

# ASBESTOS ABATEMENT WORK PLAN



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## A. SITE SPECIFIC ACM REMOVAL PLAN

Removal and disposal of asbestos containing materials (ACM) shall be performed following Occupational Safety and Health Administration, 29 CFR 1910 and 1926, and NESHAP regulations 40 CFR 61, subpart M. A copy of SR&R's permit to conduct ACM removal and personnel qualifications are provided in Attachment A. A summary of known conditions and procedures for completing removal and disposal are provided below.

- In May 2022 Pilot Environmental (Pilot) conducted asbestos testing on cementitious board roofing, which did result positive for asbestos. Pilot's report is included in Attachment B.
- Sampling has been performed throughout the site and only one area containing cementitious board roofing material tested positive for asbestos. ( as indicated in the RAWP) See attached.
- Samples 1 & 2 have indicated a 20% positive result for asbestos from parcel location TB 05 as shown on drawing 1 of the site asbestos laboratory analysis.
- The area will be marked using danger tape and signage, which shall read:

**DANGER**

**ASBESTOS**

MAY CAUSE CANCER

CAUSES DAMAGE TO LUNGS

AUTHORIZED PERSONNEL ONLY

- No employees or visitors may enter this area without training and proper PPE, which will be outlined later on in this document.
- Work will be performed in accordance with Federal, State, and Local Regulations, and by licensed abatement workers with a supervisor.

- Please see attached licensed asbestos technicians and supervisors that currently work for SR&R Environmental.
- The regulatory body for this work is the North Carolina Department of Health and Human Services (NC DHHS). SR&R will comply with NC DHHS regulations as per NC



## **ASBESTOS ABATEMENT WORK PLAN**

General Statute 130A-444 through 452 and rules 10A NCAC 41C.0601 for the abatement of cementitious board roofing material.

- Amended water (which is water with a surfactant) and potable water will be used to suppress respirable dust in the work area by using a back sprayer.
- ACM will be dug up carefully with a shovel, then double bagged into 6-mil polyethylene bags, taped and goosenecked, or double wrapped in two independent layers of 6-mil poly, also taped.
- Material will be packed, sealed, labeled and placed into a water tight covered roll off according to local, state and federal regulations.
- Waste material will be labeled using warning labels specified by Occupational Safety and Health Standards of the Department of Labor, Occupational Safety and Health Administration (OSHA) under 29 CFR 1910.1001(j)(4) or 1926.1101(k)(8). and will include generator labels.
- All ACM material will be transported and manifested by SR&R Environmental, in accordance with all State and Federal Regulations. An example waste shipment record is provided in Attachment C. Waste will be transported to an approved landfill for final disposal.
- The recommended facility that is permitted to accept asbestos is Brunswick County Landfill. The landfill is located at 172 Landfill Rd, Bolivia, NC 28422.

In the event additional materials are uncovered during construction activities that are presumed asbestos containing materials (PACM), work will stop and materials will be sampled prior to continued work in that area. Sampling will be conducted by a third party. If the material area is determined to be ACM it will be managed in the same manner as described above. If the quantity of ACM exceeds 35 cubic feet, 160 sq feet or 260 linear feet an asbestos design is required by an asbestos accredited designer.

### **B. SAFETY MEASURES:**

#### ***Personal Protection Equipment (PPE)***

Once the work area is isolated, only authorized personnel will be allowed to enter the regulated area. All personnel entering the area will, at a minimum, don the following personal protective equipment:

- PAPR Full-face respirator equipped with HEPA P-100 filters
- Hooded Tyvek suit
- Steel-toed rubber work boots and nitrile gloves
- Hard hats will be required as overhead work occurs
- Appropriate training is also required

### *Air Monitoring*

## **ASBESTOS ABATEMENT WORK PLAN**



SR&R will assume the responsibility of all OSHA required Personnel Monitoring.

SR&R will follow OSHA requirements: Perimeter Monitoring for Class 1, 1926.1101(g)(4)(ii)(B)

SR&R will subcontract a third party to set up air monitors in all 4 directions from the abatement area in 25' intervals. The air monitors that will be used will be model # GilAir5 pumps manufactured by Gilian. Continuous monitoring will be performed during the duration of the abatement/removal. There will be an exclusion zone of 100' x 100' that will surround the abatement area in which only a licensed asbestos technician or asbestos supervisor will be allowed to enter until abatement is complete.

### *Decontamination Process*

Anyone who enters work area shall follow the following decontamination process to exit work area:

- Before leaving the work area, wet Tyvek suits thoroughly to ensure no visible debris, proceed to wipe down and cleaning step and—**WITHOUT REMOVING THE RESPIRATOR**—remove hard hat (if applicable), wet wipe.
- Remove Tyvek suit by turning inside out and folding as you go down
- Clean respirator, glasses, hardhat, boots with soapy water and rinse and rinse thoroughly.
- Proceed out of the work area, dry all equipment and dress. Stow respirator into a protective bag for reuse.

### *Daily Inspections*

An SR&R licensed asbestos abatement professional will inspect the regulated area prior to the removal of any ACM on a daily basis. Any deficiencies are to be resolved before proceeding

with any ACM removal activities.

***Documentation (see attached)***

All applicable and required documentation shall be on site for the entirety of the project, including, but not limited to:

1. Contractor Health and Safety Plan
2. Worker Respiratory training docs
  - a. EPA, OSHA and State Permitting Requirements
  - b. Occupational Safety and Health Administration, 29 CFR 1910 and 1926
  - c. NESHAP regulations 40 CFR 61, subpart M
  - d. NCDHHS NC General Statute 130A-444 through 452 and rules 10A NCAC 41C.0601All Air Monitoring Data
3. Asbestos Abatement Work Plan

**Attachment A. Removal Permit and Qualifications**

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION  
 FOR DEMOLITION/RENOVATION**

		Permit Number	NESHAP ID Number
1. TYPE: <input type="checkbox"/> Asbestos Removal ; <input type="checkbox"/> Emergency Asbestos Removal ; <input type="checkbox"/> Nonscheduled Asbestos Removal ; <input type="checkbox"/> Demo ; <input type="checkbox"/> Ordered Demo			
2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input type="checkbox"/> No			
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
OPERATOR NAME (IF OTHER THAN OWNER):			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
ASBESTOS REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
DEMOLITION CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
SUPERVISING AIR MONITOR (If Required):		NC Accreditation Number:	
ABATEMENT DESIGNER (If Required):		NC Accreditation Number:	
4. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg. Name:		Facility Contact:	
Street Address:			
City:	State:	Zip:	County:
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:	Future Use:	
Asbestos Removal Site Location (e.g., 2 <sup>nd</sup> Floor East Wing):			
5. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
7. SCHEDULED DATES: DEMOLITION (MM/DD/YY)		Start:	Complete:
8. WORK SCHEDULE (Circle days applicable): Mon   Tue   Wed   Thu   Fri   Sat   Sun			WORK HOURS:
<b>**FOR GOVERNMENTAL AGENCY USE ONLY**</b>			
POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____			
APPROVING SIGNATURE: _____ DATE: _____			

### ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number)																															
Inspector Name:		NC Accreditation Number:																													
Date of Inspection:	Samples Collected: <input type="checkbox"/> Yes ; <input type="checkbox"/> No	Samples Analyzed: <input type="checkbox"/> PLM <input type="checkbox"/> TEM																													
Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input type="checkbox"/> No																															
10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:																															
11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)																															
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><u>ASBESTOS REMOVAL</u></td> <td colspan="2" style="text-align: center;"><u>DEMOLITION</u></td> </tr> <tr> <td><input type="checkbox"/> Containment</td> <td><input type="checkbox"/> Remove Intact</td> <td><input type="checkbox"/> Negative Pressure</td> <td><input type="checkbox"/> Bulldozer/Loader</td> </tr> <tr> <td><input type="checkbox"/> Wet Methods</td> <td><input type="checkbox"/> Rotating Blade Roof Cutter</td> <td><input type="checkbox"/> Dry Removal</td> <td><input type="checkbox"/> Wrecking Ball</td> </tr> <tr> <td><input type="checkbox"/> Strip &amp; Removal</td> <td><input type="checkbox"/> Mechanical Chipping</td> <td><input type="checkbox"/> <b>Requires Prior Written Approval from HHCU;</b></td> <td><input type="checkbox"/> Impplode</td> </tr> <tr> <td><input type="checkbox"/> Glove Bag</td> <td><input type="checkbox"/> Component Removal</td> <td><input type="checkbox"/> <b>Attach copy of approval letter.</b></td> <td><input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Buffer</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other - Explain Below</td> </tr> </table>				<u>ASBESTOS REMOVAL</u>		<u>DEMOLITION</u>		<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Bulldozer/Loader	<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Dry Removal	<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> <b>Requires Prior Written Approval from HHCU;</b>	<input type="checkbox"/> Impplode	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> <b>Attach copy of approval letter.</b>	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)	<input type="checkbox"/> Mechanical Buffer				<input type="checkbox"/> Other - Explain Below			
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<input type="checkbox"/> Other - Explain Below																															
12. ASBESTOS WASTE TRANSPORTER # 1																															
Name:																															
Address:																															
City:	State:	Zip:																													
Contact Person:			Contact Phone:																												
ASBESTOS WASTE TRANSPORTER # 2																															
Name:																															
Address:																															
City:	State:	Zip:																													
Contact Person:			Contact Phone:																												
13. ASBESTOS WASTE DISPOSAL SITE																															
Name:																															
Location:																															
City:	State:	Zip:																													
Contact Person:			Contact Phone:																												
14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER)																															
Name:		Title:																													
Authority:																															
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):																													
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, attach letter)																															

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION  
 FOR DEMOLITION/RENOVATION**

16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)

Category I:	Category II:
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17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES

TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Flooring/Mastic: _____ sf	x .10 = \$ _____	Pipe Insulation (TSI): _____ lf	x .20 = \$ _____
Ceiling Tile: _____ sf	x .10 = \$ _____	Boiler Insulation (TSI): _____ sf	x .20 = \$ _____
Cementitious - Roofing/Siding/Panels: _____ sf	x .10 = \$ _____	Surfacing Material: _____ sf	x .20 = \$ _____
Roofing: _____ sf	x .10 = \$ _____	Other: _____ sf/cf	x .20 = \$ _____
Other: _____ sf/cf (e.g., drywall/joint compound Wallboard System)	x .10 = \$ _____		
<b>TOTAL (A)</b> _____ sf	x .10 = \$ _____	<b>TOTAL (B)</b> _____ lf/sf/cf	x .20 = \$ _____

18. TOTAL LF TO BE REMOVED:	TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
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19. FEES DUE

(a) TOTAL # 17(A) + # 17 (B) = \$ \_\_\_\_\_

(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ \_\_\_\_\_ X .01 (1%) = \$ \_\_\_\_\_

*TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,500.00. CHECK HERE, IF APPLICABLE [ ]*

*RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE [ ]*

(c) TOTAL FEE DUE = \$ \_\_\_\_\_ (Whichever is greater, (a) or (b) above)

20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PO BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ORIGINAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.

THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:

Buncombe County WNC Regional Air Pollution Control Agency 125 Lexington Ave., Suite 101 Asheville, NC 28801 828/250-6777	Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2440	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704/336-5430
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PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

<b>FOR US MAIL DELIVERY:</b> <b>HEALTH HAZARDS CONTROL UNIT</b> <b>NCDHHS-DIVISION OF PUBLIC HEALTH</b> <b>1912 MAIL SERVICE CENTER</b> <b>RALEIGH, NC 27699-1912</b> <b>TELEPHONE: 919-707-5950</b>	<b>FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:</b> <b>5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1</b> <b>RALEIGH NC 27609</b>
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# INSTRUCTIONS

## ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION (FORM DHHS 3768 – Revised 4/16)

**PURPOSE:** This form serves as an application for an asbestos removal permit (10A NCAC 41C .0600) and as a National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition and/or renovation in the state of North Carolina. An approved permit is required to be displayed on site for all asbestos removals of more than 35 cubic feet, 160 square feet or 260 linear feet of regulated asbestos containing material or asbestos containing material that may become regulated during handling.

**PREPARATION:** All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

<b>FOR US MAIL DELIVERY:</b>	<b>FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:</b>
<b>Health Hazards Control Unit</b>	<b>5505 Six Forks Road, 2nd Floor, Room D-1</b>
<b>NCDHHS-Division of Public Health</b>	<b>Raleigh, NC 27609</b>
<b>1912 Mail Service Center</b>	
<b>Raleigh, NC 27699-1912</b>	

- 1. TYPE:** Indicate the type of notification, i.e., Asbestos Removal, Emergency Asbestos Removal, Nonscheduled Asbestos Removal, Demolition, Ordered Demolition
- 2. IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.
- 3. FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person.

Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number.

If regulated asbestos containing materials (RACM) are to be removed, complete the name of the asbestos removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

Where demolition of the facility immediately follows the removal of RACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

When no asbestos removal is required prior to demolition, complete the owner, operator, and demolition contractor information as appropriate.

**Supervising Air Monitor:** Enter the name of the NC accredited supervising air monitor and the supervising air monitor's NC accreditation number if applicable.

**Abatement Designer:** Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM.

- 4. FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.
- 5. SCHEDULED DATES - NONSCHEDULED ASBESTOS REMOVAL:** A nonscheduled Asbestos Removal is an asbestos removal required at any installation by the routine failure of equipment, which is expected to occur within a calendar year (Jan. 1 - Dec. 31). The amounts of RACM to be removed during this period are expected to exceed 35 cubic feet, 160 square feet, or 260 linear feet. **This notification is required to be submitted at least 10 working days prior to the new calendar year.**
- 6. SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the asbestos removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This notification is required to be submitted at least 10 working days prior to the start date.**
- 7. SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. See definition of "Start Date" in #6 above. **This notification is required to be submitted at least 10 working days prior to the start date.**
- 8. WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

9. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals.
10. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the asbestos removal and/or demolition (i.e., remove 300 lf of pipe insulation from crawl space. Demolish cafeteria building using heavy equipment).
11. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked. NOTE: Dry removal requires prior written approval from the HHCU. Attach copy of approval letter to completed application.  
**FOR LIVE FIRE BURNS ONLY:** If the building is to be demolished by burning, you must also contact the NC Department of Environment and Natural Resources, Division of Air Quality (DAQ) for information on additional DAQ notification requirements. Please contact your DAQ regional office for more information (phone numbers are listed at <http://daq.state.nc.us/about/regional>) or call 919-733-1477.
12. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, mailing address, including city, state, zip code, contact person and contact person's telephone number for the waste transporter contracted to transport the waste to an approved landfill.  
**ASBESTOS WASTE TRANSPORTER #2:** Complete the name, mailing address, including city, state, zip code, contact person and the contact person's telephone number for the waste transporter contracted in conjunction with or separately from Waste Transporter #1.
13. **ASBESTOS WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number.
14. **IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from the owner or operator stating the date and hour the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM NOT TO BE REMOVED:** Enter the amounts of ACM in the affected part of the facility that will not be removed.
17. **RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES:** Complete the corresponding blanks with the amounts of Regulated Asbestos Containing Material(s) (RACM) being removed at the site. When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B).  
  
