

JACKS CREEK ELEMENTARY SCHOOL

ASBESTOS

MANAGEMENT PLAN

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LEA: Chester County LEA NO.: 120

Date: 9/30/88

**TRANSMITTAL SHEET/AHERA SUBMITTALS**

**1. DEFERRAL REQUEST**

**SUBMISSION:** Original  Resubmittal

**STATE REVIEW**

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

No Exceptions Taken

Returned for Reasons Stated

**2. MANAGEMENT PLAN**

**SUBMISSION:** Original  Resubmittal  New Building

**STATE REVIEW**

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

No Exceptions Taken

Returned for Reasons Stated

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

**SUBMISSION:** Original  Resubmittal

**STATE REVIEW**

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

No Exceptions Taken

Returned for Reasons Stated

\_\_\_\_\_  
**Reviewer's Signature**  
**Dated:** \_\_\_\_\_

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

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

Henderson, TN 38340

**County:** Chester County

**Superintendent:** Dr. Kathy Coatnev Mays

**Date:** 9/30/88

**COVER SHEET**

No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of The Asbestos Hazard Emergency Response Act of 1986, Public Law 99 - 519, and Code of Federal Regulations Title 40, Part 763 (ASHERA). 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 ASHERA 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 ASHERA laws and regulations.

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

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

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

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

( Management )  
( Planner's )  
( Seal )

LEA: Chester Co. Board of Edu. LEA NO.: 120  
Address: P.O. Box 327  
Henderson, TN 38340  
Superintendent: Dr. Kathy Coatney Mays  
Telephone: 901-989-5134  
Date: 9/30/88

# ASSURANCES

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

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

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

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

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

9/30/88

Typed Name: Gene Cain

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

Date: 9/30/88

# SCHOOL BUILDING LIST

List all schools and separate buildings:

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

**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**

<u>Date Built</u>	<u>Area Name, Wing Addition, etc.</u>	<u>Use</u>	<u>Total Area (Square Feet)</u>
8-57	Jacks Creek	School	14,638
7-74	3 Portables		2,592

**2. STRUCTURAL SYSTEMS**

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

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

**3. MECHANICAL SYSTEMS**

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

Notes (Explain Other): Propane Gas Heaters

**4. ARCHITECTURAL FINISHES**

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

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

**5. SUMMARY OF DOCUMENTS REVIEWED**

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

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

Date of Inspection: 7-19-88

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

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

1.

HA No.	Material Description	Material Type (T,S or M)	BIA No.s Included In HA	Sample No.s Taken In HA	HA Drawing No.
1	Vinyl Asbestos Tile	M			0025-1
2	Vinyl Asbestos Tile	M			0025-2
3	Vinyl Asbestos Tile	M			0025-3
4	Vinyl Asbestos Tile	M			0025-4
	Ceiling Tile	M			All

Through Out

2.

HA No.	ACBM				No ACBM	Total Quantity (Show Units)	Exposure Considerations								Assessment Category
	Confirmed		Assumed				A	B	C	D	E	F	G	H	
	F	NF	F	NF											
1				X		6401 Sq. Ft.	1	1	1	1	3	3	2	4	5
2				X		42 Sq. Ft.	1	1	1	1	3	3	2	4	5
3				X		959 Sq. Ft.	1	1	1	1	3	3	2	4	5
4				X		1512 Sq. Ft.	1	1	1	1	3	3	2	4	5
				X		15,000 Sq. Ft.	1	1	1	3	3	3	5	5	5

through Out

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

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

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

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

Assessment Categories:

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

Legend:

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

LEA: Chester County

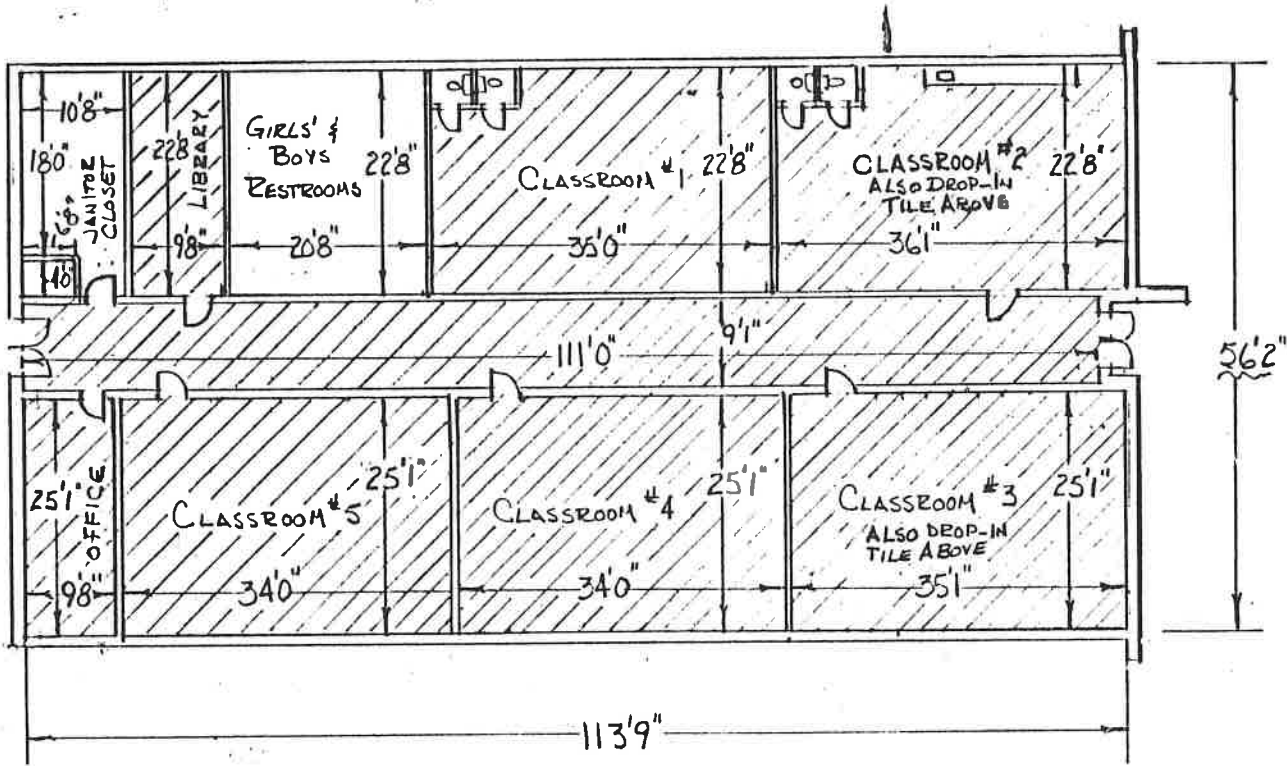
LEA NO.: 120

Date: 9/30/88



Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA A

SCALE 1"=20'

 VYNL ASBESTOS FLOOR TILE

N

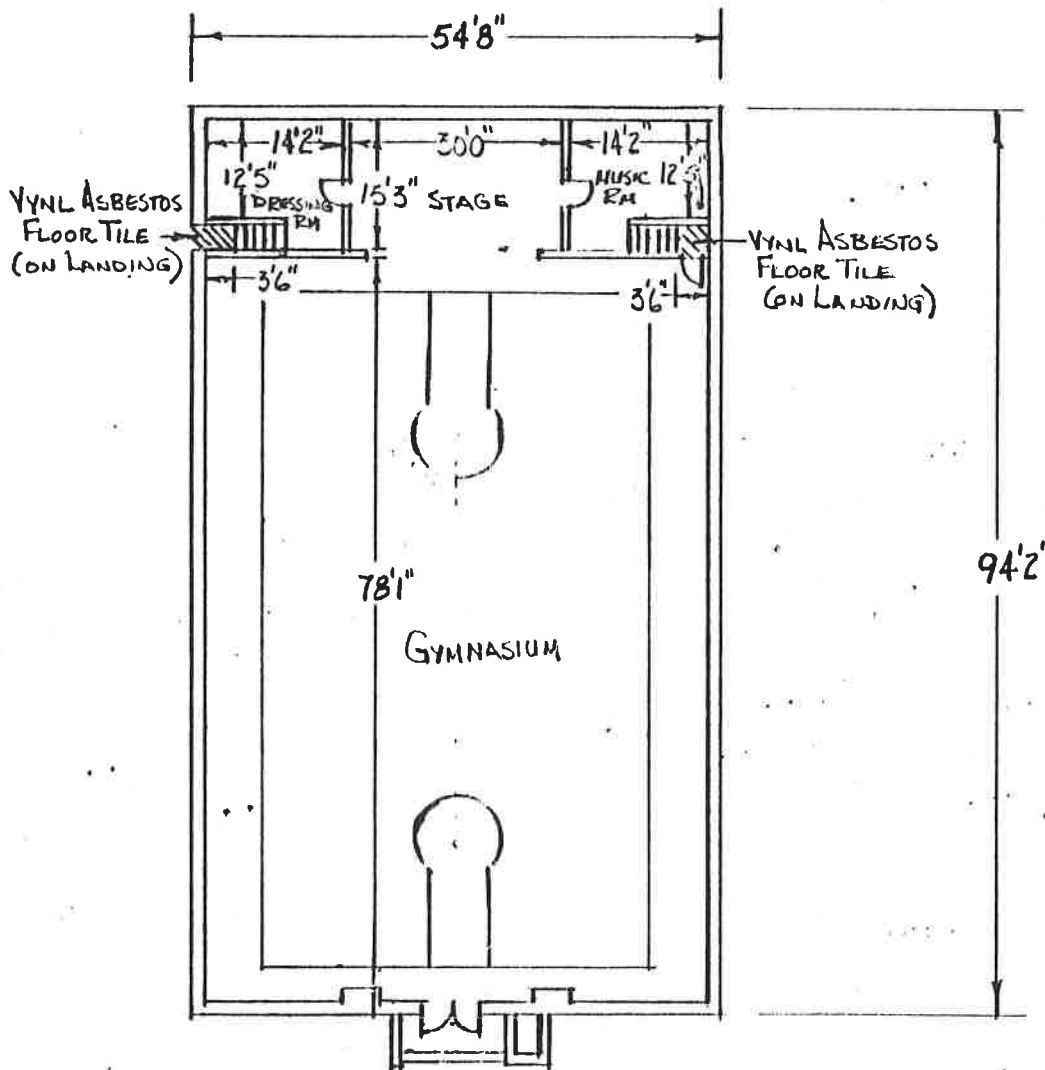
LEA: Chester County

LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



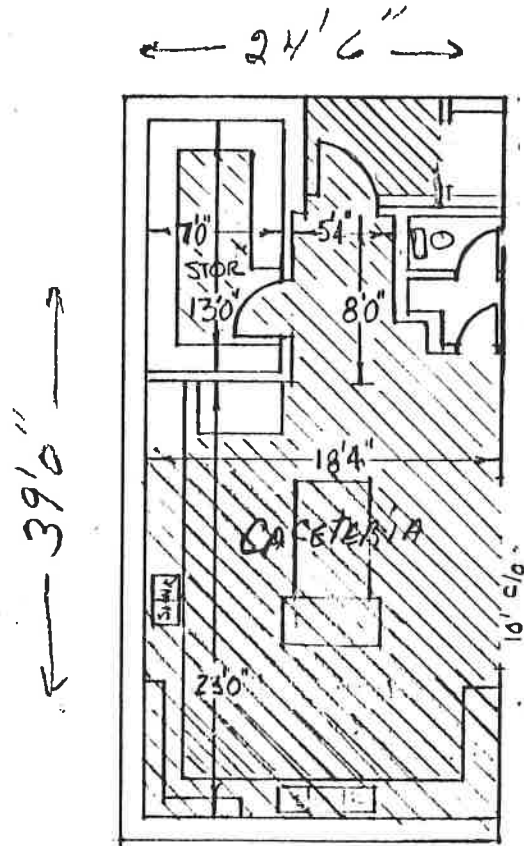
HOMOGENEOUS AREA B

SCALE 1"=20'

 VYNL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.



HOMOGENEOUS AREA C

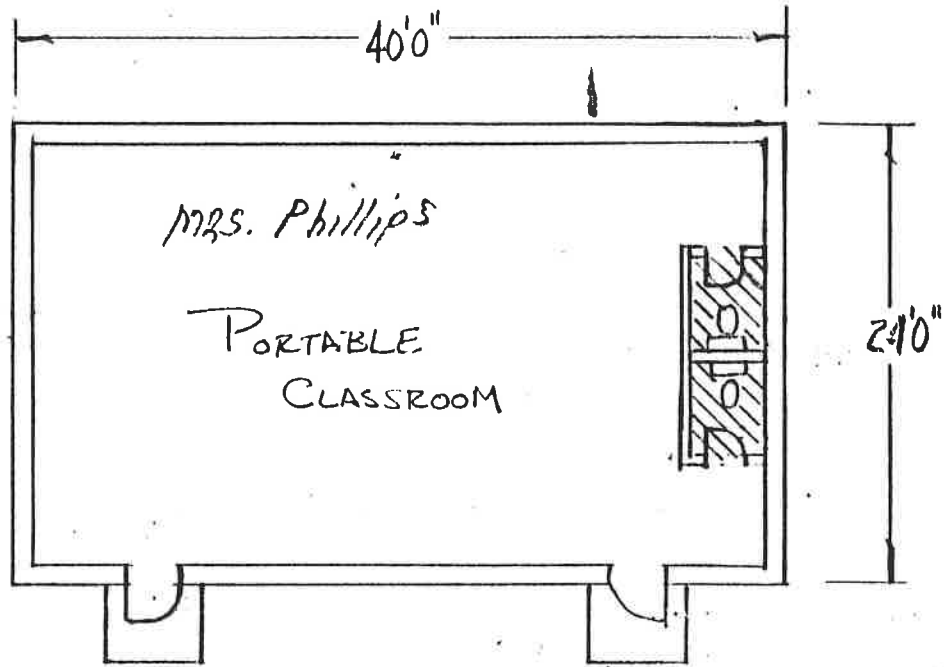
SCALE 1" = 10'

 VYNL ASBESTOS FLOOR TILE

LEA: Chester County LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.



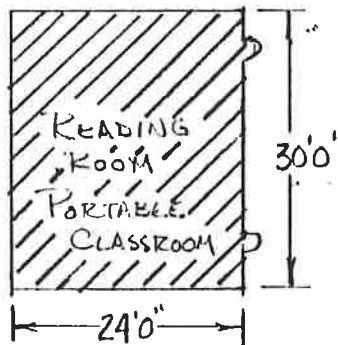
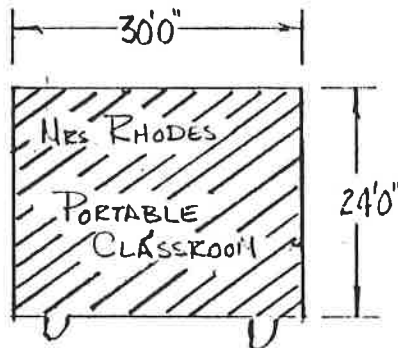
HOMOGENEOUS AREA D

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA

SCALE 1" = 20'

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88

1. Recommended by Management Planner

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

Through.  
Out

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

Response actions based on hazard ranking required by AHERA Section 763.90

\*If different than recommended action, explain:

Appropriate Response Actions:

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

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

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

(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 NESIAPS 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.

## FOLLOW-UP ACTIONS

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1. **NOTIFICATION PLAN (Describe method of Notification and include dated copy of actual Notifications, meeting minutes, newspaper articles, etc. in Appendix):**  
All parent's, teacher's, employee's organizations and school groups will be informed in writing of the location of the ACM and the location of the Management Plan. The Management Plan will go into effect July 9, 1989. The periodic surveillance will be in January of 1990 and each six months thereafter. In three years after July 9, 1989, all schools will be reinspected as described in AHERA 763.85 (b).
  
