1707-2210

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: 11 / 6 / 17 *Amendment #2 - change start date & add 60 SF to each floor

☒ Initial ☒ Amended #2 ☐ 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: 12 / 01 / 2017 Scheduled Completion Date: 01 / 19 / 2018

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity **Not working weekends of 12/15, 12/22 & 12/29

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

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

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 3,691 (4th Fl. Lobby - 890 SF; 5th Fl. Lobby - 891 SF; 6th Fl. Lobby - 879 SF; 7th Fl. Lobby - 110 SF; 8th Fl. Lobby - 921 SF) Percentage Asbestos: %

☐ Mastic Square Footage: Percentage Asbestos: %

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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: 11/16/2017

CEOH-2
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