

Received  
- 11/13/2018 -

Initial Application Date: 11/12/2018

Application # BCOM-1811-0002

COUNTY OF HARNETT DEMOLITION APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Good Hope Hospital, Inc. - Bill Larrison Mailing Address: 412 Denim Dr.

City: Erwin State: NC Zip: 28339 Contact # 910-890-4323 Email: BLARRISON049@gmail.com

APPLICANT: 4 Seasons Demolition, Inc. Mailing Address: PO Box 15590

City: Wilmington State: NC Zip: 28408 Contact # 910-793-3662 Email: val4demo@gmail.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Valarie Fowler Phone # 910-793-3662

PROPERTY LOCATION: Subdivision: GOOD HOPE HOSPITAL Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # 410 State Road Name: Denim Dr. Map Book&Page: 1

Parcel: 0597-844269000 PIN: 0605979022 - Erwin

Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book&Page: 1

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

R onto S Main St., R onto US-421S, R onto N 13th St., L Denim Dr.

Structure(s) to be demolished & removed: Single family dwelling \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Other (specify)  Hospital

Structures (existing and/or proposed): Single family dwellings \_\_\_\_\_ Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Water Supply:  County  Existing Well

Sewage Supply:  Existing Septic Tank  County Sewer

- \* If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.
- \* If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

\*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the removal to ensure proper listing.

\*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

\*\*PLEASE NOTE\*\* Failure to completely demolish, remove, and clear the premises will result in the withholding of the Certificate of Compliance. Thus, future permits for the property will be denied, and fines may be imposed for failure to complete demolition/removal.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Chris [Signature]  
Signature of Owner or Owner's Agent

11-12-18  
Date

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

Asbestos requirements are applicable if the occupancy use is or changes to Commercial (not residential), or if multiple structures are being demolished & removed at one time.

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An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's responsibility to properly notify the Department of Health and Human Services Division of Public Health – Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett County Ordinances. Call for inspection at proper stage of work.



CONTRACTOR / APPLICANT

11-2-18

DATE

#71764

LICENSE NO. (If applicable)

Please contact the Department of Health and Human Services for their requirements and permit information.

<http://www.epi.state.nc.us/epi/asbestos/ahmp.html>

# *Environmental Concerns of Fayetteville, Inc.*

October 25, 2018

Good Hope Hospital  
410 Denim Drive  
Erwin, NC 28339

Attn: Bill Larrison  
Re: 410 Denim Drive  
Erwin, NC 28339  
Asbestos Removal Certification

Dear Sir:

This letter is to certify that asbestos containing materials identified in the June 18, 2018 Asbestos Inspection Report prepared by Summit Engineering, Laboratory & Testing, P.C., and as agreed upon in the "Asbestos Removal Contract Between Owner & Contractor", have been removed in accordance with current Federal and State Regulations.

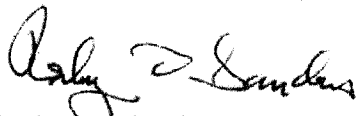
This work was completed on October 19, 2018 by Environmental Concerns of Fayetteville, Inc. under Asbestos Removal Permit # NC28897 and NESHAP # 545249.

Disposal of the asbestos waste has occurred and documentation related to final air monitoring and disposal is herein provided to the property owner and the NC HHCU as required by regulation.

This building is now considered free of regulated asbestos containing materials and is cleared for demolition.

If there are any questions or a need for additional information please feel free to contact me at my office number (910) 488-1925 or by my cell phone at (910) 977-1655.

Very truly yours,



Rodney D. Sanders, President  
NC Asbestos Inspector #10237

CC: Final Air Monitoring Reports  
Waste Shipment Records

*ASBESTOS AIR MONITORING REPORT*

for

*OLD GOOD HOPE HOSPITAL  
410 DENIM DRIVE  
ERWIN, NORTH CAROLINA*

performed by

*Jim Sharp  
Sharp Practical Environmental Concerns, Inc.  
113 Heather Drive  
Garner, NC 27529*

*August 27, 2018  
thru  
September 26, 2018*

**Contractor on site:** Environmental Concerns of Fayetteville, Inc.  
211 S. Broad Street  
Fayetteville, NC 28311

**Supervisors on site:** Al Carmichael  
Luis Pantoja

**Project:**

The project involved the removal of approximately 10,200 ft<sup>2</sup> of asbestos containing flooring materials, and approximately 400 linear feet of thermal system insulation (TSI). An additional 300 ft<sup>2</sup> of flooring material was added to the contract. Abatement of the asbestos materials was performed in accordance with the abatement design by Rodney Sanders in five negative pressure work areas.