2. **PERIODIC SURVEILLANCE PLAN: LEA shall perform Periodic Surveillance at least every six (6) months from date of Management Plan Implementation (Report surveillance on Form TAHERA 9.0).**
  
3. **REINSPECTION PLAN: The requirements of a Reinspection Plan are described in Paragraph 763.85(b) of AHERA and shall include performance by an accredited inspector; frequency (at least every three (3) years); address all friable and nonfriable, known or assumed ACBM; visual reinspection and reassessment; touching of material to determine changes of condition; identification of homogeneous areas where material has become friable since the last inspection; sampling of areas assumed to contain ACBM; reassessment of areas where condition of materials has changed; recording of dates of reinspection; changes of conditions of materials; exact sample locations; manner used to determine sampling locations; and names and signatures of persons making the reinspection, taking samples and reassessing the materials, accreditation numbers and states of accreditation.**
  
4. **PROGRESS REPORTS: Progress Reports on Management Plan Implementation are to be submitted to the State AHERA Designated Person no later than July 9 of each year beginning 1990. These reports are to include each completed response action, each response action in progress, how these response action schedules compare with the Management Plan schedule, results of Reinspections and Surveillances, a summary of Operations and Maintenance activities and resources needed to continue Implementation of the Management Plan. Copies of the Progress Reports should be placed in the Appendix to the Management Plan.**
  
5. **DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: July 9, 1989**

---

LEA: Chester County LEA NO.: 120

Date: 9/30/88



September 21, 1988

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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning non-friable asbestos  
at the Jacks Creek Elementary School.

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

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

## INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

- Areas 1, 2, 3, 4 - Floor tile in the halls, classrooms, library, office, two portable classrooms, two landings from the stage, cafeteria and kitchen.

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

SEE ATTACHED SHEET

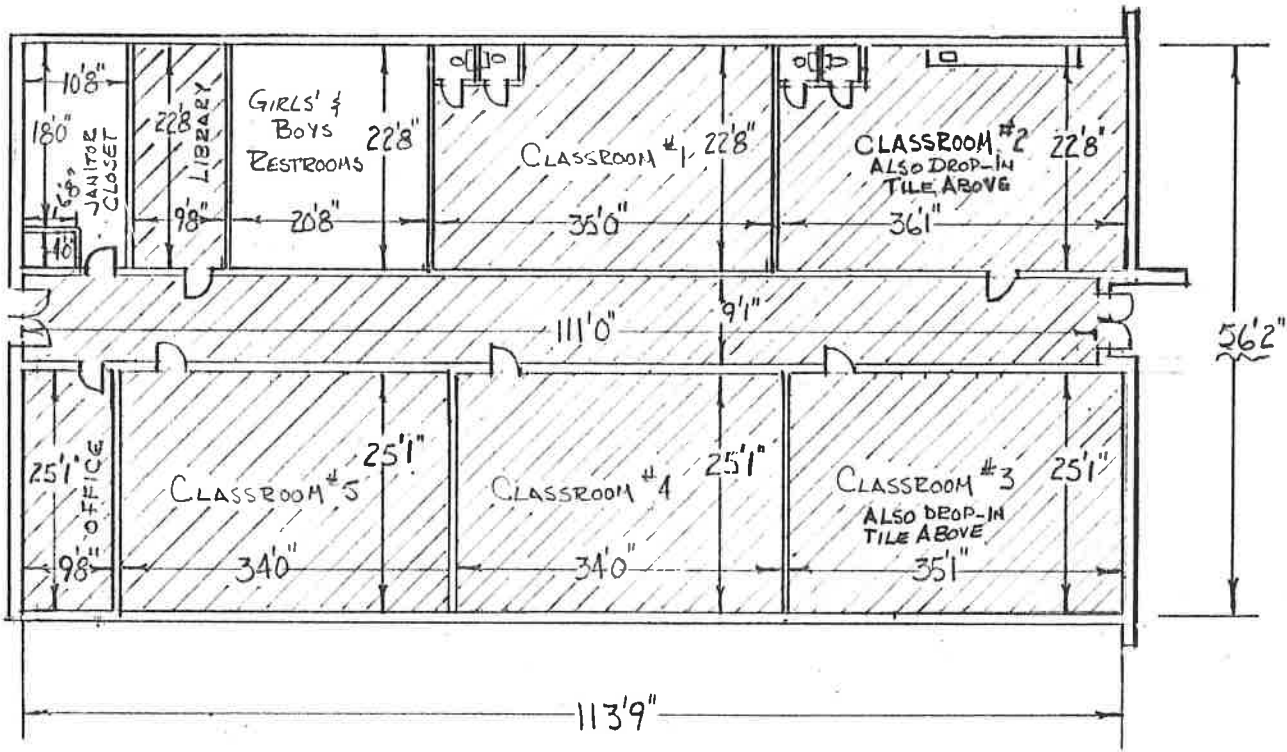
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**LEA:** Chester County **LEA NO.:** 120

**Date:** 9/30/88

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA A  
SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

N

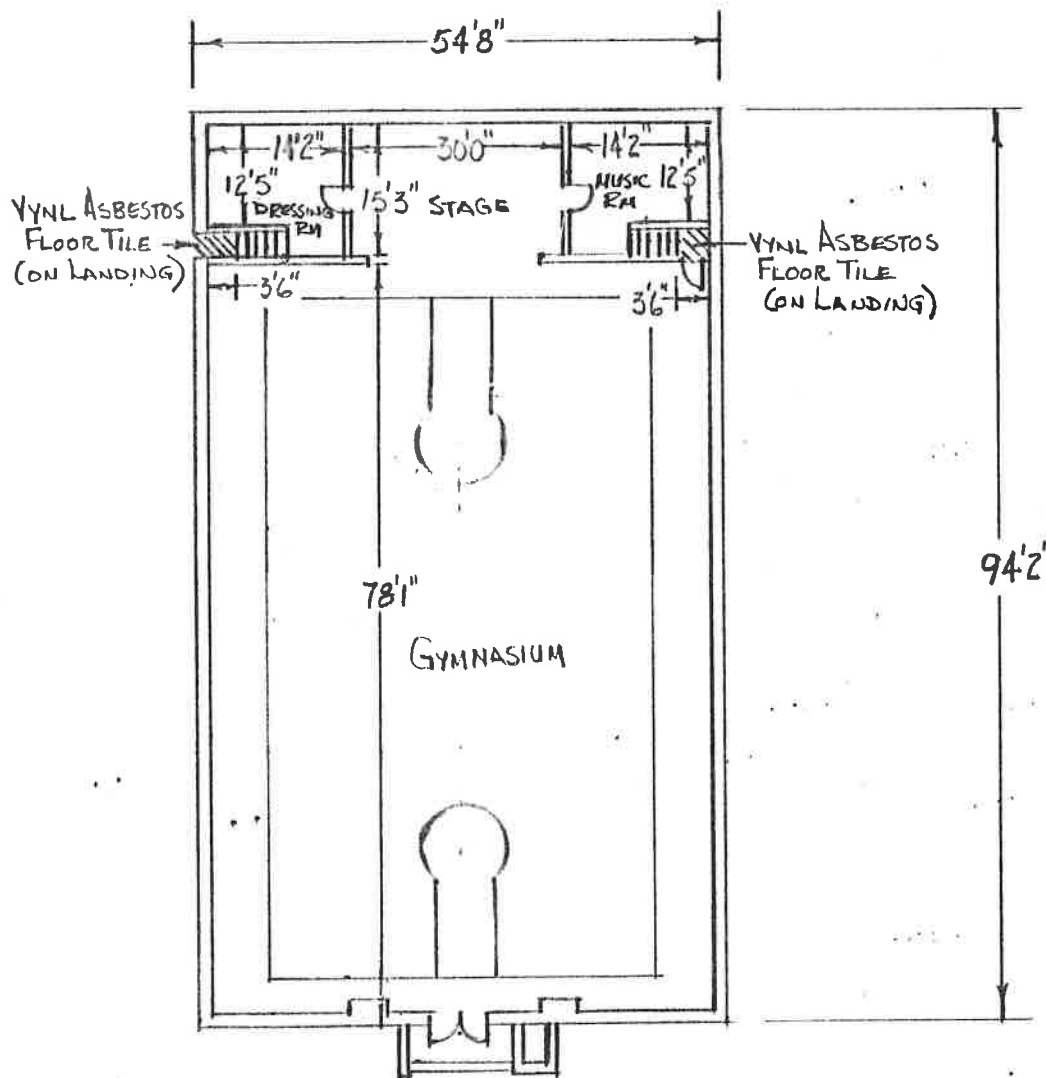
LEA: Chester County

LEA NO.: 120

Date: 9/30/88

Identify limits of homogeneous area and sample locations.

S



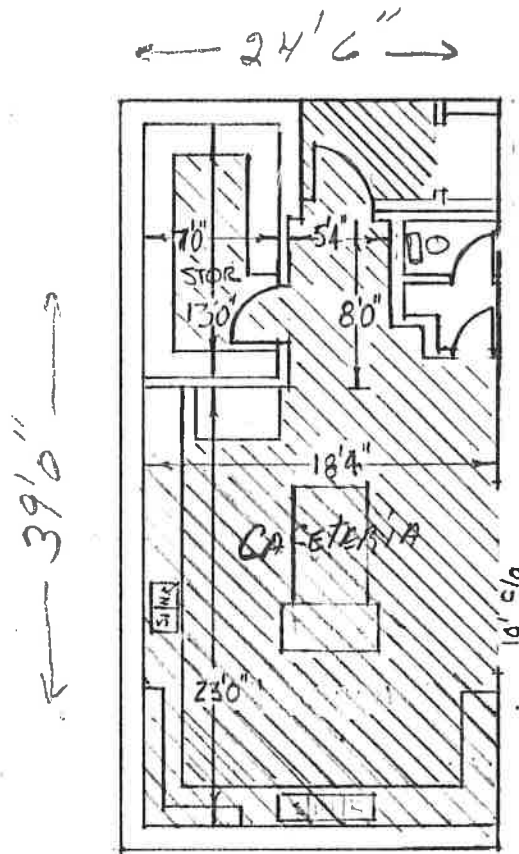
HOMOGENEOUS AREA B

SCALE 1"=20'

 VYNL ASBESTOS FLOOR TILE

N

Identify limits of homogeneous area and sample locations.

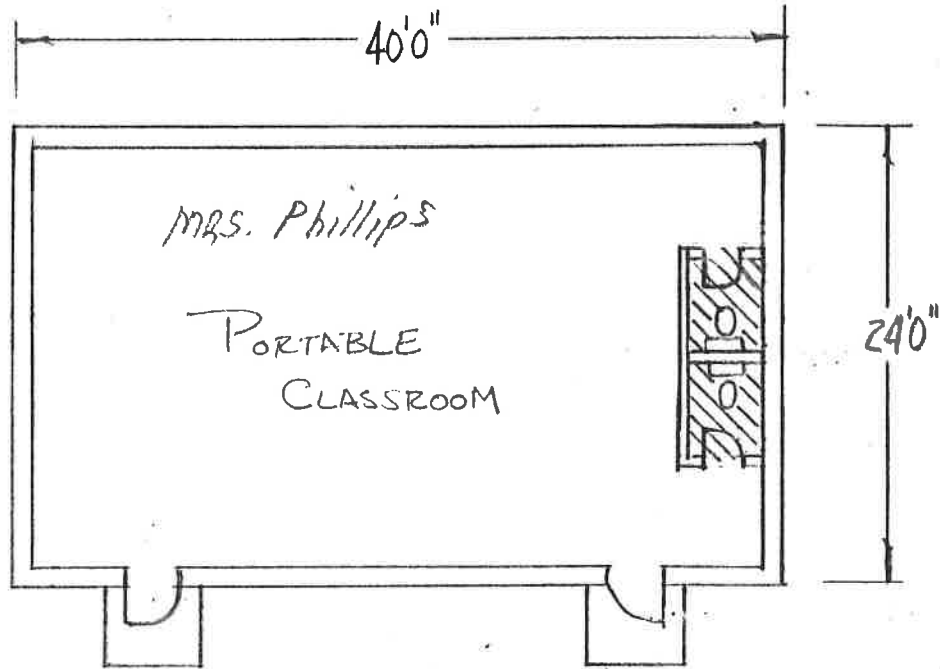


HOMOGENEOUS AREA C

SCALE 1"=10'

 VYNL ASBESTOS FLOOR TILE

Identify limits of homogeneous area and sample locations.



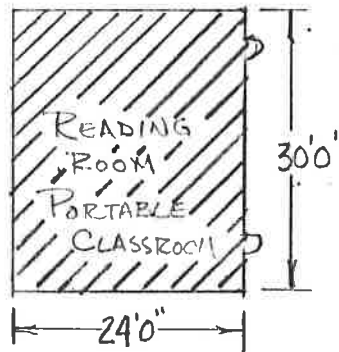
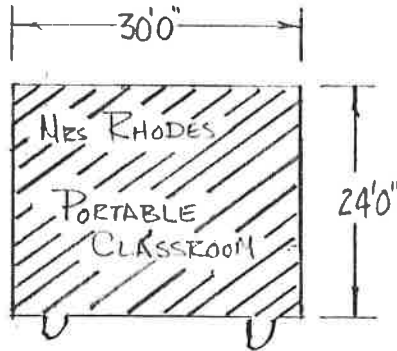
HOMOGENEOUS AREA D

SCALE 1" = 20'

 VINYL ASBESTOS FLOOR TILE

Identify limits of homogeneous area and sample locations.

