

ASBESTOS PERMIT APPLICATION AND NOTIFICATION
FOR DEMOLITION/RENOVATION

Permit Number		NESHAP ID Number 49189
1. TYPE: <input type="checkbox"/> Asbestos Removal; <input type="checkbox"/> Emergency Asbestos Removal; <input type="checkbox"/> Nonscheduled Asbestos Removal; <input checked="" type="checkbox"/> Demo; <input type="checkbox"/> Ordered Demo		
2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)		
OWNER NAME: Fred Motley & Steven Tarleton		
Address: 3098 Irene Bridge Hwy		
City: Hickory Grove	State: SC	Zip: 29717
Contact: Steven	Contact Phone: 803-554-1817	
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: SS Demo		
Address: 3098 Irene Bridge Hwy		
City: Hickory Grove	State: SC	Zip: 29717
Contact: Steven	Contact Phone: 803-554-1817	
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: Old Stateville Hospital		Facility Contact: Steven
Street Address: 709 End Ave		
City: Stateville	State: NC	Zip:
Asbestos Removal Site Location:		County: Iredell
Building Size: 30,000 sq ft	# of Floors: 3	Age in Years: 30
Present Use: None	Prior Use: Home Hospital	Future Use: None
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: SEPT 22, 2015 Complete: NOV 22, 2015		
8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun		WORK HOURS: 8 To 6
FOR GOVERNMENTAL AGENCY USE ONLY		
POSTMARK DATE: 9/9/15 REGION/COUNTY/CONTRACTOR/LANDFILL:		
APPROVING SIGNATURE: [Signature]		DATE: 9/10/15

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number)																											
Inspector Name: <u>Robert Hymes</u>		NC Accreditation Number: <u>12504</u>																									
Date of Inspection: <u>11/7/14</u>	Samples Collected: <input checked="" 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 checked="" type="checkbox"/> Yes; <input type="checkbox"/> No																											
10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION: <u>Tear structure completely done with machines</u>																											
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 checked="" 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 & Removal</td> <td><input type="checkbox"/> Mechanical Chipping</td> <td colspan="2">Requires Prior Written Approval from HHCU;</td> </tr> <tr> <td><input type="checkbox"/> Glove Bag</td> <td><input type="checkbox"/> Component Removal</td> <td><input type="checkbox"/> Impulse</td> <td><input type="checkbox"/> Live Burn Training (see #11 of the attached instructions)</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 checked="" 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	Requires Prior Written Approval from HHCU;		<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Impulse	<input type="checkbox"/> Live Burn Training (see #11 of the attached instructions)	<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:	
17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES			
TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Floor Tile _____ sf	x .10 = \$	Pipe Insulation (TSI): _____ lf	x .20 = \$
Ceiling Tile: _____ sf	x .10 = \$	Boiler Insulation (TSI): _____ sf	x .20 = \$
Cementitious Roofing/ Wallboard/Panels: _____ sf	x .10 = \$	Surfacing Material: _____ sf	x .20 = \$
Roofing: _____ sf	x .10 = \$	Other (SqFt or CuFt): _____ sf/cf	x .20 = \$
TOTAL (A) _____ sf	x .10 = \$	TOTAL (B) _____ lf/sf/cf	x .20 = \$
18. TOTAL LF TO BE REMOVED:		TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
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: <u>Steven Tarleton</u>		TITLE: <u>OWNER</u>	
COMPANY NAME: <u>S&S Demo</u>			
STREET ADDRESS: <u>3918 Kope Bridge Hwy</u>		CITY: <u>Hickory Grove</u>	STATE: <u>NC</u> ZIP: <u>27717</u>
PO BOX: _____		CITY: _____	STATE: _____ ZIP: _____
ORIGINAL SIGNATURE: <u>Steven Tarleton</u>		DATE: <u>Sept 7 /15</u>	
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 49 Mt. Carmel Road Asheville, NC 28806 828/250-6777		Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2446	
		Mecklenburg County Land Use and Environmental Services Agency—Air Quality 700 North Tryon Street Charlotte, NC 28202-2236 704/336-5430	

PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

FOR US MAIL DELIVERY:
HEALTH HAZARDS CONTROL UNIT
NCDHHS-DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912
TELEPHONE: 919-707-5950

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1
RALEIGH NC 27609

*ATTN
Rebecca
OWENS*



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

Demolition Notification

Permit #: N/A NESHAP #: 49189 Date Issued: 09-10-2015	Facility: Old Stateville Hospital Location: Contact: Steven Tarleton Address: 709 End Ave Stateville, NC Size: 45000 sf # of Floors: 3 Age: 30 County: Iredell
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Removal Start: End: Owner: Fred Gotley & Steven Tarleton 3098 Irene Bridge Hwy Hickory Grove, SC 29717- Contact: Steven Tarleton Phone: (803) 554-1817 Operator: Transporter:	Demolition Start: 09-22-2015 End: 11-22-2015 Removal Contractor: Contact: Phone: Contact: Transporter:	Days: M TU W TH F SA Hours: 8:00 AM - 6:00 PM Demolition Contractor: SS Demolition 3098 Irene Bridge Hwy Hickory Grove, NC 29717 Contact: Steve Tarleton Phone: (803) 554-1817 Phone: Landfill:
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Contact: Phone: Inspector: ROBERT C HYMES - #12504 Samples Collected	Contact: Phone: Supervising Air Monitor:	Contact: Phone: Designer:
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Work Practices: bulldozer/loader

RACM:

Signatory: Steve Tarleton
SS Demolition 3098 Irene Bridge Hwy Hickory Grove, NC 29717-

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

HEALTH HAZARDS CONTROL UNIT
 NC DHHS-DIVISION OF PUBLIC HEALTH
 1912 MAIL SERVICE CENTER, RALEIGH, NC 27699-1912
 TELEPHONE: 919-707-5900 FAX: 919-870-4808

