OF TECHNOLOGY

March 24-25, 1988
Atlanta, Georgia

EDUCATION EXTENSION SERVICES
GEORGIA TECH

Conducted by

Evaluating Assessments in Buildings

has successfully completed

Gene E. Cain

This is to certify that
QUALITATIVE RESPIRATOR FIT TEST

Name: GENE F. CAIN
Social Security No.: 415-XX-5134
Respirator Type: NORTH 7260

By: [Signature]  Date: 3/22/13

Georgia Tech Research Institute
September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

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

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

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

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

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

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

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

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


ATTENDEES:

NAME (Print)                      JOB TITLE

Mall Rose                      Janitor - Cafeteria
Almeo Ray Clement          Janitor - East Chester
P.C. Barrows                  Janitor - West Chester
J.R. Odger                      Custodian - North Chester
J.K. Freeman                     Custodian - East
Lloyd King                          Maint.
J.R. Greene                     Custodian - Jr. High Cafeteria
Irene Dunn                        Maint.
William Spence                      Janitor Jr. High School

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County           LEA NO.: 120

Date: 9/30/88

TAHERA 11.0(8/88)
EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

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

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


ATTENDEES:

NAME (Print)

Johnny Hayes
Marvin C. Davis
David Williams
Kathy Francine Hayes

JOB TITLE

Janitor, High School
Janitor, Jr. High School
Maintenance
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)  Page 198 of 209
**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:**

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<th>JOB TITLE</th>
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<tr>
<td>Dewayne Miller</td>
<td>Clerk</td>
</tr>
<tr>
<td>Lloyd H. Keng</td>
<td>1611</td>
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* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.

**LEA Designated Person:** Gene Cain

**Signature:**

---

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

**Date:** 9/30/88

TAHIERA 11.0(8/88)  Page 199 of 209
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:

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<th>JOB TITLE</th>
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* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.

LEA Designated Person: Gene Cain
Signature: ____________________________

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

*Location of Training:* Chester County Courthouse

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

*Instructor (Print Name):* Gene Cain

*Subject Matter Covered:* HEPA vacuum cleaner for asbestos cleanup.

**ATTENDEES:**

<table>
<thead>
<tr>
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* LEA Designated Person certifies that the person indicated attended the above described AHERA Compliance Training Program.

*LEA Designated Person:* Gene Cain

*Signature:* [Signature]

LEA: Chester County  
LEA NO.: 120

Date: 9/30/88

TAHERA 11.0(6/88)  
Page 201 of 209
Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

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

ATTENDEES:

NAME (Print)    JOB TITLE

Davy W.       

Segal K.  

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County    LEA NO.: 120

Date: 9/30/88
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>
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<th>JOB TITLE</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>(11)</td>
</tr>
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</table>

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County  LEA NO:120

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

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

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

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

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

LEA: Chester County
LEA NO.: 120
Date: 9/30/88
1. Locations cleaned:
   All of the floors in the building.

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

3. Names of persons performing cleaning and training dates:
   1. Gail Ross
   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

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

TAHERA 13.0(8/88)
1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cair

Signature: __________________________

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: 6/13-17/88

5. LEA Designated Person: Gene Cain

   Signature: ____________________________

   Date: 9/30/88

---

LEA: Chester County

LEA NO.: 120

Date: 9/30/88
1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:


Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: ____________________________

Date: 9/30/88
CLEANING RECORD /SCHOOL: West Chester Elementary NO.: 120-0030

1. Locations cleaned:

   All floors in the building.

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

   Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

   Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

   Signature: [Signature]

   Date: 9/30/88

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

EDDIE MILLER

has successfully completed and passed an examination for the course of

EPA/AHERA Approved Accreditation Course

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

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

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

[Signatures]
Classroom Instructor
Field Instructor
Director of Programs
Asbestos
CERTIFICATE OF ACHIEVEMENT

Awarded to
LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

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

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

Awarded to

LARRY EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

Certificate Number: 431-53-1229

Examination Date: May 19, 1999

Course Date: May 19, 2000

Expiration Date:

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

this certifies that

**Eddie Miller**

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

Asbestos Building Inspector/Management Planner
Annual Refresher Training Course

**May 18th, 2000 in Memphis, Tennessee**

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

BIMPR431-53-1229
Certificate Number

May 18th, 2000
Examination Date

May 18th, 2001
Expiration Date

[Signature]
Classroom Instructor

Melanie M. Wright, Course Administrator
This is to certify that

Eddie Miller

completed the requirements for asbestos accreditation under Section 206 of TSQA, Title II, 15 U.S.C. 2646

as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)

on 01/18/01 - 01/18/01 and passed the associated examination on 01/18/01

with a score of 70% or better.

C.M.

Instructor

President

META
P.O. Box 786
Lawrence KS 66044
800.444.6382

M.W.
MAYHEW
ALCOHOLIC
ASSOCIATES
EST 1985
KANSAS INC. 1987

M.E.T.A.
METRO ENVIRONMENTAL TRAINING ASSOCIATES

Certificate # MEE118730MR004
Asbestos

CERTIFICATE OF ACHIEVEMENT

Awarded to

EDDIE MILLER

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

Asbestos Management Planner Refresher Training Course

431-53-1229
Certificate Number
January 23, 2002
Examination Date
January 23, 2002
Course Date
January 23, 2003
Expiration Date

Phyllis Moore
Environmental Technologies
P.O. Box 21243
Little Rock, AR 72221
(501) 423-9585
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, 2004

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date

Environmental Technologies
P.O. Box 21243
Little Rock, AR 72224
(501) 425-9585
STATE OF TENNESSEE
AHERA TRANSMITTL/SubmitAL 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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<th>1 HOUR/WEek</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
<th>24 HOUR/WEEK</th>
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</tbody>
</table>

**RESPONSE ACTIONS**

**ASSESSMENT LEGEND**

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

**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 ACPM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.4 and TAHERA 6.5
** If current is different from "last 5 year", attach revised TAHERA 6.4 and TAHERA 6.5

---

**Eddie Miller**
INSPECTOR (Typed Name)

**Signature**

**Eddie Miller**
MANAGEMENT PLANNER

**Signature**

---

**ACCRREDITATION #/STATE**

431531229 / TN

---

**ERA 16.0 (12/93)**

PAGE ___ OF ___
<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<td>1879 sq ft</td>
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<td>6669 sq ft</td>
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<tr>
<td>8</td>
<td>29,000 sq ft</td>
<td>2x4 Ceiling Tile</td>
<td>X</td>
<td>X</td>
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**Check One**