S



HOMOGENEOUS AREA

SCALE 1"=20'

N

LEA: Chester County LEA NO.: 120

Date: 9/30/88



In areas 1,2,3 and 4, there is assumed asphalt floor tile. This is a hard surface which releases fibers only when cut, drilled, sawed, broken or sanded. When cleaning the tile, these steps will be followed:

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

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LEA: Chester County LEA NO.: 120

Date: 9/30/88

# OPERATIONS AND MAINTENANCE PROCEDURES Chester County Schools

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

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

(continued)

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

# OPERATIONS AND MAINTENANCE PROCEDURES

---

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

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

# GEORGIA INSTITUTE OF TECHNOLOGY

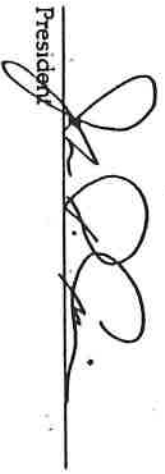
This is to certify that

GENE E. CAIN

has successfully completed

*Inspecting Buildings For Asbestos  
Containing Materials*

conducted by  
GEORGIA TECH  
EDUCATION EXTENSION SERVICES  
Atlanta, Georgia  
MARCH 21-23, 1988

  
President

  
Director, Education Extension Services  
Associate Vice President for Academic Affairs



# The Georgia Institute of Technology

## Gene E. Cain

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

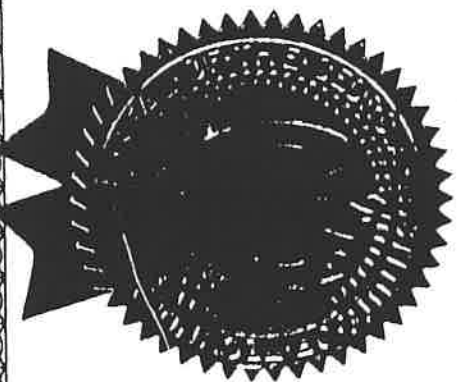
“INSPECTING BUILDINGS FOR ASBESTOS-CONTAINING MATERIALS”

477

Certificate Number

March 23, 1988

Date



*Eric Vunberg*  
Course Director

*Mattias M. Malak*  
Exam Administrator

# The Georgia Institute of Technology

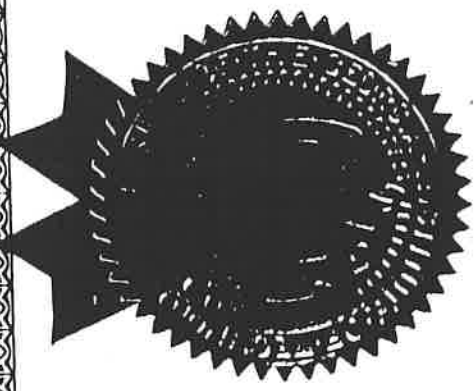
## Gene E. Cain

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

“MANAGING ASBESTOS IN BUILDINGS”

Certificate Number 418

Date March 25, 1988



*Joni Hurley*  
Course Director

*Matthew Marshall*  
Exam Administrator

# GEORGIA INSTITUTE OF TECHNOLOGY

This is to certify that

GENE E. CAIN

has successfully completed

*Managing Asbestos in Buildings*

conducted by

GEORGIA TECH

EDUCATION EXTENSION SERVICES

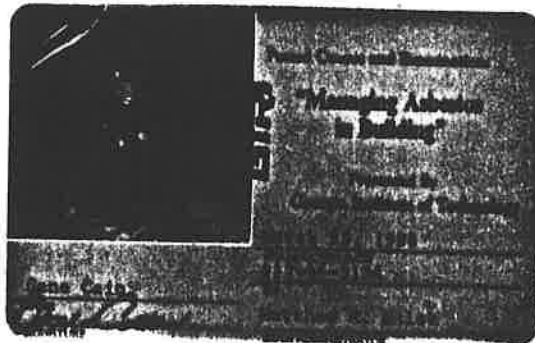
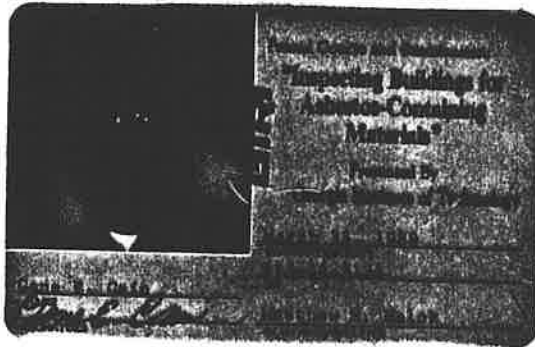
Atlanta, Georgia

MARCH 24-25, 1988



*[Signature]*  
President

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



**QUALITATIVE RESPIRATOR FIT TEST**

Name: GENE F. CAIN

Social Security No.: 415-44-5134

Respirator Type: North 7760

Size: M

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

**Georgia Tech Research Institute**



September 21, 1988

TO: Principal, Teachers, Lunchroom Employees, Custodians,  
Maintenance Employees and Parent 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 - Inlayed linoleum in cafeteria, storage room in kitchen and locker room - Vinyl asbestos floor tile.
- Area 9 - Boiler Room - Pipe wrappings and hot water tank.
- Area 10 - Agriculture Building - Corridors, bookstore and classrooms have vinyl asbestos floor tile. Pipe wrappings in boiler room, shop and shop restroom.
- Area 11 - Business Building - All classrooms have vinyl asbestos floor tile.
- Area 12 - Vocational School - Hall and storage, janitorial room, hall leading to stairs, landing on stairs, hall between shops and locker area, three office areas, janitorial closet and storage room upstairs on the right - vinyl asbestos floor tile. Pipe wrappings on the elbows of hot water tank.

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Junior High Cafeteria

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

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

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

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Neil Ross</u>	<u>Janitor Lakeside</u>
<u>Alonso Roy Climer</u>	<u>Janitor East Chester</u>
<u>P. C. Burross</u>	<u>Janitor West Chester</u>
<u>G. R. Colgan</u>	<u>Janitor North Chester</u>
<u>W. J. Hepwith</u>	<u>Custodian - East</u>
<u>Shay King</u>	<u>Janitor</u>
<u>J. L. ...</u>	<u>Custodian - Jr. High</u>
<u>Yusuf ...</u>	<u>Janitor Jr High School</u>
<u>William Spencer</u>	<u>Janitor High School</u>

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

LEA Designated Person: Gene Cain

Signature: Gene Cain

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Maintenance & Custodial

Location of Training: Chester County Prison - High Competence

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

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

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

ATTENDEES:

NAME (Print)	JOB TITLE
<u>Johnny Hayes</u>	<u>Junior High School</u>
<u>Marion C. Davis</u>	<u>Junior Jr. High School</u>
<u>Darryl Williams</u>	<u>Teacher</u>
<u>Kathy Calney Mays</u>	<u>School Superintendent</u>
_____	_____*
_____	_____*
_____	_____*
_____	_____*
_____	_____*

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

LEA Designated Person: Gene Cain

Signature: [Handwritten Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Maintaining asbestos covered pipes and surfaces.

ATTENDEES:

NAME (Print)	JOB TITLE
<i>James Hill</i>	MCINT
<i>Lloyd H. King</i>	1111

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

LEA Designated Person: Gene Cain

Signature: *Gene Cain*

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouses

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: Respirators for asbestos and fitting.

ATTENDEES:

NAME (Print)	JOB TITLE
<u>[Signature]</u>	<u>Nestor</u>
<u>[Signature]</u>	<u>lc ll</u>

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

LEA Designated Person: Gene Cain  
Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County Courthouse

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

Instructor (Print Name): Gene Cain

Subject Matter Covered: HEPA vacuum cleaner for asbestos cleanup.

ATTENDEES:

NAME (Print)

JOB TITLE

[Signature]

Asst. Mgr.

[Signature]

" "

\_\_\_\_\_

\_\_\_\_\_

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88

EMPLOYEE TRAINING FORM

Location of Training: Chester County High School

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

Instructor (Print Name): Gene Cain

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

ATTENDEES:

NAME (Print)

JOB TITLE

Dwight H. [Signature]  
loyd H. Knig [Signature]

Meant [Signature]  
11 [Signature]  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

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

LEA Designated Person: Gene Cain

Signature: [Signature]

LEA: Chester County LEA NO.: 120

Date: 9/30/88



**EMPLOYEE TRAINING FORM**

Location of Training:

Chester County High School

Date:

9-24-1988

Period of Instruction:

5

Hrs.

Instructor (Print Name):

Gene Cain

Subject Matter Covered:

Practice use of glove bag.

**ATTENDEES:**

NAME (Print)

JOB TITLE

[Signature]

NAINT

[Signature]

( )

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

LEA Designated Person:

Gene Cain

Signature:

[Signature]

LEA:

Chester County

LEA NO.: 120

Date:

9/30/88

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

All of the custodians of the Chester County schools.

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cair*

**Date:** 9/30/88

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

1. **Locations cleaned:**

All of the floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** 

**Date:** 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cair*

**Date:** 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cain*

**Date:** 9/30/88

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

1. Locations cleaned:

All floors in the building.

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

Wet method of cleaning used.

3. Names of persons performing cleaning and training dates:

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

Training date for all above: 9/21/88

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

5. LEA Designated Person: Gene Cain

Signature: *Gene Cain*

Date: 9/30/88

1. **Locations cleaned:**

All floors in the building.

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

Wet method of cleaning used.

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

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

Training date for all above: 9/21/88

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

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

**Signature:** *Gene Cain*

**Date:** 9/30/88



*Linda Patterson*

# CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327  
Henderson, Tennessee 38340 Telephone 901/989-5134

KATHY COATNEY MAYS, Superintendent

M E M O

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

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

Thank you for your attention to this matter.

KCM:cb

DWAIN SEATON, Chairman  
Route 2, Beech Bluff

BILL MOORE, Vice-Chairman  
1271 W. Main, Henderson

MABEL DAVIDSON  
814 N. Hearn St., Henderson

DANNY SWAFFORD  
Erville

JOE COX  
522 Jacks Creek Circle,  
Henderson

GENE HIBBITT  
482 White Ave., Henderson

JOE HOLMES, JR.  
Route 2, Henderson



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

HA No.	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Vinyl Asbestos Tile	All	None
2	Vinyl Asbestos Tile	All	None
3	Vinyl Asbestos Tile	All	None
4	Vinyl Asbestos Tile	All	None
6	Vinyl Asbestos Tile	All	None
7	Vinyl Asbestos Tile	All	None
8	Vinyl Asbestos Tile	All	None

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

Date of Surveillance: 12-27-90

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

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12-27-90

LEA: Chester County LEA NO.: 120

Date: 12-27-90

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

HA No.	Description of ACBM	Area Inspected	Change in Condition (If any)
9	Vinyl Asbestos Tile	All	None

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

Date of Surveillance: 12-27-90

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

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12-27-90

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



# CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327

Henderson, Tennessee 38340

Telephone 901/989-5134

*Least*

KATHY COATNEY MAYS, Superintendent

## M E M O

TO: Principals

FROM: Kathy Coatney Mays. *Kathy Coatney Mays*

SUBJECT: Asbestos

DATE: October 23, 1990

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

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

KCM:ke

DWAIN SEATON, Chairman  
Route 2, Beech Bluff

BILL MOORE, Vice-Chairman  
1271 W. Main, Henderson

STEVE LONG  
573 Woods Dr., Henderson

DANNY SWAFFORD  
Enville

JOE COX  
522 Jacks Creek Circle, Henderson

GENE HIBBETT  
482 White Ave., Henderson

JOE HOLMES, JR  
Route 2, Henderson



# CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327  
Henderson, Tennessee 38340 Telephone 901/989-5134

KATHY COATNEY MAYS, Superintendent

September 4, 1990

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

Dear Mr. Cobb:

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

- I. Inspection and periodic surveillance has been conducted.
- II. Workers and building occupants, or their legal guardians, are informed at least once each school year of response actions and presence of asbestos.
- III. All custodial employees have had at least two hours of awareness training.
- IV. All schools were cleaned by the wet method after inspection.
- V. All maintenance employees have had sixteen hours of training.
- VI. All maintenance employees have a medical check up each year.
- VII. All pipe and boiler insulation has been restored to its original condition.
- VIII. Signs have been placed in all boiler rooms as needed.
- IX. Short term workers who may come in contact with asbestos in a school are being informed of its presence.
- X. The local representative has completed approved training courses in inspection, management planning, and supervision of abatement.
- XI. All small scale disturbances have been reported to the state.

Sincerely,

Kathy Coatney Mays, Superintendent  
Chester County Schools

KCM:cb

DWAIN SEATON, Chairman  
Route 2, Beech Bluff

BILL MOORE, Vice-Chairman  
1271 W. Main, Henderson

STEVE LONG  
573 Woods Dr., Henderson

DANNY SWAFFORD  
Enville

JOE COX  
522 Jacks Creek Circle, Henderson

GENE HIBBETT  
482 White Ave., Henderson

JOE HOLMES, JR.  
Route 2, Henderson



# CHESTER COUNTY BOARD OF EDUCATION

P. O. Box 327  
Henderson, Tennessee 38340 Telephone 901/989-5134

KATHY COATNEY MAYS, Superintendent

## M E M O

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

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

KCM:cb

DWAIN SEATON, Chairman  
Route 2, Beech Bluff

BILL MOORE, Vice-Chairman  
1271 W. Main, Henderson

STEVE LONG  
573 Woods Dr., Henderson

DANNY SWAFFORD  
Enville

JOE COX  
522 Jacks Creek Circle, Henderson

GENE HIBBETT  
482 White Ave., Henderson

JOE HOLMES, JR.  
Route 2, Henderson

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

HA No.	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Vinyl Asbestos Tile	All	None
2	Vinyl Asbestos Tile	All	None
3	Vinyl Asbestos Tile	All	None
4	Vinyl Asbestos Tile	All	None
6	Vinyl Asbestos Tile	All	None
7	Vinyl Asbestos Tile	All	None
8	Vinyl Asbestos Tile	All	None

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

Date of Surveillance: 12/13/89

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

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12/20/89

LEA: Chester County LEA NO.: 120

Date: 12/20/89

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

HA No.	Description of ACBM	Area Inspected	Change in Condition (if any)
9	Vinyl Asbestos Tile	All	None

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

Date of Surveillance: 12/13/89

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

Surveillance Inspector's Name: Gene Cain

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

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

LEA Designated Person Signature: *Gene Cain*

Dated: 12/20/89

LEA: Chester County LEA NO.: 120

Date: 12/20/89

**PERIODIC SURVEILLANCE REPORT**

**SCHOOL YEAR:** 1992-93

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

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

SCHOOL BUILDING NAME East Chester Elementary

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

HA No	Description of ACBM	Area Inspected	Change in Condition (if any)
1	Floor Tile	All	None
2	Floor Tile	All	None
3	Floor Tile	All	None
4	Floor Tile	All	None
6	Floor Tile	All	None
7	Floor Tile	All	None
8	Floor Tile	All	None
9	Floor Tile	All	None

Surveillance Inspector's\* Signature: Gene Cain

Surveillance Inspector's Name: Gene Cain

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

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

LEA System Name: Chester County LEA NO.: 120

Date: 12-30-92



**SAFETY • TRAINING • ECOLOGY • DESIGN**

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

**CERTIFICATE OF COMPLETION**

**EDDIE MILLER**

has successfully completed and passed an examination for the course of

**EPA/AHERA Approved Accreditation Course**

**Management Planner Course**

**December 2 - 3, 1993**

**Covington, Tennessee**

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

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

Melanie M Wright  
Classroom Instructor

Dr. B. Wright  
Field Instructor

Melanie M Wright  
Director of Programs

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

*LARRY EDDIE MILLER*

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

MAY 20, 1998

Examination Date

MAY 20, 1998

Course Date

MAY 20, 1999

Expiration Date

*Angela Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

*LARRY EDDIE MILLER*

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

May 19, 1999

Examination Date May 19, 1999

Course Date May 19, 2000

Expiration Date

*Phyllis Moore*

Environmental Technologies

P. O. Box 21243

Little Rock, AR 72221

(501) 580-4284



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

## **CERTIFICATION OF COMPLETION**

this certifies that

**Eddie Miller**

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

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

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

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

BIMPR431-53-1229  
Certificate Number

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

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

*David B. Wright*  
Classroom Instructor

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





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

Certificate # 7ME01187306MPR004

*This is to certify that*

**Eddie Miller**

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

**AHERA Asbestos Management Planner Recertification Course**

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

*[Handwritten signature]*

Instructor

*[Handwritten signature]*  
President



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

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

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

**EDDIE MILLER**

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2002

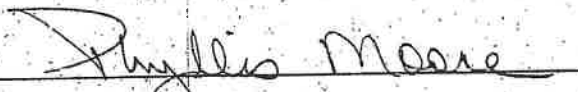
Examination Date

January 23, 2002

Course Date

January 23, 2003

Expiration Date



**Environmental Technologies**

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



Asbestos  
REFRESHER

# Asbestos

## CERTIFICATE OF ACHIEVEMENT

Awarded to

**EDDIE MILLER**

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

### Asbestos Management Planner Refresher Training Course

431-53-1229

Certificate Number

January 23, 2003

Examination Date

January 23, 2003

Course Date

January 23, 2004

Expiration Date



**Environmental Technologies**

P. O. Box 21243

Little Rock, AR 72221

(501) 425-9585



Asbestos  
REFRESHER

# AHERA YEARLY PROGRESS REPORT PACKAGE



DEPARTMENT OF FINANCE AND ADMINISTRATION  
CAPITAL PROJECTS MANAGEMENT  
ENVIRONMENTAL PROGRAMS



**ANNUAL PROGRESS REPORT  
INSTRUCTION GUIDE**

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

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

Attention: George G. Brummett, Jr.

