Print Form

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

Ck# 0067

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3-26-2013	Name of Building Owner/Operator (2): Legow Management
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 160 S. Livingston Ave.
	City, State, Zip Code: Livingston, NJ 07039
	Name of Contact: John
	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chilton Towers	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 220 W. Jersey Street	
City (5): Elizabeth	Square Feet: 10,000 / # of Floors: 15 / Bldg. Age: 50+
County (6): Union / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Apartment Building
Name of Monitoring Firm Hired by Building Owner (8): n/a / ASCM No.: n/a	Name of Abatement Contractor (9): Loznica Management Corporation
Street Address: n/a	Street Address: 22 Troy Lane
City, State, Zip Code: n/a	City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: n/a / Telephone No.: n/a	Telephone No.: 973-706-7950 / License No.: 01193
Start Date (10): 4/15/2013 / Scheduled Completion Date (11): 5/24/2013	Name of OSHA Monitor: Loznica Management Corporation
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Apartments are vacated	Street Address: 22 Troy Lane / City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[ ] 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
1st through14th Floor Apt. H			X	Pipe Fittings in Pipe Chases	Approx. 22	X			
				*2 openings					
1st through 14th Floor Apt. A			X	Pipe Fittings in Pipe Chases	Approx. 14	X			

Name of Registered Waste Hauler: Loznica Management Corporation	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville PA 19067
Completed by: E.Cirovic	Title: Secretary	Signature: E. Cirovic	Date: 3/26/2013

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

ASB-41 (R-06-08)

Check # 10270

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
03/25/13

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

Type of Notification
(X) Initial Notification
( ) Amended
Amendment # _____
(X) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)
Simeon Gonzales

Street Address
308 8th Street

City, State, Zip Code
Union City, NJ 07087

Name of Contact
Simeon Gonzales

Tel. Number

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential property

Street Address
315 5th Street

City (5) Union City
County (6) Hudson
unty Code (7) State Use Only)

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.
Sq. Feet: 2,701 SQFT
Of Floors: 2 Bldg. Age: 170 years
Current Use (if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A

ASCM No.
N/A

Name of Contractor (9)
Industrial Safety & Environmental Solutions, Inc.

Street Address
N/A

Street Address
3300 Hudson Avenue

City, State, Zip Code
N/A

City State, Zip Code
Union City, NJ 07087

Project Manager for Monitoring Firm
N/A

Telephone Number

Telephone Number
(201)-325-0055

License Number
01124

Scheduled Start Date (10)
03/27/13

Scheduled Completion Date (11)
04/01/13

Name of OSHA Monitor
ISES, Inc.

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -
(X) Other - Describe:
Work area will be unoccupied during abatement

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Source of Work (Check all that apply) (X) Demolition ( ) Renovation

( ) Minor Project (< 25 SF or < 10 LF ACM)
( ) Small Project (>25 <160 SF or >10 <260 LF ACM)
(X) Large Project (>160 SF or > 260 LF ACM

( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
(X) Glove-bag 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 or Custodial Staff? (12) YES	NO	N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipes TIS	70 LFT	X			
Roof			X	Flat roof	250 SQFT	X			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
NEWARK CARTING	04509	5	IESI BETHLEHEM LANDFILL

City, State	Disp. Date	City, State
369 Raymond Blvd., Newark, NJ 07105	04/01/13	BETHLEHEM, PA 18015

Completed by (Print or Type)	Title	Signature	Date
David Camacho	Project Supervisor		03/25/13

VIA US. MAIL Ck#1049

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

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NJ APR 1 2013
TELEPHONE INTAKE CONTROL &

Date of Notification (1): 3/26/13	Name of Building Owner/Operator (2): Colicchio Construction, LLC
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 544 Elm St.
	City, State, Zip Code: WESTFIELD N.J. 07090
	Name of Contact: MR. Tom Colicchio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 823 CLARK ST	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address:	Square Feet: 2,000 # of Floors: 2 Bldg. Age: 70
City (5): WESTFIELD N.J.	Current Use (Prior if being demolished): RESIDENT HOUSE
County (6): UNION	County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:
Street Address:	Name of Abatement Contractor (9): NOVATECH. INC
City, State, Zip Code:	Street Address: P.O. Box 814
Project Manager for Monitoring Firm:	Telephone No.:
	City, State, Zip Code: OLD BRIDGE N.J. 08857
	Telephone No.: 732 238x 7500 License No.: 00806
Start Date (10): 4/04/13 Scheduled Completion Date (11): 5/04/13	Name of OSHA Monitor: NOVATECH INC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: P.O. Box 814
	City, State, Zip Code: OLD BRIDGE N.J. 08857

Scope of Work (Check all that apply): ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☐ 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 (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
BASEMENT			X	PIPE INSOLATION	<100 L/F	X			

Name of Registered Waste Hauler: NOVATECH INC	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 8	Name of Registered Landfill: G.R.O.W.S. PA
City, State: OLD BRIDGE N.J. 08857		Disposal Date	City, State: Pottsville P.A.
Completed by: CARLOS ALMEIDA	Title: PRESIDENT	Signature	Date: 3/26/13

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

ASB-41

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

21393

Date of Notification (1): March 26, 2013	Name of Building Owner/Operator (2): Sandra Caputo
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA	Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation
	Street Address: 1705 Surf Avenue
	City, State, Zip Code: Belmar, NJ 07719
	Name of Contact: Sandra Caputo
	Telephone Number: ASBE

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1705 Surf Avenue	
City: Belmar; County (6): Monmouth; County Code (7) (STATE USE ONLY)	Square feet: 1500 sf; # of Floors: 1; Bldg. Age: 60
	Current Use (Prior if beingdemolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A; ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm; Telephone Number	Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 3/26/13; Scheduled Completion Date (11): 3/27/13	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____	Street Address: 1056 Stelton Road
	City, State, Zip Code: Piscataway, New Jersey 08854

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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	1250 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 3/28/13	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nichol Fernicola	Date: 3/26/2013

