

OK 3624

2013 JUL 25 11:45 AM
 2013 JUL 25 11:45 AM

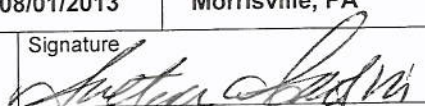
**State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 7-24-13		Name of Building Owner/Operator (2) Environmental Resolutions, Inc.							
Agency Notified <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	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 525 Fellowship Road, Suite 300							
		City, State, Zip Code Mt. Laurel, NJ 08054							
		Name of Contact Joseph Hirsch		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant 2-story bldg			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 512 Lakeland Road			Square Feet 7,000	# of Floors 2	Bldg. Age +/-50				
City (5) Gloucester Township			Current Use (Prior if being demolished) vacant						
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 515 Grove St., Suite 1B		Street Address 2251 Fraley Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 215-533-5155	License No. 01166					
Start Date (10) 7-26-13	Scheduled Completion Date (11) 8-2-13		Name of OSHA Monitor Pennoni Associates						
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 515 Grove St., Suite 1B						
			City, State, Zip Code Haddon Heights, NJ 08035						
Scope of Work (Check all that apply) * abatement prior to demo									
<input 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
windows in attic			X	cementitious coating a/w lightweight concrete	200sf	X			
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage					
City, State Morrisville, PA		Disposal Date		City, State Libson, OH					
Completed by Jennifer Niven	Title Dir. of Operations	Signature 			Date 7-24-13				

No check

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

2013 JUL 25 AM 9:00
LIBRARY

Date of Notification (1) <u>07</u> / <u>19</u> / <u>13</u>		Name of Building Owner/Operator (2) Monmouth County Prosecutors Office							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 132 Jersey Ville Avenue							
		City, State, Zip Code Freehold NJ 07728							
		Name of Contact Tom Aloia	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jerseyvill Complex Bldg 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, homes, etc.)							
Street Address 132 Jersey Ville Avenue		Square Feet 10,000 Sf.	# of Floors 1						
City (5) Freehold NJ 07728		Bldg. Age 1960							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prosecutor's Office/To be Demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.	ASCM No. 30	Name of Abatement Contractor (9) APS Contracting Inc.							
Street Address 120 North Warren St.		Street Address 155-161 Pennsylvania Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm Ryan Broadwater	Telephone No. 609-392-4200	Telephone No. 973-754-1980	License No. 00875						
Start Date (10) <u>07</u> / <u>24</u> / <u>13</u>	Scheduled Completion Date (11) <u>08</u> / <u>07</u> / <u>13</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 1056 SHELTON AVE							
		City, State, Zip Code PISCATAWAY NJ 08854							
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) 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
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	3,641 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Sink -BasinMastic Soundproofing	4sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1012	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring Material	280 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"/>
Name of Registered Waste Hauler Atlantic Carting, Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Grows Landfill					
City, State Wayne, NJ 07470		Disposal Date 08/01/2013	City, State Morrisville, PA						
Completed By (Print or Type) Svetozar Savreski	Title President	Signature 				Date 7/19/13			