


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


CR 3008

Date of Notification (1) 2/9/13		Name of Building Owner/Operator (2) Anthony Marchese / Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 27 West Boat Drive		City, State, Zip Code Little Egg Harbor NJ 08087							
Name of Contact Anthony		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Anthony Marchese / Private Home		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 27 West Boat Drive		Square Feet 1000	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/15/13	Scheduled Completion Date (11) 2/20/13	Name of OSHA Monitor Same							
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 <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Renovation <input checked="" 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) <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
Exterior Siding			X	Exterior Siding	800 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/20/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/9/13		

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

CK 10629

2013 FEB 20 PM 2:08
ASBESTOS & LICENSING

Date of Notification (1) 2/13/2013		Name of Building Owner/Operator (2) Dress Barn							
Agencies Notified	Type Notification	Street Address 30 Dunnigan Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Suffern NY 10901							
		Name of Contact Rob Dummert	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dress Barn		Type of Facility (4)							
Street Address 443-G Highway 43		<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) Matawan		Square Feet 10000SF	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 40 years						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solutions		ASCM No. 54105	Name of Abatement Contractor (9) Faith Environmental Inc						
Street Address 7007 60th Street		Street Address 128 Stanley St							
City, State, Zip Code Ridgewood NJ 11385		City, State, Zip Code East Rutherford, NJ 07073							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 347-612-1572	License No. 854						
Start Date (10) 2/14/2013	Scheduled Completion Date (11) 2/28/2013	Name of OSHA Monitor Boro Atanasoski							
Occupancy Status During Abatement (Check Only One)		Street Address 333 Paterson Plank Road							
<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 Carlstadt, NJ 07072							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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
Show Room		X		VCT	3400 SF	X			
Storage Room		X		VCT	400 SF	X			
Dressing Room		X		VCT	600 SF	X			
Electrical Room		X		VCT	600 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 35	Name of Registered Landfill IESI				
City, State Newark, NJ		Disposal Date 2/28/2013		City, State Bethlehem, PA					
Completed by Boro Atanasoski		Title Project Manager		Signature 			Date 2/13/2013		

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

Date of Notification (1)		Name of Building Owner/Operator (2)									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address		City, State, Zip Code									
Name of Contact		Telephone Number									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)									
Street Address		<input 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)		Square Feet	# of Floors								
County (6)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)								
Street Address		Street Address									
City, State, Zip Code		City, State, Zip Code									
Project Manager for Monitoring Firm		Telephone No.	License No.								
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One)		Street Address									
<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: _____		City, State, Zip Code									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Bathroom		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) VCT		Amount (Specify SF or LF) 20 SF		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill							
City, State		Disposal Date		City, State							
Completed by		Title	Signature		Date						

No check

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

Courtesy to EPA Region II

Date of Notification (1) <u>2</u> / <u>15</u> / 2013		Name of Building Owner/Operator (2) CSX Corporation							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Railyard - Car Shop Office Building		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 and commercial buildings, homes, etc.)							
Street Address 1150 Newark Turnpike		Square Feet 3375	# of Floors 2						
City (5) Kearny		Bldg. Age 30+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotta, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707	License No. 01121						
Start Date (10) <u>2</u> / <u>12</u> / 2013	Scheduled Completion Date (11) <u>2</u> / <u>18</u> / 2013	Name of OSHA Monitor Shaw Environmental, 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 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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
Offices & Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3100 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/18/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/15/2013						

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

Date of Notification (1) <u>2</u> / <u>6</u> / 2013		Name of Building Owner/Operator (2) CSX Corporation							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra							
		Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Railyard - Car Shop Office Building		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 and commercial buildings, homes, etc.)							
Street Address 1150 Newark Turnpike									
City (5) Kearny	Square Feet 3375	# of Floors 2	Bldg. Age 30+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707	License No. 01121						
Start Date (10) <u>2</u> / <u>12</u> / 2013	Scheduled Completion Date (11) <u>2</u> / <u>15</u> / 2013	Name of OSHA Monitor Shaw Environmental, 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 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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
Offices & Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3100 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/15/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/6/2013					

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

Date of Notification (1) 1 / 28 / 2013		Name of Building Owner/Operator (2) 2013 FEB 20 PM 2:08 CSX Corporation							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Railyard - Car Shop Office Building		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 and commercial buildings, homes, etc.)							
Street Address 1150 Newark Turnpike		Square Feet 3375							
City (5) Kearny		# of Floors 2							
County (6) Hudson		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707							
Telephone No. 732-939-3707		License No. 01121							
Start Date (10) 2 / 11 / 2013		Scheduled Completion Date (11) 2 / 14 / 2013							
Name of OSHA Monitor Shaw Environmental, Inc.		Street Address 128 South Tryon Street, Interstate Tower							
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		City, State, Zip Code Charlotte, NC 28202							
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 type="checkbox"/> Mini-Enclosure <input 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
Offices & Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3100 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 Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Camden, New Jersey		Disposal Date 2/14/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature Jessica Busch		Date 1/28/2013			

CK
1685

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

Courtesy to EPA Region II

2013 FEB 20 PM 2:08

Date of Notification (1) <u>2</u> / <u>13</u> / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 500 Water Street							
		City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact Ryan Gronnert, Facilities Proj. Mgr.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		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 and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotta, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) <u>2</u> / <u>25</u> / 2013	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / 2013	Name of OSHA Monitor Shaw Environmental, 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 128 South Tryon Street, Interstate Tower							
		City, State, Zip Code Charlotte, NC 28202							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <p align="center">*Abatement prior to demolition by others.</p>									
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/15/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/13/2013						