Print Form

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

RECEIVED #2091
2012 AUG 23 PM 9:27
ASBESTOS CONTROL & LICENSING

| | |
|---|---|
| Date of Notification (1): 08/20/12 | Name of Building Owner/Operator (2): Julie Liepold |
| Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA<br>Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation | Street Address: 728 Ridgewood Road<br>City, State, Zip Code: Millburn, NJ 07041<br>Name of Contact: Julie Liepold<br>Telephone Number: |

**FACILITY INFORMATION**

| | |
|---|---|
| Name of Facility Where Abatement is Taking Place (3): Private Residence | Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.) |
| Street Address: 728 Ridgewood Road | |
| City (5): Millburn | Square Feet: 2,100 / # of Floors: 2 / Bldg. Age: 50+ |
| County (6): Essex<br>County Code (7) *(STATE USE ONLY)* _____ | Current Use (Prior if being demolished) |

| | |
|---|---|
| Name of Monitoring Firm Hired by Building Owner (8)<br>ASCM No. | Name of Abatement Contractor (9): Pyramid Contracting Corp. |
| Street Address | Street Address: 163 Sargeant Avenue |
| City, State, Zip Code | City, State, Zip Code: Clifton, NJ 07013 |
| Project Manager for Monitoring Firm<br>Telephone No. | Telephone No.: 973-689-6281 / License No.: 01099 |
| Start Date (10): 08/31/12<br>Scheduled Completion Date (11): 08/31/12 | Name of OSHA Monitor: J&S Environmental Laboratories, LLC |
| Occupancy Status During Abatement (Check Only One)<br>[x] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other – Describe: _____ | Street Address: 2333 Route 22 West<br>City, State, Zip Code: Union, NJ 07081 |

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
[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 |
|---|---|---|---|---|---|---|---|---|---|
| Basement, Boiler Room & Garage | | | X | Pipe Insulation | 140 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|---|---|---|
| Name of Registered Waste Hauler: Pyramid Contracting Corp. | NJDEP Waste Hauler ID No.: 32613 | Cubic Yards of Waste: 2 | Name of Registered Landfill: G.R.O.W.S., Inc. |
| City, State: Clifton, New Jersey | | Disposal Date: 08/28/12 | City, State: Morrisville, Pennsylvania |

| | | | |
|---|---|---|---|
| Completed by: Dimo Golcev | Title: General Manger | Signature: | Date: 08/20/12 |

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)

RECEIVED
2012 AUG 23 PM 9:24
ASBESTOS CONTROL & LICENSING
# 20554

| Date of Notification (1) | Name of Building Owner/Operator (2) |
|---|---|
| August 20, 2012 | Dede Pitts |

| Agencies Notified | Type of Notification | Street Address | City, State, Zip Code |
|---|---|---|---|
| [ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br>[ x ] DOH<br>[ ] DCA | [ x ] Initial Notification<br>[ ] Amended Notification Amendment #_____<br>[ ] Emergency (including justification)<br>[ ] Cancellation | 85 Fairhaven Road | Fair Haven, NJ 07704 |

| Name of Contact | Telephone Number |
|---|---|
| Dede Pitts | |

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Type of Facility (4) |
|---|---|
| Residence | [ ] School (k-12)<br>[ ] Subchapter 8 (other than k12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |
| Street Address: 85 Fairhaven Road | |

| City | County (6) | County Code (7) (STATE USE ONLY) | Square feet | # of Floors | Bldg. Age |
|---|---|---|---|---|---|
| Fair Haven | Monmouth | | 2500 sf | 2 | 80 |

Current Use (Prior ifbeing demolished): Residence

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
|---|---|---|
| Guardian Contracting, Inc. | | Guardian Contracting, Inc. |
| Street Address: 1889 Rte. 9, Unit 61 | | Street Address: 1889 Route 9, Unit 61 |
| City, State, Zip Code: Toms River, NJ 08755 | | City, State, Zip Code: Toms River, New Jersey 08755-1271 |

| Project Manager for Monitoring Firm | Telephone Number | Telephone Number | License Number |
|---|---|---|---|
| Nicholas Fernicola | 732-349-9932 | 732-349-9932 | 00624 |

| Scheduled StartDate (10) | Scheduled Completion Date (11) | Name of OSHA Monitor |
|---|---|---|
| 8/31/12 | 9/3/12 | 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)

| | | | | | |
|---|---|---|---|---|---|
| [ x ] | >3 sf or ≥3 lf | [ x ] | Renovation | [ x ] | Glovebag Procedure |
| [ ] | ≥160 sf or ≥260 lf | [ ] | Demolition | [ ] | Non-Exempted (*) and Non-Friable Procedure |
| | | | | [ ] | Full Containment with Negative Pressure |
| | | | | [ ] | Mini-Enclosure |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| Crawlspace | | X | | Asbestos pipe insulation | 250 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
|---|---|---|---|
| Guardian Contracting, Inc. | 20223 | 2 | T.R.R.F. |

| City, State | Disposal Date | City, State |
|---|---|---|
| Toms River, New Jersey | 9/4/12 | Tullytown, Pennsylvania |

| Completed by (Print or Type) | Title | Signature | Date |
|---|---|---|---|
| Nicholas Fernicola | Project Manager | Nichol Fern | 8/20/2012 |