**Air Sampling:**

Air samples were collected on the project in accordance with an air monitoring plan by Ray C. Woodcock, CIH dated August 20, 2018. Air sampling was performed on the project in accordance with the NIOSH 7400 method for phase contrast microscopy (PCM). Ambient air samples were collected during the first day of gross abatement operations for each public area abated, followed by air clearance sampling at the completion of abatement operations inside each work area. Results from analysis of all ambient and clearance air samples were cleaner than the North Carolina and EPA clean air standard of 0.010 f/cc. Individual sampling dates, analytical results, and locations are documented on the field data sheets.

by: Brian Sharp  
Brian Sharp  
NC Air Monitor No. 80910  
AIHA Lab No. 102658

by: Jim Sharp  
Jim Sharp  
NC Air Monitor No. 80515  
AIHA Lab No. 102658

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECOF  
 PROJECT: Old Geard Hospo Hospital  
 NOTE 1: Erwin, NC  
 NOTE 2:  
 AREA: Ambulatory Surgery Wing

Analytical Method: PCM

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 CARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 80515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (lpm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter: EFA (sqmm): 385 MFA (sqmm): 0.00785
		On	Off	Initial	Final					
8803	Negative Air Exhaust #1	1:08				1624	0	100	<.002	LOD .002
		5:00		232						
5439	Negative Air Exhaust #2	1:09				1617	0	100	<.002	LOD .002
		5:00		231						
5432	Negative Air Exhaust #3	1:09				1617	0	100	<.002	LOD .002
		5:00		231						
5535	Decon Entrance	1:27				2110	8 1/2	100	.002	LOD
		4:58		211						
5371	South Courtyard Entrance to New Hospital wing	1:28				2140	5	100	.001	LOD
		5:02		214						

[Signature]  
 COLLECTOR

8/27/18  
 DATE COLLECTED

[Signature]  
 ANALYST

8/27/18  
 DATE ANALYZED

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: EIOE  
 PROJECT: Old Good Hope Hospital  
 NOTE 1: 410 Denton Drive  
 NOTE 2: Brown, NC  
 AREA: S Wing  
 Analytical Method: PCM

PCM analysis by NIOSH 7400 method

SPIC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 80515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (pm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter EFA (90mm) 386 MFA (90mm) 0.00785
		On	Off	Initial	Final					
4804	Nurses Station	4:55	6:20	16.0	1360	0	100	2.002	LOD .002	
4715	Operating Room	4:55	6:20	16.0	1360	0	100	2.002	LOD .002	
4842	Main Corridor	4:56	6:21	16.0	1360	0	100	2.002	LOD .002	
4742	Room 103	4:56	6:21	16.0	1360	0	100	2.002	LOD .002	
4944	Room 110	4:56	6:21	16.0	1360	1	100	2.002	LOD .002	

Collector

Date Collector

Analyst

Date Analyzed

Bruce Perry 8/30/18

Bruce Perry 8/30/18

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECOF  
 PROJECT: Old Good Hope Hospital  
 NOTE 1: Erwin NC  
 NOTE 2: Phase II - ER Wing  
 AREA: PCM

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 80315

Sample Number	Sample Location/Employee/Remarks	Time		Flow (lpm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter EPA (sqm): 395 MFA (sqm): 0.00785
		On	Off	Initial	Final					
8784	Decon Entrance	10:14	5:06	2.1	2925	5	100	.001	LOD	
5772	Neg Air Exhaust #1	10:17	4:2	6.8	2781	1	100	2.001	LOD	
8839	Neg Air Exhaust #2	10:20	5:08	6.7	2734	1 1/2	100	2.001	LOD	
									LOD	
									LOD	
									LOD	

James Wang  
 Collector  
 8/30/18  
 Date Collected

James Wang  
 Analyst  
 8/30/18  
 Date Analyzed



ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECDF  
 PROJECT: Old Good Hope Hospital  
 NOTE 1: 400 DeWitt Drive  
 NOTE 2: ENVIRONMENTAL  
 AREA: FR. WING