- TSI SURFACING
- MISCELLANEOUS
- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM
- FRIABLE
- EXPOSURE CONSIDERATION
- DETERIORATION
- PHYSICAL DAMAGE
- WATER DAMAGE
- ACTIVITY/VIBRATION
- EXPOSURE
- ACCESSIBILITY

**Length of Exposure**

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

**Exposure Population**

- Maintenance
- Custodial
- Faculty/Staff
- Public

**Assessment**

- A-R
- A-B
- A-H

**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 TAIERA 6.2, TAIERA 6.3, TAIERA 6.9 and TAIERA 6.0
- ** If current is different from last 3 year, attach revised TAIERA 6.4 and TAIERA 6.5

**Eddie Miller**

**INSPECTOR (Typed name)**

**Signature**

**Eddie Miller**

**MANAGEMENT PLANNER**

**Signature**

**Accreditation #/State**

- 431531229 / TN

- 431531229 / TN
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS  LEA #: 791
SCHOOL NAME: NORTH CHESTER ELEMENTARY  SCHOOL #: MAIN
BUILDING NAME: NORTH 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 ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>PIPE INSULATION</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
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<tr>
<td>4</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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</tr>
<tr>
<td>5</td>
<td>FLOOR TILE</td>
<td>ALL</td>
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<td>9</td>
<td>2 X 4 CEILING TILE</td>
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"IF NO CHANGE IN CONDITION WRITE N/C"

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

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

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

### SUMMARY OF RESPONSE ACTIONS:

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<th>LEGEND</th>
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<tr>
<td>A</td>
</tr>
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<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
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<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>G</td>
</tr>
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<td>H</td>
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#### LEA SELECTED RESPONSE ACTION (See Legend)

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#### WA Number

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#### RESPONSE ACTION COMPLETED?

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#### RESPONSE ACTION IN PROGRESS?

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<th>CHECK ONE</th>
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<tr>
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<tr>
<td>NO</td>
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#### MANAGEMENT PLAN SCHEDULE COMPARISON

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<td>Ahead Schedule</td>
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<td>Behind Schedule</td>
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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  

---

TAHERE.A25.0 (4/93)
1999
Yearly Progress Report
# 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

---

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

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<th>ORIGINAL SUBMISSION</th>
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TAHERA 1.0 (12/93)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
SCHOOL NAME: NORTH CHESTER ELEMENTARY
BUILDING NAME: NORTH 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 ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
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<tr>
<td>2</td>
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<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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</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: 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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TAHERA 1.0 (12/93)
# PERIODIC SURVEILLANCE REPORT

**LEA NAME:** CHESTER COUNTY SCHOOLS  
**SCHOOL NAME:** NORTH CHESTER ELEMENTARY  
**BUILDING NAME:** NORTH 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 ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION</th>
<th>ACBM CONDITION</th>
<th>DATE REMOVED</th>
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*IF NO CHANGE IN CONDITION WRITE N/C*

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

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

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TAHERA 1.0 (12/93)
| LEA NAME: | CHESTER COUNTY SCHOOLS | LEA #: | 120 |
| SCHOOL BLDG. NAME: | NORTH CHESTER ELEMENTARY | BUILDING #: | MAIN BUILDING |

<table>
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<tr>
<td>M</td>
<td>M</td>
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**Check One**
- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

**Material Type**
- NON-FRIABLE
- FRIABLE

**Exposure Consideration**
- DETERIORATION
- PHYS. DAMAGE
- WATER DAMAGE
- ACTIVITY / VIBR.
- EXPOSURE
- ACCESSIBILITY

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<tr>
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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 assessed ACBM was tested, attach TAEHRA 2, TAEHRA 3, TAEHRA 4.5 and TAEHRA 6.5.
- "Current" is different from "last 3 year", attach recent TAEHRA 4.5 and TAEHRA 6.5.

**Signature**
- Chester Ervin
- Inspector (Typed Name)
- Eddy Miller
- Management Planner

**Accreditation # / State**
- 431521229 / TN
<table>
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<th>T, S or M</th>
<th>MATERIAL TYPE</th>
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<td>Exposure Consideration</td>
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<td>ACTIVITY / VIBR.</td>
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</table>

| CHECK ONE | NON-FRIABLE | Length of Exposure | 1 HOUR / WEEK | | | | | | | | | | | | |
| CHECK ONE |       | 5 HOUR / WEEK | | | | | | | | | | | | |
| CHECK ONE |       | 10 HOUR / WEEK | | | | | | | | | | | | |
| CHECK ONE |       | 20 HOUR / WEEK | | | | | | | | | | | | |
| CHECK ONE |       | 40 HOUR / WEEK | | | | | | | | | | | | |

| CHECK ONE | MAINTENANCE | Exposure Population | MAINTENANCE | X | X | X | X | X | X | X | X | X | X | X | X | X |
| CHECK ONE | CUSTODIAL | | CUSTODIAL | X | X | X | X | X | X | X | X | X | X | X | X | X |
| CHECK ONE | FACULTY / STAFF | | FACULTY / STAFF | X | X | X | X | X | X | X | X | X | X | X | X | X |
| CHECK ONE | PUBLIC | | PUBLIC | X | X | X | X | X | X | X | X | X | X | X | X | X |

<table>
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<tr>
<th>RESPONSE ACTIONS</th>
<th>A-B</th>
<th>B</th>
<th>A-B</th>
<th>B</th>
<th>A-B</th>
<th>B</th>
<th>A-B</th>
<th>B</th>
</tr>
</thead>
</table>

**Assessment Legend**

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

**Response Actions Legend**

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

**Notes**

If previously assumed ACM was tested, attach TAHERA 4.2, TAHERA 4.3, TAHERA 4.4 and TAHERA 4.5.

If "current" is different from "last 3 year", attach revised TAHERA 4.4 and TAHERA 4.5.