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Check # 9635

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3-27-13	Name of Building Owner/Operator (2): Rob KwiatKowski
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 16 Robin Road
	City, State, Zip Code: Fanwood NJ 07023
	Name of Contact: Rob KwiatKowski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 16 Robin Road	
City (5): Fanwood NJ	Square Feet: _____ # of Floors: 2 Bldg. Age: 65+
County (6): Union	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies	ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337		Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533		City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker	Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 License No.: 00394
Start Date (10): 4-10-13	Scheduled Completion Date (11): 4-10-13	Name of OSHA Monitor: EPC Technologies Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O Box 337 City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ 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 (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
Basement	X			Floor Tile	300 SF	X			
Garage	X			Air Duct Wrap	15 LF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: 4-11-13	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 3-27-13

ASB-41 (R-06-08)

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

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

Date of Notification (1): 3/25/13

Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA

Type Notification: ☑ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): MS. WILMA LEE

Street Address: 352 FIRST ST

City, State, Zip Code: HACKENSACK. NJ. 076

Name of Contact: MR. LEE

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MS. LEE

Street Address: 352 FIRST ST

City (5): HACKENSACK

County (6): BERGEN

County Code (7) (STATE USE ONLY):

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 2800

# of Floors: 2

Bldg. Age: 80 years

Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8):

ACCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): Best Removal Inc

Street Address: 450 S.River St

City, State, Zip Code: Hackensack, N.J. 07601

Telephone No.: 201-329-7444

License No.: 00388

Start Date (10): 3/27/13

Scheduled Completion Date (11): 3/28/13

Name of OSHA Monitor: Omega Environmental Inc

Street Address: 280 Huyler St

City, State, Zip Code: South Hackensack, N.J. 07606

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 TO 5PM

Scope of Work (Check all that apply)
☑ ≥ 3 sf or ≥ 9 lf
☐ ≥ 160 sf or ≥ 260 lf
☑ 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 ON 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, roofing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	THERMAL INSULATION	80 LF	X			

Name of Registered Waste Hauler: Best Removal Inc

N.JDEP Waste Hauler ID No.: 17109

Cubic Yards of Waste: 1.40

Name of Registered Landfill: Minerva Enterprises

City, State: Hackensack, N.J. 07601

Disposal Date: 3/28/13

City, State: Waynesburg , Oh

Completed by: J. Maiorano

Title: Estimator

Signature: J Maiorano

Date: 3/25/13

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ASB-11

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3-26-13	Name of Building Owner/Operator (2): M. HONEA
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 645 LINCOLN AVENUE
	City, State, Zip Code: MAYWOOD, NJ 07607
	Name of Contact: M. HONEA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): M. HONEA			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 645 LINCOLN AVENUE			
City (5): MAYWOOD	Square Feet: 2000	# of Floors: 2	Bldg. Age: 68 YRS
County (6): BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address		Street Address: 450 S.River St	
City, State, Zip Code		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 4-5-13	Scheduled Completion Date (11): 4-6-13	Name of OSHA Monitor: Omega Environmental Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM 5PM		Street Address: 280 Huyler St	
		City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ 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 (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
BASEMENT			X	THERMAL INSULATION	105 LF			X	

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/16 YD	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 4-6-13	City, State: Waynesburg, Oh

Completed by: J. Maiorano	Title: Estimator	Signature: R Veldman	Date: 3-26-13

ASB-41

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3-25-2013	Name of Building Owner/Operator (2): DUMONT FLOOD CONTROL
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 50 WASHINGTON AVENUE
	City, State, Zip Code: DUMONT, NJ 07628
	Name of Contact: B. BATTAGLIA

Tomco Construction, Inc

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): DUMONT FLOOD CONTROL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: DAVIS AVENUE @ THOMPSON STREET	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
City (5): DUMONT	
County (6): BERGEN; County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): N/A EXTERIOR LOCATION
Name of Monitoring Firm Hired by Building Owner (8); ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address	Street Address: 450 S.River St
City, State, Zip Code	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm; Telephone No.	Telephone No.: 201-329-7444; License No.: 00388
Start Date (10): 4-11-13; Scheduled Completion Date (11): 4-11-13	Name of OSHA Monitor: Omega Environmental Inc
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM - 5PM	Street Address: 280 Huyler St; City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf

☒ 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 (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
EXTERIOR LOCATION			X	TRANSITE CEMENT PIPE	20 LF	DISPOSAL			
				DISPOSAL					

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 3/40	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 4-11-13	City, State: Waynesburg , Oh

Completed by: J. Maiorano	Title: Estimator	Signature: R. Veldhan	Date: 3-25-13

ASB-41

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

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

ck 4338

Date of Notification (1): 3-25-2013	Name of Building Owner/Operator (2): ESTATE OF DOMINICK MONTERISI
Agency Notified: ☐ EPA ☐ DEP ■ DOL ■ DOH ☐ DCA	Type Notification: ■ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 300 CENTER STREET	
City, State, Zip Code: CARLSTADT	
Name of Contact: A. MONTERISI	Telephone Number:

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APR 1 2013
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ESTATE OF DOMINICK MONTERISI	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 300 CENTER STREET	
City (5): CARLSTADT	Square Feet: 3450 · # of Floors: 2 · Bldg. Age: 74 YEARS
County (6): BERGEN	County Code (7) (STATE USE ONLY): · Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8): · ASCM No.:	Name of Abatement Contractor (9): Best Removal Inc
Street Address:	Street Address: 450 S.River St
City, State, Zip Code:	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm · Telephone No.:	Telephone No.: 201-329-7444 · License No.: 00388
Start Date (10): 4-8-2013 · Scheduled Completion Date (11): 4-10-2013	Name of OSHA Monitor: Omega Environmental Inc
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ■ Other – Describe: 8AM 5PM	Street Address: 280 Huyler St · City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check all that apply)

■ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
■ 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 (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
FRONT BASEMENT CRAWLSPACE			X	THERMAL INSULATION	175 LF	X			
REAR BASEMENT CRAWLSPACE			X	THERMAL INSULATION	68 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 2 YDS	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 4-10-2013	City, State: Waynesburg , Oh

Completed by: J. Maiorano	Title: Estimator	Signature: R. Veldran	Date: 3-25-2013

ASB-41

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

State of New Jersey

6350-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Friable Notification
Check #: 5343

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APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/25/13	Newark Public Schools

Agencies Notified	Type Notification	Street Address
[X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	[X] Initial Notification [ ] Amended Notification [ ] Cancellation	2 Cedar Street