To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).  
  
To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).
18. **TOTAL LF/SF/CF TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet from #17. For drywall/joint compound wallboard systems or Category I roofing materials enter the total SF of material to be removed, not the amount used to calculate the fee.
19. **FEES DUE:** (a) Total #17.(A) + Total #17.(B) and enter amount. (b) Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total. Enter total fee due, whichever is greater, (a) or (b). NOTE: The maximum fee due for asbestos removal prior to demolition is \$1,500.00. Residing Homeowners are exempt from permit fees.
20. **CERTIFICATION:** Enter all information requested. **Only notifications completed in permanent media with original signature will be considered.**

**NOTE:** All owners and operators are responsible for the information on the permit/notification.

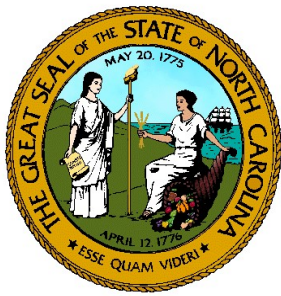
**Checks should be made payable to: NCDHHS - Health Hazards Control Unit**

Upon approval of the Application/Notification, an HHCU Permit Number will be assigned to the removal project and a one-page project Permit will be returned to the applicant. The project Permit/Notification and all revisions must be on-site and available for review throughout the duration of the project.

### **For Additional Forms and Information**

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:

<http://epi.publichealth.nc.gov/asbestos/ahmp.html>



**North Carolina**  
**Department of Health and Human Services**  
**Division of Public Health**  
**Health Hazards Control Unit**

**Asbestos Removal Permit**

<b>Permit #:</b> NC36115	<b>Facility:</b> Warehouse Lot		
<b>NESHAP #:</b> 70943	<b>Location:</b> Outside under dirt lot on river side of warehouse	<b>Contact:</b> Deanna Tassinari	<b>County:</b> New Hanover
<b>Date Issued:</b> 11-28-2023	<b>Address:</b> 838 Sunnyvale Drive Wilmington, NC 28412-	<b>Size:</b> 224 sf / 360 sf	<b>Age:</b> 44
	<b># of Floors:</b> 2	<b>Removal Start:</b> 12-11-2023	<b>Demolition Start:</b> 12-11-2023
		<b>End:</b> 12-22-2023	<b>End:</b> 12-22-2023
<b>Owner:</b> Gold Bond Building Products 838 Sunnyvale Drive Wilmington, NC 28412- Contact: Deanna Tassinari Phone: (910) 742-8422	<b>Removal Contractor:</b> SR&R Environmental Inc 4920 US Highway 421 North Wilmington, NC 28401- Contact: Dan Gadomski Phone: (910) 386-2209	<b>Demolition Contractor:</b>  Contact: Phone:	<b>Days:</b> M TU W TH F <b>Hours:</b> 7:30 AM - 4:00 PM
<b>Operator:</b> Civil Works Contracting 190 Raleigh Street Wilmington, NC 28412	Contact: Deanna Tassinari	Phone: (910) 742-8422	
<b>Transporter:</b> SR&R Environmental Inc 4920 US Highway 421 North Wilmington, NC 28401- Contact: Dan Gadomski Phone: (910) 386-2209	<b>Transporter:</b>  Contact: Phone:	<b>Landfill:</b> GFL Environmental Inc 7434 Roseboro Hwy Roseboro, NC 28382- Contact: Mary Woody Phone: (910) 296-3063	
<b>Inspector:</b>	<b>Supervising Air Monitor:</b>	<b>Designer:</b>	

**Work Practices:** Wet Methods; Remove Intact

**RACM:**

**Signatory:** Dan Gadomski  
SR&R Environmental Inc PO BOX 221 Wilmington, NC 28402

Any revisions to this Permit/Notification must be submitted to the Health Hazards Control Unit (HHCU). Waste Shipment Records (WSR) shall also be submitted to the HHCU. These forms must be submitted, in writing, on a form provided or approved by the HHCU within the time limits prescribed by the rules governing the HHCU Program. Failure to submit these forms may result in the initiation of enforcement actions.

Ed Norman  
Program Manager, HHCU  
NCDHHS - Division of Public Health  
1912 Mail Service Center Raleigh, NC 27699-1912  
Phone: (919) 707-5950 Fax: (919) 870-4808

**REMOVAL PERMITS MUST BE POSTED FOR THE DURATION OF THE PROJECT**



North Carolina  
Asbestos Accreditation

EXPIRATION			
03-31-2024			
DOB	SEX	HT	WT
08-21-1980	M	5'10"	150
CLASS		#	EXP
SUPERVISOR		34739	03-24

Matthew A Valles  
822 Southern Charm Dr  
Wilmington, NC 28412

139556



North Carolina  
Asbestos Accreditation

EXPIRATION			
03-31-2024			
DOB	SEX	HT	WT
05-24-1973	M	5'7"	175
CLASS		#	EXP
SUPERVISOR		34743	03-24

Danjel C Gadomski  
514 Aquarius Dr  
Wilmington, NC 28411

139554



North Carolina  
Asbestos Accreditation

EXPIRATION			
03-31-2024			
DOB	SEX	HT	WT
10-10-1983	M	5'10"	195
CLASS		#	EXP
SUPERVISOR		34484	03-24

William W Murrell III  
210 Cabbage Inlet  
Wilmington, NC 28409

39557



North Carolina  
Asbestos Accreditation

EXPIRATION			
03-31-2024			
DOB	SEX	HT	WT
10-05-1978	M	5'10"	200
CLASS		#	EXP
SUPERVISOR		34736	03-24

William R Smith  
104 Meadow View Ct  
Rocky Point, NC 28457

139555



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
07-27-1988	M	6'2"	180	
CLASS		#	EXP	
WORKER		77477	09-24	

Tione C Brown  
4920 US Hwy 421 N  
Wilmington, NC 28401

141762



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
09-19-1977	M	5'11"	210	
CLASS		#	EXP	
WORKER		77478	09-24	

Damien C Harris  
4920 US Hwy 421 N  
Wilmington, NC 28401

141763



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
06-03-1999	M	5'7"	210	
CLASS		#	EXP	
WORKER		77480	09-24	

