

OK 2639

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

2013 JUL -1 11:25

Date of Notification (1) <u>06 / 28 / 13</u>		Name of Building Owner/Operator (2) <u>Phillipsburg Associates, LP</u>							
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 <u>222 Cameron Drive, Suite 110</u> City, State, Zip Code <u>Phillipsburg, NJ 08865</u> Name of Contact <u>Dave Zimmerman</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Phillipsburg Commerce Park</u>		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 <u>Bldg. 8, 149 Bronico Way</u>		Square Feet <u>65,000</u> # of Floors <u>1</u> Bldg. Age <u>110 yrs.</u>							
City (5) <u>Phillipsburg</u>		County (6) <u>Warren</u>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <u>Commercial</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>RT Environmental</u>		ASCM No. _____							
Street Address <u>215 West Church Road</u>		Name of Abatement Contractor (9) <u>ecoservices, LLC</u>							
City, State, Zip Code <u>King of Prussia, PA 19406</u>		Street Address <u>407 W. Lincoln Hwy, Suite 500</u>							
Project Manager for Monitoring Firm <u>Tony Alessandrini</u>		City, State, Zip Code <u>Exton, PA 19341</u>							
Telephone No. <u>610-265-1510</u>		Telephone No. <u>484-872-8884</u> License No. <u>01161</u>							
Start Date (10) <u>07 / 15 / 13</u>		Scheduled Completion Date (11) <u>07 / 15 / 13</u>							
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: <u>9:00</u> AM - <u>4:00</u> PM		Name of OSHA Monitor <u>EMSL</u>							
Street Address <u>200 Route 130 North</u>		City, State, Zip Code <u>Cinnamunson, NJ 08077</u>							
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 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) <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
<u>Elevated Steam Pipe</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pipe Insulation</u>	<u>16 LF</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Elevated Steam Elbow</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pipe Elbow</u>	<u>16 LF</u>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <u>Service Transport</u>		NJDEP Waste Hauler ID No. <u>SW2117</u>		Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Minerva Landfill</u>				
City, State <u>New Castle, DE</u>		Disposal Date <u>TBD</u>		City, State <u>Waynesburg, OH</u>					
Completed By (Print or Type) <u>Jack Bally</u>		Title <u>Sr. Project Manager</u>		Signature <u>Jack Bally @</u>		Date <u>6/28/13</u>			

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 Month/Day/Year		Name of Building Owner/Operator (2) Campell Soup Company	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	1 Campell Place	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Camden NJ 08103	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Richard O' Neill	

FACILITY INFORMATION

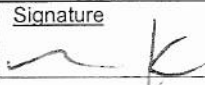
Name of Facility Where Abatement is Taking Place (3) Campell Soup World Headquarters Bldg 80			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 1 Campell place			Square Feet 5000	# of Floors 2	Bldg. Age 50+
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office area		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 3370 Progress Drive - Suite J			Street Address 98 LaCrue Avenue		
City, State, Zip Code Bensalem PA 19020			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 610-364-9622	Licence Number 1103	
Scheduled Start Date (10) 07/08/13 Month/Day/Year		Sched. Completion Date (11) 07/12/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 4:30 PM to 12:30 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini - Enclosure	<input type="checkbox"/>
<input checked="" type="checkbox"/> >3 sf or >3 if		<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L.F)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
1st floor entrance way		<input checked="" type="checkbox"/>		ceiling tiles	60 SF	<input checked="" type="checkbox"/>			
1st floor mechanical room		<input checked="" type="checkbox"/>		ceiling tiles	50 SF	<input checked="" type="checkbox"/>			
1st floor mechanical room		<input checked="" type="checkbox"/>		floor tile	50 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshaw		Title Project Manager		Signature <i>Mark Goshaw</i>	Date 6/27/13

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

<u>Date of Notification (1)</u> 06/27/2013		<u>Name of Building Owner/Operator (2)</u> Eaton Cooper	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<u>Street Address</u> 600 Travis, Suite 5600
			<u>City, State, Zip Code</u> Houston, TX 77002-1001
			<u>Name of Contact</u> Nelson Olavarria
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Cooper Notification Facility		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 273 Branchport Avenue		<u>Sq. Feet</u> 12000 <u># of Floors</u> 1	
<u>City (5)</u> Long Branch	<u>County (6)</u> Monmouth	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50+/- <u>Current Use (prior if being demolished)</u> Former Factory
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Precision Environmental, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 36-15 23 rd Street		<u>Street Address</u> 395 Turner Industrial Way	
<u>City, State, Zip Code</u> Long Island City, NY 11106		<u>City, State, Zip Code</u> Aston, PA 19014	
<u>Project Manager for Monitoring Firm</u> Michael Parpounas	<u>Telephone Number</u> 718-383-2626	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01006
<u>Scheduled Start Date (10)</u> 07/12/13	<u>Scheduled Completion Date (11)</u> 07/16/13	<u>Name of OSHA Monitor</u> Testor Technology, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Occupants moved to adjacent area _____ Other - Describe _____		<u>Street Address</u> 10-59 Jackson Avenue <u>City, State, Zip Code</u> Long Island City, NY 11101	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> JM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
1 st Floor Crawl Space	X	Pipe Insulation	350 LF
<u>Name of Reg. Waste Hauler</u> Service Transport Group		<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 120
<u>City, State</u> New Castle, DE		<u>Disp. Date</u> 07/17/13	<u>Name of Reg. Landfill</u> Minerva <u>City, State</u> Waynesboro, OH
<u>Completed by (Print or Type)</u> Russell King	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 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 Emmisions 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: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 9000 Minerva Road

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Steve Chandler

Telephone: 330-866-3435

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(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-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matirials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, 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)

(Date) 06/27/13

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 06/27/13