Analytical Method: PCM

PCM analysis by NIOSH 7400 method

SPCC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 Air Laboratory No. 102658  
 NC Air Monitor No. 88515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (pm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter EPA (29mm): 385 MFA (90mm): 0.00796
		On	Off	Initial	Final Average					
4547	Outpatient Lobby	4:45	6:10	16.0		1360	1	100	2.002	LOD .002
4477	Entrance Lobby	4:45	6:10	16.0		1360	1	100	2.002	LOD .002
4808	Main Corridor	4:45	6:10	16.0		1360	0	100	2.002	LOD .002
4111	Main Corridor	4:45	6:10	16.0		1360	0	100	2.002	LOD .002
4327	Room 6	4:45	6:10	16.0		1360	1 1/2	100	2.002	LOD .002

Collector: Brian Roney Date Collected: 9/17/18

Analyst: Brian Roney Date Analyzed: 9/17/18

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ES&F  
 PROJECT: Old Grand Manor Hospital  
 NOTE 1: 410 Denby Drive  
 NOTE 2: Evansville  
 AREA: South Wing

Analytical Method: PCM

PCM analysis by NIOSH 7400 modified

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AIR Laboratory No. 102658  
 NC Air Monitor No. 80515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (pm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter SFA (sqm) 385 MFA (sqm) 0 00785
		On	Off	Initial	Final					
4922	Decom. Entrance	12:32	12:38	316	8.0	2528	0	100	2.001	LOD .061
4606	Neg Air Exhaust	5:48	5:54	316	8.0	2528	0	100	2.001	LOD .061
4770	Adjacent to Containment - Hallway	12:35	12:50	315	8.0	2520	2 1/2	100	.001	LOD
										LOD
										LOD
										LOD

Collector: Bruce Perry Date Collected: 9/17/18

Analyst: Bruce Perry Date Analyzed: 9/17/18

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECORF  
 PROJECT: 211 Good Hope Hospital  
 NOTE 1: 219 Denton Drive  
 NOTE 2: Greenville, NC  
 AREA: South Wing

Analytical Method: PCM

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 40515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (gpm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter EFA (sqmm): 385 MFA (sqmm): 0.00785
		On	Off	Initial	Final Average					
5033	Main Corridor	10:35	11:50	16.0	16.0	1360	1	100	4.002	LOD .002
5041	Main Corridor	10:35	11:50	16.0	16.0	1360	0	100	4.002	LOD .002
4934	Room #1	10:35	11:50	16.0	16.0	1360	1	100	4.002	LOD .002
4737	Room #2	10:35	11:50	16.0	16.0	1360	0	100	4.002	LOD .002
4974	Mechanical Room	10:35	11:50	16.0	16.0	1360	1 1/2	100	4.002	LOD .002

Collector: Brian Shupe Date Collected: 9/10/18

Analyst: Brian Shupe Date Analyzed: 9/10/18

LOD

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECOF, Inc  
 PROJECT: OldGeed Hope Hospital  
 NOTE 1: Erving, ALc  
 NOTE 2: ERWing - Addendum  
 AREA: PCM

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AIR Laboratory No. 102658  
 NCA# Monitor No. 88515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (qpm)		Volume (liters)	Fiber Count	Field Count	FICC	Box Blank Count Filter EPA (sqm): 385 MFA (sqm): 0.00785
		On	Off	Initial	Final					
3950	Negative Air Exhaust #1	1:22				1463	1 1/2	100	<.002	LOD .002
		4:51	2:09	7.0						
4116	ER WING - Cross Hallway	1:20				1756	3	100	<.002	LOD .002
		4:48	2:08	7.0						
3830	Negative Air Exhaust #2	1:23				1477	0	100	<.002	LOD .002
		4:54	2:11	7.0						
3850	Decon Entrance	1:25				1470	5	100	.002	LOD
		4:55	2:10	7.0						
										LOD
										LOD

Jim May  
 Collector 9/11/18  
 Date Collected

Jim May  
 Analyst 9/11/18  
 Date Analyzed

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECOE, Inc  
 PROJECT: Old Grace Hope Hospital  
 NOTE 1: Erwin, NC  
 NOTE 2: \_\_\_\_\_  
 AREA: Erwin - Addendum