Charles W Davis  
4920 US Hwy 421 N  
Wilmington, NC 28401

141765



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
03-27-2002	M	6'1"	200	
CLASS		#	EXP	
WORKER		77479	09-24	

Benjamin E Sholar  
4920 US Hwy 421 N  
Wilmington, NC 28401

141764



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
08-11-1987	M	5'7"	160	
CLASS		#	EXP	
WORKER		77483	09-24	

Brier J Cutlip  
4920 US Hwy 421 N  
Wilmington, NC 28401

141768



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
07-24-1997	M	6'0"	170	
CLASS		#	EXP	
WORKER		77481	09-24	

Donovan B McKenzie  
4920 US Hwy 421 N  
Wilmington, NC 28401

141766



**North Carolina  
Asbestos Accreditation**

EXPIRATION				
09-30-2024				
DOB	SEX	HT	WT	
07-11-1997	M	5'10"	170	
CLASS		#	EXP	
WORKER		77482	09-24	

Jonas A Carbaugh  
4920 US Hwy 421 N  
Wilmington, NC 28401

141767

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION  
 FOR DEMOLITION/RENOVATION**

		Permit Number	NESHAP ID Number
1. TYPE: <input type="checkbox"/> Asbestos Removal ; <input type="checkbox"/> Emergency Asbestos Removal ; <input type="checkbox"/> Nonscheduled Asbestos Removal ; <input type="checkbox"/> Demo ; <input type="checkbox"/> Ordered Demo			
2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input type="checkbox"/> No			
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
OPERATOR NAME (IF OTHER THAN OWNER):			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
ASBESTOS REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
DEMOLITION CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
SUPERVISING AIR MONITOR (If Required):		NC Accreditation Number:	
ABATEMENT DESIGNER (If Required):		NC Accreditation Number:	
4. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg. Name:		Facility Contact:	
Street Address:			
City:	State:	Zip:	County:
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:	Future Use:	
Asbestos Removal Site Location (e.g., 2 <sup>nd</sup> Floor East Wing):			
5. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
7. SCHEDULED DATES: DEMOLITION (MM/DD/YY)		Start:	Complete:
8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun			WORK HOURS:
<b>**FOR GOVERNMENTAL AGENCY USE ONLY**</b>			
POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____			
APPROVING SIGNATURE: _____ DATE: _____			

### ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number)			
Inspector Name:		NC Accreditation Number:	
Date of Inspection:	Samples Collected: <input type="checkbox"/> Yes ; <input type="checkbox"/> No	Samples Analyzed: <input type="checkbox"/> PLM <input type="checkbox"/> TEM	
Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input type="checkbox"/> No			
10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:			
11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)			
		<u>ASBESTOS REMOVAL</u>	<u>DEMOLITION</u>
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Bulldozer/Loader
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Dry Removal	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	<b>Requires Prior Written</b>	<input type="checkbox"/> Impplode
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<b>Approval from HHCU;</b>	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)
<input type="checkbox"/> Other - Explain Below	<input type="checkbox"/> Mechanical Buffer	<b>Attach copy of approval letter.</b>	
12. ASBESTOS WASTE TRANSPORTER # 1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
ASBESTOS WASTE TRANSPORTER # 2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
13. ASBESTOS WASTE DISPOSAL SITE			
Name:			
Location:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER)			
Name:		Title:	
Authority:			
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):	
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, attach letter)			

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION  
 FOR DEMOLITION/RENOVATION**

16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)

Category I:	Category II:
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17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES

TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Flooring/Mastic: _____ sf	x .10 = \$ _____	Pipe Insulation (TSI): _____ lf	x .20 = \$ _____
Ceiling Tile: _____ sf	x .10 = \$ _____	Boiler Insulation (TSI): _____ sf	x .20 = \$ _____
Cementitious - Roofing/Siding/Panels: _____ sf	x .10 = \$ _____	Surfacing Material: _____ sf	x .20 = \$ _____
Roofing: _____ sf	x .10 = \$ _____	Other: _____ sf/cf	x .20 = \$ _____
Other: _____ sf/cf	x .10 = \$ _____		
(e.g., drywall/joint compound Wallboard System)			
<b>TOTAL (A)</b> _____ sf	x .10 = \$ _____	<b>TOTAL (B)</b> _____ lf/sf/cf	x .20 = \$ _____

18. TOTAL LF TO BE REMOVED:	TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
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19. FEES DUE

(a) TOTAL # 17(A) + # 17 (B) = \$ \_\_\_\_\_

(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ \_\_\_\_\_ X .01 (1%) = \$ \_\_\_\_\_

*TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,500.00. CHECK HERE, IF APPLICABLE [ ]*

*RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE [ ]*

(c) TOTAL FEE DUE = \$ \_\_\_\_\_ (Whichever is greater, (a) or (b) above)

20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PO BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ORIGINAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.

THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:

Buncombe County WNC Regional Air Pollution Control Agency 125 Lexington Ave., Suite 101 Asheville, NC 28801 828/250-6777	Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2440	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704/336-5430
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PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

<b>FOR US MAIL DELIVERY:</b> <b>HEALTH HAZARDS CONTROL UNIT</b> <b>NCDHHS-DIVISION OF PUBLIC HEALTH</b> <b>1912 MAIL SERVICE CENTER</b> <b>RALEIGH, NC 27699-1912</b> <b>TELEPHONE: 919-707-5950</b>	<b>FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:</b> <b>5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1</b> <b>RALEIGH NC 27609</b>
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# INSTRUCTIONS

## ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION (FORM DHHS 3768 – Revised 4/16)

**PURPOSE:** This form serves as an application for an asbestos removal permit (10A NCAC 41C .0600) and as a National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition and/or renovation in the state of North Carolina. An approved permit is required to be displayed on site for all asbestos removals of more than 35 cubic feet, 160 square feet or 260 linear feet of regulated asbestos containing material or asbestos containing material that may become regulated during handling.

**PREPARATION:** All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

<b>FOR US MAIL DELIVERY:</b>	<b>FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:</b>
<b>Health Hazards Control Unit</b>	<b>5505 Six Forks Road, 2nd Floor, Room D-1</b>
<b>NCDHHS-Division of Public Health</b>	<b>Raleigh, NC 27609</b>
<b>1912 Mail Service Center</b>	
<b>Raleigh, NC 27699-1912</b>	

1. **TYPE:** Indicate the type of notification, i.e., Asbestos Removal, Emergency Asbestos Removal, Nonscheduled Asbestos Removal, Demolition, Ordered Demolition

2. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.

3. **FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person.

Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number.

If regulated asbestos containing materials (RACM) are to be removed, complete the name of the asbestos removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

Where demolition of the facility immediately follows the removal of RACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

When no asbestos removal is required prior to demolition, complete the owner, operator, and demolition contractor information as appropriate.

**Supervising Air Monitor:** Enter the name of the NC accredited supervising air monitor and the supervising air monitor's NC accreditation number if applicable.

