State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 8 / 23 / 17	Name of Building Owner/Operator (2): State of New Jersey / Job #1707-2210 Chk. 4806
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 33 West State Street, 9th Floor
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: Mark Vetterl / Telephone Number: 908-619-8675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Health & Agriculture Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 369 South Warren Street	
City (5): Trenton	Square Feet: 140505 / # of Floors: 8 / Bldg. Age: 53
County (6): Mercer / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Office Building
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc. / ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 344 West State Street	Street Address: 3859 Sylon Boulevard
City, State, Zip Code: Trenton, NJ 08618	City, State, Zip Code: Hainesport, NJ 08036
Project Manager for Monitoring Firm: William Weisgarber / Telephone No.: 609-656-8101	Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 11 / 3 / 17 / Scheduled Completion Date (11): 12 / 3 / 17	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM 5 weekend days Friday to Sunday	Street Address: 200 U.S. Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

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Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☒	Pipe Insulation	9 LF	☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Champion Disposal, LLC	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Hainesport, NJ		Disposal Date: 12/3/17	City, State: Morrisville, PA

Completed By (Print or Type): Kimberly A. Trumbetti	Title: Office Coordinator	Signature	Date: 9-7-17

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MAY 11

* Do not use this form for asbestos licensure exempted activities.