A77N-Rebecca Owens
 L & M

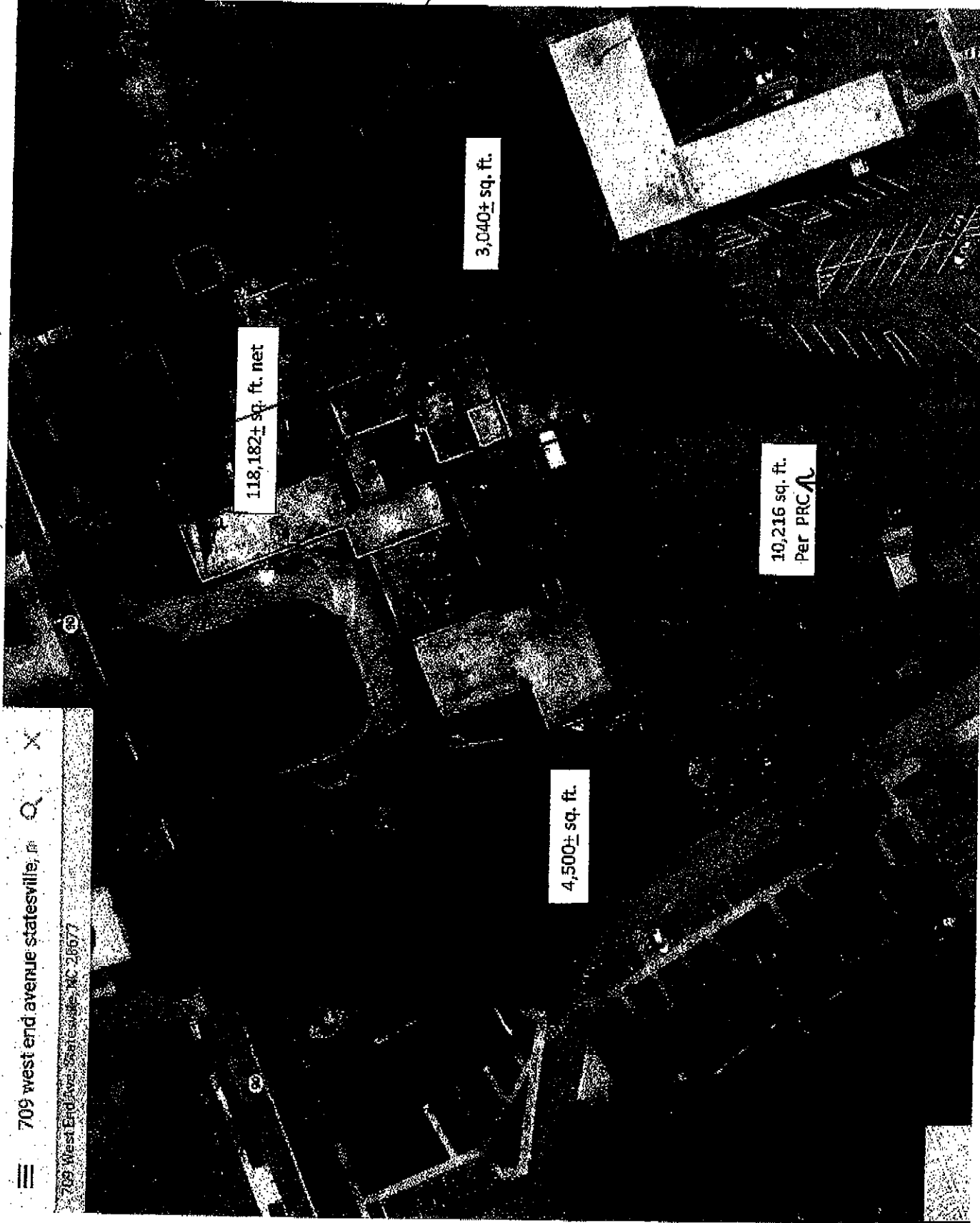
REVISION FOR PERMIT/NOTIFICATION

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER: <u>N/A</u>	NESHAP NUMBER: <u>49189</u>		
FACILITY: <u>Old stateville Hospital</u>	FACILITY ADDRESS: <u>709 End Ave stateville</u>		
CONTRACTOR: <u>SS Demolition</u>	CONTACT PHONE: <u>803-554-1817</u>		
CONTACT PERSON: <u>steven tarleton</u>	CONTACT FAX NUMBER: <u>423-639-8098</u>		
ASBESTOS REMOVAL DATES <u>704 878-3122</u>			
ORIGINAL REMOVAL START DATE:	REVISED REMOVAL START DATE:		
ORIGINAL REMOVAL COMPLETE DATE:	REVISED REMOVAL COMPLETE DATE:		
DEMOLITION DATES			
ORIGINAL DEMO START DATE: <u>9-22-15</u>	REVISED DEMO START DATE:		
ORIGINAL DEMO COMPLETE DATE: <u>11-22-15</u>	REVISED DEMO COMPLETE DATE:		
ADDITIONAL AMOUNTS OF MATERIALS/FEE'S			
TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Floor tile: _____ sf x .10 = _____		Pipe Insulation (TSI): _____ lf x .20 = _____	
Ceiling tile: _____ sf x .10 = _____		Boiler Insulation (TSI): _____ sf x .20 = _____	
Cementitious Board: _____ sf x .10 = _____		Surfacing Material: _____ sf x .20 = _____	
Roofing: _____ sf x .10 = _____		Other (sf/lf): _____ sf/lf x .20 = _____	
TOTAL (A) _____ x .10 = _____		TOTAL (B) _____ x .20 = _____	
(a) TOTAL (A) + (B) = \$ _____		(b) CONTRACT PRICE = \$ _____ x .01 = \$ _____	
TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ _____			
ADDITIONAL COMMENTS OR OTHER REVISIONS: <u>Left Hand wing of Blding sec #1</u> <u>45,000 SF 3 story</u>			
I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
NAME: <u>steven tarleton</u>		TITLE: _____	
COMPANY NAME: <u>SS Demolition</u>			
SIGNATURE: <u>Steven Tarleton</u>		DATE: <u>9/18/15</u>	
*** HEALTH HAZARDS CONTROL UNIT USE ***			
RECEIVED BY: <u>AD</u>		DATE RECEIVED: <u>9/18/15</u>	
POSTMARK DATE: _____		PERMITS DATA ENTRY: <u>KE 9/21/15</u>	
FAX TRANSMITTAL INFORMATION			
TO: _____	DATE: _____	TO: <u>HHCU</u>	DATE: _____
FROM: _____	TIME: _____	FROM: _____	TIME: _____
FAX #: _____	# PAGES: _____	FAX #: <u>919-870-4808</u>	PAGES: _____