**Signature**

CHESTER ERVIN
INSPECTOR (Typed Name)

EDDIE MILLER
MANAGEMENT PLANNER

TAHERA 16.0 (12/93)
2002
Yearly Progress Report
LEA SYSTEM NAME: Chester County Board of Education

ADDRESS:

Henderson, TN 38340

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2561

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

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<th>CORRECTION/DEFICIENCY SUBMISSION</th>
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<td>MANAGEMENT PLAN</td>
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<td>YEARLY PROGRESS REPORT - 2002</td>
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<td>THREE YEAR REINSPECTION</td>
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<td>OTHER (Please Explain)</td>
</tr>
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PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS
LEA #: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY
SCHOOL #: MAIN

BUILDING NAME: NORTH 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>
<th>AREA INSPECTED</th>
<th>1ST SIX MONTHS ACBM CONDITION*</th>
<th>2ND SIX MONTHS ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</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>
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</tr>
<tr>
<td>6</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
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<td>FLOOR TILE</td>
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<td>GOOD</td>
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<tr>
<td>8</td>
<td>FLOOR TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
<td></td>
</tr>
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<td></td>
<td>2 X 4 CEILING TILE</td>
<td>ALL</td>
<td>GOOD</td>
<td>N/C</td>
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</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)
Ashley -
Resolutions Inc.
(Asbestos Inspector)
May 30?
615-865-8813
615-868-4140 Fax
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: September 25, 2003

LEA SYSTEM NAME: Chester County Board of Education

ADDRESS:

Henderson, TN 38340

LEA #: 120

DESIGNATED PERSON: John Pipkin

PHONE: (901) 664-2361

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)
STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE:  July 2007

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

ADDRESS:  P.O. Box 327

Henderson, TN 38340

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

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

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

**LEA NAME:**  Chester County BOE  
**LEA #:**  120  
**School Building Name:** North Chester Elementary  
**Building #:**  Main  
**DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:**  
**INSPECTION DATE:**  6/8/07

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**LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
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**EXPOSURE CONSIDERATION**

1 TO 3 (5 WORST)

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

**LENGTH OF EXPOSURE**

(CHECK ONE)

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

| X | X | X | X | X |

**EXPOSURE POPULATION**

(CHECK ALL APPLICABLE)

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<tr>
<th>MAINTENANCE</th>
<th>CUSTODIAL</th>
<th>FACULTY/STAFF</th>
<th>PUBLIC</th>
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<tr>
<td>X</td>
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**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 year", attach revised TAHERA 6.4 and TAHERA 6.5

---

Jim Brooks  
INSPECTOR (Typed Name)  
Ashlie Rawlings  
MANAGEMENT PLANNER

---

Jim Brooks  
SIGNATURE  
Ashlie Rawlings  
SIGNATURE  
7ME02060701A1000007/TN  
ACCRREDITATION #/STATE  
7ME02160701AMRP004/TN  
ACCRREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE LEA #: 120

School Building Name: North Chester Elementary Building #: Main

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

<table>
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<td>Floor Tile</td>
<td>Floor Tile</td>
<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)

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)

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

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

Jim Brooks
INSPECTOR (Typed Name)

Aehile Rawlings
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
CM = 3.000 fl.

with a score of 70% or better

on 02/05/2007 - 02/07/2007 and passed the associated examination on 02/07/2007

as approved by the USEPA under 40 C.F.R. 763 (AHERA)

AHERA Asbestos Inspector Training

has completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646

has on 02/07/2007 in Nashville, TN.

This is to certify that

Certificate # TME02060701AA00007

INTEGRATED

jenvironmental Training Associates

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

AHERA Asbestos Management Planner Refresher Course

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

L. Ashley Rawlings

This is to certify that

Certificate # 71602160701AMPR004

INCORPORATED
Mayhew Environmental Training Associates
M.E.T.A.
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

Certifies That

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

MIKE TIGNOR

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

DANA MEEKS

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 DABYTOWN DRIVE
NASHVILLE, TN. 37207
(615) 865-8813

KIM ROBBINS

CERTIFIES THAT

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

DARLENE HESTER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

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

Certifies That

LAURA GAUGER

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

Certifies That

Brenda Pickett

Has successfully completed the course entitled

Class IV Asbestos 2 Hour Awareness Training

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

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

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

Certifies That

DEVEN HEARN

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

Certifies That

ANGIE PARRISH

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

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

Ron Francis - Training Manager
R E S O L U T I O N, INCORPORATED
1101 A DARBYTOWN DRIVE
NASHVILLE, TN, 37207
(615) 865-8813

T O D D D A V I S

Certifies That

Has successfully completed the course entitled

C L A S S IV A S B E T O S 2 H O U R A W A R E N E S S T R A I N I N G

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

Certifies That

DEMETRIUS LOCKETT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

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

Certifies That

MELISSA MURLEY

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

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

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

TERESA CONNER

CERTIFIES THAT

Has successfully completed the course entitled

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010

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

YVONNE CROSS

Certifies That
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

WILLIE TROHER

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
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

Certifies That

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

TERESA WILLIS

Certificates That

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

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

CLASS II ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

PERRY FRYE

Reason:

Resolution Incorporated

Number: OSHA44A1003179
Identification

(615) 865-8813
Nashville, TN 37207
101 A Downtown Drive
Henderson, TN 38340
Conducted at: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

JAMES CARSON

Certifies That

(615) 865-8813
Nashville, TN 37207
1101 A Downton Drive

Resolution Incorporated

Number: 05HAC44A100478
Identification

Stephanie Perry - Instructor

Ron Francis - Training Manager
Henderson, TN 38340
Conducted At: 930 East Main St.

CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING

Has successfully completed the course entitled

CLARANCE PUSHER

Certifies That

(615) 865-8813
Nashville, TN 37207
1101-A Downtown Drive
Resolution, Incorporated

Expiration Date: January 20, 2011
Training Date: January 20, 2010

Stephanie Beth - Instructor

Ron Francis - Training Manager

Identification Number: OSHA44A4100177
Monday, November 11, 2013

on

a training program requiring 2 hours

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Vennie Reeves

Chester County School System

Certificate of Completion
Monday, November 11, 2013

on

2 hours

a training program requiring

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Carissa Miller

Chester County School System

Certificate of Completion
Certificate of Completion

Chester County School System

Marilyn Amos

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

Training Coordinator's Signature

Employees Initials: ____________
Certificate of Completion

Chester County School System

Laura Poe

Asbestos Awareness (K-12 Full 2 Hour)

has completed

Monday, November 11, 2013

a training program requiring 2 hours

Training Coordinator's Signature: __________

Employees Initials: __________
Shane Burkeens

Chester County School System

Certificate of Completion

Monday, November 11, 2013

Asbestos Awareness (K-12 Full 2 Hour)

Training Coordinator's Signature:

Employees Initials:

waste@tamixx12.net 610.234.0256 x 209
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>
<thead>
<tr>
<th>ORIGINAL SUBMISSION</th>
<th>CORRECTION/DEFICIENCY SUBMISSION</th>
<th>TYPE OF DOCUMENT</th>
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<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 (Fall)</th>
<th>2nd six months Date (Spring)</th>
<th>DATE REMOVED</th>
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<tr>
<td>2</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
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<tr>
<td>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>

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

SUPERVISE INSPECTOR'S SIGNATURE: [Signature]

