U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. **Type of Notification** (check one): ☐ Original ☐ Revised ☐ Canceled

II. **Facility Description**

Building Name: Interport Maint. Shop Bldg.

Address: 635 Delancy St.

City: Newark State: NJ Zip Code: 07102 County: Essex

Site Location: See address

Building Size (square feet): 30K s.f. # of Floors: 1 Age in Years: + 35

Present Use: Vacant Prior Use: Maint bldg

III. **Type of Operation** (check one): ☐ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire Training

IV. **Is Asbestos Present?** (check one): ☐ Yes ☐ No

V. **Facility Information**

Owner Name: Interport

Address: 635 Delancy St

City: Newark State: NJ Zip Code: 07102

Contact: (Agent) Tom Catanzaro Telephone: (973) 263 0370 Fax: 973 263 8587

Removal Contractor Name:

Address:

City: State: Zip Code:

Contact: Telephone: ( ) Fax:

Other Operator (demolition/general: Catanzaro & Sons Ents.

Address: 10 Gregory Drive

City: Montville State: NJ Zip Code: 07045

Contact: Veronica Catanzaro Telephone: (973) 263-0370 Fax: 973-263-8587

VI. **Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:**

SAMPLING PER NESHAP 40CFR-PART 61 SUB M

VII. **Approximate Amount of Asbestos Materials:**

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)					
Facility Components (cubic feet)					

VIII. **Scheduled Dates Demolition or Renovation:** Start: May 10, 2016 Complete: June 10, 2016

IX. **Dates for Asbestos Removal** (MM/DD/YY) Start: Complete:

Days of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

DEMOLISH STRUCTURE W/HEAVY EQUIPMENT-GRAPPLE/BUCKET

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

CFR NESHAP 40-61-62 CFR 29 1926: 850-DEMOLITION

XII. Waste Transporter #1

Name: Catanzaro & Sons Ents.
Address: 10 Gregory Drive
City: Montville
State: NJ
Zip Code: 07045
Contact:
Telephone: ( )

Waste Transporter #2

Name:
Address:
City:
State:
Zip Code:
Contact:
Telephone: ( )

XIII. Waste Disposal

Name: Evergreen Recycling
Address: 110 Evergreen Ave
City: Newark
State: NJ
Zip Code: 07114
Contact: John Demarco
Telephone: 973 242-3030

XIV. Emergency Demolition (complete item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice
2. Name of Authority Issuing Order — Title
3. Authority of Order (Citation of Code)
4. Date of Order (MM/DD/YY) — Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. CFR NESHAP-40-61-62

STOP WORK- WET DOWN-NOTIFY OWER TO ENGAGE LICENCED ABATMT. CONTRC.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator — Date — Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator — Date: 4/21/2016 — Type or Print Name and Title: Thomas Catanzaro