

2018-12-17 12:38

Shade Environmental 1 >> 609 633 0664

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)


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Date of Notification (1) <u>12</u> / <u>17</u> / <u>18</u>		Name of Building Owner/Operator (2) John Corbin, Jr.		ASBESTOS CONTAINMENT LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Willingboro, NJ 08046 Name of Contact John Corbin, Jr. Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility (Where Abatement is Taking Place) (3) Residence Street Address [REDACTED] City (5) Willingboro County (6) Burlington			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 2,100 # of Floors 2 Bldg. Age 80 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08516		ASCM No. Name of Abatement Contractor (9) Shade Environmental LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 609-298-4070 Telephone No. 856-755-0099 License No. 00542	
Start Date (10) <u>12</u> / <u>18</u> / <u>18</u>		Scheduled Completion Date (11) <u>12</u> / <u>21</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 60 sf or ≥ 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 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Living Room and Bedroom		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor Tile and Mastic	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15838		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date 12/21/2018		Name of Registered Landfill Feltless Landfill City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	
				Date 12/17/18	

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

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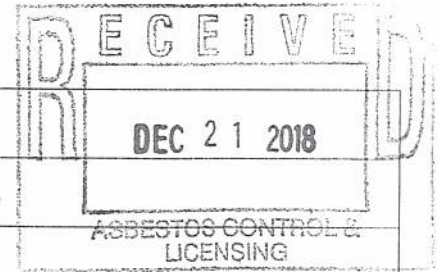
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 12/17/2018		Name of Building Owner/Operator (2) Westfield Area YMCA		Check 1353 DOL 10 DAY				
Agencies Notified	Type Notification	Street Address 220 Clark Street		City, State, Zip Code Westfield, New Jersey 07090				
<input 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	Name of Contact Clark Lagemann		Telephone Number 908.233.2700 X 242				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Westfield Area YMCA			Type of Facility (4)					
Street Address 220 Clark Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City (5) Westfield, New Jersey 07090			Square Feet 15,000	# of Floors 1	Bldg. Age 50+			
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use Recreational Center					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Ulrich Corporation					
Street Address 300 Grand Avenue		Street Address 606 McBride Ave						
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-226-8410	License No. 01104				
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/19/2018		Name of O&M Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 12 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 6PM			City, State, Zip Code Union, NJ 07803					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2180 sf or 2280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input checked="" type="checkbox"/> Glo-Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Not Exempted (*) and Non-Frangible Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BLDG 1	Is Location Normally Used Solely by Maintenance/Custodial?		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
2 Areas		X	Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler Ulrich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 12/19/2016		City, State Morrisville, PA				
Completed by Adriana Olsjarova		Title President		Signature 		Date 12/17/2018		

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

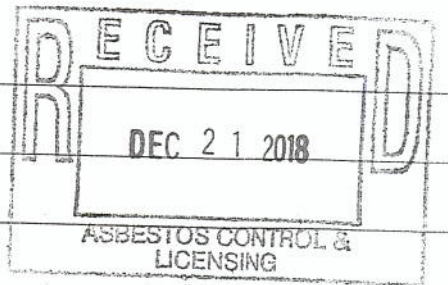


Date of Notification (1) 12/17/18		Name of Building Owner/Operator (2) Denise Freid							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Denise Freid	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		<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, homes, etc.)							
City (5) Bloomfield		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 12/29/18		Scheduled Completion Date (11) 01/05/19	Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" 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: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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	Enclosure
Basement			X	Pipe insulation	60LF	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>			Date 12/17/18			

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

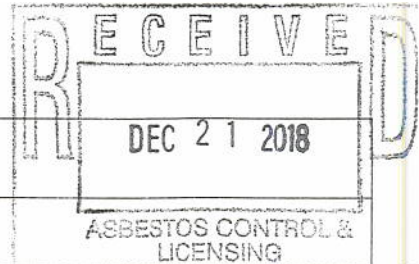


Date of Notification (1) 12/17/18		Name of Building Owner/Operator (2) Dolores Wnorowski							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Boonton, NJ 07005							
		Name of Contact Chris Ceraski	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		<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, homes, etc.)							
City (5) Boonton		Square Feet	# of Floors						
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244						
Start Date (10) 12/29/18		Scheduled Completion Date (11) 01/05/19	License No. 01379						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" 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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	Encapsulate	Enclosure
Basement			X	Pipe insulation	130LF	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 12/17/18			

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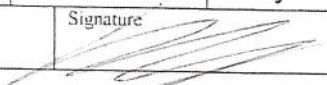
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 17 / 18		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 St 1603 City, State, Zip Code Piscataway, NJ 08854 Name of Contact Michael F. Smith, HSS Telephone Number 848-445-2550							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutgers University Newark Campus ADMC Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Bergen Street		Square Feet 30,000							
City (5) Newark		# of Floors 1	Bldg. Age 60+						
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Academic							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-479-8513	License No. 00842						
Start Date (10) 12 / 28 / 18	Scheduled Completion Date (11) 12 / 31 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- _____PM/5:00PM-5:00AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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 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	Encapsulate	Enclosure
1101 & 1103 Suite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	1,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 12/31/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 12/17/18		

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 2588

Date of Notification (1) 12-17-18		Name of Building Owner/Operator (2) Lockheed Martin, Inc.					
Agencies Notified	Type Notification	Street Address 199 Borton Landing Road					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Moorestown, PA 08057					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brad Heim	Telephone Number 856-722-4243				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Lockheed Martin		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, homes, etc.)					
Street Address 199 Borton Landing Road		Square Feet 530,000	# of Floors 1				
City (5) Moorestown		Bldg. Age 53 years					
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial/private/offices/labs				
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.				
Street Address 760 Pulaski Highway		Street Address 923 Haws Avenue					
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Charles Styles		Telephone No. 302-326-2333	License No. 00398				
Start Date (10) 1/2/19	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor Plymouth Environmental Co., Inc.					
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 checked="" type="checkbox"/> Other - Describe: work areas isolated		Street Address 923 Haws Avenue					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Norristown, PA 19401					
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
Bldg. 101,102,103,104,105,108,109,127	X	floor tile/linoleum/mastic	30,000 SF	x			
Bldg. 101,102,103,104,105,108,109,127	X	pipe/fittings insulation	5,000 LF	x			
Bldg. 101,102,103,104,105,108,109,127	X	fireproofing	5,000 SF	x			
Bldg. 101,102,103,104,105,108,109,127	X	transite	5,000 SF	x			
Name of Registered Waste Hauler Waste Management of Camden, Inc.		NJDEP Waste Hauler ID No. 39126	Cubic Yards of Waste 120	Name of Registered Landfill TRRF			
City, State Camden, NJ		Disposal Date various	City, State Tullytown, PA				
Completed by James M. Kelly		Title Vice-President	Signature 		Date 12-17-18		