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

Date of Notification (1): **April 20, 2012**	Name of Building Owner / Operator (2): **JP Morgan Chase & Co.**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #__ ☐ Cancellation	Street Address: **591 Cranbury Road** City, State & Zip Code: **East Brunswick, NJ 08816** Name of Contact: **Damiano Albanese** Telephone Number:

RECEIVED APR 25 2012 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **JP Morgan Chase Bank** Street Address: **591 Cranbury Road** City (5): **East Brunswick, NJ** County (6): **Middlesex** County Code (7) *USE ONLY* _____	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.) Square Feet: **7,000** # of Floors: **1** Bldg. Age: **50** Current Use (Prior if being demolished): **Bank**
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis US Inc.** ASCM No. Street Address: **35 Columbia Road** City, State & Zip Code: **Branchburg, NJ 08876** Project Manager for Monitoring Firm: **Peter Banas** Telephone Number: **908-526-1000**	Name of Abatement Contractor (9): **Synatech, Inc.** Street Address: **829 Radio Road** City, State & Zip Code: **Little Egg Harbor, NJ 08087** Telephone Number: **609-296-6916** License Number: **00817**
Scheduled Start Date (10): **May 1, 2012** Scheduled Completion Date (11): **May 2, 2012**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **829 Radio Road** City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 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 or 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 and 1st floor closet			X	*Floor Tile*	*450 SF*	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Synatech, Inc.	**27429**	**3**	**Grows Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: **May 3, 2012**	City, State: **Morrisville, PA**

Completed By	Title	Signature	Date
John Mezzina	**Vice President**		**April 20, 2012**

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

CHECK # 2288.

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

RECEIVED APR 25 2012

Date of Notification (1): 4/23/12

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

Telephone Number:

FACILITY INFORMATION

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

Street Address: 2 KINGSTOWN LANE

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 to 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

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

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

Start Date (10): 5/7/12 Scheduled Completion Date (11): 5/14/12

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	Enclosure
SIDING				TRANSITE	2000#	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.S.

City, State: WOODBINE, N.J.

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

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 4/23/12

ASB-41

* Do not use this form for asbestos licensure exempted activities

Check # 8184

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

RECEIVED APR 25 2012

Date of Notification (1): 4-23-12	Name of Building Owner/Operator (2): Patrica Stiek
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 41 Hillcrest Street	
City, State, Zip Code: Cranford NJ 07016	
Name of Contact: Patrica Stiek	Telephone Number: [redacted]

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: 41 Hillcrest Street	
City (5): Cranford NJ 07016	Square Feet: / # of Floors: 2 / Bldg. Age: 60+
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): 5-3-12 / Scheduled Completion Date (11): 5-3-12	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			Pipe Insulation	100 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
City, State: NE NJ		Disposal Date: 5-4-12	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 4-23-12

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 3712

RECEIVED
APR 25 2012
ASI

Date of Notification (1): 4-23-2012	Name of Building Owner/Operator (2): BEVERLY ARMS CONDOMINIUM ASSOC.
Agencies Notified: ■ EPA ☐ DEP ■ DOL ■ DOH ☐ DCA	Type Notification: ■ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1541 LEMOINE AVENUE
	City, State, Zip Code: FORT LEE, N.J. 07024
	Name of Contact: D. FUSCO — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): BEVERLY ARMS CONDOMINIUM ASSOC.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1541 LEMOINE AVENUE	
City (5): FORT LEE	Square Feet: 31000 — # of Floors: 5 — Bldg. Age: 64 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 South 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): 5-7-12 — Scheduled Completion Date (11): 5-11-12	Name of OSHA Monitor: Omega Environmental Services
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 Boiler Room	X			THERMAL INSULATION	216 SF			X	
BASEMENT Boiler Room	X			THERMAL INSULATION	240 LF			X	

Name of Registered Waste Hauler: Best Removal Inc.	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/4 YD	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack, NJ		Disposal Date: 5-1-12	City, State: Waynesburg, OH.