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

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

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

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

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

**TRANSMITTAL SHEET/AHERA SUBMITTALS**

**LEA System Name:** Chester County **LEA #** 120

**Address:** P O Box 327

**County:** Henderson TN 38340

**LEA Designated Person:** Gene Cain **Telephone:** 901-424-6428

**Date:** May 24, 1995

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

ORIGINAL SUBMISSION	CORRECTION/ DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
X		YEARLY PROGRESS REPORT
		REINSPECTION
		Other (please explain)

**CHECKLIST FOR YEARLY PROGRESS REPORTS**

SCHOOL YEAR ENDING June 30, 1995

Page 1 of 2

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

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

**ADDITIONAL FORMS THAT MAY BE REQUIRED TO BE FILED WITH THE STATE**  
(Please indicate whether any of these forms are necessary for your LEA).

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

**CHECKLIST FOR YEARLY PROGRESS REPORTS**

Page 2 of 2

Attached	Not Applicable	Will be sent by Management Planner	
	X		<p>b. If a new building is constructed after 10/12/88, and is intended to be used as a school, an AHERA inspection Management Plan shall be conducted <b>PRIOR</b> to the use of the building as a school building. The inspection and assessment of the building materials may be waived if an Architect, Project Engineer responsible for the construction of the building, or an accredited inspector signs a statement that (1) no ACBM was specified as a building material in any construction document for the building or (2) to the best of his/her knowledge, no ACBM was used as a building material in the building. If such a statement is obtained, the LEA shall submit a copy of the signed statement to EPA Regional Office and shall include the statement in the Management Plan for the school.</p>
	X		<p>8. Abatement Action (TAHERA 10.0) This form must be completed for any removal, enclosure, encapsulation or repair greater than 8 square or linear feet. Please attach a copy of the air monitoring report.</p>
X			<p>4. Employee Training Form (TAHERA 11.0) This form must be completed for any new custodial and maintenance employees. Training must be completed within sixty days (60) days of commencement of employment.</p>
	X		<p>5. Operations and Maintenance Activity (TAHERA 12.0) This form must be completed for any removal, enclosure, encapsulation or repair less than 8 square or linear feet.</p>
	X		<p>6. Cleaning Record (TAHERA 13.0) This form must be completed for any initial or additional cleaning as recommended by your Management Planner. Initial cleaning must be conducted for all schools containing friable asbestos.</p>
	X		<p>7. Fiber Release Episode Form (TAHERA 14.0) This form must be completed for the falling or dislodging of asbestos-containing materials in any quantity.</p>

Chester County

LEA System Name: \_\_\_\_\_

LEA NO: 120

DATE: May 24, 1995

**ASSURANCES**

**SCHOOL YEAR ENDING**

06-30-95

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

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

LEA DESIGNATED PERSON'S NAME (please print): Gene Cain

LEA DESIGNATED PERSON'S SIGNATURE: *Gene Cain*

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

SUPERINTENDENT'S SIGNATURE: *Kathy Coatney Mays*

LEA System Name: <u>Chester County</u>	LEA NO: <u>120</u>
	DATE: <u>May 24, 1995</u>

**PERIODIC SURVEILLANCE REPORT**

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

**BUILDING NAME:** Main Building

**SCHOOL YEAR:** 94 - 95

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months
			DATE <u>12-07-94</u>	DATE <u>05-23-95</u>
1	Floor Tile	ALL	Good	N/C
2	Floor Tile	ALL	Good	N/C
3	Floor Tile	ALL	Good	N/C
4	Floor Tile	ALL	Good	N/C
	Ceiling Tile	ALL	Good	N/C

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

**Surveillance Inspector's Signature:** *Gene Cain*  
 (Surveillance Inspector is not required to be AHERA certified.)

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

<b>LEA System Name:</b> <u>Chester County</u>	<b>LEA NO:</b> <u>120</u>
	<b>DATE:</b> <u>May 24, 1995</u>

**ANNUAL PROGRESS REPORT**

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

**BUILDING NAME:** Main

**SCHOOL YEAR:** 94 - 95

**SUMMARY OF RESPONSE ACTIONS:**

**LEGEND**

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

Material Description	Floor Tile					Ceiling Tile								
	1	2	3	4										
NA Number	1	2	3	4										

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

CHECK ONE

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

**RESPONSE ACTION COMPLETED?**

CHECK ONE

YES														
NO	X	X	X	X	X									

**RESPONSE ACTION IN PROGRESS?**

CHECK ONE

YES	X	X	X	X	X									
NO														

**MANAGEMENT PLAN SCHEDULE COMPARISON**

CHECK ONE

On Schedule	X	X	X	X	X									
Ahead Schedule														
Behind Schedule														

**INSPECTOR'S NAME (please print):** Gene Cain

**INSPECTOR'S SIGNATURE:** *Gene Cain*

**LEA System Name:** Chester County

**LEA NO:** 120

**DATE:** May 24, 1995



# CHESTER COUNTY BOARD OF EDUCATION

P.O. Box 327 • Henderson, Tennessee 38340 • Telephone 901 989-5134  
KATHY COATNEY MAYS, Superintendent

August 10, 1994

DWAIN SEATON, Chairman  
Route 2 • Beech Bluff

DANNY SWAFFORD, Vice Chairman  
Enville

MABEL DAVIDSON  
814 Hearn St. - Henderson

DWIGHT BINGHAM  
P.O. Box 251 - Henderson

JIM CHANDLER  
155 Second St. - Henderson

BOB MOORE  
2435 Old Friendship Rd. - Finger

GLENN NAYLOR  
3420 Old Finger Rd. - Finger

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

Dear Sir:

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

Sincerely,

Kathy Coatney Mays, Superintendent  
Chester County Schools

KCM:cb

Attachments



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

FROM: Dr. Kathy Coatney Mays

SUBJECT: EPA Rule 763.93 (G) (4) concerning non-friable asbestos  
at the Jacks Creek Elementary School.

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

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

OCCUPANT INFORMATION RECORD

DOCUMENT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

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

Building Number and Name

120	Jacks Creek Elementary School
0025	

Building Location

General Delivery Jacks Creek, TN 38347
---

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

- 1) THE LOCATIONS OF ASBESTO-CONTAINING MATERIALS TO WHICH I MIGHT HAVE ACCESS IN THE NORMAL COURSE OF MY PRESENCE IN THE BUILDING.
- 2) THE HAZARDS TO HEALTH PRESENTED BY ASBESTOS.
- 3) APPROPRIATE BEHAVIOR IN THE PRESENCE OF ASBESTO-CONTAINING MATERIALS WHICH WILL PREVENT OR REDUCE THE POTENTIAL HAZARD.
- 4) NOTIFICATION PROCEDURES WHICH I MUST FOLLOW IN THE EVENT I OBSERVE A POSSIBLE CHANGE IN THE CONDITION OF ANY OF THE ASBESTOS-CONTAINING MATERIALS.
- 5) SAFETY PROCEDURES WHICH I AM TO FOLLOW IN THE EVENT OF AN EMERGENCY WHICH MIGHT INVOLVE THE ASBESTOS-CONTAINING MATERIALS.

MY REASON FOR BEING IN THE BUILDING IS:

\_\_\_\_\_

\_\_\_\_\_  
My Signature In acknowledgment of the above.

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Employer Name, Address and Phone Number

\_\_\_\_\_

\_\_\_\_\_

INFORMING BUILDING OCCUPANTS

Asbestos is a potential health hazard.

Material containing asbestos has been found in the building.

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

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

Report any evidence of disturbance or damage.

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

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

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

Gene Cain, 901/427-1561

The ACM is found in the following locations:

Areas A, B, C, D - Floor tile in the halls, classrooms, library, office, two portable classrooms, two landings from the stage, cafeteria and kitchen.

**EMPLOYEE TRAINING FORM**

**SCHOOL YEAR:** 94 - 95

**USE THIS FORM TO DOCUMENT TRAINING OF CUSTODIAL AND MAINTENANCE EMPLOYEES. PROVIDE ONE FORM FOR EVERY SCHOOL.**

Asbestos awareness

**Subject Matter Covered:**

**Date:** May 8, 1995 **Period of Instruction:** \_\_\_\_\_ **Hrs.** \_\_\_\_\_

**Instructor (Print Name):** Kathy Coatney Mays **Agency:** \_\_\_\_\_

**ATTENDEES:**

NAME (Print)	JOB TITLE
See Attached List	

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

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

LEA System Name: Chester County LEA NO.: 120

Date: May 24, 1995

Asbestos - Awareness Training

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

NAME

SCHOOL

- |     | <u>NAME</u>       | <u>SCHOOL</u> |
|-----|-------------------|---------------|
| 1.  | Tommy Kipping     | CHS           |
| 2.  | Bruce Taylor      |               |
| 3.  | P. C. Burrass     | West County   |
| 4.  | M. Davis          | CHS           |
| 5.  | Kenneth Schindler | CHS           |
| 6.  | Pattie Stearns    | North         |
| 7.  | Ken Stearns       | Voc           |
| 8.  | Paul Stearns      |               |
| 9.  | Johnny Hayes      | C. C. H. S.   |
| 10. | William Spencer   | CHS           |
| 11. | William Hymith    | East          |
| 12. | Dianne Hymith     | East          |
| 13. | Gail Ross         | J. C. School  |
| 14. |                   |               |
| 15. |                   |               |
| 16. |                   |               |
| 17. |                   |               |
| 18. |                   |               |
| 19. |                   |               |
| 20. |                   |               |
| 21. |                   |               |
| 22. |                   |               |
| 23. |                   |               |
| 24. |                   |               |
| 25. |                   |               |

May 12, 1994

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

- |                        |                       |
|------------------------|-----------------------|
| 1. Kathy Coatney (Map) | Superintendent Office |
| 2. Willow Spence       | C.C. H.S.             |
| 3. Johnny Hayes        | High School           |
| 4. Gail Ross           | Jack Creek            |
| 5. Terry Johnson       |                       |
| 6. P.C. Burrows        | West Chester          |
| 7. Patti Strang        | North Chester         |
| 8. Dianne Hygsmith     | East Chester          |
| 9. Wilbur Hygsmith     | East                  |
| 10. Kumi Eschindlbeck  | CCJHS                 |
| 11. Marion C. Davis    | CCJHS                 |
| 12.                    |                       |

Joint Meeting  
May 8, 1995

The following participated in training  
on May 8, 1995 at Chester County General  
High School in handwashing procedures,  
Hepatitis B and A guidelines to follow,  
right-to-know, and asbestos procedures:

1. Kathy Coakley Maye
2. Wilbur W. Hysmith
3. Dianne Hysmith
4. Pattie S. Strang
5. Gail Ross
6. Johnny Hayes
7. Wilton Spencer
8. Tommy Riggins
9. Marion C. Davis
10. O. E. Burross
- 11.

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

DATE: 8/14/98

LEA SYSTEM NAME: Chester County Board of Education

LEA #: 120

ADDRESS: Courthouse

Henderson, TN 38340

DESIGNATED PERSON: John H. Shelton

PHONE: (901) 664-2561

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

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



LEA NAME: Chester County Schools LEA #: 120  
 SCHOOL BUILDING NAME: Jack's Creek Elementary BUILDING #: Main Building  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 7-09-89 INSPECTION DATE: 8-03-98



	HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
CURRENT QUANTITY	6401 sq. ft.	42 sq. ft.	959 sq. ft.	1512 sq. ft.
MATERIAL DESCRIPTION	Floor Tile	Floor Tile	Floor Tile	Floor Tile
LAST 3 YEAR				
CURRENT				
TSI				
SURFACING	X	X	X	X
MISCELLANEOUS				
CHECK ONE				
ASSUMED ACBM	X	X	X	X
CONFIRMED ACBM				
NON-ACBM				
CHECK ONE				
NON-FRIABLE	X	X	X	X
FRIABLE				
EXPOSURE CONSIDERATION				
1 TO 5 (5 WORST)				
DETERIORATION	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1
WATER DAMAGE	1	1	1	1
ACTIVITY / VIBRATION	3	3	3	3
EXPOSURE	5	5	5	5
ACCESSIBILITY	5	5	5	5
LENGTH OF EXPOSURE				
(CHECK ONE)				
1 HOUR / WEEK				
5 HOUR / WEEK				
10 HOUR / WEEK				
20 HOUR / WEEK				
40 HOUR / WEEK	X	X	X	X
EXPOSURE POPULATION				
(CHECK ALL APPLICABLE)				
MAINTENANCE	X	X	X	X
CUSTODIAL	X	X	X	X
FACULTY / STAFF	X	X	X	X
PUBLIC	X	X	X	X
ASSESSMENT				
(MARK FROM 1 TO 7)	5	5	5	5
RESPONSE ACTIONS				
(MARK FROM A TO H)	A-B	A-B	A-B	A-B

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

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

**NOTES**

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

Eddie Miller  
INSPECTOR (Typed name)

Eddie Miller  
MANAGEMENT PLANNER

[Signature]  
SIGNATURE

[Signature]  
SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

431531229 / TN  
ACCREDITATION #/STATE

LEA NAME: Chester County Schools

LEA #: 120

SCHOOL BUILDING NAME: Jack's Creek Elementary

BUILDING #: Portable

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

INSPECTION DATE: 8-03-98



	HA NUMBER		HA NUMBER		HA NUMBER		HA NUMBER	
	Through Out							
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	15,000 sq.ft							
	MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
	Ceiling Tile							
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X						
ASSUMED ACBM	X	X						
CONFIRMED ACBM								
NON-ACBM								
NON-FRIABLE	X	X						
FRIABLE								
EXPOSURE CONSIDERATION								
1 TO 5 (5 WORST)								
DETERIORATION	1	1						
PHYSICAL DAMAGE	1	1						
WATER DAMAGE	1	1						
ACTIVITY / VIBRATION	3	3						
EXPOSURE	3	3						
ACCESSIBILITY	3	3						
LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK								
40 HOUR / WEEK	X	X						
EXPOSURE POPULATION								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X						
CUSTODIAL	X	X						
FACULTY / STAFF	X	X						
PUBLIC	X	X						
ASSESSMENT								
(MARK FROM 1 TO 7)								
RESPONSE ACTIONS	5	5						
(MARK FROM A TO H)								
	A-B	A-B						

ASSESSMENT LEGEND

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

RESPONSE ACTIONS LEGEND

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

NOTES

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

Eddie Miller  
INSPECTOR (Typed name)

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

Eddie Miller  
MANAGEMENT PLANNER

SIGNATURE

431531229 / TN  
ACCREDITATION #/STATE

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 791

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: JACK'S CREEK ELEMENTARY

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

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

HA #	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
	CEILING TILE	ALL	GOOD	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): EDDIE MILLER

SURVEILLANCE INSPECTOR'S SIGNATURE:

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): ENVIRONMENTAL TECHNOLOGIES #431531229 - 5/20/98-99

**ANNUAL PROGRESS REPORT**

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

**BUILDING NAME:** Main

**SCHOOL YEAR:** 97-98

**SUMMARY OF RESPONSE ACTIONS:**

**LEGEND**

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

Material Description	Material						Ceiling Tile						
	1A	1	2	3	4								
Floor Tile		1	2	3	4								
Floor Tile													
Floor Tile													
Floor Tile													
Ceiling Tile													

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

CHECK ONE

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

**RESPONSE ACTION COMPLETED?**

CHECK ONE

YES													
NO	X	X	X	X	X								

**RESPONSE ACTION IN PROGRESS?**

CHECK ONE

YES	X	X	X	X	X								
NO													

**MANAGEMENT PLAN SCHEDULE COMPARISON**

CHECK ONE

On Schedule	X	X	X	X	X								
Ahead Schedule													
Behind Schedule													

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

**INSPECTOR'S SIGNATURE:** 

**LEA System Name:** Chester County

**LEA NO:** 120

**DATE:** 8-3-98

1999  
Yearly Progress Report

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

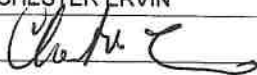
BUILDING NAME: JACK'S CREEK ELEMENTARY

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

		1ST SIX MONTHS		2ND SIX MONTHS	
		DATE FALL:	11-16-98	DATE SPRING:	4-23-99
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
	CEILING TILE	ALL	GOOD	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

