Amend #1
Change start/end dates.

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 8 / 23 / 17

☐ Initial ☒ Amended #1 ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: State of New Jersey - Department of Treasure, DPMC

Street Address: PO Box 034 City: Trenton State: NJ Zip: 08625

Name of Contact: Mark Vetterl Telephone No.: 908-619-8675

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Health & Agriculture Bilding

Describe Facility Use: Office Building

Street Address: 369 South Warren Street City: Trenton State: NJ Zip: 080625

County Name: Mercer County Code *(State Use Only)*:

Scheduled Start Date: 11 / 3 / 2017 Scheduled Completion Date: 12 / 6 / 2017

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity

☒ Activity Performed Outside Normal Facility Hours—Describe: Weekend Work

☒ Other—Describe: Fridays 5:00 pm to Saturday 1:30 am, Saturdasy 8:00 am to 4:30 pm

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 3,691 Percentage Asbestos: %

☐ Mastic Square Footage: Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Asbestos and Mold Services, Corp. Telephone No.: 609-702-0400

Street Address: 3859 Sylon Boulevard City: Hainesport State: NJ Zip: 08036

New Jersey Asbestos License Number (if applicable): #00862

Monitoring Firm (if applicable): USA Environmental Management, Inc. Telephone No.: 609-656-8101

V. SIGNATURE

Completed By *(type or print legibly)*: Kimberly Trumbetti Title: Administrator

Signature: Date: 9-6-2017

CEOH-2
DEC 15

AMS
Asbestos & Mold Services

REVISED NOTIFICATION FORM

DATE: 9-8-17 TIME: 12:15 pm

FAX TO: DOH only

FAX FROM: Kim Trumbetti/Joann Mullarkey, *A.M.S., Corp.*

SUBJECT: Amendment to Notification

PROJECT SITE: Health and Aquaculture

NUMBER OF PAGES INCLUDING TRANSMITTAL: 2

The following revisions apply: (please see attached for details)

Start / end date change

FOR FURTHER INFORMATION PLEASE CONTACT ME AT (609) 702.0400

Asbestos and Mold Services. 3859 Sylon Blvd. Hainesport, NJ 08036

Phone 609.702.0400 Fax 609.702.1013