

Page 1 of 1  
Check #1565

ASB-41 (R-06-08)

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



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CK #21790

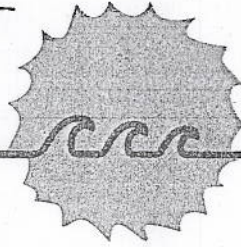
Date of Notification (1) <b>4/2/2012</b>		Name of Building Owner/Operator (2) <b>WILLINGBORO BD. OF EDUCATION</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>APR 11 2012</b>   ASBESTOS CONTROL &amp; LICENSING </div>				
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>50 SALEM ROAD LEVITT BLDG.</b> City, State, Zip Code <b>WILLINGBORO, NJ 08046</b>						
		Name of Contact <b>DAVID J. D'ANDREA</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>WILLINGBORO SCHOOLS</b> <b>537 CRYSTAL AVENUE</b> <b>20 KENNEDY WAY</b>  <b>WILLINGBORO, NJ</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)				
County <b>BURLINGTON</b>				County Code (7) (STATE USE ONLY)	Square Feet			
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>				ASCM No.	# of Floors			
Street Address				Bldg. Age				
City, State, Zip Code				Current Use (Prior if being demolished)				
Project Manager for Monitoring Firm				Telephone No.	License No.			
Start Date (10) <b>4/9/2012</b>				Scheduled Completion Date (11) <b>4/10/2012</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe				Name of OSHA Monitor <b>AMERITECH SERVICE</b> Street Address <b>78 E. ATLANTIC WAY</b> City, State, Zip Code <b>LAVALLETTE, NJ 08735</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>FIRE DOORS (#15,16,18,D18,D26, D20,D16)</b>			<b>FIRE DOORS</b>	<b>SEVEN(7)</b>	<b>X</b>			
Name of Registered Waste Hauler <b>LUCAS DISPOSAL</b>			NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS</b>			
City, State <b>HIGHTSTOWN, NJ</b>			Disposal Date <b>4/11/2012</b>	City, State <b>MORRISVILLE, PA</b>				
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>		Date <b>4/2/2012</b>			

ASB-41

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# *Cream Ridge Environmental Inc.*

\* Asbestos Removal & Reinsulation



April 9, 2012

New Jersey Department of Labor  
Asbestos Control & Licensing  
1 John Fitch Plaza, 3rd Floor  
P.O. Box 949  
Trenton, N.J. 08625-0949  
Attn: Thomas Voorhees

RE: Asbestos Abatement Emergency  
Request to Waive 10 Day Notification  
Willingboro Schools  
20 Kennedy Way  
Willingboro

Dear Mr. Voorhees,

Cream Ridge Environmental has been contacted by Mr. David O'Keefe, C & M Door Controls, Inc. with regards to the above referenced site for emergency asbestos abatement in conjunction with a renovation project, replacement of fire doors. The school district is closed for Easter/Spring break during the week of April 9 – 13, 2012. With your approval we would like to perform this removal Monday April 9, 2012 completing it on Tuesday, April 10, 2012. Please accept this letter as a request to waive the Ten Day Notification Period for Emergency Asbestos Abatement. I have enclosed a copy of the State of New Jersey Notification of Asbestos Abatement Activities form. All original documents will be mailed today.

Should your office require additional information, please do not hesitate to contact me. Your attention to this matter is greatly appreciated.

Yours truly,

David J. D'Andrea  
President

DJD/pc  
Enclosures (5)

Check #21790





# C&M DOOR CONTROLS, INCORPORATED

20 MARKLEY STREET, PO BOX 39, PORT READING, NEW JERSEY 07064 • 732-596-1900 • Fax: 732-596-1992

April 9, 2012

Dave D'Andrea  
Cream Ridge Environmental, Inc.  
15 Black Forest Road  
Hamilton, NJ 08691

Dear Dave,

As discussed, C & M Door Controls, Inc. is interested in having 7 fire doors removed from the Willingboro School during the week of April 9, 2012 during Easter break. The schools are closed for the week and it is necessary to do the removal at this time so we can proceed with replacement of the doors during this week. If possible, please try to do this work on Monday and Tuesday 4/9/12 & 4/10/12 so we can schedule replacement as soon as possible.