(Supervise Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): ASBHJ6902047/TN

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

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

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

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

<table>
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<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
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<th>LAST 3 YEAR</th>
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<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**TSI:**

- **CHECK ONE**
  - Assumed ACBM
  - Confirmed ACBM
  - Non-ACBM

- **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
- 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 surfacing material
4. Damaged/significantly damaged fragile 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**

**STEFANIE PETTY**  
**INSPECTOR** (Typed Name)

**SIGNATURE**

**STEVE CHAMBLISS**  
**MANAGEMENT PLANNER**

**SIGNATURE**

**ASSEMR100215/CTN**  
**ACCREDITATION #STATE**
THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

School Building Name: North 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>
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<tbody>
<tr>
<td>CURRENT QUANTITY</td>
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<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>
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</table>

CHECK ONE

- TSI
- SURFACING
- MISCELLANEOUS

CHECK ONE

- ASSUMED ACBM
- CONFIRMED ACBM
- NON-ACBM

CHECK ONE

- NON-FRIABLE
- FRIABLE

EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

<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>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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LENGTH OF EXPOSURE

(ENOHOUR/WEEK)

<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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<td>X</td>
<td>X</td>
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EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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

ASSESSMENT

(MARK FROM 1 TO 7)

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

RESPONSE ACTIONS

(MARK FROM A TO H)

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

ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI
2. Damaged friable surfacing ACBM
3. Significantly damaged surfacing material
4. Damaged/significantly damaged friable surfacings 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 previous 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 years", attach revised TAHERA 6.4 and TAHERA 6.5

STEPHANIE PETTY
INSPECTOR (_TYPED NAME)  

Signature

STEVIE CHAMBLISS
MANAGEMENT PLANNER

Signature

ASBBIR0910310/TN
ACCREDITATION #/STATE

ASBM05002145/TN
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
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<td>THREE YEAR REINSPECTION</td>
</tr>
<tr>
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<td></td>
<td>OTHER (Please Explain)</td>
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</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.

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

*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): AHERA 9.0 (2/91)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

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

BUILDING NAME: MAIN

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

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<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>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>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>
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<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>
<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>
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<td></td>
<td>H2O Tank Insulation</td>
<td>N/A</td>
<td>N/A</td>
<td>Tank removed in '99</td>
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<td>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): 

TAHERA 9.0 (2/97)
INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

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<th>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>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10C</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>12</td>
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<td>N/C</td>
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<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td>13A</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>13B</td>
<td>Pipe Insulation</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: Ken West

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): __________________________

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

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

BUILDING NAME: MAIN

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

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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date 5/18/11 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>1st six months</td>
<td>Good</td>
<td>2nd six months</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
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<tr>
<td>8</td>
<td>Floor tile</td>
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<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
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<td>9</td>
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<td>N/C</td>
<td>N/C</td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td></td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</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)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY
SCHOOL NO: 120-030

BUILDING NAME: MAIN

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date (Fall) DATE</th>
<th>2nd six months Date (Spring) DATE</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>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)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

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

BUILDING NAME: MAIN

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

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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date 5/19/11 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>1</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
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<td>2</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>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2x4 Ceiling tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
<td></td>
<td></td>
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</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: 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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<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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<tbody>
<tr>
<td>2</td>
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<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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<tr>
<td>7</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></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: 11/21/11

LEA SYSTEM NAME: Chester County Schools  LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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<th>CORRECTION/DEFICIENCY SUBMISSION</th>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

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

LEA NO: 120
SCHOOL NO: N/A

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>
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<th>1st Six months ACBM CONDITION*</th>
<th>2nd Six months Date: 4/21/2012</th>
<th>2nd Six months ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tr>
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<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>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</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>N/C</td>
<td>N/C</td>
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<tr>
<td>5</td>
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<td>N/C</td>
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<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
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<tr>
<td>7</td>
<td>Floor tile</td>
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<td>N/C</td>
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<tr>
<td>8</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling Tile</td>
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<td>Good</td>
<td>N/C</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
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</tr>
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SURVEILLANCE INSPECTOR'S NAME (please print): 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

ADDRESS: PO Box 327, Henderson, Tennessee 38340

LEA#: 120

DESIGNATED PERSON: Mr. Ken West

PHONE: 731-989-5134

<table>
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<th>TYPE OF DOCUMENT</th>
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<td>THREE YEAR REINSPECTION</td>
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<td></td>
<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

SCHOOL NAME: NORTH CHESTER ELEMENTARY

BUILDING NAME: MAIN

LEA NO: 120

SCHOOL NO: __________

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>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date 11/21/2011 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date 5/16/12 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>2</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
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</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<td>N/C</td>
<td>Good</td>
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<tr>
<td>5</td>
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<td>N/C</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>Good</td>
<td>N/C</td>
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</tr>
<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling Tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td>Good</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

*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: 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

<table>
<thead>
<tr>
<th>ORIGINAL SUBMISSION</th>
<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>SIX MONTH PROGRESS REPORT</td>
</tr>
<tr>
<td></td>
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<td>THREE YEAR REINSPECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER (Please Explain)</td>
</tr>
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</table>

TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

EA NAME: CHESTER COUNTY BOE
SCHOOL NO.: 

HOOL NAME: NORTH CHESTER ELEMENTARY
BUILDING NAME: MAIN

LEA NO: 120

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>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>
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<td></td>
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<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: 4-11-13

LEA SYSTEM NAME: Chester County Schools

LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

DESIGNATED PERSON: Mr. Ken West

PHONE: 731-989-5134

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

LEA NAME: CHESTER COUNTY BOE LEA NO: 120

SCHOOL NAME: NORTH 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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<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>1st six months Date (Fall)</th>
<th>2nd six months Date: 4-9-13 (Spring)</th>
<th>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
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</tr>
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<td>N/C</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td>N/C</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling Tile</td>
<td>All</td>
<td>N/C</td>
<td>N/C</td>
<td></td>
</tr>
</tbody>
</table>

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

SURVEILLANCE INSPECTOR’S SIGNATURE: Ken West

(Surveillance Inspector is not required to be AHERA certified)

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

DATE: 10-15-13

LEA SYSTEM NAME: Chester County Schools   LEA#: 120

ADDRESS: 970 East Main St, Henderson, TN 38340

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

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

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<td>ASBESTOS FREE MANAGEMENT PLAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEARLY PROGRESS REPORT</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>THREE YEAR REINSPECTION</td>
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<tr>
<td></td>
<td></td>
<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
## THREE YEAR REINSPECTION

