





HEALTH HAZARDS CONTROL UNIT  
NC OHHS-DIVISION OF PUBLIC HEALTH  
1912 MARL SERVICE CENTER, RALEIGH, NC 27602-1912  
TELEPHONE: 919-707-4800 FAX: 919-870-4808

### 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>55934</u>
FACILITY: <u>Anderson Creek School</u>	FACILITY ADDRESS: <u>904 Anderson Creek School Rd</u>
CONTRACTOR: <u>USG Inc</u>	CONTACT PHONE: <u>336 454 5700</u>
CONTACT PERSON: <u>Bill Fields</u>	CONTACT FAX NUMBER: <u>336 454 7110</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>7-16-18</u>	REVISED DEMO START DATE: <u>7-23-18</u>
ORIGINAL DEMO COMPLETE DATE: <u>7-30-18</u>	REVISED DEMO COMPLETE DATE: <u>7-31-18</u>

#### ADDITIONAL AMOUNTS OF MATERIALS/FEEES

TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Flooring/Mastic:	<u>sf</u> x .10 = \$	Pipe Insulation (TSI):	<u>lf</u> x .20 = \$
Celling Tile:	<u>sf</u> x .10 = \$	Boiler Insulation (TSI):	<u>sf</u> x .20 = \$
Cementitious Roofing/Siding/Panels	<u>sf</u> x .10 = \$	Surfacing Material:	<u>sf</u> x .20 = \$
Roofing:	<u>sf</u> x .10 = \$	Other (sf/lf):	<u>sf/lf</u> x .20 = \$
Other: (e.g. drywall/joint compound Wallboard System)	<u>sf/lf</u> x .10 = \$		
TOTAL (A) _____ x .10 = \$		TOTAL (B) _____ lf/lf 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: Please push demo start back.

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

NAME: Timothy Elkes TITLE: VP

COMPANY NAME: Veranda Service Group

SIGNATURE: [Signature] DATE: 7-16-18

#### HEALTH HAZARDS CONTROL UNIT USE

RECEIVED BY: CC DATE RECEIVED: 7/16/18

POSTMARK DATE: \_\_\_\_\_ PERMITS DATA ENTRY: \_\_\_\_\_

#### FAX TRANSMITTAL INFORMATION

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



MGB 2000 LLC  
2434 Pepperstone Drive  
Graham, NC 27253



**CERTIFICATION OF FINAL VISUAL INSPECTION**

**PROJECT:** ANDERSON CREEK SCHOOL

**WORK AREA:** 904 Anderson Creek School Road Lillington NC

**CONTRACTOR CERTIFICATION**

In accordance with project specifications the Contractor hereby certifies that all asbestos materials required to be removed are gone, and that he has visually inspected the entire work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris or residue that might be suspect for asbestos.

by: (Signature) *Timothy Alkes* Date: 7-12-18

(Print Name) Timothy Alkes

(Print Title) Supervisor

**PROJECT INSPECTOR CERTIFICATION**

The Project Inspector hereby certifies that he has personally conducted a visual inspection and verifies that this inspection has been thorough and, to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

by: (Signature) *Michael Bullard* Date: 7-12-18 Time: 6:30pm

(Print Name) MICHAEL G BULLARD

Certification: Air Monitor No. 80826 Exp. 1-19

Comments: Removed Metal windows on gym front and rear

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