City, State, Zip Code	Name of Contact	Telephone Number
Newark, NJ 07102	Douglas Bland , Bus. Admin.	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Ivy Hill Elementary School	[X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 107 Ivy Street	

City (5)	County (6)	County Code (7) (STATE USE ONLY)
Newark, NJ 07106	Essex	

Square Feet	# of Floors	Bldg. Age
45000	3	80 years

Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Whitman Companies, Inc.	00110

Street Address: 116 Tices Lane, Unit B-1
City, State, Zip Code: East Brunswick, NJ 08816

Project Manager for Monitoring Firm	Telephone Number
Kevin Lovely	732-390-5858

Scheduled Start Date (10)	Sched. Completion Date (11)
02/26/13 (Month / Day / Year)	03/28/13 (Month / Day / Year)

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[ ] Other - Describe:

Name of Abatement Contractor (9): Four Strong Builders, Inc.
Street Address: 180 Sargeant Avenue
City, State, Zip Code: Clifton, NJ 07013-1935

Telephone Number	License Number
973-614-0377	00807

Name of OSHA Monitor: Four Strong Builders, Inc.
Street Address: 180 Sargeant Avenue
City, State, Zip Code: Clifton, NJ 07013

Scope of Work (Check all that apply)

[ ] Demolition
[ ] >3 sf or >3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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	ENCAPSUL.	ENCLOSURE
Room 207 and Room 213		X		Floor Tiles and Mastic	1,310 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Four Strong Builders, Inc.	12609		G.R.O.W.S., Inc.

City, State	Disposal Date	City, State
Clifton, NJ		Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
Bilyana Kulakovska	Office Administrator		3/25/13

ASB-41
JUN 95

G4667

Print Form

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

check 12020

RECEIVED
APR 1 2013
ASBEST... L...GING

Date of Notification (1): 3/25/13	Name of Building Owner/Operator (2): St. Cecelia Church
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 90 Church Street
	City, State, Zip Code: Rockaway, NJ 07866
	Name of Contact: Tanya

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 70 Church Street			
City (5): Rockaway	Square Feet: 1500	# of Floors: 2	Bldg. Age: 50
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC	
Street Address		Street Address: 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code: Glenwood NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-583-8500	License No.: 703
Start Date (10): 4-2-13	Scheduled Completion Date (11): 4-11-13	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: normal hours		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ 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 (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
basement			x	pipe fittings	20 SF		x		

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State		Disposal Date	City, State

Completed by: Andrew Scott Higgins	Title: President	Signature:	Date: 3/25/13

ASB-41 (R-06-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

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APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 25 / 13

Name of Building Owner/Operator (2): Executor of Estate Roseann Fatigati

Agencies Notified: [X] EPA; [ ] DEP; [ ] DOL; [X] DOH; [ ] DCA

Type of Notification: [X] Initial; [ ] Amended Amendment # _____; [ ] Emergency (including Justification); [ ] Cancellation

Street Address: 2 Kanouse Road

City, State, Zip Code: New Foundland NJ

Name of Contact: Gerald Elgentowics

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence

Street Address: 58 Gates Avenue

City (5): Jersey City

County (6): Hudson

County Code (7) (STATE USE ONLY):

Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): ASCM

Street Address:

Project Manager for Monitoring Firm | Telephone Number

Name of Abatement Contractor (9): J.R. Contracting & Environmental Consulting, Inc.

Street Address: 1141 Route 23

City, State, Zip Code: Wayne NJ 07470

Telephone Number: 973 628-9500

License No.: 00408

Scheduled State Date (10): 04 / 11 / 13 (Month / Day / Year)

Scheduled Completion Date (11): 04 / 30 / 13 (Month / Day / Year)

Name of OSHA Monitor: Enviro Vision Consultants, Inc.

Street Address: 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code: Fairlawn NJ 07410

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe:

Scope of Work (Check all that apply)
[ ] ≥ 3 sf or ≥ 3 lf
[X] ≥ 160 sf or ≥ 260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment With Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exemted (*) 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	ENCAPSULE	ENCLOSURE
Basement - Boiler			X	Flue Patch	2 SF	X			
Roof			X	Roofing	1200 SF	X			
Exterior			X	Caulking	5 SF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.: 17819

Cubic Yards of Waste:

Name of Registered Landfill: G.R.O.W.S

City, State: Wayne NJ 07470

Disposal Date:

City, State: Morrisville PA

Completed by (Print or Type): Jerry Bijelonic

Title: Project Manager

Signature:

Date: 3/25/2013

ASB-41
Jun-95

G4667

* Do not use this form for asbestos licensure exempted activities

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

7582

Date of Notification (1) **March 25, 2013**			Name of Building Owner/Operator (2) **NESTLES USA**
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled		Street Address **61 JERSEYVILLE AVE** City, State, Zip Code **FREEHOLD, NJ** Name of Contact **Larry Brandlein**

RECEIVED
APR 1 2013
Tel Number
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Same as above**			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
Street Address			Sq. Feet__1,000000 # of Floors 10 Bldg. Age 70 Current Use (prior if being demolished) FACTORY
City (5) **FREEHOLD**	County (6) **MONMOUTH**	County Code (7) (State Use Only)	

Name of Monitoring Firm Hired by Bldg. Owner (8) NA	ASCM No.	Name of Contractor (9) **Absolut Ace Inc.**
Street Address		Street Address **PO BOX 295**
City, State, Zip Code		City State, ZipCode **FLORHAM PARK, NJ 07932**
Project Manager for Monitoring Firm	Telephone Number	Telephone Number **(973) 410-9217** / License Number **00225**
Scheduled Start Date (10) **JUNE 1, 2013**	Scheduled Completion Date (11) **MAY 31, 2015**	Name of OSHA Monitor **MECS**
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe_____ Other – Describe- PLANT IS OPEN		Street Address **5 Linwood Ct** City, State, Zip Code **Hamilton, NJ 08690**

Source of Work (Check all that apply)

(x) Demolition ( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
BASEMENT- Floors 1-ROOF	X			**Boiler,pipe insulation, Roofing, Tile**	**25,000 square feet**	X	X	X	X