2000  
Yearly Progress Report

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

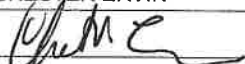
BUILDING NAME: JACK'S CREEK ELEMENTARY

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

		1ST SIX MONTHS		2ND SIX MONTHS	
		DATE FALL:	9-22-99	DATE SPRING:	3-31-00
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
	CEILING TILE	ALL	GOOD	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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



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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

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

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

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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

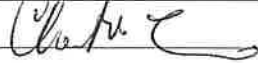
BUILDING NAME: JACK'S CREEK ELEMENTARY

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

		1ST SIX MONTHS		2ND SIX MONTHS	
		DATE FALL:	11-16-98	DATE SPRING:	4-23-99
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
	CEILING TILE	ALL	GOOD	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

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

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

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

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: JACK'S CREEK ELEMENTARY

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

			1ST SIX MONTHS		2ND SIX MONTHS	
			DATE FALL:	9-22-99	DATE SPRING:	3-31-00
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED	
1	FLOOR TILE	ALL	GOOD	N/C		
2	FLOOR TILE	ALL	GOOD	N/C		
3	FLOOR TILE	ALL	GOOD	N/C		
4	FLOOR TILE	ALL	GOOD	N/C		
	CEILING TILE	ALL	GOOD	N/C		

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

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

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

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

2002  
Yearly Progress Report

**PERIODIC SURVEILLANCE REPORT**

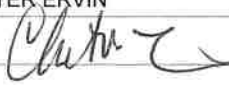
LEA NAME: CHESTER COUNTY SCHOOLS  
 SCHOOL NAME: JACK'S CREEK ELEMENTARY  
 BUILDING NAME: JACK'S CREEK ELEMENTARY

LEA #: 120  
 SCHOOL #: MAIN

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

		1ST SIX MONTHS		2ND SIX MONTHS	
		DATE FALL:	10-15-01	DATE SPRING	5-18-02
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	FLOOR TILE	ALL	GOOD	N/C	
2	FLOOR TILE	ALL	GOOD	N/C	
3	FLOOR TILE	ALL	GOOD	N/C	
4	FLOOR TILE	ALL	GOOD	N/C	
	CEILING TILE	ALL	GOOD	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
Henderson, TN      38340

**DESIGNATED PERSON:** John Pipkin

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN


BUILDING NAME: JACK'S CREEK ELEMENTARY

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

				1ST SIX MONTHS		2ND SIX MONTHS	
				DATE FALL:	10-15-01	DATE SPRING:	5-18-02
HA #	DESCRIPTION OF ACB	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED		
1	FLOOR TILE	ALL	GOOD	N/C			
2	FLOOR TILE	ALL	GOOD	N/C			
3	FLOOR TILE	ALL	GOOD	N/C			
4	FLOOR TILE	ALL	GOOD	N/C			
	CEILING TILE	ALL	GOOD	N/C			

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

### THREE YEAR REINSPECTION

LEA NAME:	CHESTER COUNTY SCHOOLS	LEA #:	120
SCHOOL BLDG. NAME:	JACK'S CREEK ELEMENTARY	BUILDING #	MAIN BUILDING
DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:	7/9/1989	INSPECTION DATE:	8/13/2003



	HA 01		HA 02		HA 03		HA 04	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
<b>CURRENT QUANTITY</b>	6401		42		959		1512	
<b>MATERIAL DESCRIPTION</b>	FLOOR TILE		FLOOR TILE		FLOOR TILE		FLOOR TILE	
<b>T, S or M</b>	M	M	M	M	M	M	M	M
<b>MATERIAL TYPE</b>	M	M	M	M	M	M	M	M
<b>Check One</b>								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
<b>Check One</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>Exposure Consideration</b>								
DETERIORATION	1	1	1	1	1	1	1	1
PHYS. DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY / VIBR.	3	3	3	3	3	3	3	3
EXPOSURE	5	5	5	5	5	5	5	5
ACCESSIBILITY	5	5	5	5	5	5	5	5
<b>Length of Exposure</b>								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK								
40 HOUR / WEEK	X	X	X	X	X	X	X	X
<b>Exposure Population</b>								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY / STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
<b>Assessment</b>								
	5	5	5	5	5	5	5	5
<b>** Response Actions</b>								
	B	B	B	B	B	B	B	B

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

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

**Notes**

\*If previously assumed ACBM was tested, attach 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

CHESTER ERVIN  
INSPECTOR (Typed Name)

EDDIE MILLER  
MANAGEMENT PLANNER

TAHERA 16.0 (12/93)

*[Signature]*  
SIGNATURE

*[Signature]*  
SIGNATURE

ACCREDITATION # /STATE

431531229 / TN

ACCREDITATION # /STATE

### THREE YEAR REINSPECTION

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



	THROUGHOUT							
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	15,000							
MATERIAL DESCRIPTION	2 X 4 CEILING TILE		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MATERIAL TYPE	M	M						
<b>Check One</b>								
ASSUMED ACBM	X	X						
CONFIRMED ACBM								
NON-ACBM								
<b>Check One</b>								
NON-FRIABLE	X	X						
FRIABLE								
<b>Exposure Consideration</b>								
DETERIORATION	1	1						
PHYS. DAMAGE	1	1						
WATER DAMAGE	1	1						
ACTIVITY / VIBR.	3	3						
EXPOSURE	3	3						
ACCESSIBILITY	5	5						
<b>Length of Exposure</b>								
1 HOUR / WEEK								
5 HOUR / WEEK								
10 HOUR / WEEK								
20 HOUR / WEEK								
40 HOUR / WEEK	X	X						
<b>Exposure Population</b>								
MAINTENANCE	X	X						
CUSTODIAL	X	X						
FACULTY / STAFF	X	X						
PUBLIC	X	X						
<b>Assessment</b>								
	5	5						
<b>** Response Actions</b>								
	A-B	B						

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

- Response Actions Legend**
- |                                    |              |
|------------------------------------|--------------|
| A. Institute Preventative Measures | E. Enclosure |
| B. O and M Program                 | F. Remove    |
| C. Repair                          | G. Isolate   |
| D. Encapsulate                     | H. Other     |
- Notes**
- \*If previously assumed ACBM was tested, attach 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

CHESTER ERVIN  
 INSPECTOR (Typed Name)

EDDIE MILLER  
 MANAGEMENT PLANNER

*[Signature]*  
 SIGNATURE

*[Signature]*  
 SIGNATURE

ACCREDITATION # /STATE

AR 431531229

ACCREDITATION # /STATE

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

**DATE:** September 25, 2003

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

**LEA #:** 120

**ADDRESS:**

Henderson, TN 38340

**DESIGNATED PERSON:** John Pipkin

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

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

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

### PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: JACK'S CREEK ELEMENTARY

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

2003  
Yearly Progress Report

Ashley -

Resolutions Inc.  
(Asbestos Inspection)

May 30 ?

615-865-8813

615-868-4140 FAX

## PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY SCHOOLS

LEA #: 120

SCHOOL NAME: JACK'S CREEK ELEMENTARY

SCHOOL #: MAIN

BUILDING NAME: JACK'S CREEK ELEMENTARY

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

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

**DATE:** July 2007

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

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

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

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

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



## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 6/6/07



**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

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

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

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	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1

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	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Jim Brooks  
INSPECTOR (Typed Name)

*Jim Brooks*  
SIGNATURE

*Ashlie Rawlings*  
SIGNATURE

7ME02050701A100007/TN  
ACCREDITATION #/STATE

Ashlie Rawlings  
MANAGEMENT PLANNER

7ME02160701AMPR004/TN  
ACCREDITATION #/STATE

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE LEA #: 120  
 School Building Name: Jacks Creek Elementary Building #: Main  
 DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: \_\_\_\_\_ INSPECTION DATE: 6/6/07



**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)**

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

HA NUMBER		HA NUMBER		HA NUMBER		HA NUMBER	
CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
2x4 Ceiling Tile							
X	X						
X	X						
X	X						
1	1						
1	1						
1	1						
1	1						
1	1						
X	X						
X	X						
X	X						
7	7						
B	B						

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Jim Brooks  
 INSPECTOR (Typed Name)

*Jim Brooks*  
 SIGNATURE

7ME02050701AI00007/TN  
 ACCREDITATION #/STATE

Ashlie Rawlings  
 MANAGEMENT PLANNER

*Ashlie Rawlings*  
 SIGNATURE

7ME02160701AMPR004/TN  
 ACCREDITATION #/STATE



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

Certificate # 7ME02050701A100007

*This is to certify that*

**Jim Brooks**

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

**AHERA Asbestos Inspector Training**

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

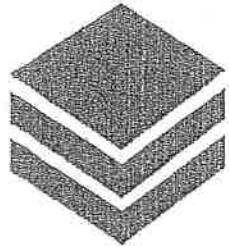


*Ronald Francis*  
 Instructor  
 Ronald Francis

*Thomas Bradford Mayhew*  
 President  
 Thomas Bradford Mayhew

Accreditation Expires: 2/7/08

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



# META

Mayhew Environmental Training Associates

INCORPORATED

Certificate # 7ME02160701AMPR004

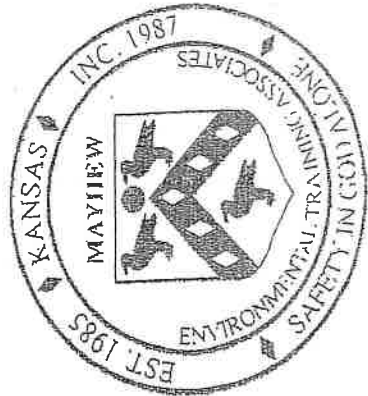
*This is to certify that*

## L Ashlie Rawlings

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

### AHERA Asbestos Management Planner Refresher Course

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

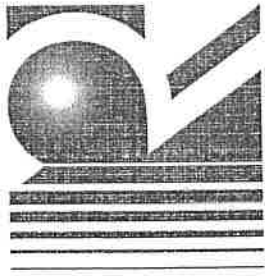


*Ronald Francis*  
Instructor  
Ronald Francis

*Thomas Bradford Mayhew*  
President  
Thomas Bradford Mayhew

Accreditation Expires: 2/16/08

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



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

*Certifies That*

**TERRY MOODY**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

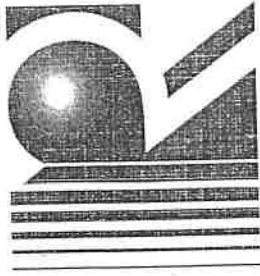
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**MIKE TIGNOR**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**DANA MEEKS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**KIM ROBBINS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

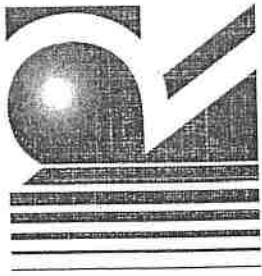
Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**





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

*Certifies That*

**DARLENE HESTER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**LAURA GAUGER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

*Certifies That*

**BRENDA PICKETT**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

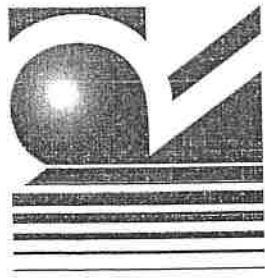
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**DEVEN HEARN**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**ANGIE PARRISH**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

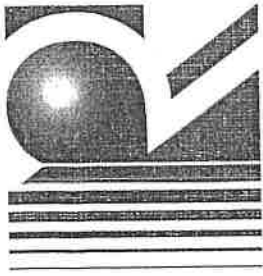
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**TODD DAVIS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**DEMETRIUS LOCKETT**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager



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

*Certifies That*

**MELISSA MURLEY**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



Ron Francis – Training Manager





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

*Certifies That*

**TERESA CONNER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**YVONNE CROSS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**WILLIE TROHER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**JANE SMITH**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**TERESA WILLIS**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

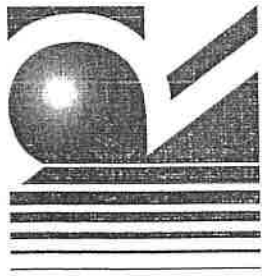
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

**KEN WEST**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

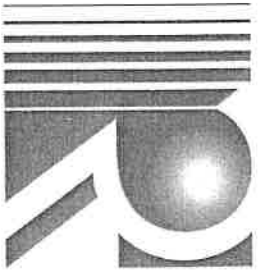
Conducted At: 930 East Main St.  
Henderson, TN 38340

Training Date: July 28, 2009

Expiration Date: July 28, 2010



**Ron Francis – Training Manager**



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

*Certifies That*

Identification

Number: OSHAC4AA100179

**PERRY FRYE**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

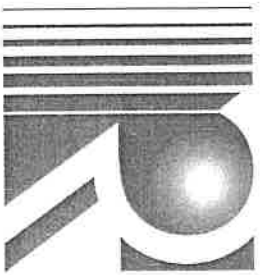
Training Date: January 20, 2010

Expiration Date: January 20, 2011

  
Ron Francis - Training Manager



  
Stephanie Petty - Instructor



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

*Certifies That*

**JAMES CARSON**

Identification

Number: OSHAC4AA100178

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

Conducted At: 930 East Main St.

Henderson, TN 38340

Training Date: January 20, 2010

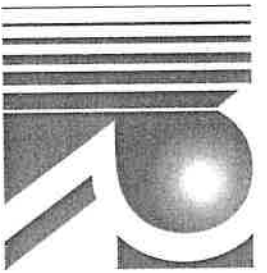
Expiration Date: January 20, 2011

Ron Francis – Training Manager



Stephanie Petty - Instructor





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

*Certifies That*

Identification

Number: OSHAC4AA100177

**CLARENCE PUSSER**

Has successfully completed the course entitled

**CLASS IV ASBESTOS 2 HOUR AWARENESS TRAINING**

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

Training Date: January 20, 2010

Expiration Date: January 20, 2011

  
\_\_\_\_\_  
Ron Francis - Training Manager



  
\_\_\_\_\_  
Stephanie Petty - Instructor

# Certificate of Completion

Chester County School System

*Vernie Reeves*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

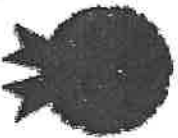
on

Monday, November 11, 2013

Training Coordinator's Signature

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

westk@tennk12.net 61029668-2p9r



safesCHOOLS

TRAINING

# Certificate of Completion

Chester County School System

*Carrissa Miller*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

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

westk@tennk12.net 61029968-2p9r



**safeschools**  
TRAINING

# Certificate of Completion

Chester County School System

*Marilyn Amos*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

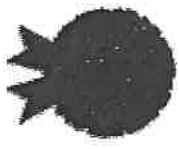
a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

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



**safesCHOOLS**  
TRAINING

westk@kenk12.net 61029468-2p9r

# Certificate of Completion

Chester County School System

*Laura Poe*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

on

Monday, November 11, 2013

  
Training Coordinator's Signature

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

westk@tennk12.net 61029968-2p9r



**safeschools**  
**TRAINING**

# Certificate of Completion

Chester County School System

*Shane Burkeens*

has completed

Asbestos Awareness (K-12 Full 2 Hour)

a training program requiring 2 hours

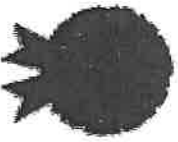
on

Monday, November 11, 2013

  
Training Coordinator's Signature

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

westk@kemk12.net 61029968-2p9r



safeschools

TRAINING

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

**DATE:** 1-20-10

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

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

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

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

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

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



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

**DATE: MARCH 2010**

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



**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

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

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

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	X	X	X	X	X	X	X

X	X	X	X	X	X	X	X

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1

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	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X