**Abatement Designer:** Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.

5. **SCHEDULED DATES - NONSCHEDULED ASBESTOS REMOVAL:** A nonscheduled Asbestos Removal is an asbestos removal required at any installation by the routine failure of equipment, which is expected to occur within a calendar year (Jan. 1 - Dec. 31). The amounts of RACM to be removed during this period are expected to exceed 35 cubic feet, 160 square feet, or 260 linear feet. **This notification is required to be submitted at least 10 working days prior to the new calendar year.**

6. **SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the asbestos removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This notification is required to be submitted at least 10 working days prior to the start date.**

7. **SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. See definition of "Start Date" in #6 above. **This notification is required to be submitted at least 10 working days prior to the start date.**

8. **WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

9. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals.
10. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the asbestos removal and/or demolition (i.e., remove 300 lf of pipe insulation from crawl space. Demolish cafeteria building using heavy equipment).
11. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked. NOTE: Dry removal requires prior written approval from the HHCU. Attach copy of approval letter to completed application.  
**FOR LIVE FIRE BURNS ONLY:** If the building is to be demolished by burning, you must also contact the NC Department of Environment and Natural Resources, Division of Air Quality (DAQ) for information on additional DAQ notification requirements. Please contact your DAQ regional office for more information (phone numbers are listed at <http://daq.state.nc.us/about/regional>) or call 919-733-1477.
12. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, mailing address, including city, state, zip code, contact person and contact person's telephone number for the waste transporter contracted to transport the waste to an approved landfill.  
**ASBESTOS WASTE TRANSPORTER #2:** Complete the name, mailing address, including city, state, zip code, contact person and the contact person's telephone number for the waste transporter contracted in conjunction with or separately from Waste Transporter #1.
13. **ASBESTOS WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number.
14. **IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from the owner or operator stating the date and hour the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM NOT TO BE REMOVED:** Enter the amounts of ACM in the affected part of the facility that will not be removed.
17. **RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES:** Complete the corresponding blanks with the amounts of Regulated Asbestos Containing Material(s) (RACM) being removed at the site. When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B).  
To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).  
To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).
18. **TOTAL LF/SF/CF TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet from #17. For drywall/joint compound wallboard systems or Category I roofing materials enter the total SF of material to be removed, not the amount used to calculate the fee.
19. **FEES DUE:** (a) Total #17.(A) + Total #17.(B) and enter amount. (b) Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total. Enter total fee due, whichever is greater, (a) or (b). NOTE: The maximum fee due for asbestos removal prior to demolition is \$1,500.00. Residing Homeowners are exempt from permit fees.
20. **CERTIFICATION:** Enter all information requested. **Only notifications completed in permanent media with original signature will be considered.**

**NOTE:** All owners and operators are responsible for the information on the permit/notification.

**Checks should be made payable to: NCDHHS - Health Hazards Control Unit**

Upon approval of the Application/Notification, an HHCU Permit Number will be assigned to the removal project and a one-page project Permit will be returned to the applicant. The project Permit/Notification and all revisions must be on-site and available for review throughout the duration of the project.

### **For Additional Forms and Information**

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:

<http://epi.publichealth.nc.gov/asbestos/ahmp.html>

**Attachment B. Pilot Environmental Report**



May 18, 2022

Ms. Mary Ann Brookshire  
Golder Associates NC, Inc.  
5B Oak Branch Drive  
Greensboro, North Carolina 27407

Reference: Environmental Services Report  
Kerr-McGee Chemical Corporation  
120 Quality Drive  
Navassa, North Carolina  
Pilot Project 7988

Dear Ms. Brookshire:

Pilot Environmental, Inc. (Pilot) has completed the asbestos sampling environmental services at the above referenced property. The site previously contained a creosote plant facility. The property currently contains stands of pine trees and remnants of former structures associated with the creosote plant.

Pilot was requested to collect asbestos samples of cementitious board roofing material that was observed in one area of the site and collect a five-grab composite soil sample from the same location. In addition, Pilot was requested evaluate 11 additional parcels within the site for remnants of additional building material debris that might be suspect for containing asbestos.

Mr. Matt Carter of Pilot completed field activities on May 5, 2022. During field activities, samples were collected of various building debris materials visually located on the site. Sample locations and materials sampled are depicted in the attached Drawing 1.

#### *Bulk Asbestos Sampling*

Samples of suspect asbestos containing materials (ACM) were collected in general accordance with the National Emissions Standard for Hazardous Air Pollutants (NESHAP) protocols which require that multiple samples of each homogeneous material be collected for laboratory analysis. The site contains remnants of building materials including cementitious board, concrete, sheet vinyl, drywall and felt paper.

Eleven bulk samples and one composite soil sample were collected during the visual survey and submitted to Scientific Analytical Institute, Inc. (SAI) for analysis. SAI is a participant in the National Voluntary Laboratory Accreditation Program (NVLAP). Their NVLAP number is 200664-0. The samples were analyzed using Polarized Light Microscopy (PLM) by EPA Method 600/R-93/116 and 600/M4-82-020. Pilot requested that a positive stop be used for all positive samples,

meaning that if the first sample in each set contains asbestos, then the remaining samples are presumed to contain asbestos and are not analyzed. SAI analyzed twelve samples, which includes separate layers that were present in some of the bulk samples (e.g. a sample of floor tile with mastic is separated into two samples by the laboratory). The analytical results are included in the attachments.

The EPA considers a material to be asbestos containing when it contains greater than 1% asbestos. The asbestos containing materials identified are included in the following ACM table.

ACM TABLE Kerr-McGee Chemical				
Sample ID	Sample Description/Location/Extent	Asbestos Content	Friability/Condition	Recommendation
1 2	Cementitious board roofing/ Remnants located within Location TB-05 sampling area (Drawing 1)/NQ	20% Chry PS	NF/Poor	Remove and dispose as part of site cleanup

NQ = Not Quantified      Chry = Chrysotile      NF = Non-Friable      PS = Positive Stop

Several materials were sampled from the site that were determined to be non-asbestos containing. These materials include:

- Concrete;
- Drywall;
- Sheet vinyl; and,
- Felt paper.

Soil Asbestos Sampling

At the request of the client, Pilot collected a composite soil sample (S1) from Parcel TB-05 (Drawing 1) of the site for asbestos laboratory analysis. The composite sample was completed by collecting five grab soil samples (ground level to one inch below grade, with a 7/8" x 21" soil recovery probe) in the area of cementitious board materials. The composite sample was analyzed similar to the bulk samples. The composite soil sample did not detect asbestos. The analytical results are included as an attachment.

Recommendations

The ACM should be removed by a licensed abatement contractor using accredited asbestos workers prior to land disturbance activities. The abatement must be performed in accordance with State, local and federal regulations including OSHA, 29 CFR 1910 and 1926, and NESHAP regulations 40 CFR 61, subpart M. The above referenced quantities are preliminary in nature and should not be used for bidding or regulatory fee purposes.

Pilot Project 7988  
Kerr-McGee Chemical  
May 18, 2022

Laboratory analysis results of soils observed ACM below laboratory detection limits. This indicates that no asbestos content of concern in the soils in collected from the site.

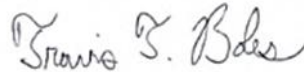
These asbestos sampling results are based on visual inspection of the site conditions when the sampling was performed. Additionally, only limited destructive measures were taken to collect the samples. It is possible that additional ACM may exist in other areas that were not evaluated due to their inaccessibility or due to the limitations of our assessment.