Name of Reg. Waste Hauler **BY OWNER**	NJDEP Waste Hauler ID #	Cubic Yards of Waste 200	Name of Reg. Landfill
City, State		Disp. Date	City, State

Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature	Date **3/25/13**

CK: 24173

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3 / 25 /13

Agencies Notified
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [ ] Initial Notification
- [x] Amended Notification #1
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
NOVARTIS PHARMACUETICALS CORPORATION

Street Address
1 HEALTH PLAZA

City, State, Zip Code
EAST HANOVER, NEW JERSEY 07936

Name of Contact
PETER GEANNAKOPOULOS

Telephone Number

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APR 1 2013
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NOVARTIS -EAST HANOVER

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1 HEALTH PLAZA

Square Feet	# of Floors	Bldg. Age
50,000	4	49

City (5)	County (6)	County Code (7) (STATE USE ONLY)
EAST HAOVER	MORRIS	

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN ENVIRONMENTAL

ASCM No.
17

Street Address
1600 ROUTE 22 EAST

City, State, Zip Code
UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm
MICHAEL NEHLSEN

Telephone Number
908-688-7800

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)
4 / 5 /13
Month Day Year

Sched. Completion Date (11)
6 / 13 /13
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe FRIDAY 5PM-1AM, SATURDAY 8AM-4:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 10016

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [X] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclo ,
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR HALLWAY (SW)			X	SPRAY ON FIREPROOFING	30 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
GLOBAL WASTE INDUSTRIES INC.	22147	5	MINERVA ENTERPRISES LLC
699 WASHINGTON STREET			8955 MINERVA ROAD S.E.
City, State		Disposal Date	City, State
HACKETTWON, NEW JERSEY 07840		3/29/13-6/13/13	WAYNESBURG, OHIO 44688

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		3-25-13

Check # 8536

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

RECEIVED APR 1 2013 ASB

Date of Notification (1): 3-27-13	Name of Building Owner/Operator (2): John Whitaker
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 23 Patrick Drive	
City, State, Zip Code: Manahawkin NJ 08050	
Name of Contact: John Whitaker	Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Stone House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 23 Patrick Drive	
City (5): Manahawkin NJ	Square Feet: / # of Floors: 1 / Bldg. Age: 60+-
County (6): Ocean	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): Stone Home
Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies / ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337	Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533	City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker / Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 / License No.: 00394
Start Date (10): 4-11-13 / Scheduled Completion Date (11): 4-12-13	Name of OSHA Monitor: EPC Technologies Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: P.O Box 337 / City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf
☐ 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 (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
Exterior Walls			X	Siding Shingles	1000 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 6	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: 4-12-13	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 3-27-13

ASB-41 (R-06-08)

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

CK 1848

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APR 1 2013
BUREAU OF ASBESTOS CONTROL & LICENSING

DOL - 10 DAY

MAR 27 2013

WAIVED ABRAHAM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:23 and 12:120)

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): MR SAMUEL KNIGHT
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
	Street Address: 114 GIRARD AVE
	City, State, Zip Code: EAST ORANGE
	Name of Contact: MR. KNIGHT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR. KNIGHT	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☑ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 114 GIRARD AVE	Square Foot: 1800 # of Floors: 2 Bldg. Age: 65 YEARS
City (5): EAST ORANGE	Current Use (Prior if being demolished): RESIDENCE
County (6): ESSEX	County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	Telephone No.

Name of Abatement Contractor (9): Best Removal Inc	
Street Address: 450 S.River St	
City, State, Zip Code: Hackensack, N.J. 07601	
Telephone No.: 201-329-7444	License No.: 00388

Start Date (10): 3/28/13	Scheduled Completion Date (11): 3/29/13
Name of OEHA Monitor: Omega Environmental Inc	
Street Address: 280 Huyler St	
City, State, Zip Code: South Hackensack, N.J. 07606	

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 TO 5PM

Scope of Work (Check all that apply)
- ☑ ≥ 3 sf or ≥ 3 lf
- ☐ ≥ 160 sf or ≥ 200 lf
- ☑ Removal
- ☐ 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 (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, sprayed, VAT, or other encasement)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL INSULATION	SOLF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1 1/2	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 3/27/13	City, State: Waynesburg , Oh
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 3/27/13

AFP-01

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

Chk #1050

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): c/o The Estate of Ann M. Smith Ms Doris Miller
Agency Notified: [X] EPA [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 106 MAIN ST
	City, State, Zip Code: South River N.J. 8882
	Name of Contact: M3

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 106 MAIN ST	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address	Square Feet: 4,000 # of Floors: 2 Bldg. Age: 80
City (5): South River N.J.	
County (6): Middlesex	County Code (7) (STATE USE ONLY)
	Current Use (Prior if being demolished): RESIDENT

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	Telephone No.
Start Date (10): 04/03/13	Scheduled Completion Date (11): 05/03/13

Name of Abatement Contractor (9): Novatech Inc.	
Street Address: P.O. Box 814	
City, State, Zip Code: Old Bridge, N.J. 08857	
Telephone No.: (732)238-7500	License No.: 00806
Name of OSHA Monitor: Novatech Inc.	
Street Address: P.O. Box 814	
City, State, Zip Code: Old Bridge, N.J. 08857	

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

Scope of Work (Check all that apply)
- [X] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 260 lf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] 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
BASEMENT				PIPE INSULATION	<120 L/F	X			
" "				MASTIC REMOVAL	<300 S/F	X			

Name of Registered Waste Hauler: Novatech Inc.	NJDEP Waste Hauler ID No.: 18501
City, State: Old Bridge, N.J.	Cubic Yards of Waste: 10
	Name of Registered Landfill: G.R.O.W.S
	Disposal Date: 05/03/13 City, State: Morrisville PA.
Completed by: Carlos Almeida Title: President	Signature: Date: 3/27/13