Analytical Method: PCM

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 80515

Sample Number	Sample Location/Employer/Remarks	Time		Flow (lpm)		Volume (liters)	Fiber Count	Field Count	F/CC	Box Blank Count Filter EFA (sqmm): 385 MFA (sqmm): 0.00785
		On	Off	Initial	Final					
3932	Inside Work Area	12:43				1200	0	100	<.002	LOD .002
		1:58	75	16.0						
3934	Inside Work Area	12:43				1200	0	100	<.002	LOD .002
		1:58	75	16.0						
3873	Inside Work Area	12:43				1200	0	100	<.002	LOD .002
		1:58	75	16.0						
3806	Inside Work Area	12:43				1200	0	100	<.002	LOD .002
		1:58	75	16.0						
3941	Inside Work Area	12:43				1200	0	100	<.002	LOD .002
		1:58	75	16.0						

Jean May  
 Collector Date Collected: 9/13/18

Jean May  
 Analyst Date Analyzed: 9/13/18

ASBESTOS AIR SAMPLING DATA SHEET

CLIENT: ECOF Inc  
 PROJECT: Old Good Hope Hospital  
 NOTE 1: Environ. No  
 NOTE 2: Basement Mechanical Areas  
 AREA: Basement Mechanical Areas

PCM analysis by NIOSH 7400 method

SPEC, Inc.  
 113 HEATHER DRIVE  
 GARNER, NC 27529  
 AAR Laboratory No. 102658  
 NC Air Monitor No. 80515

Sample Number	Sample Location/Employee/Remarks	Time		Flow (lpm)		Volume (liters)	Fiber Count	Field Count	F/OC	Box Blank Count Fiber (EPA (sqm)) 385 MFA (sqm)) 0.00785
		On	Off	Initial	Final					
7254	Cleanance Main Corridor	9:12	10:27	75	16.0	1200	18 1/2	100	.008	LOD
		9:12	10:27	75	16.0	1200	20	100	.008	LOD
6910	Boiler Room	9:12	10:27	75	16.0	1200	9	100	.004	LOD
		9:12	10:27	75	16.0	1200	9	100	.004	LOD
										LOD
										LOD
										LOD

Collector: Jim Mays Date Collected: 9/26/18

Analyst: Jim Mays Date Analyzed: 9/26/18

**ASBESTOS AIR MONITORING REPORT**

for

**OLD GOOD HOPE HOSPITAL  
410 DENIM DRIVE  
ERWIN, NORTH CAROLINA**

performed by

**Sharp Practical Environmental Concerns, Inc.  
113 Heather Drive  
Garner, NC 27529**

**October 19, 2018**

**Contractor on site:** Environmental Concerns of Fayetteville, Inc.  
211 S. Broad Street  
Fayetteville, NC 28311

**Project:**

The asbestos containing pipe insulation was abated from the Phase II crawlspace. The quantity of asbestos containing insulation was considered to be below the NESHAP limit of 260 linear feet. The asbestos pipe insulation was abated from the crawlspace in a wetting and stripping operation, and the crawlspace soil surface was examined and cleaned of any suspect asbestos insulation debris. Abated materials were bagged in double six mil. poly bags for disposal.

**Air Sampling:**

When abatement was complete, SPEC visually inspected the work area and found that the asbestos containing pipe insulation was properly abated from the crawlspace, and no suspect asbestos insulation material was noted on the soil surface. Four air clearance samples were collected inside the work area and were analyzed in accordance with the NIOSH 7400 method for phase contrast microscopy (PCM). Results from analysis of the air samples were found to be cleaner than the North Carolina and EPA clean air standard of 0.010 f/cc. Individual sample results, and sampling locations, are documented on the field data sheet.

