Received - 11/13/2018 -

nitial Application Date:	11	12	2018	
nitial Application Date:			1 2 10 2	

Application # BCOM 1811-0002

COUNTY OF HADNETT DEMOLITION ADDITION
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: Chand Hope Hospital, Inc. Bill Larrison Mailing Address: 412 Denim Dr.
City: Erwin State: NC Zip: 2833 Contact # 910-890-4323 Email: BLACKISON \$49@gmail.com
APPLICANT : 4 Seasons Demolition, Inc. Mailing Address: PO Box 15590
City: Wilmington State: NC Zip: 28408 Contact # 910 - 793-3662 Email: Val 4 demo Egmail. com *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Valarie Fowler Phone # 910 - 793 - 3662
PROPERTY LOCATION: Subdivision: GUOD HOPE HOSPITAL Lot #: Lot Size:
State Road #
Zoning:Flood Zone: Watershed: Deed Book&Page/
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
R anto Smain St., R onto 45-4215, R anto N 13th St., L Denin Dr.
Structure(s) to be demolished & removed: Single family dwelling Manufactured Home Other (specify) / Hospi hold
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 NOTEFailure 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.
Check har- 11-12-18
Signature of Owner's Agent Date

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

Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with applicate molish any building including residences demolished for commercial or industrial expansion or structures. It is the contraponsibility to properly notify the Department of Health and Human Services Division of Public Health – Health Health I Health	molish any building including residences demolished for commercial or industrial expansion or structures. It is the co sponsibility to properly notify the Department of Health and Human Services Division of Public Health – Health	
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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 ft² of asbestos containing flooring materials, and approximately 400 linear feet of thermal system insulation (TSI). An additional 300 ft² 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.

Brian Sharp

NC Air Monitor No. 80910

AIHA Lab No. 102658

NC Air Monitor No. 80515

AIHA Lab No. 102658

CLENT Note 1 NOTE 2 AREX PROJECT Analytical Method 5439 8003 5371 5535 5432 Sample Number Ambulatora Surgery South Courty or of Entrance to New Hospital Wing Negative Air Exhaust
#3 Negative Air Exhaust
#2 Negative Air Exhaust Sample Location/Employee/Remarks Ambient Samples Decon Entrance 2:00 40.5 4:58 1:28 2.00 5.00 232 274 2/ 1:27 23 124 50:1 Total (mun) Time œ Ş PCM analysis by NIOSH 7400 method Flow (lpm) 0.0 7.0 Average 10,0 J Final 0 220 2/40 1624 1617 1617 (Mens) 81/2 100 Count 5 0 0 0 100 100 100 00 Count 1002 .001 4.002 2002 1.002 F/CC Box Blank Count Filter EFA (sgmm): 385 NFA (sgmm): 0.00785 GARNER, NC 27529 113 HEATHDR DRIVE AAR Laboratory No. 102698 NC Air Monitor No. 80515 SPEC, Inc. 9 GO 100 60 60 50 1002 200 5000 10

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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.

h...