Thanks.

Sincerely,

David A. O'Keefe  
Project Manager

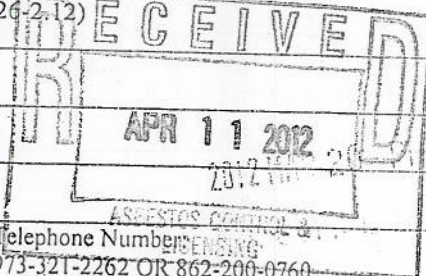
**SALES • SERVICE • INSTALLATION**

ALUMINUM, HOLLOW METAL & WOOD ENTRANCES, ARCHITECTURAL HARDWARE & GLAZING SYSTEMS

TOTAL P.02

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

US Environmental Protection Agency - Region 2  
Division of Enforcement & Compliance Assistance  
Air Compliance Branch (DECA-ACB)  
200 Broadway, 21st Floor  
New York, NY 10007-1000



Date of Notification (1): 03/15/12		Name of Building Owner/Operator (2) Paterson Public Schools	
Agencies Notified	Type Notification	Street Address: 200 Sheridan Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code: Paterson, NJ 07502	
		Name of Contact: Chris	
		Telephone Number: 973-321-2262 OR 862-200-0760	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4):	
Street Address: 55 Clinton Street			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5): Paterson	County (6): Passaic County	County Code (7): 07502	Square Feet:	# of Floors:
Name of Monitoring Firm Hired by Building Owner: People's Environmental, Inc.			ASCM No.:	
Street Address: 22 Rutgers Street, Suite B1			Name of Abatement Contractor (9): Envirocare Enterprises, Inc	
City, State, Zip Code: New York, NY 10002			Street Address: 358 Broadway	
Project Manager for Monitoring Firm: Dipo H. Aka-Bashorun			Telephone No.: 2126934050	License No.: 01017
Start Date (10): 03/22/12	Scheduled Completion Date (11): 04/6/12		Name of OSHA Monitor: AmeriSci	
Occupancy Status During Abatement (Check only one)			Street Address: 117 East 30 <sup>th</sup> Street	
<input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement			City, State, Zip Code: New York, New York, 10016	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
Describe:				
<input type="checkbox"/> Other				
Describe:				

Scope of Work (Check all that apply):

- |                                                                    |                                                |                                                                                |
|--------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                        |
|                                                                    |                                                | <input type="checkbox"/> Glovebag Procedure                                    |
|                                                                    |                                                | <input checked="" type="checkbox"/> 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type															
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure												
1 <sup>st</sup> floor		X		VAT	2000 SQ	X															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name of Registered Waste Hauler: Newark Carting</td> <td>NJDEP Waste Hauler ID No.: 4506</td> <td>Cubic Yards of Waste: 10</td> <td>Name of Registered landfill: Tullytown Re. Facility</td> </tr> <tr> <td>City, State: Newark NJ 07102 / Prime Environmental Services Inc.</td> <td colspan="2">Disposal Date:</td> <td>City, State: Tullytown, PA</td> </tr> <tr> <td>Completed By: Uju Obiorah</td> <td>Title: Project Manager</td> <td>Signature: <i>Uju Obiorah</i></td> <td>Date: 03/15/12</td> </tr> </table>										Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility	City, State: Newark NJ 07102 / Prime Environmental Services Inc.	Disposal Date:		City, State: Tullytown, PA	Completed By: Uju Obiorah	Title: Project Manager	Signature: <i>Uju Obiorah</i>	Date: 03/15/12
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Completed By: Uju Obiorah	Title: Project Manager	Signature: <i>Uju Obiorah</i>	Date: 03/15/12																		



Check# 8209

1. RECEIVED

APR 11 2012