709 West End Ave, Statesville, NC 28677

A99N-Rebecca OWENS



Hosp.
121,222.54
SEC #1
IN BOX

Laundry

HEALTH HAZARDS CONTROL UNIT
 NC DHHS - DIVISION OF PUBLIC HEALTH
 1912 MAIL SERVICE CENTER, RALEIGH, NC 27699-1912
 TELEPHONE: 919-707-5850 FAX: 919-870-4808

ATTN- ~~XXXXXXXXXX~~
 Grant And Draddy
 REVISION FOR PERMIT/NOTIFICATION

SS Demolition 309mail.com

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER: <u>N/A</u>	NESHAP NUMBER: <u>49189</u>
FACILITY: <u>Old stateville Hospital</u>	FACILITY ADDRESS: <u>709 End Ave stateville-NC</u>
CONTRACTOR: <u>SS Demolition</u>	CONTACT PHONE: <u>803-554-1812</u>
CONTACT PERSON: <u>steven tarleton</u>	CONTACT FAX NUMBER:

ASBESTOS REMOVAL DATES

ORIGINAL REMOVAL START DATE:	REVISED REMOVAL START DATE:
ORIGINAL REMOVAL COMPLETE DATE:	REVISED REMOVAL COMPLETE DATE:

DEMOLITION DATES

ORIGINAL DEMO START DATE: <u>9-22-15</u>	REVISED DEMO START DATE:
ORIGINAL DEMO COMPLETE DATE: <u>11/22/15</u>	REVISED DEMO COMPLETE DATE: <u>1/22/16</u>

ADDITIONAL AMOUNTS OF MATERIALS/FEE

TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Floor tile: _____ sf x .10 = _____		Pipe Insulation (TSI): _____ lf x .20 = _____	
Ceiling tile: _____ sf x .10 = _____		Boiler Insulation (TSI): _____ sf x .20 = _____	
Cementitious Board: _____ sf x .10 = _____		Surfacing Material: _____ sf x .20 = _____	
Roofing: _____ sf x .10 = _____		Other (sf/cf): _____ sf/cf x .20 = _____	
TOTAL (A) _____ x .10 = _____		TOTAL (B) _____ x .20 = _____	
(a) TOTAL (A) + (B) = \$ _____		(b) CONTRACT PRICE = \$ _____ x .01 = \$ _____	

TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ _____

ADDITIONAL COMMENTS OR OTHER REVISIONS: Left Hand wing of Bldg sec #1
3 story 245,000 SF Holo Bldg

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME: steven tarleton TITLE: _____
 COMPANY NAME: SS Demolition 10/5/15
 SIGNATURE: STEVEN TARLETON DATE: 10/5/15

