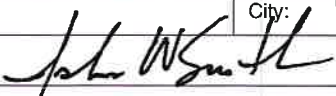


<b>NC HHCU DEMOLITION NOTIFICATION</b>			NESHAP ID Number:	
1. TYPE: <input checked="" type="radio"/> Demo <input type="radio"/> Ordered Demo by Government Agency				
2. IS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes <input type="radio"/> No				
3. FACILITY INFORMATION (Identify Owner and Demolition Contractor)				
BUSINESS/OWNER NAME: Buies creek First Baptist church				
Address: 118 Main St.		City: Buies creek	State: NC	Zip: 27506
Contact Name: Gabe Waters		Email: gabe@bcfbc.org		Phone: 828-329-9871
OPERATOR NAME (IF OTHER THAN OWNER):				
Address:		City:	State:	Zip:
Contact Name:		Email:		Phone:
DEMOLITION COMPANY CONTRACTOR NAME: Phc Restoration, Inc.				
Address: 1001 E McNeill Street		City: Lillington	State: NC	Zip: 27546
Contractor Name: Josh Smith		Email: josh@phcrestoration.com		Phone: 919-818-2582
4. FACILITY DESCRIPTION (Including Building Name, Number and Floor or Room Number)				
Facility Contact Name: Gabe Waters		Phone: 828-329-9871	Email: gabe@bcfbc.org	
Bldg. Name: Buies creek First Baptist Church			County: Harnett	
Address: 118 Main St.		City: Buies creek	State: NC	Zip: 27506
Building Size: 5070	# of Floors: 3		Age in Years: 113	
Present Use: Religious/church	Prior Use: Religious/church		Future Use:	
5. SCHEDULED DATES: DEMOLITION (MM/DD/YY):			Start:	Complete:
6. WORK SCHEDULE (Check days applicable):			WORK HOURS: (Ex. 8:00am – 5:00pm)	
<input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			8:00am – 5:00pm	
7. INSPECTION INFORMATION (Include Five Digit NC HHCU Assigned Accreditation Number):				
Inspector Name: Brian Williams		NC Accreditation Number: 13358		
Date of Inspection: 2/23/26	Samples Collected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Samples Analyzed: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM		
Was ACM Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Note: If yes, attach a copy of the asbestos inspection summary report.				
8. SCOPE OF WORK FOR NONREGULATED ASBESTOS REMOVAL:				
9. AMOUNT OF NONREGULATED ACM NOT TO BE REMOVED (List whether LF, SF or CF) PRIOR TO DEMOLITION:				

**\*\*FOR GOVERNMENTAL AGENCY USE ONLY\*\***

POSTMARK DATE: \_\_\_\_\_ REGION/COUNTY/CONTRACTOR/LANDFILL: \_\_\_\_\_

APPROVING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>10. DEMOLITION WORK PRACTICES (Check all that apply)</b>			
DEMOLITION ACTIVITY <input type="checkbox"/> Bulldozer/Loader <input type="checkbox"/> Wrecking Ball <input type="checkbox"/> Implode		<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions) <input checked="" type="checkbox"/> Other: <b>Abatement for flooring material on levels 1-3 Remove drywall &amp; flooring that did not contain asbestos due to water damage.</b>	
<b>11. WASTE TRANSPORTER:</b>			
Name: <b>PHC Restoration, Inc.</b>			
Location: <b>1001 E McNeill St.</b>		City: <b>Lillington</b>	State: <b>NC</b> Zip: <b>27546</b>
Contact Person: <b>Josh Smith</b>		Contact Phone: <b>919-818-2582</b>	
<b>12. WASTE DISPOSAL SITE (Note: C&amp;D debris with non-regulated asbestos must go to an approved landfill.)</b>			
Name: <b>Dunn-Erwin Landfill</b>			
Location: <b>449 Daniels Road</b>		City: <b>Dunn</b>	State: <b>NC</b> Zip: <b>28334</b>
Contact Person: <b>Josh Smith</b>		Contact Phone: <b>919-818-2582</b>	
<b>13. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW (Attach Copy of Order)</b>			
Name:		Title:	
Authority:			
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):	
<p><b>14. 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 REGULATED ASBESTOS-CONTAINING MATERIAL (RACM) IS FOUND OR ASBESTOS CONTAINING MATERIAL (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 – NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES). [ I hereby give consent to the Health Hazards Control Unit (HHCUC) or its designated representative, to inspect the project site and adjacent property areas throughout the renovation/ demolition process. HHCUC staff may take samples of suspect asbestos building materials, photographs and sketch the property site.]</b></p>			
Name: <b>Josh Smith</b>	Title: <b>Technical Director</b>	Email: <b>josh@phcrestoration.com</b>	
Company Name: <b>PHC Restoration, Inc.</b>			
Address: <b>1001 E McNeill St.</b>		City: <b>Lillington</b>	State: <b>NC</b> Zip: <b>27546</b>
PO Box: <b>PO Box 129</b>		City: <b>Lillington</b>	State: <b>NC</b> Zip: <b>27546</b>
ORIGINAL SIGNATURE: 		DATE: <b>3/9/26</b>	
NOTE: The completed/approved permit/notification can be mailed to the signatory of this block at the HHCUC mailing address below. We can also accept this form via email: <a href="mailto:general.hhcu@dhhs.nc.gov">general.hhcu@dhhs.nc.gov</a>			
<p><b>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:</b></p>			
Buncombe County Asheville-Buncombe Air Quality Agency 30 Valley Street Asheville, NC 28801 828-250-6777 www.abairquality.org	Forsyth County Office of Environmental Assistance and Protection 201 N. Chestnut Street Winston-Salem, NC 27101 336-703-2440 www.forsyth.cc/EAP	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704-336-5430 https://airquality.mecknc.gov/asbestos	
<b>PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM TO THE FOLLOWING ADDRESS:</b>			
FOR US MAIL DELIVERY: HEALTH HAZARDS CONTROL UNIT (HHCUC) 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	