CKH 2984

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

Date of Notification (1): 8-29-16	Name of Building Owner/Operator (2): Joseph M Napp
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 30-100 Passaic Street
	City, State, Zip Code: Newark, NJ 07104
	Name of Contact: Joe — Telephone Number: 973 482 3502

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): McCarter-Riverside Group Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4/3 Passaic Street	Square Feet: 4000 ϕ — # of Floors: 1 — Bldg. Age: 75
City (5): Newark	
County (6): Essex — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Store Front
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): Ace Insulation Co Inc
Street Address:	Street Address: 95 Montrose Rd
City, State, Zip Code:	City, State, Zip Code: Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 732 294 1757 — License No.: 00029
Start Date (10): 9-7-16 — Scheduled Completion Date (11): 9-10-16	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: 7AM - 7PM	Street Address: — City, State, Zip Code:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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) 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: Removal	Repair	Encapsulate	Enclosure
Outdoors			✓	Roof and Flashing	4000 ϕ	✓			
1st Flr			✓	Flue Cement	2 ϕ	✓			

Name of Registered Waste Hauler: Ace Insulation Co Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 8	Name of Registered Landfill: GROWS
City, State: Colt Neck, New Jersey		Disposal Date: 9-10-16	City, State: Tullytown, PA
Completed by: Bree McGuire	Title: Secretary Treasurer	Signature: [signature]	Date: 8-29-16

* Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)