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

5	5	5	5	5	5	5	5

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

B	B	B	B	B	B	B	B

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

SIGNATURE

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

### THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: 1988

INSPECTION DATE: 03/16/2010



**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)**

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

HA NUMBER		HA NUMBER		HA NUMBER		HA NUMBER	
CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION	
2x4 Ceiling Tile							
LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X						
X	X						
X	X						
1	1						
1	1						
1	1						
1	1						
1	1						
1	1						
X	X						
X	X						
X	X						
7	7						
B	B						

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

STEPHANIE PETTY  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

ASBBIR0910310/TN  
ACCREDITATION #/STATE

STEVE CHAMBLISS  
MANAGEMENT PLANNER

*Steve Chambliss*  
SIGNATURE

ASBMPR1002145/TN  
ACCREDITATION #/STATE

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

**DATE: 5/19/2011**

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY JUNIOR HIGH

SCHOOL NO.: 126-0010

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

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

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): \_\_\_\_\_

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: CHESTER COUNTY MIDDLE SCHOOL

SCHOOL NO.: 120-005

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date (Fall)	Date 5/18/11 (Spring)	
10C	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
12	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	
13A	Floor tile	All	Good	N/C	
13B	Pipe Insulation	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: EAST CHESTER ELEMENTARY

SCHOOL NO.: 120-0015

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: WEST CHESTER ELEMENTARY

SCHOOL NO.: 120-030

BUILDING NAME: MAIN

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

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

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

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

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

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: NORTH CHESTER ELEMENTARY

SCHOOL NO.: NA

BUILDING NAME: MAIN

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

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

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

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

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

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

**DATE:** 11/21/11

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 11/18/2011 (Fall)	Date (Spring)	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE: 5-17-2012**

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

			1st six months Date 11/18/2011 (Fall)	2nd six months Date 5-16-12 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

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

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

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

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

**DATE: 12/04/12**

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

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

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

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

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

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

**DATE:** 4-11-13

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

			1st six months Date _____ (Fall)	2nd six months Date: 4-9-13 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All		N/C	
2	Floor tile	All		N/C	
3	Floor tile	All		N/C	
4	Floor tile	All		N/C	
	2x4 Ceiling tile	All		N/C	

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

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

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

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

**DATE:** 10-15-13

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

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

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

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

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

# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



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

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

X	X	X	X	X	X	X	X

**CHECK ONE**

NON-FRIABLE  
FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

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

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

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

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER 5A	HA NUMBER 6	HA NUMBER 7A	HA NUMBER 7B
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Floor Tile
------------------------------------	------------------------------------	---	------------------------------------

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

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

	CHECK ONE		CHECK ONE		CHECK ONE		CHECK ONE	
NON-FRIABLE	X	X	X	X			X	X
FRIABLE					X	X		

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	1	2	3	4	5	6	7	8	9
DETERIORATION	1	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)	1	2	3	4	5	6	7	8	9
1 HOUR/WEEK						X	X		
5 HOUR/WEEK									
10 HOUR/WEEK									
20 HOUR/WEEK									
40 HOUR/WEEK	X	X	X	X				X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	1	2	3	4	5	6	7	8	9
MAINTENANCE	X	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X				X	X
PUBLIC	X	X	X	X				X	X

ASSESSMENT (MARK FROM 1 TO 7)	1	2	3	4	5	6	7	8	9
	5	5	5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)	1	2	3	4	5	6	7	8	9
	B	B	B	B	B	B	B	B	B

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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ACCREDITATION #/STATE

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
9A	9B	9C	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Pipe Insulation	Boiler wrap Insulation	H2O Tank Insulation	2x4 Ceiling Tile

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

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

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

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
1 HOUR/WEEK	X	X	X	X	X	X	X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK								

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF								
PUBLIC								

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	5	5	5	5	5	5	7	7

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	B	B	B	B	B	B	B	B

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

Stephanie Petty  
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Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Cafe

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
8			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	2x4 Ceiling Tile		

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X				

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

		X	X				
X	X						

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

X	X						
		X	X				

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

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

**LENGTH OF EXPOSURE**  
 (CHECK ONE)

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

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

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

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

	5	5	7	7			
--	---	---	---	---	--	--	--

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

	B	B	B	B			
--	---	---	---	---	--	--	--

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
 INSPECTOR (Typed Name)

*Stephanie Petty*  
 SIGNATURE

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

Stephanie Petty  
 MANAGEMENT PLANNER

*Stephanie Petty*  
 SIGNATURE

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



# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle School

Building #: AGRI

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
10A	10B	10C	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

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

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X				
				X	X	X	X

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

						X	X
X	X	X	X	X	X		

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

				X	X		
X	X	X	X			X	X

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

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

**LENGTH OF EXPOSURE**  
 (CHECK ONE)

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

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

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

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

	5	5	5	5	5	5	7	7
--	---	---	---	---	---	---	---	---

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

	B	B	B	B	B	B	B	B
--	---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
 INSPECTOR (Typed Name)

*Stephanie Petty*  
 SIGNATURE

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

Stephanie Petty  
 MANAGEMENT PLANNER

*Stephanie Petty*  
 SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Buisness

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
12			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	2x4 Ceiling Tile		

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X				

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

		X	X				
X	X						

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

X	X						
		X	X				

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

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

**LENGTH OF EXPOSURE**  
 (CHECK ONE)

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

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

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

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

5	5	7	7				
---	---	---	---	--	--	--	--

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

B	B	B	B				
---	---	---	---	--	--	--	--

**ASSESSMENT LEGEND**

**RESPONSE ACTIONS LEGEND**

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 | E. Enclosure |
| B. O & M Program                   | F. Remove    |
| C. Repair                          | G. Isolate   |
| D. Encapsulate                     | H. Other     |

**NOTES**

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

Stephanie Petty  
 INSPECTOR (Typed Name)

*Stephanie Petty*  
 SIGNATURE

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

Stephanie Petty  
 MANAGEMENT PLANNER

*Stephanie Petty*  
 SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Chester County Middle

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
13A	13B		
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Pipe Insulation	2x4 Ceiling Tile	

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

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

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

EXPOSURE CONSIDERATION (1 TO 5 (5 WORST))	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
DETERIORATION	1	1	2	2	1	1		
PHYSICAL DAMAGE	1	1	2	2	1	1		
WATER DAMAGE	1	1	1	1	1	1		
ACTIVITY/VIBRATION	2	2	1	1	1	1		
EXPOSURE	2	2	1	1	1	1		
ACCESSIBILITY	1	1	1	1	1	1		

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
1 HOUR/WEEK			X	X	X	X		
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MAINTENANCE	X	X	X	X	X	X		
CUSTODIAL	X	X	X	X	X	X		
FACULTY/STAFF	X	X						
PUBLIC	X	X						

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	5	5	5	5	7	7		

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	B	B	B	B	B	B		

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

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: East Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

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

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**CHECK ONE**

NON-FRIABLE  
FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

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

**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	X

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

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

**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	B
--	---	---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

\*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0  
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Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

A-MP-47891-26076/TN  
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Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: East Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER 5	HA NUMBER 6	HA NUMBER 7	HA NUMBER 8
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

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

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

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

**LENGTH OF EXPOSURE**  
 (CHECK ONE)

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

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

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

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

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Stephanie Petty  
 MANAGEMENT PLANNER

*Stephanie Petty*  
 SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: East Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER:	HA NUMBER	HA NUMBER	HA NUMBER
9			
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	2x4 Ceiling Tile		

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

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

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

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MAINTENANCE	X	X	X	X				
CUSTODIAL	X	X	X	X				
FACULTY/STAFF	X	X						
PUBLIC	X	X						

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	5	5	7	7				

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	B	B	B	B				

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

\*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0  
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Stephanie Petty  
MANAGEMENT PLANNER

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER <u>1</u>	HA NUMBER <u>2</u>	HA NUMBER <u>3</u>	HA NUMBER <u>4</u>
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>	MATERIAL DESCRIPTION <u>Floor Tile</u>
---	---	---	---

**CHECK ONE**  
TSI  
SURFACING  
MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

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

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**CHECK ONE**  
NON-FRIABLE  
FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

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

**LENGTH OF EXPOSURE**  
(CHECK ONE)

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

**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

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

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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Stephanie Petty  
MANAGEMENT PLANNER

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
2x4 Ceiling Tile			

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X						

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

X	X						

**CHECK ONE**

NON-FRIABLE  
FRIABLE

X	X						

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

DETERIORATION  
PHYSICAL DAMAGE  
WATER DAMAGE  
ACTIVITY/VIBRATION  
EXPOSURE  
ACCESSIBILITY

1	1						
1	1						
1	1						
1	1						
1	1						
1	1						

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

X	X						

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

MAINTENANCE  
CUSTODIAL  
FACULTY/STAFF  
PUBLIC

X	X						
X	X						

**ASSESSMENT**

(MARK FROM 1 TO 7)

7	7						
---	---	--	--	--	--	--	--

**\*\*RESPONSE ACTIONS**

(MARK FROM A TO H)

B	B						
---	---	--	--	--	--	--	--

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

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Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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



### THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: North Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
2	3	4	5
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Floor Tile	Floor Tile	Floor Tile

**CHECK ONE**  
 TSI  
 SURFACING  
 MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

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

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**CHECK ONE**  
 NON-FRIABLE  
 FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

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

**LENGTH OF EXPOSURE**  
 (CHECK ONE)

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

**EXPOSURE POPULATION**  
 (CHECK ALL APPLICABLE)

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

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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## 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



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
6	7	8	
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
Floor Tile	Floor Tile	Floor Tile	2x4 Ceiling Tile

CHECK ONE	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X

CHECK ONE	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								

CHECK ONE	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X

EXPOSURE CONSIDERATION (1 TO 5 (5 WORST))	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	1	1
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
1 HOUR/WEEK							X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X		

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X		
PUBLIC	X	X	X	X	X	X		

ASSESSMENT (MARK FROM 1 TO 7)	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	5	5	5	5	5	5	7	7

**RESPONSE ACTIONS (MARK FROM A TO H)	HA 6		HA 7		HA 8		HA 8	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	B	B	B	B	B	B	B	B

**ASSESSMENT LEGEND**

**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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>A. Institute preventative measures</li> <li>B. O &amp; M Program</li> <li>C. Repair</li> <li>D. Encapsulate</li> </ul> | <ul style="list-style-type: none"> <li>E. Enclosure</li> <li>F. Remove</li> <li>G. Isolate</li> <li>H. Other</li> </ul> |
|---|---|

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



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

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

**CHECK ONE**

	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X

**CHECK ONE**

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

**CHECK ONE**

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

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

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

**LENGTH OF EXPOSURE  
(CHECK ONE)**

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

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

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

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

	5	5	5	5	5	5	5	5
--	---	---	---	---	---	---	---	---

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

	B	B	B	B	B	B	B	B
--	---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>A. Institute preventative measures</li> <li>B. O &amp; M Program</li> <li>C. Repair</li> <li>D. Encapsulate</li> </ul> | <ul style="list-style-type: none"> <li>E. Enclosure</li> <li>F. Remove</li> <li>G. Isolate</li> <li>H. Other</li> </ul> |
|---|---|

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: West Chester Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



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

**CHECK ONE**

	HA NUMBER 5		HA NUMBER 6		HA NUMBER		HA NUMBER	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X				

**CHECK ONE**

ASSUMED ACBM			X	X				
CONFIRMED ACBM	X	X						
NON-ACBM								

**CHECK ONE**

NON-FRIABLE	X	X						
FRIABLE			X	X				

**EXPOSURE CONSIDERATION**

1 TO 5 (5 WORST)

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

**LENGTH OF EXPOSURE**

(CHECK ONE)

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

**EXPOSURE POPULATION**

(CHECK ALL APPLICABLE)

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

**ASSESSMENT**

(MARK FROM 1 TO 7)

	5	5	7	7				
--	---	---	---	---	--	--	--	--

**\*\*RESPONSE ACTIONS**

(MARK FROM A TO H)

	B	B	B	B				
--	---	---	---	---	--	--	--	--

**ASSESSMENT LEGEND**

**RESPONSE ACTIONS LEGEND**

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 | E. Enclosure |
| B. O & M Program                   | F. Remove    |
| C. Repair                          | G. Isolate   |
| D. Encapsulate                     | H. Other     |

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

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

**DATE:** 10-15-13

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

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

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

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

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

# THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



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

MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

**CHECK ONE**

TSI

SURFACING

MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X	X	X	X	X	X	X

**CHECK ONE**

ASSUMED ACBM

CONFIRMED ACBM

NON-ACBM

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

**CHECK ONE**

NON-FRIABLE

FRIABLE

X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---

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

DETERIORATION

PHYSICAL DAMAGE

WATER DAMAGE

ACTIVITY/VIBRATION

EXPOSURE

ACCESSIBILITY

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1

**LENGTH OF EXPOSURE  
(CHECK ONE)**

1 HOUR/WEEK

5 HOUR/WEEK

10 HOUR/WEEK

20 HOUR/WEEK

40 HOUR/WEEK

X	X	X	X	X	X	X	X

**EXPOSURE POPULATION  
(CHECK ALL APPLICABLE)**

MAINTENANCE

CUSTODIAL

FACULTY/STAFF

PUBLIC

X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X

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

5	5	5	5	5	5	5	5
---	---	---	---	---	---	---	---

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

B	B	B	B	B	B	B	B
---	---	---	---	---	---	---	---

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

## THREE YEAR REINSPECTION

LEA NAME: Chester County BOE

LEA #: 120

School Building Name: Jacks Creek Elementary

Building #: Main

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN:

INSPECTION DATE: 10/15/13



HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY

MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
2x4 Ceiling Tile			

**CHECK ONE**

TSI  
SURFACING  
MISCELLANEOUS

LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
X	X						

**CHECK ONE**

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

X	X						

**CHECK ONE**

NON-FRIABLE  
FRIABLE

X	X						

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

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

**LENGTH OF EXPOSURE**  
(CHECK ONE)

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

**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

MAINTENANCE	X	X					
CUSTODIAL	X	X					
FACULTY/STAFF							
PUBLIC							

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

7	7						
---	---	--	--	--	--	--	--

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

B	B						
---	---	--	--	--	--	--	--

**ASSESSMENT LEGEND**

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

**RESPONSE ACTIONS LEGEND**

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

**NOTES**

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

Stephanie Petty  
INSPECTOR (Typed Name)

*Stephanie Petty*  
SIGNATURE

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

Stephanie Petty  
MANAGEMENT PLANNER

*Stephanie Petty*  
SIGNATURE

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

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

**DATE: 5-6-2014**

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

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

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 025

BUILDING NAME: MAIN

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

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

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

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

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

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

DATE: 11-11-2014

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>11-11-16</u> (Fall)	Date _____ (Spring)	
1	Floor tile	All	Good	N/C	
2	Floor tile	All	Good	N/C	
3	Floor tile	All	Good	N/C	
4	Floor tile	All	Good	N/C	
	2x4 Ceiling tile	All	Good	N/C	

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

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

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

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

DATE: 4-7-2015

LEA SYSTEM NAME: Chester County Schools LEA#: 120

ADDRESS: PO Box 327, Henderson, Tennessee 38340

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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

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

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)

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

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

**DATE: 10/13/15**

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

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

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

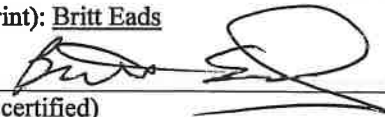
BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>10/9/2015</u> (Fall)	Date (Spring)	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



February 24, 2016

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

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

Mr. Eads:

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

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

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

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

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

Sincerely,

RESOLUTION, INC.