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

ASB-41

CK 4343

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

DOL 10 DAY

MAR 27 2013

APR 1 2013

ASBESTOS CONTROL LICENSING

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): BASF
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 25 MIDDLESEX TPK
	City, State, Zip Code: ISELIN, NJ 08830
	Name of Contact: MR. JOHN ZABRENSKI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): BASF	Type of Facility (4): ☐ School (K-12) ☐ School (other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 MIDDLESEX TPK	Square Feet: 100,000 # of Floors: 3 Bldg. Age: 60 YEARS
City (5): ISELIN	Current Use (Prior if being demolished): RD OFFICE / LAB
County (6): MIDDLESEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8): EHI	ACCM No.
Street Address: 655 WEST SHORE TRAIL	
City, State, Zip Code: SPARTA, NJ. 07871	
Project Manager for Monitoring Firm: BILL ICKBEL	Telephone No.: 973-729-5649
Start Date (10): 3/29/13	Scheduled Completion Date (11): 3/30/13
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 TO 3PM	

Name of Abatement Contractor (9): Best Removal Inc	
Street Address: 450 S.River St	
City, State, Zip Code: Hackensack, N.J. 07601	
Telephone No.: 201-329-7444	License No.: 00388
Name of OSHA Monitor: Omega Environmental Inc	
Street Address: 280 Huyler St	
City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check all that apply)

☑ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☑ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Examined (*) 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
LAB 123			X	VAT	130 SF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/2	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 3/30/13	City, State: Waynesburg, Oh
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 3/27/13

ASB-41

* Do not use this form for asbestos licensed/accompanied activities.

0645

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

0645

DOL - 10 DAY
MAR 27 2013
WAIVER REQUESTED
RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

(1) Date of Notification: March 28, 2013

Agencies Notified: [X] EPA [ ] DEP [X] DOI [X] DOH [ ] DCA

Type Notification: [ ] Initial [ ] Amended Amendment # ____ [X] Emergency (including justification) [ ] Cancellation

(2) Name of Building Owner/Operator: Prism Construction Management, LLC
Street Address: 200 Broadacres Drive
City, State, Zip Code: Bloomfield, NJ 07003
Name of Contact: Stephen Torell, Senior Project Manager

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: Buildings
Street Address: 5 Lawrence Avenue
(5) City: Bloomfield, NJ 07003
(6) County: Essex
(7) County Code (STATE USE ONLY):

(4) Type of Facility: [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet:
# of Floors:
Bldg. Age:
Current Use (Prior if being demolished): Buildings

(8) Name of Monitoring Firm Hired by Building Owner: AET
ASCM No: 0021
Street Address: 907 Doolittle Drive
City, State, Zip Code: Bridgewater, NJ 08807
Project Manager for Monitoring Firm: Eric Houseknecht
Telephone No.: (908) 218-1108

(9) Name of Abatement Contractor: The MACK Group, LLC
Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034
Telephone No.: (973) 759 - 5000
License No: 00781
Name of OSHA Monitor: The MACK Group, LLC
Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034

(10) Start Date: 3/26/13
(11) Scheduled Completion Date: 12/31/13

Occupancy Status During Abatement (Check Only One)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: ____

Scope of Work (Check All That Apply)
[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[ ] Renovation
[X] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	(12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? 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
recently exposed excavation	X			pipe insulation debris	TBD	X			

Name of Registered Waste Hauler: Newark / Freehold / American Waste / Rovic
NJ DEP Waste Hauler ID No.: 4509
Cubic Yards of Waste: TDB
Disposal Date: 12/31/13
Name of Registered Landfill: Cumberland County / IESI Bethlehem
City, State: Newburg / Bethlehem, PA
City, State: Newark / Freehold / Newton / Riverdale, NJ

Completed by: Mike Cooper
Title: President
Signature:
Date: 3/26/13

* Do not use this form for asbestos licensure exempted activities

ASB-41 (R-00-08)

CHECK # 2701

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/27/13

Name of Building Owner/Operator (2): EARTH TECH CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, N.J. 08230

Name of Contact: BRUCE BREUNIG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

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

Street Address: 26 BATTERSEA ROAD

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm

Telephone No.

Telephone No.: 856-779-0422 License No: 00444

Start Date (10): 4/8/13 Scheduled Completion Date (11): 4/15/13

Name of OSHA Monitor: JOSEPH KLEMM

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ 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 (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	Encapsulation
SIDING			X	TRANSITE	1500 ±	X	

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Name of Registered Landfill: C,M,C,M.U.A.

Disposal Date

City, State: WOODBINE, N.J.

City, State: MAPLE SHADE, N.J. 08052

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 3/27/13

AS8-1

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 10495

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APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
3-27-2013	Margaret Holloway

Agencies Notified	Type Notification	Street Address	Telephone Number
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	35 Elmwood Ave City, State, Zip Code: Montclair,NJ,07042 Name of Contact: Margaret Holloway	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	Square Feet: 2300 / # of Floors: 3 / Bldg. Age: 65
City (5 / County (6) Essex / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973)744-8800 / License Number: 00371
Scheduled Start Date (10): 4-8-2013 (Month Day Year)	Sched. Completion Date (11): 4-9-2013 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»		Street Address City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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	ENCAPSUL.	ENCLOSURE
Basement			X	washing previously removed pipe insulated And apply lock Dn.	120 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	1.5	G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 4-10-2013	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		3-27-2013

CHECK #
2698

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/27/13

Name of Building Owner/Operator (2): FAMILY TEST CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, N.J. 08230

Name of Contact: BRUCE BRENNIG

Telephone #:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 144 WEST AVE.

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone No.: 856-779-0422

License No: 00444

Start Date (10): 4/8/13

Scheduled Completion Date (11): 4/15/13

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ 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 (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	Encapsulation *
SIDING			X	TRANSITE	14000 lb	X		

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: WOODBINE, N.J.