Brian Sharp

NC Air Monitor No. 80910

AIHA Lab No. 102658

by fr

Jun Sharp

NC Air Monitor No. 80515

AIHA Lab No. 102658

				
1. Waste Generator/Owner Name and Address: Good Hope Hospital Inc 410 Denim Drive P.O. Box 639	Work Site Name 410 Dem Erwin,	e and Physical Address: im Drive NC	Waste Generator/Owner Phone Number: 910 230-4011	
Erwin, NC 28339	<u> </u>			
2. Contractor Name and Address: Environmental Concerns of 211 S. Broad St. Fayette	f Fayettev	ille, Inc. 28301	Contractor Phone Number: (910	
3. Waste Disposal Site (WDS) Name, Mailing Address	5:	WDS Physical Site Location:	WDS Phone Number:	
Dunn-Erwin Landfill		· ·		
449 Daniels Rd Dunn, NC 27544		449 Daniels Rd	910) 814-6156	
		NC Landfill Permit #: 4302		
4. Name of Responsible Agency:				
[] Forsyth Co. Environmental Affairs Dept.	Parm	nit #: NA	NESHAP (ACTS) ID#: NA	
[] Mecklenburg Co. Land Use & Env. Svs. Aq. Al			MESHAP (ACIS) ID #.	
[] NC DHHS - Health Hezerds Control Unit [] WNC Regional Air Pollution Control Agency	Start	Date: 1015 18	Completion Date: 10 19 18	
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6. Containers S Vehicle:			7. Total Quantity (yd²)m³;	
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8. Special Handling Instructions and Additional infor	mation:			
EMERGENCY CONTACT: DI	VISION OF	EMERGENCY MANA	GEMENT (1-800-858-0368)	
CONTRACTORS CERTIFICATION: I hereby name and are classified, packaged, market international and national government reg	y declare that the old, and labeled/pla	contents of this consignment are fully carded, and are in all respects in pro Environmental Concer	y and accurately described above by proper shipping per condition for transport according to applicable ins of Fayetteville, inc	
Printed Typed Name & Title: ACTONILA	6461	MINELAET	Supervisor	
Signature: Q L				
Signature:				
			Driver	
Printed/Typed Name & Title:	Sunde	20 20201		
Address: 211 S Broad St. Fayet	cteville, r	NC 28301	Phone Number: 910-488-1925	
Signature:	da		Date (MM/DD/YY): 10/17/18	
11. Transporter 2 (Acknowledgment of Receipt of Ma				
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12. Discrepancy Indication Space:			Date (MM/DD/YY):	
13. Waste Disposal Site: Swiner or Operator C	Certification of Rec	celpt of Astrostos Materials Covered t	Date (MM/DD/YY):	
	Certification of Rec	12 11 . 10		
13. Waste Disposal Site: Owner or Operator C	Certification of Rec	Madfell	by this Manifest, Except as Noted in Item #12.	

Landfill Number 910-897-3222

7-6

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

Health Hazards Control Unit

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

1. Waste Generator/Owner Name and Address: Good Hope Hospital P.O. Box 639 Erwin, NC 28339 2. Contractor Name and Address: Environmental Concerns of 211 S. Broad Street, Fayet	Waste Generator/Owner Phone Number: 910			
3. Waste Disposal Site (WDS) Name, Mailing Addres Dunn-Erwin Landfill 449 Daniels Road Dunn, NC 27546		910 914 6156		
4. Name of Responsible Agency: [] Forsyth Co. Environmental Affairs Dept. [] Mecklenburg Co. Land Use & Env. Svs. Ag Ai [] NC DHHS - Health Hazards Control Unit [] WNC Regional Air Pollution Control Agency	Quality Permit #: NA Start Date: 9 · 21 - 18	NESHAP (ACTS) ID #: NA Completion Date: インアンル		
5. Description of materials: ROFINS	MAT DUCT			
6. Containers 485 Vahicle: Number: BA Truck	NA2212, ASBESTOS, 9, III	1, RQ 7. Total Quantity (yd²)m²:		
Special Handling Instructions and Additional Infor	mation:	•		
EMERGENCY CONTACT: DI	ISION OF EMERGENCY I	MANAGEMENT (1-800-858-0368)		
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: LOIS E PANYOR LOFF Supervisor				
Signature: 1, y. Jak		Date (MM/DD/Y): 9.27.18		
10. Transporter 1 (Acknowledgment of Receipt of M. Printed/Typed Name & Title:	terials); Environmental C	oncerns of Fayetteville, Inc Driver		
11. Transporter 2 (Acknowledgment of Receipt of Ma	terials):			
Printed/Typed Name & Title:		e e e		
		Phone Number:		
Signature:	magnitistic COMP cent of NAMP sides in cent all cent cents and cent cents of the cent cents of the cents of t	Date (MM/DD/YY):		
12. Discrepancy Indication Space:				
13. Waste Disposal Site: Owner or Operator Printed/Typed Name & Title COMM - (Signature: ACCAMA ACCA	Certification of Receipt of Asbestos Materials Thin and file Our	Covered by this Manifest, Except as Noted in Item #12. Total Weight (Tons): Date (MM/DD/YY):		