Christopher R. Johnson, PG  
Manager

Attch: 2016 AHERA Three Year Reinspection Report



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

**DATE:** February 24, 2016

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

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

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

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

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

# ASSURANCES

SCHOOL YEAR ENDING: 2016

LEA SYSTEM NAME: Chester County Schools

LEA NO.: 120

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

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

LEA DESIGNATED PERSON (please print): Britt Eads

LEA DESIGNATED PERSON'S SIGNATURE: 

DATE: 3/2/16

SUPERINTENDENT (please print): TROY KILZER II

SUPERINTENDENT SIGNATURE: 

DATE: 3/3/16

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4
CURRENT QUANTITY 150 SF	CURRENT QUANTITY 1488 SF	CURRENT QUANTITY 70 SF	CURRENT QUANTITY 2960
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								

CHECK ONE	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								

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

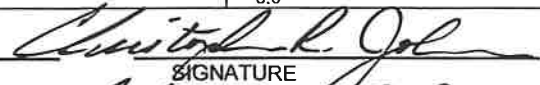
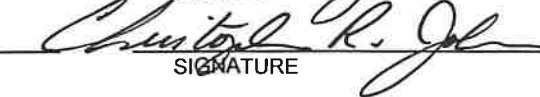
LENGTH OF EXPOSURE (CHECK ONE)								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X

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

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

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

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 5A	HA NUMBER 6	HA NUMBER 7A	HA NUMBER 7B
CURRENT QUANTITY 6250 SF	CURRENT QUANTITY 5849 SF	CURRENT QUANTITY 600 LF	CURRENT QUANTITY 12832
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Floor Tile

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

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

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

EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	DETERIORATION	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

LENGTH OF EXPOSURE (CHECK ONE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	1 HOUR/WEEK							
5 HOUR/WEEK					X	X		
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X			X	X

EXPOSURE POPULATION (CHECK ALL APPLICABLE)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	MAINTENANCE	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X			X	X
PUBLIC	X	X	X	X			X	X

ASSESSMENT (MARK FROM 1 TO 7)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
		5	5	5	5	5	5	5

**RESPONSE ACTIONS (MARK FROM A TO H)	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
		B	B	B	B	B	B	B

**ASSESSMENT LEGEND**

**RESPONSE ACTIONS LEGEND**

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

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

**NOTES**

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

Christopher R. Johnson  
INSPECTOR (Typed Name)

  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 9A	HA NUMBER 9B	HA NUMBER 9C	HA NUMBER				
	CURRENT QUANTITY 150 SF	CURRENT QUANTITY 160 SF	CURRENT QUANTITY 120 LF	CURRENT QUANTITY Throughout				
	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Boiler Wrap Insulation	MATERIAL DESCRIPTION Water Tank Insulation	MATERIAL DESCRIPTION 2x4 Ceiling Tile				
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI	X	X	X	X	X	X		
SURFACING								
MISCELLANEOUS							X	X
<b>CHECK ONE</b>								
ASSUMED ACBM							X	X
CONFIRMED ACBM	X	X	X	X	X	X		
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE								
FRIABLE	X	X	X	X	X	X	X	X
<b>EXPOSURE CONSIDERATION</b>								
1 TO 5 (5 WORST)								
DETERIORATION	2	2	2	2	2	2	2	2
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
<b>LENGTH OF EXPOSURE</b>								
(CHECK ONE)								
1 HOUR/WEEK	X	X	X	X	X	X	X	X
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK								
<b>EXPOSURE POPULATION</b>								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF								
PUBLIC								
<b>ASSESSMENT</b>								
(MARK FROM 1 TO 7)								
	5	5	5	5	5	5	7	7
<b>**RESPONSE ACTIONS</b>								
(MARK FROM A TO H)								
	B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

A-1-42505-44826/TN  
ACCREDITATION #/STATE

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 8		HA NUMBER		HA NUMBER		HA NUMBER
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION 2x4 Ceiling Tile		MATERIAL DESCRIPTION		MATERIAL DESCRIPTION

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

<b>ASSESSMENT LEGEND</b>	<b>RESPONSE ACTIONS LEGEND</b>
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 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
<b>NOTES</b>	
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

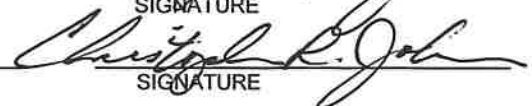
	HA NUMBER 10	HA NUMBER 10B	HA NUMBER 10C	HA NUMBER								
	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY								
	MATERIAL DESCRIPTION Boiler Jacket	MATERIAL DESCRIPTION Pipe Insulation	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile								
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT				
TSI	X	X	X	X								
SURFACING												
MISCELLANEOUS					X	X	X	X				
<b>CHECK ONE</b>												
ASSUMED ACBM							X	X				
CONFIRMED ACBM	X	X	X	X	X	X						
NON-ACBM												
<b>CHECK ONE</b>												
NON-FRIABLE					X	X						
FRIABLE	X	X	X	X			X	X				
<b>EXPOSURE CONSIDERATION</b>												
1 TO 5 (5 WORST)												
DETERIORATION	2	2	2	2	2	2	2	2				
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1				
WATER DAMAGE	1	1	1	1	1	1	1	1				
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2				
EXPOSURE	1	1	1	1	1	1	1	1				
ACCESSIBILITY	1	1	1	1	1	1	1	1				
<b>LENGTH OF EXPOSURE</b>												
(CHECK ONE)												
1 HOUR/WEEK	X	X	X	X			X	X				
5 HOUR/WEEK												
10 HOUR/WEEK												
20 HOUR/WEEK												
40 HOUR/WEEK					X	X						
<b>EXPOSURE POPULATION</b>												
(CHECK ALL APPLICABLE)												
MAINTENANCE	X	X	X	X	X	X	X	X				
CUSTODIAL	X	X	X	X	X	X	X	X				
FACULTY/STAFF					X	X						
PUBLIC					X	X						
<b>ASSESSMENT</b>												
(MARK FROM 1 TO 7)												
	5	5	5	5	5	5	7	7				
<b>**RESPONSE ACTIONS</b>												
(MARK FROM A TO H)												
	B	B	B	B	B	B	B	B				
<b>ASSESSMENT LEGEND</b>					<b>RESPONSE ACTIONS LEGEND</b>							
1. Damaged/significantly damaged TSI 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			
					<b>NOTES</b>							
					*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5							

Christopher R. Johnson  
INSPECTOR (Typed Name)

  
SIGNATURE

A-1-42505-44826/TN  
ACCREDITATION #/STATE

Christopher R. Johnson  
MANAGEMENT PLANNER

  
SIGNATURE

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

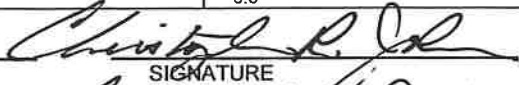

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 12	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI				
SURFACING				
MISCELLANEOUS	X	X	X	X
<b>CHECK ONE</b>				
ASSUMED ACBM			X	X
CONFIRMED ACBM	X	X		
NON-ACBM				
<b>CHECK ONE</b>				
NON-FRIABLE	X	X		
FRIABLE			X	X
<b>EXPOSURE CONSIDERATION</b>				
<b>1 TO 5 (5 WORST)</b>				
DETERIORATION	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1
WATER DAMAGE	1	1	1	1
ACTIVITY/VIBRATION	2	2	1	1
EXPOSURE	2	2	1	1
ACCESSIBILITY	1	1	1	1
<b>LENGTH OF EXPOSURE</b>				
<b>(CHECK ONE)</b>				
1 HOUR/WEEK			X	X
5 HOUR/WEEK				
10 HOUR/WEEK				
20 HOUR/WEEK				
40 HOUR/WEEK	X	X		
<b>EXPOSURE POPULATION</b>				
<b>(CHECK ALL APPLICABLE)</b>				
MAINTENANCE	X	X	X	X
CUSTODIAL	X	X	X	X
FACULTY/STAFF	X	X		
PUBLIC	X	X		
<b>ASSESSMENT</b>				
<b>(MARK FROM 1 TO 7)</b>				
	5	5	7	7
<b>**RESPONSE ACTIONS</b>				
<b>(MARK FROM A TO H)</b>				
	B	B	B	B
<b>ASSESSMENT LEGEND</b>				
<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 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	
<b>NOTES</b>				
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5				

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



**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 13		HA NUMBER 13B		HA NUMBER		HA NUMBER	
	CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Pipe Insulation		MATERIAL DESCRIPTION 2x4 Ceiling Tile		MATERIAL DESCRIPTION	
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI			X	X				
SURFACING								
MISCELLANEOUS	X	X			X	X		
<b>CHECK ONE</b>								
ASSUMED ACBM					X	X		
CONFIRMED ACBM	X	X	X	X				
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X						
FRIABLE			X	X	X	X		
<b>EXPOSURE CONSIDERATION</b>								
1 TO 5 (5 WORST)								
DETERIORATION	1	1	2	2	1	1		
PHYSICAL DAMAGE	1	1	2	2	1	1		
WATER DAMAGE	1	1	1	1	1	1		
ACTIVITY/VIBRATION	2	2	1	1	1	1		
EXPOSURE	2	2	1	1	1	1		
ACCESSIBILITY	1	1	1	1	1	1		
<b>LENGTH OF EXPOSURE</b>								
(CHECK ONE)								
1 HOUR/WEEK			X	X	X	X		
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						
<b>EXPOSURE POPULATION</b>								
(CHECK ALL APPLICABLE)								
MAINTENANCE	X	X	X	X	X	X		
CUSTODIAL	X	X	X	X	X	X		
FACULTY/STAFF	X	X						
PUBLIC	X	X						
<b>ASSESSMENT</b>								
(MARK FROM 1 TO 7)								
	5	5	5	5	7	7		
<b>**RESPONSE ACTIONS</b>								
(MARK FROM A TO H)								
	B	B	B	B	B	B		
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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


**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4				
	CURRENT QUANTITY 1770 SF	CURRENT QUANTITY 2140 SF	CURRENT QUANTITY 5603 SF	CURRENT QUANTITY 6240 SF				
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile				
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
TSI								
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
ASSUMED ACBM								
CONFIRMED ACBM	X	X	X	X	X	X	X	X
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X	X	X	X	X		
FRIABLE							X	X
<b>EXPOSURE CONSIDERATION</b>								
<b>1 TO 5 (5 WORST)</b>								
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
<b>LENGTH OF EXPOSURE</b>								
<b>(CHECK ONE)</b>								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
<b>EXPOSURE POPULATION</b>								
<b>(CHECK ALL APPLICABLE)</b>								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
<b>ASSESSMENT</b>								
<b>(MARK FROM 1 TO 7)</b>								
	5	5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>								
<b>(MARK FROM A TO H)</b>								
	B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 5	HA NUMBER 6	HA NUMBER	HA NUMBER
CURRENT QUANTITY	CURRENT QUANTITY 30,000 SF	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

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

CHECK ONE								
NON-FRIABLE	X	X						
FRIABLE			X	X				

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

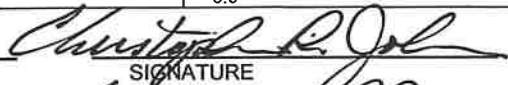

LENGTH OF EXPOSURE								
(CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

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

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

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
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	

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



**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 2	HA NUMBER 3	HA NUMBER 4	HA NUMBER 5			
		CURRENT QUANTITY 3904 SF	CURRENT QUANTITY 200 SF	CURRENT QUANTITY	CURRENT QUANTITY 4768			
		MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile			
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	TSI							
	SURFACING							
	MISCELLANEOUS	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
	ASSUMED ACBM							
	CONFIRMED ACBM	X	X	X	X	X	X	X
	NON-ACBM							
<b>CHECK ONE</b>								
	NON-FRIABLE	X	X	X	X	X	X	X
	FRIABLE							
<b>EXPOSURE CONSIDERATION</b>								
<b>1 TO 5 (5 WORST)</b>								
	DETERIORATION	1	1	1	1	1	1	1
	PHYSICAL DAMAGE	1	1	1	1	1	1	1
	WATER DAMAGE	1	1	1	1	1	1	1
	ACTIVITY/VIBRATION	2	2	2	2	2	2	2
	EXPOSURE	1	1	1	1	1	1	1
	ACCESSIBILITY	1	1	1	1	1	1	1
<b>LENGTH OF EXPOSURE</b>								
<b>(CHECK ONE)</b>								
	1 HOUR/WEEK							
	5 HOUR/WEEK							
	10 HOUR/WEEK							
	20 HOUR/WEEK							
	40 HOUR/WEEK	X	X	X	X	X	X	X
<b>EXPOSURE POPULATION</b>								
<b>(CHECK ALL APPLICABLE)</b>								
	MAINTENANCE	X	X	X	X	X	X	X
	CUSTODIAL	X	X	X	X	X	X	X
	FACULTY/STAFF	X	X	X	X	X	X	X
	PUBLIC	X	X	X	X	X	X	X
<b>ASSESSMENT</b>								
<b>(MARK FROM 1 TO 7)</b>								
		5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>								
<b>(MARK FROM A TO H)</b>								
		B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 6	HA NUMBER 7	HA NUMBER 8	HA NUMBER
	CURRENT QUANTITY 1870 SF	CURRENT QUANTITY 6669 SF	CURRENT QUANTITY 864	CURRENT QUANTITY Throughout
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile

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

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

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

**LENGTH OF EXPOSURE**  
(CHECK ONE)

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

**EXPOSURE POPULATION**  
(CHECK ALL APPLICABLE)

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

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

	5	5	5	5	5	5	7	7
--	---	---	---	---	---	---	---	---

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

	B	B	B	B	B	B	B	B
--	---	---	---	---	---	---	---	---

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

Christopher R. Johnson  
INSPECTOR (Typed Name)

*Christopher R. Johnson*  
SIGNATURE

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

Christopher R. Johnson  
MANAGEMENT PLANNER

*Christopher R. Johnson*  
SIGNATURE

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 1		HA NUMBER 2		HA NUMBER 3		HA NUMBER 4	
	CURRENT QUANTITY 3915 SF		CURRENT QUANTITY 576 SF		CURRENT QUANTITY 7204 SF		CURRENT QUANTITY 1192 SF	
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile	

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

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

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

<b>EXPOSURE CONSIDERATION</b>									
1 TO 5 (5 WORST)									
DETERIORATION	1	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1	1

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

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

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

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

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

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

		HA NUMBER 5		HA NUMBER 6		HA NUMBER 7		HA NUMBER 8	
		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY		CURRENT QUANTITY	
		Floor Tile		Floor Tile		Floor Tile		Floor Tile	
<b>CHECK ONE</b>	LAST 3 YEAR								
	CURRENT								
TSI									
SURFACING									
MISCELLANEOUS		X	X	X	X	X	X	X	X
<b>CHECK ONE</b>									
ASSUMED ACBM									
CONFIRMED ACBM		X	X	X	X	X	X	X	X
NON-ACBM									
<b>CHECK ONE</b>									
NON-FRIABLE		X	X	X	X	X	X	X	X
FRIABLE									
<b>EXPOSURE CONSIDERATION</b>									
<b>1 TO 5 (5 WORST)</b>									
DETERIORATION		1	1	1	1	1	1	1	1
PHYSICAL DAMAGE		1	1	1	1	1	1	1	1
WATER DAMAGE		1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION		2	2	2	2	2	2	2	2
EXPOSURE		1	1	1	1	1	1	1	1
ACCESSIBILITY		1	1	1	1	1	1	1	1
<b>LENGTH OF EXPOSURE</b>									
<b>(CHECK ONE)</b>									
1 HOUR/WEEK									
5 HOUR/WEEK									
10 HOUR/WEEK									
20 HOUR/WEEK									
40 HOUR/WEEK		X	X	X	X	X	X	X	X
<b>EXPOSURE POPULATION</b>									
<b>(CHECK ALL APPLICABLE)</b>									
MAINTENANCE		X	X	X	X	X	X	X	X
CUSTODIAL		X	X	X	X	X	X	X	X
FACULTY/STAFF		X	X	X	X	X	X	X	X
PUBLIC		X	X	X	X	X	X	X	X
<b>ASSESSMENT</b>									
<b>(MARK FROM 1 TO 7)</b>									
		5	5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>									
<b>(MARK FROM A TO H)</b>									
		B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>					<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 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				
<b>NOTES</b>									
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Christopher R. Johnson INSPECTOR (Typed Name)	SIGNATURE	A-I-42505-44826/TN ACCREDITATION #/STATE
Christopher R. Johnson MANAGEMENT PLANNER	SIGNATURE	A-MP-42505-44824/TN ACCREDITATION #/STATE