Completed By	Title	Signature	Date
R. Veldran	Estimator	R. Veldran	4-23-12

ASB-41 (R-05-08)

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

REMEMBER – MAIL IN HARD COPY

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

DOL – 10 DAY

WAIVER APPROVED

Date of Notification (1)		Name of Building Owner/Operator (2)
April 23, 2012		Julio Gonzalez
Agencies Notified: x EPA, DCA, x DOL, X DEP, x DOH	Notification Type: ☒ Initial Notification; ☐ Amended Certification; ☒ Emergency (including justification); ☐ Cancelled	Street Address: 540 Outwater Lane; City, State, Zip Code: Garfield, NJ; Name of Contact: Julio Gonzalez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)
Residence			☐ School (K-12); ☐ Subchapter 8 (other than K-12); ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 540 Outwater Lane			Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years
City (5): Garfield	County (6): Passaic	County Code (7) (State Use Only)	Current Use (prior if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)	License Number
EnviroVision Consultants inc.	00079	GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address: 20-21 Wagaraw Road, Bldg # 34A		Street Address: 268 MAIN STREET	
City, State, Zip Code: Fairlawn, NJ 07410		City State, ZipCode: Butler, NJ 07405	
Project Manager for Monitoring Firm: Fred Larson	Telephone Number: 973-636-9145	Telephone Number: 973-492-0477	00640
Scheduled Start Date (10): April 24, 2012	Scheduled Completion Date (11): April 24, 2012	Name of OSHA Monitor: EMSL inc.	

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 Basement

OSHA Monitor Street Address: 1056 Stelton Road
City, State, Zip Code: Piscataway, NJ 08854

Source of Work (Check all that apply)
- ≥ 3 cf or ≥ 3 lf
- ☐ ≥ 160 sf or ≥ 260
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- x Glovebag Procedure
- Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap.	Enclose
Basement			☒	Pipe & Fitting Insulation	40 LF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below		Meadowfill Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date: April 24, 2012
City, State: Route 2, Box 60 Bridgeport, WVA 304-842-2704

Completed by (Print or Type)	Title	Signature	Date
Maria Grauro	SENIOR PROJECT MANAGER	*Maria Grauro*	April 24, 2012

GAC # 2012-9021

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED
APR 25 2012

Date of Notification (1): **April 23, 2012**	Name of Building Owner/Operator (2): **Julio Gonzalez**
Agencies Notified: x EPA, DCA, x DOL, x DEP, x DOH	Notification Type: ☒ Initial Notification; ☐ Amended Certification; ☒ Emergency (including justification); ☐ Cancelled	Street Address: **540 Outwater Lane** City, State, Zip Code: **Garfield, NJ** Name of Contact: **Julio Gonzalez** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence** Street Address: **540 Outwater Lane** City (5): **Garfield** — County (6): **Passaic** — 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.) Sq. Feet: **Unknown** # of Floors: **2** Bldg. Age: **60 years** Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8): **EnviroVision Consultants inc.** — ASCM No. **00079** Street Address: **20-21 Wagaraw Road, Bldg # 34A** City, State, Zip Code: **Fairlawn, NJ 07410** Project Manager for Monitoring Firm: **Fred Larson** — Telephone Number: **973-636-9145**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.** Street Address: **268 MAIN STREET** City State, ZipCode: **Butler, NJ 07405** Telephone Number: **973-492-0477** — License Number: **00840**
Scheduled Start Date (10): **April 24, 2012** — Scheduled Completion Date (11): **April 24, 2012**	Name of OSHA Monitor: **EMSL inc.**
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: **Basement**	Street Address: **1056 Stelton Road** City, State, Zip Code: **Piscataway, NJ 08854**

Source of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 lf
- ☐ ≥ 160 sf or ≥ 260
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- x Glovebag Procedure
- Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Basement			☒	**Pipe & Fitting Insulation**	**40 LF**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below		**Meadowfill Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date: **April 24, 2012**

City, State: Route 2, Box 68, Bridgeport, WVA, 304-842-2784

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	**SENIOR PROJECT MANAGER**	*Marin Graure*	**April 24, 2012**

GAC # 2012-9021

Print Form

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

CK# 1139

Date of Notification (1): 4-23-2012		Name of Building Owner/Operator (2): Legow Management	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 160 South Livingston Ave.	
		City, State, Zip Code: Livingston, NJ 07039	
		Name of Contact: John	Telephone Number

