

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

| | |
|---------------|------------------|
| Permit Number | NESHAP ID Number |
|---------------|------------------|

| | | | |
|--|------------------------------|---|-------------|
| 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: NICHLOS BYRD | | | |
| Address: 202 N. 6TH ST | | | |
| City: ERWIN | State: N.C. | Zip: 28839 | |
| Contact: NICHLOS BYRD | | Contact Phone: 910-551-9533 | |
| OPERATOR NAME (IF OTHER THAN OWNER): | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| ASBESTOS REMOVAL CONTRACTOR: N/A | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| DEMOLITION CONTRACTOR: BY OWNER | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| 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: STORAGE BUILDING - METAL | | Facility Contact: NICHLOS BYRD 910-551-9533 | |
| Street Address: 202 N, 6TH ST | | | |
| City: ERWIN | State: N.C. | Zip: 28839 | |
| Asbestos Removal Site Location: N/A | | County: JOHNSTON | |
| Building Size: 1100 SQ FT | # of Floors: ONE | Age in Years: 20+ | |
| Present Use: VACCANT | Prior Use: RESIDENCE STORAGE | 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: | Complete: |
| 8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun | | | WORK HOURS: |
| **FOR GOVERNMENTAL AGENCY USE ONLY** | | | |
| POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: | | | |
| APPROVING SIGNATURE: _____ | | | DATE: |

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------|--|-------------------|--|--------------------------------------|--|--|--|--------------------------------------|---|--------------------------------------|--|--|--|---|----------------------------------|------------------------------------|--|--|---|--|--|---|--|
| 9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspector Name: HOMER DEAN BARBOUR | | NC Accreditation Number: 10965 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Inspection: 7-14-20 | Samples Collected: <input checked="" type="checkbox"/> Yes ; <input type="checkbox"/> No | Samples Analyzed: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM | | | | | | | | | | | | | | | | | | | | | | | | | |
| Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO ASBESTOS IN COLLECTED SAMPLES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <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><input type="checkbox"/> Requires Prior</td> <td><input type="checkbox"/> Implode</td> </tr> <tr> <td><input type="checkbox"/> Glove Bag</td> <td><input type="checkbox"/> Component Removal</td> <td><input type="checkbox"/> Written approval from HHCU;</td> <td><input type="checkbox"/> Live Burn Training</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Attach copy of approval letter</td> <td></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 | <input type="checkbox"/> Requires Prior | <input type="checkbox"/> Implode | <input type="checkbox"/> Glove Bag | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Written approval from HHCU; | <input type="checkbox"/> Live Burn Training | | | <input type="checkbox"/> Attach copy of approval letter | |
| <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 | <input type="checkbox"/> Requires Prior | <input type="checkbox"/> Implode | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Glove Bag | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Written approval from HHCU; | <input type="checkbox"/> Live Burn Training | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Attach copy of approval letter | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |



CEI

July 17, 2020

Dean Barbour
3346 King Mill Road
Benson, NC 27504

CLIENT PROJECT: Byrd Job
CEI LAB CODE: B203237

Dear Customer:

Enclosed are asbestos analysis results for PLM Bulk samples received at our laboratory on July 14, 2020. The samples were analyzed for asbestos using polarizing light microscopy (PLM) per the EPA 600 Method.

Sample results containing >1% asbestos are considered asbestos-containing materials (ACMs) per EPA regulatory requirements. The detection limit for the EPA 600 Method is <1% asbestos by weight as determined by visual estimation.

Thank you for your business and we look forward to continuing good relations.

Kind Regards,

Tianbao Bai, Ph.D., CIH
Laboratory Director





CEI

Asbestos Report Summary

By: POLARIZING LIGHT MICROSCOPY

PROJECT: Byrd Job

LAB CODE: B203237

METHOD: EPA 600 / R93 / 116 and EPA 600 / M4-82 / 020

| Client ID | Layer | Lab ID | Color | Sample Description | ASBESTOS % |
|-----------|---------|--------|-------|--------------------------|---------------|
| 1-A | Layer 1 | B56923 | White | Ceiling Spray | None Detected |
| | Layer 2 | B56923 | White | Joint Compound | None Detected |
| 1-B | | B56924 | White | Ceiling Spray | None Detected |
| 2-A | | B56925 | White | Sheetrock/Joint Compound | None Detected |
| 2-B | | B56926 | White | Sheetrock/Joint Compound | None Detected |



CEI

ASBESTOS BULK ANALYSIS

By: POLARIZING LIGHT MICROSCOPY

Client: Dean Barbour
3346 King Mill Road
Benson, NC 27504

Lab Code: B203237
Date Received: 07-14-20
Date Analyzed: 07-16-20
Date Reported: 07-17-20