City, State: MAPLE SHADE, N.J. 08052

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 3/27/13

AS8-41

* Do not use this form for asbestos licensure exempted activities

Check # 8534

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APR 1 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3-27-13	Name of Building Owner/Operator (2): Paul Dressler
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 28 Mohawk
	City, State, Zip Code: Branchburg NJ 08876
	Name of Contact: Gretchen O'Kane (Southview Homes)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Shore House (Damaged by SAndy)			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 117 West Bayview Drive			
City (5): Toms River NJ 08735	Square Feet: 900	# of Floors: 1	Bldg. Age: 75+-
County (6): Ocean	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): Summer Shore Home

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies	ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337		Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533		City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker	Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 License No.: 00394

Start Date (10): April 8 2013	Scheduled Completion Date (11): April 8, 2013	Name of OSHA Monitor: EPC Technologies Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O Box 337
		City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf
☐ 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 (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
exterior walls			X	Siding Shingles	650 SF	X			
Bathroom		X		Floor Tile	250 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 3	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: 4-9-13	City, State: Morrisville PA

Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 3-27-13

ASB-41 (R-06-08)

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

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

ch 439

RECEIVED
APR 1 2013
ASBESTOS CONTROL &

Date of Notification (1): 3-26-13		Name of Building Owner/Operator (2): P. HAMERNICK
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 508 SHERWOOD ROAD City, State, Zip Code: HO HO KUS, NJ 07423 Name of Contact: P. HAMERNICK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): P. HAMERNICK			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 508 SHERWOOD ROAD			
City (5): HO HO KUS		Square Feet: 2100	# of Floors: 2
			Bldg. Age: 55 YRS
County (6): BERGEN	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address		Street Address: 450 S.River St	
City, State, Zip Code		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 4-15-13	Scheduled Completion Date (11): 4-16-13	Name of OSHA Monitor: Omega Environmental Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM 5PM		Street Address: 280 Huyler St City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ 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 (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
BASEMENT			X	THERMAL INSULATION	50 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/2 40	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 4-16-13	City, State: Waynesburg , Oh

Completed by: J. Maiorano	Title: Estimator	Signature: R. Veldhuis	Date: 3-26-13

ASB-41

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

CHECK # 2699

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/27/13

Name of Building Owner/Operator (2): EARTH TECH CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, N.J. 08230

Name of Contact: BRUCE BREUNIG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

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

Street Address: 3060 ASBURY AVE.

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address

Street Address: 369 S. SPRUCE AVE.

City State Zip Code

City, State, Zip Code: MAPLE SHADE, NJ 08052

Project Manager for Monitoring Firm

Telephone No.

Telephone No.: 856-779-0422 License No: 00444

Start Date (10): 4/8/13 Scheduled Completion Date (11): 4/15/13

Name of OSHA Monitor: JOSEPH KLEMM

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ 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 (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	Encapsulation
SHED SIDING			X	TRANSITE	400 SF	X	

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: WOODBINE, N.J.

City State: MAPLE SHADE, N.J. 08052

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 3/27/13

ASB-41

* Do not use this form for asbestos licensure exempted activities

CHECK #
2699

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL &

Date of Notification (1): 3/27/13

Name of Building Owner/Operator (2): EARTHTECH CONTRACTING

Agencies Notified: [X] EPA [X] DEP [X] DOL [ ] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended [ ] Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD,

Name of Contact: BRUCE BREUNIG

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 8403 AMHERST AVE.

City (5): MARGATE

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings homes, etc.)

Square Feet | # of Floors | Bldg. Age

County (6): ATLANTIC

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm | Telephone No.

Telephone No.: 856-779-0477 | License No.: 00444

Start Date (10): 4/8/13

Scheduled Completion Date (11): 4/15/13

Name of OSHA Monitor: JOSEPH KLEMM

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)
[ ] 2x ft or 2 ft
[ ] 2160 sf or 2260 lf
[ ] Renovation
[X] 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 (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	Encapsulation	Enclosure
SIDING			X	TRANSITE	1500 ft	X			

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste

Name of Registered Landfill: A.C.U.A.

City, State: MAPLE SHADE, N.J.

Disposal Date

City, State: PLEASANTVILLE, N.J.

Completed By: JOSEPH KLEMM | Title: V/P | Signature: Joseph Klemm | Date: 3/27/13

Page 1

* Do not use this form for asbestos licensure exempted activities

Print Form

3097

Emergency #

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): Timothy McAlindin / Private Home	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 6 East Florida Avenue
		City, State, Zip Code: Beach Haven Park NJ 08008
		Name of Contact: Timothy — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Timothy McAlindin / Private Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 6 East Florida Avenue			
City (5): Beach Haven Park NJ 08008		Square Feet: 1000+	# of Floors: 2 / Bldg. Age: 35+
County (6): Ocean	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): House & Garage	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/28/13	Scheduled Completion Date (11): 4/1/13	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		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
Exterior Siding			x	Exterior Siding	3800 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 4/1/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 3/27/13

ASB-41 (R-06-08)

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

CHECK # 2702

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

RECEIVED APR 1 2013 ASBESTOS CONTROL &

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 300 77TH ST.
	City, State, Zip Code: SEA ISLE CITY, N.J. 08243
	Name of Contact: FRANK EDUARDI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 60 CHANNEL DRIVE	
City (5): AVALON MANOR	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: ____	Name of Abatement Contractor (9): KLEMCO INC.
Street Address: ____	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code: ____	City, State, Zip Code: MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm: ____ Telephone No.: ____	Telephone No.: 856-779-0472 License No.: 00444
Start Date (10): 4/8/13 Scheduled Completion Date (11): 4/15/13	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: ____	Street Address: 369 S. SPRUCE AVE. City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ 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 (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
SIDING			X	TRANSITE	1600#	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: ____	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, NJ		Disposal Date: ____	City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 3/27/13

ASB-41

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

Fax: Mar. 18 2013 07:58am P001/001

8117

RECEIVED APR 2013

RECEIVED MAR 18 2013

CHECK #: 8117

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

ASBESTOS CONTROL & LICENSING

NJ Dept. of Health & Senior Services
ASBESTOS CONTROL & LICENSING
Signature:
Date: 3/18/13 Time: 7:58

Date of Notification (1): 3/12/13	Name of Building Owner/Operator (2): ASHIT GAHNDI
Agencies Notified: ☐ EPA ☑ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 31 W 47TH ST
	City, State, Zip Code: N.Y - N.Y 10036
	Name of Contact: ASHIT GAHNDI Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): GAHNDI	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 328 SPRINGFIELD AVE	Square Feet: 1250 # of Floors: 2 Bldg. Age: +50
City (5): HASBROUCK HEIGHTS	
County (6): BERGEN County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): A. MAC Contracting Inc
Street Address:	Street Address: 105 Lowell Road
City, State, Zip Code:	City, State, Zip Code: Glen Rock, NJ 07452
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 201-262-5841 License No.: 00156
Start Date (10): 3/13/13 Scheduled Completion Date (11): 4/13/13	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 280 Huyer Street City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☑ 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 (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	Encapsulation	Enclosure
BASEMENT			✓	PIPE INSULATION	60LF	✓			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 3/13/13	City, State, Zip Code: Bethlehem, PA 18015

Completed by: JOSEPH VOCATURO	Title: OPERATIONS	Signature: J. Vocaturo	Date: 3/12/13

ASS-41 (R-86-2E)

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

State of New Jersey

Check # 10493

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 3-26-2013

Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA

Type Notification: [X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation

Name of Building Owner/Operator (2): Gail Walter

Street Address: 25 Woodland Ave.