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

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

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

### MATERIAL DESCRIPTION

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
<th>CURRENT QUANTITY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>LAST 3 YEAR</td>
<td>LAST 3 YEAR</td>
<td>LAST 3 YEAR</td>
<td>LAST 3 YEAR</td>
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</tbody>
</table>

### TSI SURFACING

<table>
<thead>
<tr>
<th>MATERIAL DESCRIPTION</th>
<th>Floor Tile</th>
<th>Floor Tile</th>
<th>Floor Tile</th>
<th>Floor Tile</th>
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</thead>
<tbody>
<tr>
<td>LAST 3 YEAR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### check one

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

### CHECK ONE

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

### EXPOSURE CONSIDERATION

<table>
<thead>
<tr>
<th>1/70 (LESS WORK)</th>
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</thead>
<tbody>
<tr>
<td>DETERIORATION</td>
</tr>
<tr>
<td>PHYSICAL DAMAGE</td>
</tr>
<tr>
<td>WATER DAMAGE</td>
</tr>
<tr>
<td>ACTIVITY/VIBRATION</td>
</tr>
<tr>
<td>EXPOSURE</td>
</tr>
<tr>
<td>ACCESSIBILITY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 HOUR/WEek</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 HOUR/WEek</td>
</tr>
<tr>
<td>10 HOUR/WEek</td>
</tr>
<tr>
<td>20 HOUR/WEek</td>
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<td>40 HOUR/WEek</td>
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### EXPOSURE POPULATION

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

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

### ASSESSMENT LEGEND

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

### RESPONSE ACTIONS LEGEND

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

### ASSESSMENT (MARK FROM 1 TO 7)

<table>
<thead>
<tr>
<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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<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
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### RESPONSE ACTIONS (MARK FROM A TO D)

<table>
<thead>
<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
</tr>
</tbody>
</table>

### NOTES

**If previously tested ACBM was tested, mark TAHERA 63, TAHERA 65, TAHERA 69, or TAHERA 60.**

**If current year different from last year, mark tested TAHERA 61 and TAHERA 63.**

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

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

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

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

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

<table>
<thead>
<tr>
<th>LEA NAME: Chester County BOE</th>
<th>LEA #: 120</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Building Name: North Chester Elementary</td>
<td>Building #: Main</td>
</tr>
<tr>
<td>DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:</td>
<td>INSPECTION DATE: 10/15/13</td>
</tr>
</tbody>
</table>

### HA NUMBER

<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>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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### CURRENT QUANTITY

<table>
<thead>
<tr>
<th>MATERIAL DESCRIPTION</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>
<th>LAST 3 YEAR</th>
<th>CURRENT</th>
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</thead>
<tbody>
<tr>
<td>Floor Tile</td>
<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>Floor Tile</td>
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<td>X</td>
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<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling Tile</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHECK ONE

- **TSI SURFACING**
  - ASSUMED ACBM
  - CONFIRMED ACBM
  - NON-ACBM
  - X

### EXPOSURE CONSIDERATION

<table>
<thead>
<tr>
<th>1 TO 6 (HOURS)</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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### LENGTH OF EXPOSURE

<table>
<thead>
<tr>
<th>(CHECK ONE)</th>
</tr>
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<tbody>
<tr>
<td>1 HOUR WEEK</td>
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</table>

### EXPOSURE POPULATION

<table>
<thead>
<tr>
<th>(CHECK ALL APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINTENANCE</td>
</tr>
<tr>
<td>CUSTODIAL</td>
</tr>
<tr>
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<tr>
<td>PUBLIC</td>
</tr>
</tbody>
</table>

### ASSESSMENT

<table>
<thead>
<tr>
<th>(MARK FROM 1 TO 7)</th>
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<tbody>
<tr>
<td>5</td>
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### RESPONSE ACTIONS

<table>
<thead>
<tr>
<th>(MARK FROM AT 01)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
</tr>
</tbody>
</table>

### ASSESSMENT LEGEND

- Damage or significantly damaged TSI
- Damaged / loose surface ACBM
- Significantly damaged / loose surface material
- Damaged / loose non-friable ACBM or ASFM
- ACM with potential for damage
- ACM with potential for significant damage
- Any remaining non-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

*Previously assessed ACM with asbestos:
  - TAIHERA 62
  - TAIHERA 63
  - TAIHERA 69
  - TAIHERA 80

**If removal, a different non-ACBM was used; see TAIHERA 62, TAIHERA 80 and TAIHERA 80.

### SIGNATURES

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

## TAHERA 16.0 (2/97)
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

<table>
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<td>OTHER (Please Explain)</td>
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TAHERA 1.0 (2/97)
INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

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<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>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
<td></td>
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<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
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</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
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<td>Good</td>
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<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>
<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></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: 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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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
SCHOOL NO.: 

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

<table>
<thead>
<tr>
<th>HA#</th>
<th>DESCRIPTION OF ACBM</th>
<th>AREA INSPECTED</th>
<th>ACBM CONDITION*</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<td>3</td>
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<td>Floor tile</td>
<td>All</td>
<td>Good</td>
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<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>N/C</td>
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<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>
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</table>

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

AHERA Accreditation Number/Date (if applicable):

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  

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

**LEA NAME:** CHESTER COUNTY BOE  
**LEA NO.:** 120  
**SCHOOL NAME:** NORTH 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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</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>
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<tr>
<td>6</td>
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<td>N/C</td>
<td></td>
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<tr>
<td>7</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>9</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

---

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
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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>
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<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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TAHERA 1.0 (2/97)
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE
LEA NO: 120

SCHOOL NAME: NORTH 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>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
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<tr>
<td>5</td>
<td>Floor tile</td>
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<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
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<tr>
<td>7</td>
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<td>All</td>
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<td></td>
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<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling Tile</td>
<td>All</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 Eads

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

AHERA Accreditation Number/Date (if applicable): ____________________________

TAHERA 9.0 (2/97)
February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

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
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<tr>
<td></td>
<td></td>
<td>ASBESTOS FREE MANAGEMENT PLAN</td>
</tr>
<tr>
<td></td>
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<td>YEARLY PROGRESS REPORT</td>
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<tr>
<td><strong>X</strong></td>
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<td>THREE YEAR REINSPECTION</td>
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<tr>
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<td>OTHER (Please Explain)</td>
</tr>
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TAHERA 1.0 (2/97)
ASSURANCES

SCHOOL YEAR ENDING: 2016

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

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

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

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

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

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

5. All warning labels are posted in accordance with Section 763.93 (g).

6. All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Paragraph 763.84 (g) (2).

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

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

LEA DESIGNATED PERSON (please print): Britt Eads
LEA DESIGNATED PERSON'S SIGNATURE:

DATE: 3/2/16

SUPERINTENDENT (please print): Troy Kilzer II
SUPERINTENDENT SIGNATURE: Troy Kilzer II

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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CHECK ONE

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<th>CURRENT</th>
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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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<td>WATER DAMAGE</td>
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LENGTH OF EXPOSURE

CHECK ONE

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<th>X</th>
<th>X</th>
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<th>X</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>40 HOUR/WEEK</td>
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EXPOSURE POPULATION

CHECK ALL APPLICABLE

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

NOTES

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

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

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

TAHERA 16.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools  
LEA #: 120

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

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)

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<th>WATER DAMAGE</th>
<th>ACTIVITY/VIBRATION</th>
<th>EXPOSURE</th>
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### LENGTH OF EXPOSURE (CHECK ONE)

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### EXPOSURE POPULATION

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### RESPONSE ACTIONS

**RESPONSE ACTIONS LEGEND**

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

### ASSESSMENT LEGEND

1. Damaged/significantly damaged TSI  
2. Damaged friable surfacing ACBM  
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 6.5 and TAHERA 6.0
**"If current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

---

Christopher R. Johnson  
INSPECTOR (Typed Name)

A-I-42505-44826/TN  
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: Chester County Middle 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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EXPOSURE CONSIDERATION

1 TO 3 (5 WORST)

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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 7 7

**RESPONSE ACTIONS**

(MARK FROM A TO H)

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<tr>
<td>B. Repair</td>
<td>C. Encapsulate</td>
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<tr>
<td>E. Enclosure</td>
<td>F. Remove</td>
</tr>
<tr>
<td>G. Isolate</td>
<td>H. Other</td>
</tr>
</tbody>
</table>

NOTES

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

Christopher R. Johnson
INSPECTOR ( Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)  Page of
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**EXPOSURE CONSIDERATION**

1 to 3 (Worst)

| DETERIORATION | 1 | 1 | 1 | 1 |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 |
| WATER DAMAGE | 1 | 1 | 1 | 1 |
| ACTIVITY/VIBRATION | 3 | 3 | 1 | 1 |
| EXPOSURE | 2 | 2 | 1 | 1 |
| ACCESSIBILITY | 1 | 1 | 1 | 1 |

**LENGTH OF EXPOSURE**

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**

CHECK ALL APPLICABLE

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

**ASSESSMENT**

(MARK FROM 1 TO 7)

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

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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 Middle School
Building #: Agri

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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EXPOSURE CONSIDERATION

1 TO 5 (1 WORST)

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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 | 7 | 7 |

**RESPONSE ACTIONS (MARK FROM A TO J)

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<td>B. O &amp; M Program</td>
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<td>C. Repair</td>
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<td>B</td>
<td>D. Encapsulate</td>
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<td>G. Isolate</td>
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<td>H. Other</td>
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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-142505-44826/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: 7/19/89  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)

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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 | 7 | 7 |

**RESPONSE ACTIONS

(MARK FROM A TO H)

B B B B

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

A-42505-44826/TN
ACREDITATION #/STATE

A-42505-44824/TN
ACREDITATION #/STATE

TAHERA 16.0 (2/97) Page 1 of 1
**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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**MATERIAL DESCRIPTION**  
- Floor Tile  
- Pipe Insulation  
- 2x4 Ceiling Tile  
- Miscellaneous

**CHECK ONE**

**SURFACING**  
- TSI  
- Assumed ACM  
- Confirmed ACM

**MISCELLANEOUS**

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**CHECK ONE**

**ASSUMED ACM**  
- Confirmed ACM

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**EXPOSURE CONSIDERATION**

1 TO 5 (5 WORST)

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

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

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<tr>
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**ASSESSMENT**

(MARK FROM 1 TO 7)

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**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

**Christopher R. Johnson**  
**INSPECTOR (Typed Name)**  
**SIGNATURE**  
**A-I-42505-44826/6TN**  
**ACCREDITATION #/STATE**

**Christopher R. Johnson**  
**MANAGEMENT PLANNER**  
**SIGNATURE**  
**A-MP-42505-44824/6TN**  
**ACCREDITATION #/STATE**
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools
LEA #: 120

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

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7/9/99
INSPECTION DATE: 2/23/16

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CHECK ONE

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CHECK ONE

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EXPOSURE CONSIDERATION

1 TO 3 (5 WORST)

<table>
<thead>
<tr>
<th>DETERIORATION</th>
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<th>WATER DAMAGE</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 |

**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
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Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

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

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

TAHERA 16.0 (297)
THREE YEAR REINSPECTION

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

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<tbody>
<tr>
<td>Floor Tile</td>
<td>2x4 Ceiling Tile</td>
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<th>CHECK ONE</th>
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<tr>
<td>PHYSICAL DAMAGE</td>
</tr>
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<td>WATER DAMAGE</td>
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<table>
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<th>ASSESSMENT (MARK FROM 1 TO 7)</th>
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<table>
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<tr>
<th>RESPONSE ACTIONS (MARK FROM A TO H)</th>
</tr>
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<tbody>
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</table>

**RESPONSE ACTIONS LEGEND**

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

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (2/97)
# THREE YEAR REINSPECTION

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

### HA NUMBER 2
- **CURRENT QUANTITY:** 3904 SF  
- **MATERIAL DESCRIPTION:** Floor Tile

### HA NUMBER 3
- **CURRENT QUANTITY:** 200 SF  
- **MATERIAL DESCRIPTION:** Floor Tile

### HA NUMBER 4
- **CURRENT QUANTITY:** 4768  
- **MATERIAL DESCRIPTION:** Floor Tile

### HA NUMBER 5
- **CURRENT QUANTITY:**  
- **MATERIAL DESCRIPTION:** Floor Tile

#### CHECK ONE

- **T5I SURFACING MISCELLANEOUS:**  
  - **LAST 3 YEAR:** X  
  - **CURRENT:** X  

- **ASSUMED ACBM:**  
  - **CONFIRMED ACBM:** X  
  - **NON-ACBM:** X

#### CHECK ONE

- **NON-FRIABLE/FRIABLE:**  
  - **EXPOSURE CONSIDERATION:**  
    - **1 TO 5 (6 WORST):**  
      - DETERIORATION: 1 1 1 1 1 1 1 1  
      - PHYSICAL DAMAGE: 1 1 1 1 1 1 1 1  
      - WATER DAMAGE: 1 1 1 1 1 1 1 1  
      - ACTIVITY/VIBRATION: 2 2 2 2 2 2 2 2  
      - EXPOSURE: 1 1 1 1 1 1 1 1  
      - ACCESSIBILITY: 1 1 1 1 1 1 1 1  