*** HEALTH HAZARDS CONTROL UNIT USE ***

RECEIVED BY: _____ DATE RECEIVED: 10/6/15
 POSTMARK DATE: _____ PERMITS DATA ENTRY: 10/6/15

FAX TRANSMITTAL INFORMATION

TO: _____ DATE: _____	TO: <u>HNCU</u> DATE: _____
FROM: _____ TIME: _____	FROM: _____ TIME: _____
FAX #: _____ # PAGES: _____	FAX #: <u>919-870-4808</u> PAGES: _____

09/18/2015 11:16

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HEALTH HAZARDS CONTR

PAGE 01/01

09/18/2015 09:58

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WILCO

PAGE 01/02

HEALTH HAZARDS CONTROL UNIT
 NC OHHS - DIVISION OF PUBLIC HEALTH
 1012 MAIL SERVICE CENTER, RALEIGH, NC 27601-1112
 TELEPHONE: 919-707-5000 FAX: 919-707-4808

ATTN-Rebecca Owens

REVISION FOR PERMIT/NOTIFICATION

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER: <u>N/A</u>	NESHAP NUMBER: <u>49189</u>		
FACILITY: <u>Old stateville Hospital</u>	FACILITY ADDRESS: <u>709 END AVE stateville</u>		
CONTRACTOR: <u>SS Demolition</u>	CONTACT PHONE: <u>803-554-1812</u>		
CONTACT PERSON: <u>Steven Tarleton</u>	CONTACT FAX NUMBER: <u>423-639-8098</u>		
ASBESTOS REMOVAL DATES			
ORIGINAL REMOVAL START DATE:	REVISED REMOVAL START DATE:		
ORIGINAL REMOVAL COMPLETE DATE:	REVISED REMOVAL COMPLETE DATE:		
DEMOLITION DATES			
ORIGINAL DEMO START DATE: <u>8-22-15</u>	REVISED DEMO START DATE:		
ORIGINAL DEMO COMPLETE DATE: <u>11-22-15</u>	REVISED DEMO COMPLETE DATE: <u>1-22-16</u>		
ADDITIONAL AMOUNTS OF MATERIALS/FEEES			
TYPE OF RCM	AMOUNT X \$0.10 = FEE	TYPE OF RCM	AMOUNT X \$0.20 = FEE
Floor tile: _____ sf x .10 = _____		Pipe Insulation (TSI): _____ lf x .20 = _____	
Ceiling tile: _____ sf x .10 = _____		Boiler Insulation (TSI): _____ sf x .20 = _____	
Asbestositious Board: _____ sf x .10 = _____		Surfacing Material: _____ sf x .20 = _____	
Roofing: _____ sf x .10 = _____		Chimney (each): _____ each x .20 = _____	
TOTAL (A) _____ x .10 = _____		TOTAL (B) _____ x .20 = _____	
(a) TOTAL (A) + (B) = \$ _____		(b) CONTRACT PRICE = \$ _____ x .01 = \$ _____	
TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ _____			
ADDITIONAL COMMENTS OR OTHER REVISIONS: <u>Left Hand wing of Blding sec #1</u> <u>245,000 SF 3 story This is Revised for The whole</u> <u>Building</u>			
I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
NAME: <u>Steven Tarleton</u>	TITLE: _____		
COMPANY NAME: <u>SS Demolition</u>			
SIGNATURE: <u>Steven Tarleton</u>	DATE: <u>9/18/15</u>		
*** HEALTH HAZARDS CONTROL UNIT USE ***			
RECEIVED BY: <u>AD</u>	DATE RECEIVED: <u>9/18/15 10/6/15</u>		
POSTMARK DATE: _____	PERMITS DATA ENTRY: <u>10/6/15</u>		
FAX TRANSMITTAL INFORMATION			
TO: _____	DATE: _____	TO: <u>HNCH</u>	DATE: _____
FROM: _____	TIME: _____	FROM: _____	TIME: _____
FAX #: _____	# PAGES: _____	FAX #: <u>919-870-4808</u>	PAGES: _____

HNCH 3760-R
 Revised: 02/05; 07/07; 12/07

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 4808