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

HA NUMBER 9	HA NUMBER	HA NUMBER	HA NUMBER
CURRENT QUANTITY 960 SF	CURRENT QUANTITY 52000 SF	CURRENT QUANTITY	CURRENT QUANTITY
MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

<b>CHECK ONE</b> ASSUMED ACBM CONFIRMED ACBM NON-ACBM			X	X				
	X	X						

<b>CHECK ONE</b> NON-FRIABLE FRIABLE	X	X						
			X	X				

<b>EXPOSURE CONSIDERATION</b> 1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1				
PHYSICAL DAMAGE	1	1	1	1				
WATER DAMAGE	1	1	1	1				
ACTIVITY/VIBRATION	2	2	1	1				
EXPOSURE	2	2	1	1				
ACCESSIBILITY	1	1	1	1				

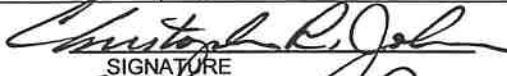

<b>LENGTH OF EXPOSURE</b> (CHECK ONE)								
1 HOUR/WEEK			X	X				
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X						

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

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

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

<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

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



**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 1	HA NUMBER 2	HA NUMBER 3	HA NUMBER 4				
	CURRENT QUANTITY 6401 SF	CURRENT QUANTITY 42 SF	CURRENT QUANTITY 959 SF	CURRENT QUANTITY 1512 SF				
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION Floor Tile				

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

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

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

<b>EXPOSURE CONSIDERATION</b> 1 TO 5 (5 WORST)								
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1

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

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

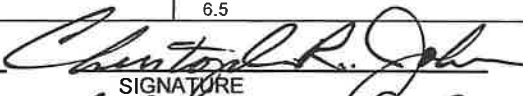
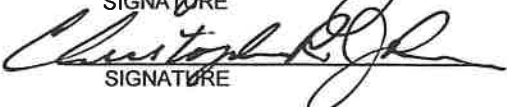
<b>ASSESSMENT</b> (MARK FROM 1 TO 7)								
	5	5	5	5	5	5	5	5

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

<b>ASSESSMENT LEGEND</b>	<b>RESPONSE ACTIONS LEGEND</b>
1. Damaged/significantly damaged TSI 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
	<b>NOTES</b>
	*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY 15000 SF	CURRENT QUANTITY	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION 2X4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

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

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

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

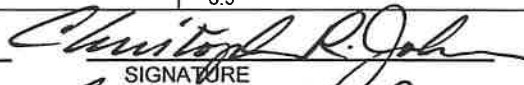
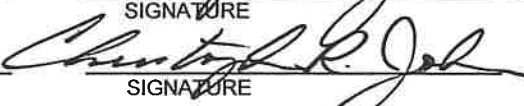
ASSESSMENT (MARK FROM 1 TO 7)								
	7	7						

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

ASSESSMENT LEGEND	RESPONSE ACTIONS LEGEND
1. Damaged/significantly damaged TSI 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
<b>NOTES</b> *If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5	

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



**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 1		HA NUMBER 2		HA NUMBER 4		HA NUMBER 5	
	CURRENT QUANTITY 1800 SF		CURRENT QUANTITY 212 SF		CURRENT QUANTITY 3066 SF		CURRENT QUANTITY 5124 SF	
	MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile		MATERIAL DESCRIPTION Floor Tile	
<b>CHECK ONE</b>	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT	LAST 3 YEAR	CURRENT
	TSI							
SURFACING								
MISCELLANEOUS	X	X	X	X	X	X	X	X
<b>CHECK ONE</b>								
ASSUMED ACBM	X	X	X	X	X	X	X	X
CONFIRMED ACBM								
NON-ACBM								
<b>CHECK ONE</b>								
NON-FRIABLE	X	X	X	X	X	X	X	X
FRIABLE								
<b>EXPOSURE CONSIDERATION</b>								
<b>1 TO 5 (5 WORST)</b>								
DETERIORATION	1	1	1	1	1	1	1	1
PHYSICAL DAMAGE	1	1	1	1	1	1	1	1
WATER DAMAGE	1	1	1	1	1	1	1	1
ACTIVITY/VIBRATION	2	2	2	2	2	2	2	2
EXPOSURE	1	1	1	1	1	1	1	1
ACCESSIBILITY	1	1	1	1	1	1	1	1
<b>LENGTH OF EXPOSURE</b>								
<b>(CHECK ONE)</b>								
1 HOUR/WEEK								
5 HOUR/WEEK								
10 HOUR/WEEK								
20 HOUR/WEEK								
40 HOUR/WEEK	X	X	X	X	X	X	X	X
<b>EXPOSURE POPULATION</b>								
<b>(CHECK ALL APPLICABLE)</b>								
MAINTENANCE	X	X	X	X	X	X	X	X
CUSTODIAL	X	X	X	X	X	X	X	X
FACULTY/STAFF	X	X	X	X	X	X	X	X
PUBLIC	X	X	X	X	X	X	X	X
<b>ASSESSMENT</b>								
<b>(MARK FROM 1 TO 7)</b>								
	5	5	5	5	5	5	5	5
<b>**RESPONSE ACTIONS</b>								
<b>(MARK FROM A TO H)</b>								
	B	B	B	B	B	B	B	B
<b>ASSESSMENT LEGEND</b>				<b>RESPONSE ACTIONS LEGEND</b>				
1. Damaged/significantly damaged TSI 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	
<b>NOTES</b>								
*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0 ** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5								

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

**THREE YEAR REINSPECTION**

LEA NAME: Chester County Schools LEA #: 120

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

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

	HA NUMBER 7	HA NUMBER	HA NUMBER	HA NUMBER
	CURRENT QUANTITY 164 SF	CURRENT QUANTITY 70000 SF	CURRENT QUANTITY	CURRENT QUANTITY
	MATERIAL DESCRIPTION Floor Tile	MATERIAL DESCRIPTION 2x4 Ceiling Tile	MATERIAL DESCRIPTION	MATERIAL DESCRIPTION

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

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

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

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

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

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

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



## THE STATE OF TENNESSEE

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

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

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

### Resolution Incorporated

1101-A Darbytown Dr. Nashville TN, 37207

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

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



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

This 18th Day of December 2015

Division of Solid Waste Management  
Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020

# THE STATE OF TENNESSEE

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



**Christopher R. Johnson**

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

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

## Asbestos Accreditation

Re-Accreditation

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025


BUILDING NAME: MAIN

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

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date <u>8/22/2016</u> (Fall)	Date _____ (Spring)	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025


BUILDING NAME: MAIN

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

			1st six months Date <u>8/22/2016</u> (Fall)	2nd six months Date <u>2/9/2017</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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



**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVE
			Date <u>8/9/2017</u> (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		

\*If NO CHANGE IN CONDITION WRITE "N.C."

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO: 120-0025

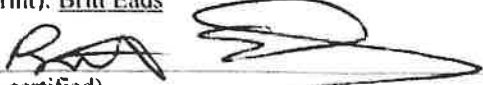
BUILDING NAME: MAIN

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

			1st six months Date 8/9/2017 (Fall)	2nd six months Date 2/8/2017 (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE 'N/C'

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

SURVEILLANCE INSPECTOR'S SIGNATURE: 

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

TAHERA 9.0 (2/97)

# PERIODIC SURVEILLANCE REPORT

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

BUILDING NAME: MAIN

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HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 8/6/2018 (Fall)	Date (Spring)	
1	Floor tile	All	Good		
2	Floor tile	All	Good		
3	Floor tile	All	Good		
4	Floor tile	All	Good		
	2x4 Ceiling tile	All	Good		

\*IF NO CHANGE IN CONDITION WRITE N/C

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

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

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

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: 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.

			Ist six months Date <u>8/6/2018</u> (Fall)	2nd six months Date <u>2/13/2019</u> (Spring)	
HA#	DESCRIPTION OF ACBM	AREA INSPECTED	ACBM CONDITION*	ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

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

SURVEILLANCE INSPECTOR'S SIGNATURE:   
(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_\_\_\_\_

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025


BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months	2nd six months	DATE REMOVED
			Date 8/8/2018 (Fall)	Date (Spring)	
			ACBM CONDITION*	ACBM CONDITION*	
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

SURVEILLANCE INSPECTOR'S SIGNATURE:  \_\_\_\_\_  
 (Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_\_\_\_\_



January 21, 2020

Mr. Britt Eads  
 Chester County Schools  
 970 East Main Street  
 Henderson, Tennessee 38340  
 Eadsb01@120cc.org  
 (731) 433-7266

**RE: PCM CLEARANCE RESULTS  
 65 TN-22 ALTERNATE  
 JACKS CREEK, TENNESSEE 38347  
 PROJECT NO. 159719**

Mr. Eads:

Resolution, Inc. has completed the asbestos air testing regarding the above referenced project. All testing was performed by Mr. Dominic Motes an Asbestos Hazard Emergency Response Act (AHERA) and State of Tennessee accredited project monitor.

A total of nine (9) air samples were collected from one (1) regulated work areas. Samples were collected using pre-calibrated high-volume pumps according to EPA and NIOSH air sampling protocols. All samples were analyzed using Phase Contrast Microscopy (PCM) according to the National Institute for Occupational Safety and Health (NIOSH) Method 7400. The following table is a summary of the analytical results.

**SUMMARY OF AHERA PCM CLEARANCE RESULTS**

Sample No.	Sample Type	Sample Location	Volume (L)	Result (f/cc)	Pass/Fail
1	In Area	In Kitchen, ADJ to doorway	300	0.0065	Pass
2	In Area	In Kitchen, ADJ to sink	300	0.0049	Pass
3	Outside Area	In Kitchen, ADJ to fridge	300	0.0033	Pass
4	Clearance	North Wall in containment	1260	0.0023	Pass
5	Clearance	South Wall in containment	1260	0.0027	Pass
6	Clearance	East Wall in containment	1260	0.0027	Pass
7	Clearance	West Wall containment	1260	0.0031	Pass
8	Clearance	Center of Containment	1260	0.0023	Pass
9	Clearance	Field Blank	0	0.0065	Pass

From the analytical, all clearance results are below the AHERA PCM clearance level of <0.01 fibers per cubic centimeter (f/cc). The work areas are cleared for re-occupancy.

Should you have any questions or require additional information, please feel free to call my office at (615) 865-8813 or my cell at (410) 725-2302.

Sincerely,

RESOLUTION, INC.

Dominic Motes, Field Technician Hygienist.

Atch: Analytical Report Sheets  
 Accreditations

Resolution, Inc.  
 1101A Darbytown Drive  
 Nashville, Tennessee 37207  
 Phone (615) 865-8813 Fax (615) 868-4140  
 www.resolutionusa.com

# RESOLUTION, INCORPORATED

## ENVIRONMENTAL CONSULTANTS

1101 A DARBYTOWN DRIVE NASHVILLE, TN 37207 (615) 865-8813 FAX (615) 868-4140

### ASBESTOS SAMPLE COLLECTION DATA SHEET

PROJECT NUMBER: 159719

REMOVAL ACTIVITY: Floortile and mastic

PROJECT LOCATION: 907 Hatcher Lane, Columbia Tennessee 38401

ANALYTICAL METHOD: NIOSH 7400 - "A" COUNTING RUL

PROJECT DATE: 1/20/2020

TECHNICIAN: Dominic Motes

CONTRACTOR: ESI

SUPERVISOR: Josh Goodman

SAMPLE ID	SAMPLE TYPE	LOCATION / NAME & SOCIAL SECURITY NUMBER	JOB TASK	RESP PROT	TIME ON	TIME OFF	TOTAL TIME	LPM	VOLUME (LITER)
1	IA	In Kitchen, ADJ to doorway			9:30	10:30	60	5	300
2	IA	In Kitchen, ADJ to sink			9:30	10:30	60	5	300
3	OA	In Kitchen, ADJ to fridge			9:30	10:30	60	5	300
4	CL	North Wall in containment			10:35	11:45	70	18	126
5	CL	South Wall in containment			10:35	11:45	70	18	126
6	CL	East Wall in containment			10:35	11:45	70	18	126
7	CL	West Wall containment			10:35	11:45	70	18	126
8	CL	Center of Containment			10:35	11:45	70	18	126
9	FB	Field Blank							

**REMARKS:**

**SAMPLE TYPE:** AM - Ambient; CL - Clearance; EXC - Excursion; IA - Inside Area; OA - Outside Area; PR - Personnel  
**RESPIRATORY PROTECTION:** 1/2 - Half-Face; FULL - Full Face; PAPR - Powered Air Purifying Respirator

QA/QC CODE:

# THE STATE OF TENNESSEE

Department of Environment and Conservation  
Division of Solid Waste Management  
Toxic Substances Program



Initial

## Dominic A Motes

DOB	Sex	HGT	WGT
31-Jul-1985	M	5' 7"	150

Discipline	Accreditation	Expiration
Inspector	A-I-122940-75588	Mar-31-2020
Project Monitor	A-PM-122940-75588	Mar-31-2020

## Asbestos Accreditation





## THE STATE OF TENNESSEE

Department of Environment and Conservation Division of Solid Waste Management  
Toxic Substances Program

William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 14th Floor Nashville TN 37243

By virtue of the authority vested by the Division of Solid Waste Management, the Company named below is hereby accredited to offer and/or conduct Asbestos activities pursuant to Rule 1200-01-20:

### Resolution Incorporated

1101-A Darbytown Dr Nashville TN, 37207

to conduct ASBESTOS ACTIVITIES in schools or public and commercial buildings in Tennessee.  
This firm is responsible for compliance with the applicable requirements of Rule 1200-01-20.

Discipline	Type	Accreditation Number	Effective Date	Expiration Date
Accreditation	Re-Accreditation	A-F-690-82185	November 06, 2019	December 31, 2020



Given under the Seal of the State of Tennessee in Nashville.

This 6th Day of November 2019

Division of Solid Waste Management  
Toxic Substance Program

CN-1324 (Rev 6/13)

RDA-3020

**PERIODIC SURVEILLANCE REPORT**

LEA NAME: CHESTER COUNTY BOE

LEA NO: 120

SCHOOL NAME: JACKS CREEK ELEMENTARY

SCHOOL NO.: 120-0025

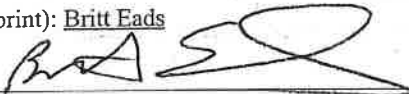
BUILDING NAME: MAIN

INSTRUCTIONS: AHERA regulations require a Periodic Surveillance be conducted every six (6) months. Each School building containing ACBM must be inspected. Put the date in the appropriate column. Fill in the HA#, Description of ACBM, and Area Inspected. If the ACBM has been removed put the date removed in the appropriate column. Keep the original with your Management Plan.

HA#	DESCRIPTION OF ACBM	AREA INSPECTED	1st six months Date 8/8/2018 (Fall) ACBM CONDITION*	2nd six months Date (Spring) ACBM CONDITION*	DATE REMOVED
1	Floor tile	All	Good	Good	
2	Floor tile	All	Good	Good	
3	Floor tile	All	Good	Good	
4	Floor tile	All	Good	Good	
	2x4 Ceiling tile	All	Good	Good	

\*IF NO CHANGE IN CONDITION WRITE N/C

SURVEILLANCE INSPECTOR'S NAME (please print): Britt Eads

SURVEILLANCE INSPECTOR'S SIGNATURE: 

(Surveillance Inspector is not required to be AHERA certified)

AHERA Accreditation Number/Date (if applicable): \_\_\_\_\_