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

Health Hazards Control Unit

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

1. Waste Generator/Owner Name and Address: Good Hope Hospital P.O. Box 639 Erwin, NC 28339	Work Site Name Good Hope 410 Denin Erwin, NO		Waste Generator/Owner Phone Number:		
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	5 :	WDS Physical Site Location:	WDS Phone Number:		
Dunn-Erwin Landfill 449 Daniels Road 449 Daniels Rd			(910) 814-6156		
		/200	(710) 014-0130		
4 Name of Responsible Agency:		kyymintä jallanista kuuta da 1980-kuutain ja jokun jon yn 1980 vasta, valannaka 1967 kulista kuuta ja ja lakuuta kuun ja sa.			
[] Forsyth Co. Environmental Affairs Dept. [] Mecklenburg Co. Lend Use & Env. Svs. Ag Air [] NC DHHS - Health Hazards Control Unit [] WNC Regional Air Pollution Control Agency	· Drankik.	nit #: NA NA Date: 9\21\16	NESHAP (ACTS) ID#: NA Completion Date: 9 · 25 - 18		
5. Description of materials: ROOFING	MAT				
6. Containers Vehicle:			7. Total Quantity (yd³)ga³:		
Number: 335 Type: BA Truck NA2212, ASBESTOS, 9, III, RQ			16 9		
EMERGENCY CONTACT: DIV	/ISION OF	EMERCENCY MANA	CEMENT /4 000 050 0250\		
9. CONTRACTORS CERTIFICATION: I hereby	declare that the day and labeled/pla	contents of this consignment are fully carded, and are in all respects in propirronmental Concerns of TOTA LOPEZ	and accurately described above by proper shipping er condition for transport according to applicable i Feyetteville, inc. Supervisor		
	U 		Date (Management 1) / ht / h		
18. Transporter 1 (Acknowledgment of Receipt of Ma			ps of Expetteville, Inc.		
Printed/Typed Name & Title: Hot Cam Address: 211 S. Broad Street, F	- Fran	Environmental Concer	ns of Fayetteville, Inc. Driver		
211 S. Broad Street, F	- Fran	Environmental Concer //a/M ie, NC 28301	ns of Fayetteville, Inc. Driver Phone Number: 910-488-1925		
Address: 211 S. Broad Street, F	ayettevil	Environmental Concer //a/M ie, NC 28301	ns of Fayetteville, Inc. Driver		
Address: 211 S. Broad Street, F Signature: 11. Transporter 2 (Acknowledgment of Receipt of Ma	ayettevil.	Environmental Concer le, NC 28301	ns of Fayetteville, Inc. Driver Phone Number: 910-488-1925 Date (MM/DD/YY): 9-26 18		
Address: 211 S. Broad Street, F	ayettevil	Environmental Concer de, NC 28301	ns of Fayetteville, Inc. Driver Phone Number: 910-488-1925 Date (MM/DD/YY): 9.726 18		
Address: 211 S. Broad Street, F Signature: 211 S. Broad Street, F Signature: 11. Transporter 2 (Acknowledgment of Receipt of Ma Printed/Typed Name & Title:	ayettevil	Environmental Concer //a/ ie, NC 28301	ns of Fayetteville, Inc. Driver Phone Number: 910-488-1925 Date (MM/DD/YY): 9.726 18		
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Address: Signature: 11. Transporter 2 (Acknowledgment of Receipt of Ma Printed/Typed Name & Title: Address: Signature: 12. Discrepancy Indication Space:	ayettevil.	Environmental Concerde, NC 28301	Phone Number: 910-488-1925 Date (MM/DD/YY): 9.76 18		

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

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1. Waste Generator/Owner Name and Address: Good Hope Hospital	Work Site Name Good Hope 410 Denim	Hospital Address Bldg. Drive	Waste Generator/Owner Phone Number:		
Erwin, NC 28339	Erwin, NC		910 230-4011		
2. Contractor Name and Address: Environmental Concerns of 211 S. Broad Street, Fayet	Contractor Phone Number: 910 488-1925				
3. Waste Disposal Site (WDS) Name, Mailing Address: Dunu-Erwin Landfill 449 Daniels Road		WDS Physical Site Location: 449 Daniels Rd	WDS Phone Number: 910 814-6156		
Dunn, NC 27546	IC 27546		Miller States and a surprise		
4. Name of Responsible Agency.	Mariel Mariel Const. (Miller St. et al.	ann an ann an		terminatura and department for the second of	
[] Forsyth Co. Environmental Affairs Dept. [] Mecklenburg Co. Land Use & Env. Svs. Ag Ai [] NC DHHS - Health Hazards Control Unit [] WNC Regional Air Pollution Control Agency	Pern ir Quality Start	Date: 9.22.18	NESHAP (ACTS) IE	4. 24. 18	
5. Description of materials: RODFING	MAT			от ден и под при на при на при	
6. Containers 32 6 Vehicle: Number: BA Truck	NA2212,	ASBESTOS, 9, III, RQ	7. Total Quantity ()	yd³)m³:	
8. Special Handling Instructions and Additional Infor	rmation:	·	er Microsoft militaris de Aldriff (friedrig frances de Artifes de Artifes de Artifes de Artifes de Artifes de A	and the first of the section is a second about an electric property and the second and the section and a section and a second a second and a second and a second and a second and a second	
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EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368) ONTRACTORS 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:					
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10. Transporter 1 (Acknowledgment of Receipt of Ma	sterials):	Environmental Concern	s of Fayett	eville, Inc. Driver	
Printed Typed Name & Title: 47-74 Address: 211 S. Broad Street, F	2 Crange	MC 28301		errete serrica de aparecentente e consequence de consequence de la face de la	
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12. Discrepancy Indication Space:			n de la maria manuscria per antificari mendidi dibilatan sambah digungan pendungan bahangi.		
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 & Titles LUIS - C	RWIS		Total Weight (Tons):	5.64 7a-74-18	
DHHS 3787 (Revised 6/16)	To the second se		Date (MM/DD/YY):		