#### LENGTH OF EXPOSURE

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

#### EXPOSURE POPULATION

- **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:**  
BBBABBABB

### 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 6.6*

---

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

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

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

**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: North Chester Elementary School
Building #: Main

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

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<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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<td>6</td>
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CHECK ONE

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<tr>
<td>SURFACING</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</table>

CHECK ONE

| ASSUMED ACBM |       |   |       |   |   |       |   |   |       |   |   |       |   |   |       |
| CONFORMED ACBM|     |   |       |   |   |       |   |   |       |   |   |       |   |   |       |
| NON-ACBM     |       |   |       |   |   |       |   |   |       |   |   |       |   |   |       |

CHECK ONE

| NON-FRIABLE |       |   |       |   |   |       |   |   |       |   |   |       |   |   |       |
| FRIABLE     |       |   |       |   |   |       |   |   |       |   |   |       |   |   |       |

EXPOSURE CONSIDERATION

1 TO 5 (WORST)

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<tr>
<td>WATER DAMAGE</td>
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<td>1</td>
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<tr>
<td>ACTIVITY/VIBRATION</td>
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</tbody>
</table>

LENGTH OF EXPOSURE

(ONE, 5, 10, 20, 40 HOURS/WEEK)

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

EXPOSURE POPULATION

(READ ALL APPLICABLE)

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

ASSESSMENT

(MARK FROM 1 TO 7)

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

**RESPONSE ACTIONS**

(MARK FROM A TO H)

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

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-142505-44826/TN
ACCREDITATION #/STATE

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

LEA NAME: Chester County Schools
LEA #: 120

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

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

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</table>

CHECK ONE

TSI
SURFACING
MISCELLANEOUS

CHECK ONE

ASSUMED ACBM
CONFIRMED ACBM
NON-ACBM

CHECK ONE

NON-FRIABLE
FRIABLE

EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)
DETERIORATION

PHYSICAL DAMAGE

WATER DAMAGE

ACTIVITY/VIBRATION

EXPOSURE

ACCESSIBILITY

<table>
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LENGTH OF EXPOSURE

(CHECK ONE)

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

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

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

MAINTENANCE

CUSTODIAL

FACULTY/STAFF

PUBLIC

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

ASSESSMENT

(MARK FROM 1 TO 7)

**RESPONSE ACTIONS**

(MARK FROM A TO H)

B B B B B B B B

ASSESSMENT LEGEND

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

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

NOTES

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

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

TAHERA 16.0 (297)
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>
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<td>11417 SF</td>
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MATERIAL DESCRIPTION
- Floor Tile
- Floor Tile
- Floor Tile
- Floor Tile

CHECK ONE

TSI SURFACING MISCELLANEOUS

CHECK ONE

ASSUMED ACBM CONFERMED ACBM
NON-ACBM

CHECK ONE

NON-FRIABLE FRIABLE

EXPOSITION CONSIDERATION

1 TO 5 (5 WORST)

DETERIORATION
PHYSICAL DAMAGE
WATER DAMAGE
ACTIVITY/VIBRATION
EXPOSURE
ACCESSIBILITY

EXPOSURE CONSIDERATION

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)

**RESPONSE ACTIONS

(MARK FROM A TO H)

ASSESSMENT LEGEND

B
B
B
B
B
B
B

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
ACCREDITATION #/STATE

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

TAHERA 16.0 (2/97)
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools
School Building Name: East Chester Elementary School
LEA #: 120
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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<td>1 TO 5 (5 WORST)</td>
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<tr>
<td>DETERIORATION</td>
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<tr>
<td>PHYSICAL DAMAGE</td>
</tr>
<tr>
<td>WATER DAMAGE</td>
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<td>ACTIVITY/VIBRATION</td>
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**EXPOSURE CONSIDERATION**

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**EXPOSURE POPULATION**

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**ASSESSMENT**

(MARK FROM 1 TO 7)

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**RESPONSE ACTIONS**

(MARK FROM A TO H)

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<tr>
<td>B</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
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**RESPONSE ACTIONS LEGEND**

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

NOTE:

**"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"**
## THREE YEAR REINSPECTION

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

### HA NUMBER 1  
**CURRENT QUANTITY:** 6401 SF  
**MATERIAL DESCRIPTION:** Floor Tile  
**CHECK ONE:**  
- TSI  
- SURFACING  
- MISCELLANEOUS  
- CHECK ONE  
- ASSUMED ACBM  
- CONFIRMED ACBM  
- NON-ACBM  
**LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT**  
- X X X X X X X X X

### HA NUMBER 2  
**CURRENT QUANTITY:** 42 SF  
**MATERIAL DESCRIPTION:** Floor Tile  
**CHECK ONE:**  
- TSI  
- SURFACING  
- MISCELLANEOUS  
- CHECK ONE  
- ASSUMED ACBM  
- CONFIRMED ACBM  
- NON-ACBM  
**LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT**  
- X X X X X X X X

### HA NUMBER 3  
**CURRENT QUANTITY:** 959 SF  
**MATERIAL DESCRIPTION:** Floor Tile  
**CHECK ONE:**  
- TSI  
- SURFACING  
- MISCELLANEOUS  
- CHECK ONE  
- ASSUMED ACBM  
- CONFIRMED ACBM  
- NON-ACBM  
**LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT**  
- X X X X X X

### HA NUMBER 4  
**CURRENT QUANTITY:** 1512 SF  
**MATERIAL DESCRIPTION:** Floor Tile  
**CHECK ONE:**  
- TSI  
- SURFACING  
- MISCELLANEOUS  
- CHECK ONE  
- ASSUMED ACBM  
- CONFIRMED ACBM  
- NON-ACBM  
**LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT LAST 3 YEAR CURRENT**  
- X X X X X X

### EXPOSURE CONSIDERATION  
1. TO 5 (5 WORST)  
   - DETERIORATION  
   - PHYSICAL DAMAGE  
   - WATER DAMAGE  
   - ACTIVITY/VIBRATION  
   - EXPOSURE  
   - ACCESSIBILITY  
**CHECK ONE**  
- 1 1 1 1 1 1 1 1

### LENGTH OF EXPOSURE  
(CHECK ONE)  
- 1 HOUR/WEEK  
- 5 HOUR/WEEK  
- 10 HOUR/WEEK  
- 20 HOUR/WEEK  
- 40 HOUR/WEEK  
**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)  
A. Institute preventative measures  
B. O & M Program  
C. Repair  
D. Encapsulate  
E. Enclosure  
F. Remove  
G. Isolate  
H. Other