by: Brian Sharp  
Brian Sharp  
NC Air Monitor No. 80910  
AIHA Lab No. 102658

by: Jim Sharp  
Jim Sharp  
NC Air Monitor No. 80515  
AIHA Lab No. 102658



## NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

<b>1. Waste Generator/Owner Name and Address:</b> Good Hope Hospital, Inc 410 Denim Drive P.O. Box 639 Erwin, NC 28339		<b>Work Site Name and Physical Address:</b> 410 Denim Drive Erwin, NC		<b>Waste Generator/Owner Phone Number:</b> 910 230-4011					
<b>2. Contractor Name and Address:</b> Environmental Concerns of Fayetteville, Inc. 211 S. Broad St. Fayetteville, NC 28301				<b>Contractor Phone Number:</b> 910 488-1925					
<b>3. Waste Disposal Site (WDS) Name, Mailing Address:</b> Dunn-Erwin Landfill 449 Daniels Rd Dunn, NC 27544		<b>WDS Physical Site Location:</b> 449 Daniels Rd NC Landfill Permit #: 4302		<b>WDS Phone Number:</b> 910 814-6156					
<b>4. Name of Responsible Agency:</b> <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						<b>Permit #:</b> NA <b>Start Date:</b> 10/15/18		<b>NESHAP (ACTS) ID #:</b> NA <b>Completion Date:</b> 10/19/18	
<b>5. Description of materials:</b> (ACM) AIRCELL									
<b>6. Containers Number:</b> 158 <b>Type:</b> BA Truck		<b>Vehicle:</b> NA2212, ASBESTOS, 9, III, RQ		<b>7. Total Quantity (yd<sup>3</sup>)m<sup>3</sup>:</b> 12 yd <sup>3</sup>					
<b>8. Special Handling Instructions and Additional information:</b>									
<b>EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368)</b>									
<b>9. CONTRACTORS CERTIFICATION:</b> 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.									
Environmental Concerns of Fayetteville, Inc									
<b>Printed/Typed Name &amp; Title:</b> ALTONIA CARMICHAEL Supervisor									
<b>Signature:</b> <i>[Signature]</i>				<b>Date (MM/DD/YY):</b>					
<b>10. Transporter 1 (Acknowledgment of Receipt of Materials):</b> Environmental Concerns of Fayetteville, Inc.									
Driver									
<b>Printed/Typed Name &amp; Title:</b> Robby Sanders									
<b>Address:</b> 211 S. Broad St. Fayetteville, NC 28301				<b>Phone Number:</b> 910-488-1925					
<b>Signature:</b> <i>[Signature]</i>				<b>Date (MM/DD/YY):</b> 10/17/18					
<b>11. Transporter 2 (Acknowledgment of Receipt of Materials):</b>									
<b>Printed/Typed Name &amp; Title:</b>									
<b>Address:</b>									
<b>Phone Number:</b>									
<b>Signature:</b>									
<b>Date (MM/DD/YY):</b>									
<b>12. Discrepancy Indication Space:</b>									
<b>13. Waste Disposal Site:</b>									
<b>Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.</b>									
<b>Printed/Typed Name &amp; Title:</b> Dunn-Erwin Landfill				<b>Total Weight (Tons):</b> 2.33					
<b>Signature:</b> <i>[Signature]</i>				<b>Date (MM/DD/YY):</b> 10-19-18					

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH  
 HEALTH HAZARDS CONTROL UNIT

TYPE OR USE BALLPOINT PEN  
 PRESS FIRMLY - ALL COPIES  
 MUST BE LEGIBLE

**NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD**

1. Waste Generator/Owner Name and Address: Good Hope Hospital P.O. Box 639 Erwin, NC 28339		Work Site Name and Physical Address: Good Hope Hospital-Old Bldg. 410 Denim Drive Erwin, NC 28339		Waste Generator/Owner Phone Number: (910) 230-4011	
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad Street, Fayetteville, NC 28301				Contractor Phone Number: (910) 488-1925	
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		WDS Physical Site Location: 449 Daniels Rd NC Landfill Permit #: 4302		WDS Phone Number: (910) 814-6156	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Environmental Affairs Dept.      Permit #: NA      NESHAP (ACTS) ID #: NA <input type="checkbox"/> Mecklenburg Co. Land Use & Env. Svs. Ag.- Air Quality <input type="checkbox"/> NC DHHS - Health Hazards Control Unit      Start Date: 9.21.18      Completion Date: 9.27.18 <input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials: ROOFING MAT/DOCT					
6. Containers Number: 485 Type: BA      Vehicle: Truck		NA2212, ASBESTOS, 9, III, RQ		7. Total Quantity (yd <sup>3</sup> ): 16 yd <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. Environmental Concerns of Fayetteville, Inc					
Printed/Typed Name & Title: LOUIS E. PANTOJA LOPEZ      Supervisor Signature: <i>[Signature]</i> Date (MM/DD/YY): 9-27-18					
10. Transporter 1 (Acknowledgment of Receipt of Materials): Environmental Concerns of Fayetteville, Inc Printed/Typed Name & Title: Hiram B. [Signature]      Driver Address: 211 S. Broad Street, Fayetteville, NC 28301      Phone Number: 910-488-1925 Signature: <i>[Signature]</i> Date (MM/DD/YY): 9-28-18					
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: Dunn-Erwin Landfill      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): 17.73 Signature: <i>[Signature]</i> Date (MM/DD/YY): 9-28-18					