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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

						
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		
	The support of the su					
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc.			Cont	Contractor Phone Number:		
211 S. Broad St. Fayetteville, NC 28301			910 488-1925			
		WOS Physical Site Location:	************	WDS Phone Number:		
Dunn-Erwir Landfill		449 Daniels Rd		, 910, 814-6156		
449 Daniels Road		777 Daniels Ru		(313) 014-0130		
Dunn, NC 27546		NC Landfill Permit #: 4302				
4. Name of Responsible Agency:						
] Forsyth Co. Environmental Affairs Dept.] Mecklenburg Co. Land Use & Env. Svs. Ag Air] NC DHHS - Health Hazards Control Unit] WNC Regional Air Pollution Control Agency		nit#: NA Date: 5 * 18 * 16		AP (ACTS) ID #: NA letion Date: 9 20 16		
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6. Containers 7 GC Vehicle:		о мун мар и мар на при при на при На при на при	7. Tota	al Quantity (yd²)m/s		
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Type: DA ITUCK		, , ,		16 40		
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CONTRACTORS CERTIFICATION: I hereby name and are classified, packaged, market international and national government registration. Printed/Typed Name & Title: Signature: 10. Transporter 1 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transporter 2 (Acknowledgment of Receipt of Mail Printed/Typed Name & Title: 11. Transport	y declare that the id, and labeledipla ulations. PANTO prials): ayettevil.	contents of this consignment are fully carded, and are in all respects in progression of the concert of the con	rand according of	curately described above by proper shipping litton for transport according to applicable if Fayetteville, Inc. Supervisor Date (MM/DD/YY): 9.20 6 Driver 910-488-1925 Inc. Market (MM/DD/YY): 9.20 6 Supervisor 910-488-1925 Supervisor 910-488-1925 Supervisor 910-488-1925		
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH HAZARDS CONTROL

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

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1. Waste Generator/Owner Name and Address Good Hope Hospital, Inc. P.O. Bon 639 Erwin, NC 28339	Work Site Name and Physical Address Good Hope Haspital(old Blde 410 Demim Drive Erwin, NC 28339		Waste Generator/Owner Phone Number:		
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2. Contractor Name and Address: Environmental Concerns of F 211 S. Broad Street, Fayett	ayettevill eville, N	e, Inc. 28301	4	ractor Phone Number: (10) 488–1925	
2 Blanta Dimenson Che (1867) himma Mailing Addresses		WDS Physical Site Location:		WDS Phone Number:	
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449 Daniels Road			garriga o Laboratoria	The second secon	
Dunn, NC 27546		NC Landfill Permit #: 4302		Facul colleging control generalization which produces the control cont	
4. Name of Responsible Agency.					
Forsyth Co. Office of Env. Assistance and Protect	ion Penn	NC 28897	NESHA	56249	
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5. Description of materials: FLOORING	ZAM F	Tic			
A series of the			7. To	ital Quantity (yd/)m²:	
6. Containers 5 Vehicle:	RQ, AS	BESTOS, CLASS 9		13	
Type: BA Truck		NA 2212, III	al-affection and	1240	
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EMERGENCY CONTACT: DI	VISION OF	EMERGENCY MANA	GEM	ENT AT 1-800-858-0368	
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Printed/Typed Name & Title: LUNS E.J.	PANTO:	TA LOVEL		Supervisor	
Signature: 1 +3 P+ 1/4	7			Date (MM/DD/YY): 9 1 10 11 A	
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Address: 211 S. Brood Street, Fayetteville, NC 28301			F 1753378: 8954036535;6+		
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