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

Date of Notification (1)
06/28/13

Name of Building Owner/Operator (2)
Phillipsburg Associates, LP

Address
222 Cameron Drive, Suite 110
Phillipsburg, NJ 08865

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Phillipsburg Commerce Park

Street Address
Bldg. 8, 149 Bronico Way

City (5)
Phillipsburg

County (6)
Warren

County Code (7)/STATE USE ONLY

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
65,000

# of Floors
1

Bldg. Age
110 yrs.

Current Use (Prior if being demolished)
Commercial

Name of Abatement Contractor (9)
Ecoservices, LLC

Street Address
407 W. Lincoln Hwy, Suite 500
Exton, PA 19341

Name of OSHA Monitor
EMSL

Project Manager for Monitoring Firm
Tony Alessandrini

Telephone No.
610-265-1510

License No.
01161

Start Date (10)
07/15/13

Scheduled Completion Date (11)
07/15/13

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: 9:00 AM - 4:00 PM - AM

Scope of Work (Check all that apply)
- ≥35 sf or ≥5 sf
- ≥60 sf or ≥260 sf
- 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

IN Other Buildings or Structures on Premises

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

Name of Registered Waste Hauler
Service Transport

Address

LCID Waste Hauler ID No
SW211

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

Disposal Date
TBD

City, State
Waynesburg, OH

Completed By (Print or Type)
Jack Bally

Title
Sr. Project Manager

Signature
Jack Bally

Date
06/28/13

* Do not use this form for asbestos licensed exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12: -120-7)

Date of Notification (1) 06/27/13

Name of Building Owner/Operator (2) Campell Soup Company

Agency Notified | Type Notification | Initial | Street Address | Name of Contact | Telephone Number |
---|---|---|---|---|---|
EPA | Notification | x | 1 Campbell Place | Richard O'Neill |
DEP | Amended | | City, State, Zip Code | Camden NJ 08103 |
DCA | Notification | | | |
DOH | Cancellation | |

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Campell Soup World Headquarters Bldg 80

Street Address 1 Campbell place

City (5) Camden
County (6) Camden
County Code (7) (STATE USE ONLY) | ASCM No. | Name of Abatement Contractor (9) | Associated Specialty Contracting Inc |
---|---|---|---|

Project Manager of Monitoring Firm Mike Panepresso

Telephone Number 215-244-1300

Scheduled Start Date (10) 07/08/13

Sched. Completion Date (11) 07/12/13

Month/Day/Year

Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility

Hours - Describe: 4:30 PM to 12:30 AM

Other - Describe:

Scope of work (Check all that apply)

Demolition

\( x \) Renovation

\( x \) Full Containment with Negative Pressure

\( x \) Mini - Enclosure

\( x \) Glovebag Procedure

\( x \) Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED

| 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 |
---|---|---|---|

1st floor entrance way | x | ceiling tiles | 60 SF |
1st floor mechanical room | x | ceiling tiles | 50 SF |
1st floor mechanical room | x | floor tile | 50 SF |

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill

Horizon Disposal

Cubic Yards 3 GROWS

City, State Trenton NJ Disposal Date As needed City, State Morrisville PA

Completed By (Print or Type) Title Signature Date
Mark Goshow Project Manager Mark O'Neal 06/27/13

ABS-41 JUN 95

G4667
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)  

Date of Notification (1)  
06/27/2013

Name of Building Owner/Operator (2)  
Eaton Cooper

Agencies Notified  
(X ) EPA  
(X ) DOL  
(X ) DOH  
( ) DCA  

Notification Type  
(X) Initial Notification  
( ) Amended Certification  
( ) Cancelled

Street Address  
800 Travis, Suite 5600

City, State, Zip Code  
Houston, TX 77002-1001

Name of Contact  
Nelson Olayaria

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Cooper Notification Facility

Type of Facility (4)  
( ) School (K-12)  
( ) Subchapter 8 (other than K-12)  
( ) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet  
12000

Bldg. Age 50+/=

Current Use (prior if being demolished)  
Former Factory

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Precision Environmental, Inc.

ASCM No.  

Name of Contractor (9)  
NCM Demolition and Remediation, LP

Street Address  
395 Turner Industrial Way

City State, Zip Code  
Aston, PA 19014

Street Address  
36-15 23rd Street

City, State, Zip Code  
Long Island City, NY 11101

Project Manager for Monitoring Firm  
Michael Parpounas

Telephone Number  
718-333-2629

Telephone Number  
484-460-8931

License Number  
010005

Scheduled Start Date (10)  
07/12/13

Scheduled Completion Date (11)  
07/16/13

Name of OSHA Monitor  
Testor Technology, Inc.

Occupancy Status During Abatement (Check only one)  
( ) Facility Closed/Vacated During Entire Period of Abatement

( ) Abatement Performed Outside of Normal Facility Hours -

Describe Occupants moved to adjacent area

Other – Describe

Source of Work (Check all that apply)  
( ) Demolition  
( ) Renovation  
( ) Large Proj. (>150 SF or >250 LF ACM)  
( ) Proj. (>25-150 SF or >10 <250 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)

( ) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)  

Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES  
NO  
NA

Description of ACM (i.e., thermal systems insulation, 
surfacings, VAT, or other miscell.)  
Pipe Insulation

Amount (Specify SF or LF)  
350 LF

Abatement Type  
X

Rem, Rep, Encap, Enclose

1st Floor Crawl Space  
X

Name of Reg. Waste Hauler  
NJDEP Waste Hauler ID #  
20990

Cubic Yards of Waste  
120

Name of Reg. Landfill  
Minerva

City, State  
New Castle, DE

Disp, Date  
07/17/13

City, State  
Waynesboro, OH

Completed by (Print or Type)  
Russell King

Title  
Project Manager

Signature  

Date  
06/27/13
Notification of Demolition or Renovation......(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of asbestos pipe insulation from soil floor due to previous flooding conditions. Regulated work area, full negative air containment, 3 stage decon, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, manometer, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group
Address: 58 Pyles Lane
City: Newcastle County: Newcastle State: DE Zip: 19720
Contact: Randy Bridges Telephone: 302-778-5939

Waste Transporter#2 Same as #1
Address
City
County
State
Zip
Contact
Telephone

XIII. Waste Disposal Site Minerva Landfill
Address: 9036 Minerva Road
City: Waynesburg County: Stark State: OH Zip: 46688
Contact: Steve Chandler Telephone: 330-860-3425
EPA Certification Number: P0104984

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Title
Authority

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YYYY) (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fireable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator) (DIM) 06/27/13

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator) (Date) 06/27/13