RECEIVED
APR 25 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Brandywyne East Apt. # 98A		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: Brandywyne East Court			
City (5): Brielle, NJ		Square Feet	# of Floors / Bldg. Age: 50+
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment Unit	

Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Jadar Contracting, LLC	
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.: 01088
Start Date (10): 5-2-2012	Scheduled Completion Date (11): 5-4-2012	Name of OSHA Monitor: Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9am - 5 pm		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
☒ ≥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
Main Floor			X	VAT	465 SF	X			
Bathroom			X	VAT	40 SF	X			

Name of Registered Waste Hauler: Jadar Contracting LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed by: Lillie Lazarevich	Title: Secretary	Signature: L. Lazarevich	Date: 4-23-2012

ASB-41 (R-06-08)

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

CHECK # 7704

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

RECEIVED APR 25 2012 ASCM LICENSING

Date of Notification (1): 04 / 18 / 12		Name of Building Owner/Operator (2): State of New Jersey-Garden State Youth Correctional Facility
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 W. State Street City, State, Zip Code: Trenton, NJ 08608 Name of Contact: Mr. Joseph May Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Garden State Youth Correctional Facility			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 98 Highbridge Road			
City (5): Yardville		Square Feet: 300K	# of Floors: 3 / Bldg. Age: 40+
County (6): Mercer	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Correctional Facility	

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc.	ASCM No.: 00112	Name of Abatement Contractor (9): East Coast Haz Mat Removal, Inc.	
Street Address: 344 West State Street		Street Address: 494 E. 41 Street	
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Paterson, NJ 07504	
Project Manager for Monitoring Firm: Mr. William Weisgarber	Telephone No.: 609-656-8101	Telephone No.: (73-345-0022	License No.: 00507
Start Date (10): 05 / 03 / 12	Scheduled Completion Date (11): 05 / 18 / 12	Name of OSHA Monitor: East Coast HazMat Removal, Inc.	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 494 E. 41 Street City, State, Zip Code: Paterson, NJ 07504	

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
Office (C1257), Storage (C1258)	☐	☒	☐	Acoustical Plaster	626 SF	☒	☐	☐	☐
Office (C 1257-B)	☐	☒	☐	Acoustical Plaster	75 SF	☒	☐	☐	☐
Office (C1257), Storage (C1258)	☐	☒	☐	Floor Tiles/Mastic	626 SF	☒	☐	☐	☐
Office (C 1257-B)	☐	☒	☐	Floor Tiles/Mastic	75 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: East Coast Haz Mat Removal, Inc.	NJDEP Waste Hauler ID No.: 18602	Cubic Yards of Waste: 25	Name of Registered Landfill: North GROWS, Inc. - WM
City, State: Paterson, NJ 07504		Disposal Date: May 09, 2012	City, State: Morrisville, PA 19067

Completed By (Print or Type): Leslie Olszewski	Title: Project Manager	Signature: [signature]	Date: 04-18-2012

ASB-41
MAY 11

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

D04206

D&S Proj. #: MS 12-140

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
APR 25 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/19/12

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

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

Name of Building Owner/Operator (2): Chris Steiner

Street Address: 20 Harvard Road

City, State, Zip Code: Linden, NJ 07036

Name of Contact: Chris Steiner

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Private Residence

Street Address: 20 Harvard Road

City (5): Linden

County (6): Union

County Code (7) (State use only):

Type of Facility (4): [ ] School (K - 12) [ ] Subchapter 8 (Other than K-12) [X] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 08

Sched. Completion Date (11): 08

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: NORMAL HOURS

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
- [X] >3 sf or >3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
Basement		X		Pipe Insulation	106 LF	X			

Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill
D & S RESTORATION, INC.	13506	3 CY	TULLYTOWN, RESOURCE RECOVERY
City, State: PATERSON, NJ 07503		Disposal Date: 5/3/12	City, State: TULLYTOWN, PA

Completed by (Print or Type)	Title	Signature	Date
BOGDAN JOLDZIC	PRESIDENT		4/20/2012

ASB-41

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