This report is provided for the exclusive use of the report's addressee. Use of this report without the written consent of Pilot is at the sole risk of the user. We appreciate the opportunity to provide environmental services on your project. If you have questions concerning this report or need additional information, please contact us.

Sincerely,

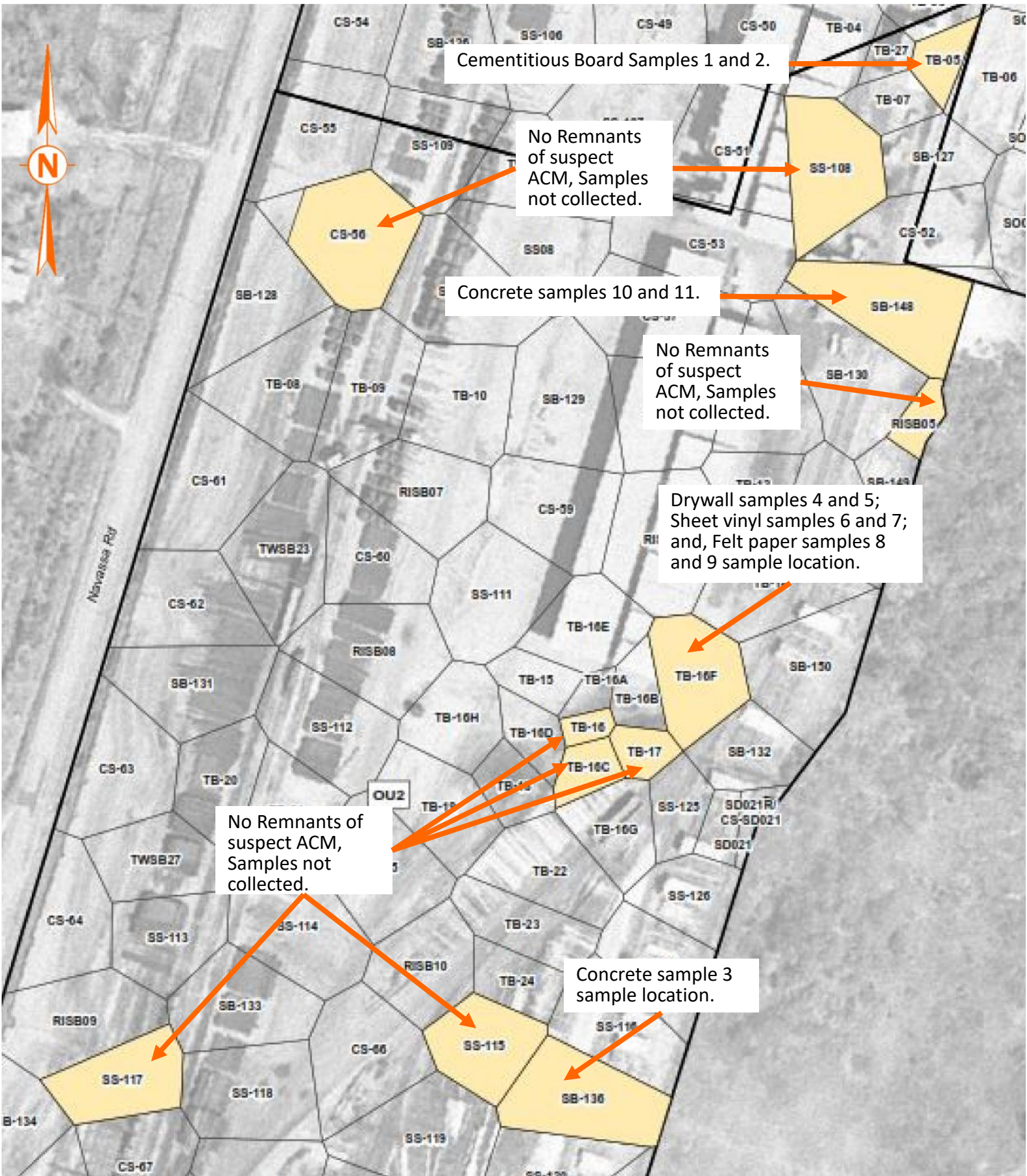


Matthew B. Carter  
Project Manager  
NC Asbestos Inspector No. 12907



Travis T. Boles  
Project Manager  
NC Asbestos Inspector No. 12967

Attachments: Drawing 1 – Sample Location Map  
Bulk Asbestos Analysis Report  
Field Notes  
Soil Asbestos Analysis Report



**Drawing 1**

Kerr-McGee Chemical Corporation Property Sample Location Map  
Not to Scale



**Kerr-McGee Property Map**  
120 Quality Drive  
Navassa, North Carolina  
Pilot Project 7988



# Bulk Asbestos Analysis

By Polarized Light Microscopy  
 EPA Method: 600/R-93/116 and 40 CFR, Part 763, Subpart E,  
 App.E



**Customer:** Pilot Environmental  
 PO Box 128  
 Kernersville, NC 27284

**Attn:** Matt Carter

**Lab Order ID:** 71991641  
**Analysis ID:** 71991641\_PLM  
**Date Received:** 5/6/2022  
**Date Reported:** 5/12/2022

**Project:** Navassa

Sample ID	Description	Asbestos	Fibrous Components	Non-Fibrous Components	Attributes
Lab Sample ID	Lab Notes				Treatment
1	Transite material	20% Chrysotile		80% Other	Gray Fibrous Homogeneous
71991641PLM_1					Crushed, Teased
2	Transite material	Not Analyzed			
71991641PLM_2					
3	Concrete	None Detected		100% Other	White, Brown Non Fibrous Homogeneous
71991641PLM_3					Dissolved, Crushed
4	DW	None Detected		100% Other	White Non Fibrous Homogeneous
71991641PLM_4					Dissolved, Crushed
5	DW	None Detected		100% Other	White Non Fibrous Homogeneous
71991641PLM_5					Crushed
6 - A	SV	None Detected	20% Cellulose 10% Fiber Glass	70% Other	Brown, Tan Fibrous Homogeneous
71991641PLM_6	sheet vinyl				Teased, Ashed
6 - B	SV	None Detected		100% Other	Brown Non Fibrous Homogeneous
71991641PLM_12	mastic				Dissolved, Crushed
7 - A	SV	None Detected	20% Cellulose 10% Fiber Glass	70% Other	Brown, Tan Fibrous Homogeneous
71991641PLM_7	sheet vinyl				Teased, Ashed

**Disclaimer:** Due to the nature of the EPA 600 method, asbestos may not be detected in samples containing low levels of asbestos. We strongly recommend that analysis of floor tiles, vermiculite, and/or heterogeneous soil samples be conducted by TEM for confirmation of "None Detected" by PLM. This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAL. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government. Analytical uncertainty available upon request. Scientific Analytical Institute participates in the NVLAP Proficiency Testing program. Unless otherwise noted blank sample correction was not performed. Estimated MDL is 0.1%.