DHHS 3787 (Revised 6/16)  
 Health Hazards Control Unit

#

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH  
 HEALTH HAZARDS CONTROL UNIT

TYPE OR USE BALLPOINT PEN  
 PRESS FIRMLY - ALL COPIES  
 MUST BE LEGIBLE

**NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD**

1. Waste Generator/Owner Name and Address: Good Hope Hospital P.O. Box 639 Erwin, NC 28339		Work Site Name and Physical Address: Good Hope Hospital-Old Bldg 410 Denim Drive Erwin, NC 28339		Waste Generator/Owner Phone Number:  ( 910 ) 230-4011	
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad Street, Fayetteville, NC 28301				Contractor Phone Number:  ( 910 ) 488-1925	
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		WDS Physical Site Location: 449 Daniels Rd  NC Landfill Permit #: 4302		WDS Phone Number:  ( 910 ) 814-6156	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Environmental Affairs Dept.      Permit #: NA      NESHAP (ACTS) ID #: NA <input type="checkbox"/> Mecklenburg Co. Land Use & Env. Svs. Ag.- Air Quality      Start Date: 9-21-18      Completion Date: 9-25-18 <input type="checkbox"/> NC DHHS - Health Hazards Control Unit <input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials: <b>ROOFING MAT</b>					
6. Containers Number: <b>335</b> Type: BA		Vehicle: Truck		7. Total Quantity (yd <sup>3</sup> ): <b>16 yd<sup>3</sup></b>	
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. Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: <b>LUIS E. PANTOJA LOPEZ</b>				Supervisor	
Signature: <i>[Signature]</i>				Date (MM/DD/YY): <b>9-26-18</b>	
10. Transporter 1 (Acknowledgment of Receipt of Materials): Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: <b>Hiram B. Gornallham</b>				Driver	
Address: 211 S. Broad Street, Fayetteville, NC 28301				Phone Number: 910-488-1925	
Signature: <i>[Signature]</i>				Date (MM/DD/YY): <b>9-26-18</b>	
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: <b>Dunn-Erwin Landfill</b>					
Printed/Typed Name & Title: <b>Dunn-Erwin Landfill</b>				Total Weight (Tons): <b>5.83</b>	
Signature: <i>[Signature]</i>				Date (MM/DD/YY): <b>9-26-18</b>	

DHHS 3787 (Revised 6/16)  
 Health Hazards Control Unit

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2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad Street, Fayetteville, NC 28301				Contractor Phone Number: 910 488-1925	
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		WDS Physical Site Location: 449 Daniels Rd NC Landfill Permit #: 4302		WDS Phone Number: 910 814-6156	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Environmental Affairs Dept.      Permit #: NA      NESHAP (ACTS) ID #: NA <input type="checkbox"/> Mecklenburg Co. Land Use & Env. Svs. Ag.- Air Quality      Start Date: 9.22.18      Completion Date: 9.24.18 <input type="checkbox"/> NC DHHS - Health Hazards Control Unit <input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials: ROOFING MAT					
6. Containers Number: 320 Type: BA		Vehicle: Truck		7. Total Quantity (yd <sup>3</sup> )/m <sup>3</sup> : 16 yds	
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. Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: LUIS G. PANTOJA LOPEZ Signature: <i>[Signature]</i>				Supervisor Date (MM/DD/YY): 9.24.18	
10. Transporter 1 (Acknowledgment of Receipt of Materials): Environmental Concerns of Fayetteville, Inc. Driver					
Printed/Typed Name & Title: <i>[Signature]</i> Address: 211 S. Broad Street, Fayetteville, NC 28301 Signature: <i>[Signature]</i>				Phone Number: 910-488-1925 Date (MM/DD/YY): 9.24.18	
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: Dunn-Erwin Landfill Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.					
Printed/Typed Name & Title: <i>[Signature]</i> Signature: <i>[Signature]</i>				Total Weight (Tons): 5.64 Date (MM/DD/YY): 09-24-18	

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**NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD**