Project: Byrd Job

ASBESTOS BULK PLM, EPA 600 METHOD

| Client ID Lab ID | Lab Description | Lab Attributes | NON-ASBESTOS COMPONENTS | | ASBESTOS % | | |
|--------------------------|--------------------------|-------------------|-------------------------|-------------|---------------|-----------|---------------|
| | | | Fibrous | Non-Fibrous | | | |
| 1-A Layer 1 B56923 | Ceiling Spray | Heterogeneous | 70% | Binder | None Detected | | |
| | | White | 20% | Calc Carb | | | |
| | | Non-fibrous | 10% | Paint | | | |
| | | Bound | | | | | |
| ----- | | | | | | | |
| Layer 2 B56923 | Joint Compound | Heterogeneous | 80% | Binder | None Detected | | |
| | | White | 20% | Calc Carb | | | |
| | | Non-fibrous | | | | | |
| | | Bound | | | | | |
| 1-B B56924 | Ceiling Spray | Heterogeneous | 70% | Binder | None Detected | | |
| | | White | 20% | Calc Carb | | | |
| | | Non-fibrous | 10% | Paint | | | |
| | | Bound | | | | | |
| 2-A B56925 | Sheetrock/Joint Compound | Heterogeneous | 20% | Cellulose | 75% | Gypsum | None Detected |
| | | White | | | 5% | Calc Carb | |
| | | Fibrous | | | <1% | Paint | |
| | | Loosely Bound | | | | | |
| 2-B B56926 | Sheetrock/Joint Compound | Heterogeneous | 20% | Cellulose | 75% | Gypsum | None Detected |
| | | White | | | 5% | Calc Carb | |
| | | Fibrous | | | <1% | Paint | |
| | | Loosely Bound | | | | | |

LEGEND: Non-Anth = Non-Asbestiform Anthophyllite
Non-Trem = Non-Asbestiform Tremolite
Calc Carb = Calcium Carbonate

METHOD: EPA 600 / R93 / 116 and EPA 600 / M4-82 / 020

REPORTING LIMIT: <1% by visual estimation

REPORTING LIMIT FOR POINT COUNTS: 0.25% by 400 Points or 0.1% by 1,000 Points

REGULATORY LIMIT: >1% by weight

Due to the limitations of the EPA 600 method, nonfriable organically bound materials (NOBs) such as vinyl floor tiles can be difficult to analyze via polarized light microscopy (PLM). EPA recommends that all NOBs analyzed by PLM, and found not to contain asbestos, be further analyzed by Transmission Electron Microscopy (TEM). Please note that PLM analysis of dust and soil samples for asbestos is not covered under NVLAP accreditation. *Estimated measurement of uncertainty is available on request.*

This report relates only to the samples tested or analyzed and may not be reproduced, except in full, without written approval by Eurofins CEI. Eurofins CEI makes no warranty representation regarding the accuracy of client submitted information in preparing and presenting analytical results. Interpretation of the analytical results is the sole responsibility of the client. Samples were received in acceptable condition unless otherwise noted. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. Government.

Information provided by customer includes customer sample ID and sample description.

ANALYST: Emily Lineback
Emily Lineback

APPROVED BY: Tianbao Bai
Tianbao Bai, Ph.D., CIH
Laboratory Director

NVLAP[®]
TESTING
NVLAP LAB CODE 101768-0

B203237 (9)

**ASBESTOS 1356923-
CHAIN OF CUSTODY B56926**



730 SE Maynard Road, Cary, NC 27511
Tel: 866-481-1412; Fax: 919-481-1442

LAB USE ONLY:
CEI Lab Code:
CEI Lab I.D. Range:

COMI
CEI C
Comp:  Homer Barbour
3346 King Mill Rd
Benson, NC 27504-7603

PROJECT INFORMATION:
Job Contact: *Dean Barbour*
Email / Tel: *919-868-4615*
Project Name: *Byrd*
Project ID#: *Byrd*
PO #:
STATE SAMPLES COLLECTED IN: *NC*

Address:
Email: *highbar@centurylink.net*
Tel: *919-868-4615* Fax:

IF TAT IS NOT MARKED STANDARD 3 DAY TAT APPLIES.

| ASBESTOS | METHOD | TURN AROUND TIME | | | | | |
|------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| | | 4 HR | 8 HR | 24 HR | 2 DAY | 3 DAY | 5 DAY |
| PLM BULK | EPA 600 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PLM POINT COUNT (400) | EPA 600 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLM POINT COUNT (1000) | EPA 600 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLM GRAV w POINT COUNT | EPA 600 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLM BULK | CARB 435 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PCM AIR | NIOSH 7400 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM AIR | EPA AHERA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM AIR | NIOSH 7402 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM AIR | ISO 10312 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM AIR | ASTM 6281-09 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM BULK | CHATFIELD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM DUST WIPE | ASTM D6480-05 (2010) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM DUST MICROVAC | ASTM D5755-09 (2014) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM SOIL | ASTM D7521-13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEM VERMICULITE | CINCINNATI METHOD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS / SPECIAL INSTRUCTIONS:

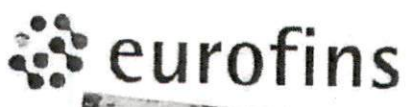
Accept Samples
 Reject Samples

| | | | |
|---------------------|------------------------|--------------|------------------------|
| Relinquished By: | Date/Time | Received By: | Date/Time |
| <i>Dean Barbour</i> | <i>7-13-20 1:00 PM</i> | <i>MM</i> | <i>7/14/2020 12:50</i> |

Samples will be disposed of 30 days after analysis

Page ___ of ___

B203237



SAMPLING FORM

CEI
Homer Barbour
3346 King Mill Rd
Benson, NC 27504-7603

| | |
|-------------------------------|----------------------------------|
| Company: | Job Contact: <i>Dean Barbour</i> |
| Project Name: <i>Byrd Job</i> | |
| Project ID #: <i>Byrd Job</i> | Tel: <i>919-868-4615</i> |

| SAMPLE ID# | DESCRIPTION / LOCATION | VOLUME/ AREA | TEST | |
|------------|---|-----------------|-------------------------------------|--------------------------|
| | | | PLM | TEM |
| <i>1-A</i> | <i>Ceiling Spray</i> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>1-B</i> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>2-A</i> | <i>Sheetrock and Joint Compound - Average</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>2-B</i> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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