Katelyn Stewart (13)

Analyst

Approved Signatory





# Bulk Asbestos Analysis

By Polarized Light Microscopy  
EPA Method: 600/R-93/116 and 40 CFR, Part 763, Subpart E,  
App.E



**Customer:** Pilot Environmental  
PO Box 128  
Kernersville, NC 27284

**Attn:** Matt Carter

**Lab Order ID:** 71991641  
**Analysis ID:** 71991641\_PLM  
**Date Received:** 5/6/2022  
**Date Reported:** 5/12/2022

**Project:** Navassa

Sample ID	Description	Asbestos	Fibrous Components	Non-Fibrous Components	Attributes
Lab Sample ID	Lab Notes				Treatment
7 - B	SV	None Detected		100% Other	Brown Non Fibrous Homogeneous
71991641PLM_13	mastic				Dissolved, Crushed
8	Felt paper	None Detected	80% Cellulose	20% Other	Brown, Black Fibrous Homogeneous
71991641PLM_8					Dissolved, Teased
9	Felt paper	None Detected	80% Cellulose	20% Other	Brown, Black Fibrous Homogeneous
71991641PLM_9					Dissolved, Teased
10	Concrete	None Detected		100% Other	Brown, White Non Fibrous Homogeneous
71991641PLM_10					Dissolved, Crushed
11	Concrete	None Detected		100% Other	Brown, White Non Fibrous Homogeneous
71991641PLM_11					Dissolved, Crushed

**Disclaimer:** Due to the nature of the EPA 600 method, asbestos may not be detected in samples containing low levels of asbestos. We strongly recommend that analysis of floor tiles, vermiculite, and/or heterogeneous soil samples be conducted by TEM for confirmation of "None Detected" by PLM. This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAL. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government. Analytical uncertainty available upon request. Scientific Analytical Institute participates in the NVLAP Proficiency Testing program. Unless otherwise noted blank sample correction was not performed. Estimated MDL is 0.1%.

Katelyn Stewart (13)

Analyst

Approved Signatory



**Scientific Analytical Institute**  
 4604 Dundas Dr. Greensboro, NC 27407  
 Phone: 336.292.3888 Fax: 336.292.3313  
 www.sailab.com lab@sailab.com

Lab Use Only  
 Lab Order ID: 71991641  
 Client Code: \_\_\_\_\_

Company Contact Information	
Company: Pilot	Contact: Matt Carter
Address:	Phone <input type="checkbox"/> :
	Fax <input type="checkbox"/> :
	Email <input checked="" type="checkbox"/> :

Asbestos Test Types	
PLM EPA 600/R-93/116 (PLM)	<input checked="" type="checkbox"/>
Positive stop	<input checked="" type="checkbox"/>
PLM Point Count 400 (PT4)	<input type="checkbox"/>
PLM Point Count 1000 (PTM)	<input type="checkbox"/>
PCM NIOSH 7400-A Rules (PCM)	<input type="checkbox"/>
B Rules (PCB) <input type="checkbox"/>	TWA (PTA) <input type="checkbox"/>
TEM AHERA (AHE)	<input type="checkbox"/>
TEM Level II (LII)	<input type="checkbox"/>
TEM NIOSH 7402 (TNI)	<input type="checkbox"/>
TEM Bulk Qualitative (TBL)	<input type="checkbox"/>
TEM Bulk Chatfield (TBS)	<input type="checkbox"/>
TEM Bulk Quantitative (TBQ)	<input type="checkbox"/>
TEM Wipe ASTM D6480-05	<input type="checkbox"/>
TEM Microvac ASTM D5755-09	<input type="checkbox"/>
TEM Water EPA 100.2 (TW1)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Billing/Invoice Information		Turn Around Times	
Company:	90 Min. <input type="checkbox"/>	48 Hours <input type="checkbox"/>	
Contact:	3 Hours <input type="checkbox"/>	72 Hours <input type="checkbox"/>	
Address:	6 Hours <input type="checkbox"/>	96 Hours <input type="checkbox"/>	
	12 Hours <input type="checkbox"/>	120 Hours <input checked="" type="checkbox"/>	
	24 Hours <input type="checkbox"/>	144+ Hours <input type="checkbox"/>	

PO Number: \_\_\_\_\_  
 Project Name/Number: Navassa

Sample ID #	Description/Location	Volume/Area	Comments
1	Transite Material		
2	"		
3	Concrete		
4	DW	Accepted <input checked="" type="checkbox"/>	
5	"	Rejected <input type="checkbox"/>	
6	SV		
7	"		
8	feH paper		
9	"		
10	concrete		
11	"		

oil (S1) - soil composite

Total # of Samples \_\_\_\_\_

Relinquished by	Date/Time	Received by	Date/Time
<u>MB/ista</u>	<u>5/5/22</u>	<u>[Signature]</u>	<u>5/6</u> <u>11:30AM</u>

Accepted   
 Rejected

# Bulk Asbestos Analysis

Qualitative Analysis of Asbestos in Soil  
By Polarized Light Microscopy  
EPA Method: 600/R-93/116



**Customer:** Pilot Environmental  
PO Box 128  
Kernersville, NC 27284

**Attn:** Matt Carter

**Lab Order ID:** 71991664  
**Analysis ID:** 71991664\_PSL  
**Date Received:** 5/6/2022  
**Date Reported:** 5/13/2022

**Project:** Navassa

Sample ID	Description	Asbestos	Fibrous Components	Non-Fibrous Components	Attributes
Lab Sample ID	Lab Notes				Treatment
Soil (S1)	Soil composite	None Detected		Other	Brown Non Fibrous Homogeneous
71991664PSL_1					Ashed

**Disclaimer:** Due to the nature of the EPA 600 method, asbestos may not be detected in samples containing low levels of asbestos. We strongly recommend that analysis of floor tiles, vermiculite, and/or heterogeneous soil samples be conducted by TEM for confirmation of "None Detected" by PLM. This report relates only to the samples tested and may not be reproduced, except in full, without the written approval of SAL. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. government. Analytical uncertainty available upon request. Scientific Analytical Institute participates in the NVLAP Proficiency Testing program. Unless otherwise noted blank sample correction was not performed. Estimated MDL is 0.1%.

Byron Stroble (1)

\_\_\_\_\_  
Analyst

\_\_\_\_\_  
Approved Signatory



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 www.sallab.com lab@sallab.com

Lab Use Only  
 Lab Order ID: 71991644  
 Client Code: \_\_\_\_\_

Company Contact Information	
Company: Pilot	Contact: Matt Carter
Address:	Phone <input type="checkbox"/> :
	Fax <input type="checkbox"/> :
	Email <input checked="" type="checkbox"/> :
Billing/Invoice Information	
Company:	90 Min. <input type="checkbox"/> 48 Hours <input type="checkbox"/>
Contact:	3 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/>
Address:	6 Hours <input type="checkbox"/> 96 Hours <input type="checkbox"/>
	12 Hours <input type="checkbox"/> 120 Hours <input checked="" type="checkbox"/>
	24 Hours <input type="checkbox"/> 144*Hours <input type="checkbox"/>