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

---

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

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

<table>
<thead>
<tr>
<th>ha number</th>
<th>ha number</th>
<th>ha number</th>
<th>ha number</th>
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</thead>
<tbody>
<tr>
<td>current quantity</td>
<td>current quantity</td>
<td>current quantity</td>
<td>current quantity</td>
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<tr>
<td>15000 sf</td>
<td>2x4 ceiling tile</td>
<td>2x4 ceiling tile</td>
<td>2x4 ceiling tile</td>
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**check one**

<table>
<thead>
<tr>
<th>tsi</th>
<th>surfacing</th>
<th>miscellaneous</th>
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<tbody>
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**check one**

<table>
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<tr>
<th>assumed acbm</th>
<th>confirmed acbm</th>
<th>non-ACBM</th>
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**check one**

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<tr>
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<th>friable</th>
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**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>
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</thead>
<tbody>
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<td>1</td>
<td>1</td>
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</table>

**length of exposure**

1 hour/week

**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>
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<tr>
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<td></td>
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<td>x</td>
</tr>
</tbody>
</table>

**assessment**

(mark from 1 to 7)

7 7

**response actions**

(mark from a to h)

B  B

**assessment legend**

<table>
<thead>
<tr>
<th>A. institute preventative measures</th>
<th>B. O &amp; M Program</th>
<th>C. repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. enclosure</td>
<td></td>
<td>D. encapsulate</td>
</tr>
<tr>
<td>F. remove</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. isolate</td>
<td></td>
<td>H. other</td>
</tr>
</tbody>
</table>

**notes**

*a if previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0
*b if "current" is different than last 3 years, 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: 7/19/89  INSPECTION DATE: 2/23/16

<table>
<thead>
<tr>
<th>HA NUMBER</th>
<th>CURRENT QUANTITY</th>
<th>MATERIAL DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1800 SF</td>
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<tr>
<td>2</td>
<td>212 SF</td>
<td>Floor Tile</td>
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<tr>
<td>4</td>
<td>3066 SF</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>5</td>
<td>5124 SF</td>
<td>Floor Tile</td>
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CHECK ONE

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

CHECK ONE

<table>
<thead>
<tr>
<th>ASSUMED ACBM</th>
<th>CONFIRMED ACBM</th>
<th>NON-ACBM</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
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</tbody>
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CHECK ONE

<table>
<thead>
<tr>
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<th>FRIABLE</th>
</tr>
</thead>
<tbody>
<tr>
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EXPOSURE CONSIDERATION

1 TO 5 (5 WORST)

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

LENGTH OF EXPOSURE

(CHECK ONE)

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

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 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 6.8 and TAHERA 6.0
** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

Christopher R. Johnson
INSPECTOR (Typed Name)

Christopher R. Johnson
MANAGEMENT PLANNER

A-142505-448267TN
ACCREDITATION #/STATE

A-MP-42505-448247TN
ACCREDITATION #/STATE
THREE YEAR REINSPECTION

LEA NAME: Chester County Schools
LEA #: 120

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

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

<table>
<thead>
<tr>
<th>HA NUMBER 7</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
<th>HA NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
<td>CURRENT QUANTITY</td>
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<tr>
<td>164 SF</td>
<td>70000 SF</td>
<td>CURRENT QUANTITY</td>
<td></td>
</tr>
<tr>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td>MATERIAL DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>Floor Tile</td>
<td>2x4 Ceiling Tile</td>
<td>MATERIAL DESCRIPTION</td>
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</tr>
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</table>

CHECK ONE

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

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<thead>
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<th>NON-ACBM</th>
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<tbody>
<tr>
<td>X</td>
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</tr>
</tbody>
</table>

CHECK ONE

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

1 TO 5 (5 WORST)

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LENGTH OF EXPOSURE

(CHECK ONE)

<table>
<thead>
<tr>
<th>1 HOUR/WEEK</th>
<th>5 HOUR/WEEK</th>
<th>10 HOUR/WEEK</th>
<th>20 HOUR/WEEK</th>
<th>40 HOUR/WEEK</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
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</tbody>
</table>

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

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<tr>
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<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 LEGEND**

(A 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. Any remaining friable ACBM or suspect ACBM

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. 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-425055-44826/TN
ACCREDITATION #: STATE

A-MP-42505-44824/TN
ACCREDITATION #: STATE
THE STATE OF TENNESSEE
Department of Environment and Conservation Division of Solid Waste Management
Toxic Substances Program
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 14th Floor Nashville TN 37243

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

Resolution Incorporated
1101-A Darbytown Dr. Nashville TN, 37207

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

<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-030-46059</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)
THE STATE OF TENNESSEE
Department of Environment and Conservation
Division of Solid Waste Management
Toxic Substances Program

Christopher R. Johnson
DOB 30-Nov-1961
Sex M
HGT 5' 9"
WGT 185

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Accreditation</th>
<th>Expiration</th>
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<tr>
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<td>Oct-31-2016</td>
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Asbestos Accreditation
PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE  LEA NO: 120
SCHOOL NAME: NORTH 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>DATE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
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<tr>
<td>6</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
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<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
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<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2x4 Ceiling Tile</td>
<td>All</td>
<td>Good</td>
<td></td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

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

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 2/9/2017 (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Floor tile</td>
<td>All</td>
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<td>Good</td>
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<td>Good</td>
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<tr>
<td>5</td>
<td>Floor tile</td>
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<tr>
<td>6</td>
<td>Floor tile</td>
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<td>Good</td>
<td>Good</td>
<td>Good</td>
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</tr>
<tr>
<td>7</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>2x4 Ceiling Tile</td>
<td>All</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR’S SIGNATURE: [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: NORTH 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 8/9/2017 (Fall)</th>
<th>ACBM CONDITION*</th>
<th>2nd six months Date (Spring)</th>
<th>ACBM CONDITION*</th>
<th>DATE REMOVED</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Floor tile</td>
<td>All</td>
<td>Good</td>
<td></td>
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SURVEILLANCE INSPECTOR'S SIGNATURE: [Signature]

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable):

TAHERA 9.0 (2/97)
PERIODIC SURVEILLANCE REPORT

EA NAME: CHESTER COUNTY BOE
LEA NO: 120
SCHOOL NAME: NORTH CHESTER ELEMENTARY
SCHOOL NO.: 
BUILDING NAME: MAIN

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<th>1st six months Date 8/9/2017 (Fall)</th>
<th>2nd six months Date 2/8/2017 (Spring)</th>
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