City, State, Zip Code: Glen Ridge,NJ,07028

Name of Contact: Gail Walter

Telephone Number CONTROL #

RECEIVED
APR 1 2013

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Same as above

Street Addres

City (5

County (6) Essex: ESSEX

County Code (7) (STATE USE ONLY)

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

Square Feet	# of Floors	Bldg. Age
3200	3	100

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8): N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number: N/A

Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973)744-8800

License Number: 00371

Scheduled Start Date (10): 4-5-2013 (Month Day Year)

Sched. Completion Date (11): 4-8-2013 (Month Day Year)

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	75 lf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.: 17040

Cubic Yards of Waste 1.

Name of Registered Landfill: G.R.O.W.S.

City, State: Montclair, NJ 07042

Disposal Date: 4-9-2013

City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian

Title: President

Signature

Date: 3-26-2013

State of New Jersey

Check # 10494

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	Name of Building Owner/Operator (2)
3-26-2013	Renee Bogert

RECEIVED
APR 1 2013
ASBESTOS CONTROL &

Agencies Notified	Type Notification	Street Address	Telephone Number
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	28 Vernon Terrace City, State, Zip Code: Bloomfield,NJ,07003 Name of Contact: Renee Bogert	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	
City (5 / County (6) Essex / County Code (7) (STATE USE ONLY)	Square Feet: 1800 / # of Floors: 2 / Bldg. Age: 72 Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973)744-8800 / License Number: 00371
Scheduled Start Date (10): 4-4-2013 (Month Day Year)	Sched. Completion Date (11): 4-5-2013 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»		Street Address City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	35 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 4-8-2013	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		3-26-2013

Mar 25 2013 08:45am P001/001

CHECK #: 8122

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

RECEIVED
MAR 25 2013
ASBESTOS CONTROL & LICENSING

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 3/25/13 Time: 7:44AM

Date of Notification (1): 3/22/13	Name of Building Owner/Operator (2): Mr. Mc Fadden	
Agencies Notified: ☐ EPA ☑ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation	Street Address: 280 High St
		City, State, Zip Code: Hackensack NJ 07601
		Name of Contact: MC Fadden
		Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mc Fadden	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 280 High St	Square Feet: 1750	# of Floors: 2
City (5): Hackensack		Bldg. Age: 50+
County (6): Bergen	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. MAC Contracting Inc
Street Address		Street Address: 105 Lowell Road
City, State, Zip Code		City, State, Zip Code: Glen Rock, NJ 07452
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841 License No.: 00156
Start Date (10): 3/22/13	Scheduled Completion Date (11): 4/22/13	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 280 Huyer Street City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☑ 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 (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
Basement			✓	Pipe insulation	50 LF	✓			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 3/22/13	City, State, Zip Code: Bethlehem, PA 18015

Completed by: Joseph Vocaturo	Title: Operations	Signature: J. Vocaturo	Date: 3/22/13

AES-41 (R-08-09)

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

Print Form

3599

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/27/13	Name of Building Owner/Operator (2): Robert Ford / Private Home
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 56 Andrew Dr.
	City, State, Zip Code: Manahawkin NJ 08050
	Name of Contact: Robert — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Ford / Private Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 56 Andrew Dr.			
City (5): Manahawkin NJ 08050		Square Feet: 1000+	# of Floors: 1 — Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Home

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 4/9/13	Scheduled Completion Date (11): 4/15/13	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		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
Exterior Siding			x	Exterior Siding	1000 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 4/15/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 3/27/13

ASB-41 (R-06-08)

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

2581

Print Form

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

RECEIVED
APR 1 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 -26-13	Name of Building Owner/Operator (2): Keven Inskip
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 456 Caverly Dr
	City, State, Zip Code: Brigantine NJ 08203
	Name of Contact: Kev — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rasident			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 456 Caverly Dr			
City (5): Brigantine	Square Feet: 2800	# of Floors: 3	Bldg. Age: 65
County (6): Atlandic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): resident

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Ani & Joe LLc	
Street Address		Street Address: 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code: Delanco .NJ . 08075	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-824-0971	License No.: 07010
Start Date (10): 4-5-13	Scheduled Completion Date (11): 4-10-13	Name of OSHA Monitor: self	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ 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 (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
outside				(ACM) siding	2900lf	x			

Name of Registered Waste Hauler: J Robinson Wast	NJDEP Waste Hauler ID No.: 28368	Cubic Yards of Waste: 1	Name of Registered Landfill: Wm of Pa
City, State: Bellmawr		Disposal Date: TBD	City, State: Tullytown Pa

Completed by: Joseph T Hill	Title: VP	Signature	Date: 3-26-13

ASB-41 (R-06-08)

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Print Form

CK 4718702229

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

2013 APR 1 AM 12:50

Date of Notification (1): March 28, 2013	Name of Building Owner/Operator (2): East Rutherford Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 106 Uhland Street
	City, State, Zip Code: East Rutherford, NJ 07073
	Name of Contact: Anthony Juskiewicz — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Faust Intermediate School			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 106 Uhland Street			
City (5): East Rutherford	Square Feet: 60,000	# of Floors: 3	Bldg. Age: 60
County (6): Bergen	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis,Inc.	ASCM No.: 090	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 403 St. James Avenue		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 4/06/2013	Scheduled Completion Date (11): 07/15/2013	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue; City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [x] 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 (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
Phase 1 - Nurses Offices (5 areas)		X		2'x4' Ceiling Tiles	1050 SF	x			
Phase 1 - Stage Foyer		X		2'x4' Ceiling Tiles	30 SF	x			
Phase 1 - Gym Office		X		2'x4' Ceiling Tiles	200 SF	x			
Phase 1 - 1st Fl Stairs (Paterson Ave		X		2'x4' Ceiling Tiles	200 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature	Date: 3/28/13

