



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF AIR POLLUTION CONTROL
Nashville Environmental Field Office
711 R.S. Gass Boulevard
Nashville, Tennessee 37216

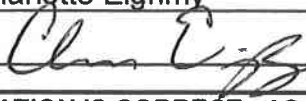
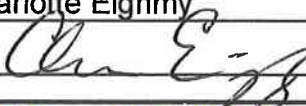
NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION

SUBMIT 10 WORKING DAYS PRIOR TO ACTIVITY

Email to Asbestos.NESHAP.Program@tn.gov

Operator Project #	Postmark	Date Received	Notification #				
I. TYPE OF NOTIFICATION <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Courtesy <input type="checkbox"/> Annual <input type="checkbox"/> Cancellation							
II. FACILITY INFORMATION							
Owner Name: <u>Covenant Health</u>							
Address: <u>280 Fort Sanders West Blvd.</u>							
City: <u>Knoxville</u> State: <u>TN</u> Zip Code: <u>37922</u>							
Contact: <u>Greg Tampas</u> Telephone: <u>(865) 531 - 5278</u>							
Asbestos Removal Contractor: <u>NEO Corporation</u>							
Address: <u>289 Silkwood Drive</u>							
City: <u>Canton</u> State: <u>NC</u> Zip Code: <u>28716</u>							
Contact: <u>Charlotte Eighmy</u> Telephone: <u>(828) 347 - 9989</u>							
Other Contractor/Operator: _____							
Address: _____							
City: _____ State: _____ Zip Code: _____							
Contact: _____ Telephone: (_____) _____							
III. TYPE OF OPERATION <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation							
IV. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please provide a copy of inspection report.							
V. FACILITY DESCRIPTION							
Building Name: <u>Methodist Medical Center</u>							
Address: <u>990 Oak Ridge Turnpike</u>							
City: <u>Oak Ridge</u> State: <u>TN</u> Zip Code: <u>37830</u> County: <u>Anderson</u>							
Site Location: <u>Boiler Room</u>							
Building Size (square feet) <u>~ 150,000 SF</u> # of Floors: <u>5</u> Age in years: <u>unknown</u>							
Present Use: <u>Healthcare</u> Prior Use: <u>Healthcare</u>							
VI. PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Identify any consultant or inspector involved in building inspection) <p style="text-align: center;">ACM is assumed.</p>							
VII. AMOUNT OF ASBESTOS MATERIALS:							
	RACM to be Removed	Nonfriable Asbestos Material					
		To be Removed		NOT to be removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	910 SF						
Facility Components (cubic feet)							
Other							
VIII. SCHEDULED DATES FOR PREPARATION		Start: <u>5/6/2024</u> Complete: <u>5/6/2024</u>					
SCHEDULED DATES FOR ASBESTOS REMOVAL		Start: <u>5/6/2024</u> Complete: <u>5/17/2024</u>					
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7A-5:30P	7A-5:30P	7A-5:30P	7A-5:30P			
IX. SCHEDULED DATES FOR DEMOLITION OR RENOVATION		Start: <u>unknown</u> Complete: <u>unknown</u>					

Failure to notify the Division of a change in the start date (sections VIII and IX above) prior to activity may result in enforcement action.

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ACTIVITIES:	NEO Corporation will abate 910 SF of boiler pipe insulation under containment.
XI.	DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:	NEO Corporation will utilize wet methods, neg air, HEPA vac, and prompt clean-up/disposal.
XII.	WASTE TRANSPORTER #1	Name: <u>Waste Connections, Inc.</u> Address: <u>2400 Chipman Street</u> City: <u>Knoxville</u> State: <u>TN</u> Zip Code: <u>37917</u> Contact: <u>Tom Saylor</u> Telephone: <u>(865) 522 - 8161</u>
	WASTE TRANSPORTER #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: <u>()</u>
XIII.	TEMPORARY WASTE STORAGE LOCATION:	WASTE DISPOSAL SITE Name: <u>Meadow Branch Landfill</u> Address: <u>233 County Road 166</u> City: <u>Athens</u> State: <u>TN</u> Zip Code: <u>37303</u> Contact: _____ Telephone: <u>(423) 745 - 6140</u>
XIV.	ORDERED DEMOLITION	1. Attach a copy of the government issued order. 2. Name of authority issuing order: _____ Title: _____ 3. Date of Order: _____ Date Ordered to Begin: _____
XV.	EMERGENCY RENOVATION (Attach a separate sheet with the following information.)	1. Date and Hour of the emergency. 2. Description of the Sudden, Unexpected Event 3. Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden.
XVI.	DESCRIBE THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND. EXPLAIN HOW NONFRIABLE ACM WILL BE REMOVED WITHOUT RENDERING IT FRIABLE (CRUMBLED, PULVERIZED, OR REDUCED TO POWDER).	NEO Corporation will stop work immediately and notify TDEC and the owner.
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M WILL BE ONSITE DURING THE STRIPPING AND REMOVAL DESCRIBED BY THIS NOTIFICATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION.	Printed Name of Owner or Operator: <u>Charlotte Eighmy</u> Signed Name of Owner or Operator: <u></u> Date: <u>4/5/2024</u>
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. AS SPECIFIED IN TENNESSEE CODE ANNOTATED SECTION 39-16-702(a)(4), THIS DECLARATION IS MADE UNDER PENALTY OF PERJURY.	Printed Name of Owner or Operator: <u>Charlotte Eighmy</u> Signed Name of Owner or Operator: <u></u> Date: <u>4/5/2024</u>

Submit completed form to Asbestos.NESHAP.Program@tn.gov. Call (615) 532-6828 with any questions.