1. Waste Generator/Owner Name and Address: Good Hope Hospital P.O. Box 639 Erwin, NC 28339		Work Site Name and Physical Address: Good Hope Hospital ( old Bldg.) 410 Denim Drive Erwin, NC 28339		Waste Generator/Owner Phone Number: ( 910 ) 230-4011	
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad St. Fayetteville, NC 28301				Contractor Phone Number: ( 910 ) 488-1925	
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		WDS Physical Site Location: 449 Daniels Rd NC Landfill Permit #: 4302		WDS Phone Number: ( 910 ) 814-6156	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Environmental Affairs Dept.      Permit #: NA      NESHAP (ACTS) ID #: NA <input type="checkbox"/> Mecklenburg Co. Land Use & Env. Svs. Ag. - Air Quality <input type="checkbox"/> NC DHHS - Health Hazards Control Unit      Start Date: 9-18-18      Completion Date: 9-20-18 <input type="checkbox"/> WNC Regional Air Pollution Control Agency					
5. Description of materials: <b>ROOFING MAT-</b>					
6. Containers Number: <b>295</b> Type: BA		Vehicle: Truck		7. Total Quantity (yd <sup>3</sup> ): <b>16 yd<sup>3</sup></b>	
8. Special Handling Instructions and Additional Information:  <p style="text-align: center;"><b>EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368)</b></p>					
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. Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: <b>LUIS E. PANTOJA LOPEZ</b> Supervisor					
Signature: <i>[Signature]</i> Date (MM/DD/YY): <b>9-20-18</b>					
10. Transporter 1 (Acknowledgment of Receipt of Materials): Environmental Concerns of Fayetteville, Inc. Driver					
Printed/Typed Name & Title: <b>Michael B. Grantham</b>					
Address: 211 S. Broad Street, Fayetteville, NC 28301 Phone Number: 910-488-1925					
Signature: <i>[Signature]</i> Date (MM/DD/YY): <b>9-21-18</b>					
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: <b>Dunn Erwin Landfill</b> Total Weight (Tons): <b>4.24 (24K)</b>					
Signature: <i>[Signature]</i> Date (MM/DD/YY): <b>09-21-18</b>					

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**NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD**

1. Waste Generator/Owner Name and Address Good Hope Hospital, Inc. P.O. Box 639 Erwin, NC 28339		Work Site Name and Physical Address Good Hope Hospital (old Bldg) 410 Derm Drive Erwin, NC 28339		Waste Generator/Owner Phone Number: ( 910 ) 230-4011	
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad Street, Fayetteville, NC 28301				Contractor Phone Number: ( 910 ) 488-1925	
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		WDS Physical Site Location: 449 Daniels Rd NC Landfill Permit #: 4302		WDS Phone Number: ( 910 ) 814-6156	
4. Name of Responsible Agency: <input type="checkbox"/> Forsyth Co. Office of Env. Assistance and Protection <input type="checkbox"/> Mecklenburg Co. Dept. of Air Quality <input checked="" type="checkbox"/> NC DHHS - Health Hazards Control <input type="checkbox"/> WNC Regional Air Quality Agency					
		Permit #: NC 28897		NESHAP ID #: 56049	
		Start Date: 8-22-18		Complete Date: 9-11-18	
5. Description of materials: <b>FLOORING MASTIC</b>					
6. Containers Number: 175 Type: BA		Vehicle: Truck		7. Total Quantity (yd <sup>3</sup> ): 12 yd <sup>3</sup>	
		<b>RQ, ASBESTOS, CLASS 9 NA 2212, III</b>			
8. Special Handling instructions and Additional information:					
<b>EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT AT 1-800-858-0368</b>					
9. CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: <b>LUIS E. PANTOJA LOPEZ</b> Signature: <i>[Signature]</i>				Supervisor Date (MM/DD/YY): 9-10-18	
10. Transporter 1 (Acknowledgment of Receipt of Materials): Environmental Concerns of Fayetteville, Inc.					
Printed/Typed Name & Title: <b>Hiram B. Grantham</b> Address: 211 S. Broad Street, Fayetteville, NC 28301 Signature: <i>[Signature]</i>				Driver Phone Number: 910-488-1925 Date (MM/DD/YY): 9-11-18	
11. Transporter 2 (Acknowledgment of Receipt of Materials):					
Printed/Typed Name & Title:				Phone Number:	
Address:				Date (MM/DD/YY):	
Signature:					
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: <b>HARNETT County LANDFILL (DE)</b> Signature: <i>[Signature]</i>				Total Weight (Tons): 3.55 Date (MM/DD/YY): 9-11-18	