ASB-41 (R-06-08)

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

Print Form

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

2013 APR -1 AM 12:00

Date of Notification (1): March 28, 2013	Name of Building Owner/Operator (2): East Rutherford Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 106 Uhland Street City, State, Zip Code: East Rutherford, NJ 07073 Name of Contact: Anthony Juskiewicz Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Faust Intermediate School Street Address: 106 Uhland Street	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)		
City (5): East Rutherford	Square Feet: 60,000	# of Floors: 3	Bldg. Age: 60
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Middle School	

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis,Inc.	ASCM No.: 090	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 403 St. James Avenue		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 4/06/2013	Scheduled Completion Date (11): 07/15/2013	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

[x] 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 (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
Phase 1 - Storage Room 105		X		2'x4' Ceiling Tiles	200 SF	x			
Phase 2 - CST Office 1		X		2'x4' Ceiling Tiles	400 SF	x			
Phase 2 - CST Office 2		X		2'x4' Ceiling Tiles	280 SF	x			
Phase 2 - Main Office Closet		X		2'x4' Ceiling Tiles	80 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature	Date: 3/28/13

ASB-41 (R-06-08)

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Print Form

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

Date of Notification (1): March 28, 2013	Name of Building Owner/Operator (2): East Rutherford Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 106 Uhland Street
	City, State, Zip Code: East Rutherford, NJ 07073
	Name of Contact: Anthony Juskiewicz — Telephone Number:

2013 APR -2 AM 12:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Faust Intermediate School			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 106 Uhland Street			
City (5): East Rutherford	Square Feet: 60,000	# of Floors: 3	Bldg. Age: 60
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis,Inc.	ASCM No.: 090	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 403 St. James Avenue		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 4/06/2013	Scheduled Completion Date (11): 07/15/2013	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue	
		City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[x] 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 (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
Phase 2 - 1st Fl Stairs (Grove Ave)		X		2'x4' Ceiling Tiles	400 SF	x			
Phase 3 - Room 108		X		2'x4' Ceiling Tiles	800 SF	x			
Phase 3 - Room 109		X		2'x4' Ceiling Tiles	800 SF	x			
Phase 3 - 1st Fl Stairs (Grove St)		X		2'x4' Ceiling Tiles	150 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature:	Date: 3/28/13

ASB-41 (R-06-08)

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Print Form

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

Date of Notification (1): March 28, 2013	Name of Building Owner/Operator (2): East Rutherford Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 106 Uhland Street
	City, State, Zip Code: East Rutherford, NJ 07073
	Name of Contact: Anthony Juskiewicz | Telephone Number: [redacted]

2013 APR 1 AM 12:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Faust Intermediate School			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 106 Uhland Street			
City (5): East Rutherford	Square Feet: 60,000	# of Floors: 3	Bldg. Age: 60
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis,Inc.	ASCM No.: 090	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 403 St. James Avenue		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 4/06/2013	Scheduled Completion Date (11): 07/15/2013	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [x] 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 (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
Phase 4 - Room 200		X		2'x4' Ceiling Tiles	700 SF	x			
Phase 4 - Room 201		X		2'x4' Ceiling Tiles	700 SF	x			
Phase 4 - Closet Room 222		X		2'x4' Ceiling Tiles	100 SF	x			
Phase 4 - Rm 201 Stairs (Grove St)		X		2'x4' Ceiling Tiles	200 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature: [signature]	Date: 3/28/13

ASB-41 (R-06-08)

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

Date of Notification (1): March 28, 2013	Name of Building Owner/Operator (2): East Rutherford Board of Education
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	Street Address: 106 Uhland Street
	City, State, Zip Code: East Rutherford, NJ 07073
	Name of Contact: Anthony Juskiewicz — Telephone Number: [redacted]

2013 APR -2 AM 12:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Faust Intermediate School			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 106 Uhland Street			
City (5): East Rutherford	Square Feet: 60,000	# of Floors: 3	Bldg. Age: 60
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis,Inc.	ASCM No.: 090	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address: 403 St. James Avenue		Street Address: 11 Rosengren Avenue	
City, State, Zip Code: Phillipsburg, NJ 08865		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm: Jonathan Gilbert	Telephone No.: 908-454-6316	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 4/06/2013	Scheduled Completion Date (11): 07/15/2013	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 11 Rosengren Avenue; City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
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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
Phase 4 -Storage Room 226		X		2'x4' Ceiling Tiles	200 SF	x			
Phase 4 - 2nd Floor Hall		X		2'x4' Ceiling Tiles	2000 SF	x			
Phase 4 - Library Room 202		X		2'x4' Ceiling Tiles	1200 SF	x			
Phase 4 - Library Stairs (Grove St)		X		2'x4' Ceiling Tiles	500 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature	Date: 3/28/13

ASB-41 (R-06-08)

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Print Form

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

2013 APR -1 AM 12:00

Date of Notification (1) March 28, 2013		Name of Building Owner/Operator (2) East Rutherford Board of Education	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 106 Uhland Street City, State, Zip Code East Rutherford, NJ 07073 Name of Contact Anthony Juskiewicz	Telephone Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Alfred Faust Intermediate School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 106 Uhland Street			
City (5) East Rutherford		Square Feet 60,000	# of Floors 3	Bldg. Age 60
County (6) Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Middle School	

Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis,Inc.	ASCM No. 090	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address 403 St. James Avenue		Street Address 11 Rosengren Avenue	
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Jonathan Gilbert	Telephone No. 908-454-6316	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 4/06/2013	Scheduled Completion Date (11) 07/15/2013	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ 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 (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
Phase 4 - Art Room 213		X		2'x4' Ceiling Tiles	900 SF	X			
Phase 4 - Room 212		X		2'x4' Ceiling Tiles	600 SF	X			
Phase 4-3rd Fl Stairs(Paterson Ave)		X		2'x4' Ceiling Tiles	200SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA

Completed by Deanna Brkusanin	Title Project Manager	Signature	Date 3/28/13

ASB-41 (R-06-08)

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