Asbestos Test Types	
PLM EPA 600/R-93/116 (PLM)	<input checked="" type="checkbox"/>
Positive stop	<input checked="" type="checkbox"/>
PLM Point Count 400 (PT4)	<input type="checkbox"/>
PLM Point Count 1000 (PTM)	<input type="checkbox"/>
PCM NIOSH 7400-A Rules (PCM)	<input type="checkbox"/>
B Rules (PCB) <input type="checkbox"/> TWA (PTA) <input type="checkbox"/>	
TEM AHERA (AHE)	<input type="checkbox"/>
TEM Level II (LII)	<input type="checkbox"/>
TEM NIOSH 7402 (TNI)	<input type="checkbox"/>
TEM Bulk Qualitative (TBL)	<input type="checkbox"/>
TEM Bulk Chatfield (TBS)	<input type="checkbox"/>
TEM Bulk Quantitative (TBQ)	<input type="checkbox"/>
TEM Wipe ASTM D6480-05	<input type="checkbox"/>
TEM Microvac ASTM D5755-09	<input type="checkbox"/>
TEM Water EPA 100.2 (TW1)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

PO Number: \_\_\_\_\_  
 Project Name/Number: Navassa

Sample ID #	Description/Location	Volume/Area	Comments
1	Transite Material		
2	"		
3	Concrete		
4	DW		
5	"		
6	SV		
7	"		
8	felt paper		
9	"		
10	Concrete		
11	"		
Soil (S1) - soil composite			Total # of Samples _____

Relinquished by	Date/Time	Received by	Date/Time
<u>MBL</u>	<u>5/5/22</u>	<u>[Signature]</u>	<u>5/6</u> <u>11:30 AM</u>

Accepted  Page \_\_\_\_\_ of \_\_\_\_\_  
 Rejected  A-F-017 EXP: 12-1-14

**Attachment C. NC Waste Shipment Record**

## NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

1. Waste Generator/Owner Name and Address:	Work Site Name and Physical Address:	Waste Generator/Owner Phone Number: (____) _____
2. Contractor Name and Address:		Contractor Phone Number: (____) _____
3. Waste Disposal Site (WDS) Name, Mailing Address:	WDS Physical Site Location:	WDS Phone Number: (____) _____
	NC Landfill Permit #:	
4. Name of Responsible Agency:		
<input type="checkbox"/> Forsyth Co. Environmental Affairs Dept. <input type="checkbox"/> Mecklenburg Co. Land Use & Env. Svs. Ag.- Air Quality <input type="checkbox"/> NC DHHS - Health Hazards Control Unit <input type="checkbox"/> WNC Regional Air Pollution Control Agency	Permit #: _____	NESHAP (ACTS) ID #: _____
		Start Date: _____ Completion Date: _____
5. Description of materials:		
6. Containers Number: _____ Type: _____	Vehicle: _____  <b>NA2212, ASBESTOS, 9, III, RQ</b>	7. Total Quantity (yd <sup>3</sup> )m <sup>3</sup> :
8. Special Handling Instructions and Additional information:		
<b>EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368)</b>		
9. CONTRACTORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.		
Printed/Typed Name & Title: _____		
Signature: _____		Date (MM/DD/YY): _____
10. Transporter 1 (Acknowledgment of Receipt of Materials):		
Printed/Typed Name & Title: _____		
Address: _____		Phone Number: _____
Signature: _____		Date (MM/DD/YY): _____
11. Transporter 2 (Acknowledgment of Receipt of Materials):		
Printed/Typed Name & Title: _____		
Address: _____		Phone Number: _____
Signature: _____		Date (MM/DD/YY): _____
12. Discrepancy Indication Space:		
13. Waste Disposal Site:      Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.		
Printed/Typed Name & Title: _____		Total Weight (Tons): _____
Signature: _____		Date (MM/DD/YY): _____

**INSTRUCTIONS**  
**DHHS 3787 - Revised 3/16**

**PURPOSE:** This form serves as an Asbestos Waste Shipment Record (WSR) to be completed whenever disposing of permissible asbestos containing materials in an approved disposal site. This form is required to be completed by the Waste Generator/Owner and Contractor under 10A NCAC 41C .0609 (40 CFR, Part 61, Subpart M). A copy of this form shall be retained by the Waste Generator/Owner, the Contractor, the Transporter, and the Waste Disposal Site for permanent records of disposal of permissible asbestos containing materials as required by 40 CFR Part 61, Subpart M, Section 61.150(d)(1). One copy of this form shall be provided to the Health Hazards Control Unit at the address below pursuant to 10A NCAC 41C .0605(j).

**PREPARATION:** All pertinent information regarding the Waste Generator/Owner, the Contractor, the Transporter and the Waste Disposal Site (WDS) should be completed and retained as indicated above.

**WASTE GENERATOR/OWNER SECTION (ITEMS 1-9)**

1. Enter the name of the facility at which the asbestos waste is generated and the physical address of the facility. In the appropriate spaces, enter the name of the facility owner, mailing address and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the contractor.
3. Enter the name, mailing address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, enter the NC Landfill Permit # of the WDS and phone number of the WDS. Enter on-site if the waste will be disposed of on the generator's property.  
  
All regulated asbestos materials must go to an approved landfill as per the Solid Waste Management Division regulations and amendments.
4. Indicate the name of responsible agency by placing an "x" in the corresponding [ ]. Based upon the responsible agency's requirements, enter the start date and the completion date for the asbestos removal project. Also enter the permit number and/or NESHAP (ACTS) ID number as applicable.
5. Indicate the types of asbestos waste materials generated by entering: "F" for friable asbestos material and/or "NF" for non-friable asbestos material, followed by a detailed description of the type of asbestos waste materials, i.e. sprayed-on/troweled-on material, ceiling tile, floor tile, pipe insulation, boiler insulation, etc.
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Enter one of the following codes for the containers used in transporting each type of asbestos material (specify any other type of container used if not listed below). Enter one of the following codes for the type of vehicle used to transport the asbestos materials (specify any other type of vehicle if not listed below).

<u>Containers</u>	<u>Vehicles</u>
DM - Metal drums, barrels	OD - Open Dumpster
DP - Plastic drums, barrels	CD - Closed Dumpster
BA - 6 mil Plastic bags or wrapping	DT - Dump Truck
	TT - Tractor Trailer

7. Enter the quantities of each type (F and/or NF) of asbestos material removed in units of cubic yards (cubic meters).
8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternative waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the contractor must read and then sign and date this certification. The date should be the date of receipt by the transporter.

**TRANSPORTER SECTION (ITEMS 10 & 11)**

- 10 & 11. Enter name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this Waste Shipment Record for transport. Enter signature and date of receipt. Add additional pages if necessary.

**DISPOSAL SITE SECTION (ITEMS 12 & 13)**

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on the manifest and waste actually received, as well as any improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. A site that converts asbestos-containing waste material to non-asbestos material is considered a WDS.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in Item 12. The WDS agency should complete the Total Weight (in tons) of the amount of asbestos-containing waste received. The date should be the date of signature and receipts of shipment.

**NOTE:** The WDS must send a completed copy of the WSR to the contractor and waste generator/owner listed in Item 2 within 30 days after receipt of the waste per 40 CFR Part 61, Subpart M, Section 61.154(e)(2).

**REORDER:**

Copies are available at the following website: <http://epi.publichealth.nc.gov/asbestos/forms.html>

Bulk orders for additional forms may be ordered from: NC Department of Health and Human Services  
Health Hazards Control Unit  
1912 Mail Service Center  
Raleigh, NC 27699-1912 Phone: 919/707-5950 FAX: 919/870-4808