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State of New Jersey

# NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
2012 AUG 23 A 20552
PM 9:22
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) | Name of Building Owner/Operator (2) |
|---|---|
| August 20, 2012 | Garden State Modular Homes, LLC |

| Agencies Notified | Type of Notification | Street Address | |
|---|---|---|---|
| [ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br>[ x ] DOH<br>[ ] DCA | [ ] Initial Notification<br>[ ] Amended Notification Amendment #_____<br>[X] Emergency (including justification)<br>[ ] Cancellation | P O Box 96 | |
| | | City, State, Zip Code: Lavallette, NJ 08735 | |
| | | Name of Contact: Mark Fertakos | Telephone Number |

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Type of Facility (4) |
|---|---|
| Residence | [ ] School (k-12)<br>[ ] Subchapter 8 (other than k12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |
| Street Address: 120 Elizabeth Avenue ~~Avenue~~ | |

| City | County (6) | County Code (7) (STATE USE ONLY) | Square feet | # of Floors | Bldg. Age |
|---|---|---|---|---|---|
| Lavallette | Ocean | | 1500 sf | 1 | 60 |

Current Use (Prior if being demolished): Residence

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
|---|---|---|
| N/A | | 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): 8/21/12 | Scheduled Completion Date (11): 8/22/12 | Name of OSHA Monitor: E.M.S.L. Analytical |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other – Describe_____ | | Street Address: 1056 Stelton Road<br>City, State, Zip Code: Piscataway, New Jersey 08854 |

Scope of Work (Check all that apply)

| | | | | | |
|---|---|---|---|---|---|
| [ ] | >3 sf or ≥3 lf | [ ] | Renovation | [ ] | Full Containment with Negative Pressure |
| [ x ] | ≥160 sf or ≥260 lf | [ x ] | Demolition | [ ] | 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-House | | X | | Asbestos siding | 1200 sf | X | | | |
| Exterior-garage | | X | | Asbestos siding | 500 sf | X | | | |
| Exterior-shed | | X | | Asbestos siding | 160 sf | X | | | |
| | | | | | | | | | |

| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
|---|---|---|---|
| Guardian Contracting, Inc. | 20223 | 4 | T.R.R.F. |

| City, State | Disposal Date | City, State |
|---|---|---|
| Toms River, New Jersey | 8/23/12 | Tullytown, Pennsylvania |

| Completed by (Print or Type) | Title | Signature | Date |
|---|---|---|---|
| Nicholas Fernicola | Project Manager | Nicholas Fernicola | 8/20/2012 |

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State of New Jersey

# NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
2012 AUG 23 PM 9:21
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) | Name of Building Owner/Operator (2) |
|---|---|
| August 20, 2012 | Trenton Department of Public Works |

| Agencies Notified | Type of Notification | Street Address | |
|---|---|---|---|
| [ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br>[ x ] DOH<br>[ x ] DCA | [ x ] Initial Notification<br>[ ] Amended Notification Amendment #_____<br>[ ] Emergency (including justification)<br>[ ] Cancellation | 319 Eat State Street | |
| | | City, State, Zip Code<br>Trenton, NJ 08608 | |
| | | Name of Contact<br>Harold Hall | Telephone Number |

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | | | Type of Facility (4) | | |
|---|---|---|---|---|---|
| Trenton Water Works | | | [ ] School (k-12)<br>[ x ] Subchapter 8 (other than k12)<br>[ ] Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address<br>669 Pennington Avenue (corner of Pennington & Melon St.) | | | Square feet<br>3,375 | # of Floors<br>1 | Bldg. Age<br>54 |
| City<br>Trenton | County (6)<br>Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br>Central Pumping Station | | |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | |
|---|---|---|---|
| Environmental Connection, Inc. | 00030 | Guardian Contracting, Inc. | |
| Street Address<br>120 North Warren Street | | Street Address<br>1889 Route 9, Unit 61 | |
| City, State, Zip Code<br>Trenton, NJ 08609 | | City, State, Zip Code<br>Toms River, New Jersey 08755-1271 | |
| Project Manager for Monitoring Firm<br>Brian Holbig | Telephone Number<br>609-392-4200 | Telephone Number<br>732-349-9932 | License Number<br>00624 |
| Scheduled Start Date (10)<br>9/4/12 | Scheduled Completion Date (11)<br>10/5/12 | Name of OSHA Monitor<br>E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other – Describe_____ | | Street Address<br>1056 Stelton Road | |
| | | City, State, Zip Code<br>Piscataway, New Jersey 08854 | |

Scope of Work (Check all that apply)

| | | | | | |
|---|---|---|---|---|---|
| [ ] | >3 sf or ≥3 lf | [ x ] | Renovation | [ x ] | Full Containment with Negative Pressure |
| [ x ] | ≥160 sf or ≥260 lf | [ ] | Demolition | [ ] | 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 | ENCAPSULE | ENCLOSURE |
|---|---|---|---|---|---|---|---|---|---|
| First floor | X | | | Skim coat plaster | 4,000 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
|---|---|---|---|
| Guardian Contracting, Inc. | 20223 | 60 | T.R.R.F. |

| City, State | Disposal Date | City, State |
|---|---|---|
| Toms River, New Jersey | 10/8/12 | Tullytown, Pennsylvania |

| Completed by (Print or Type) | Title | Signature | Date |
|---|---|---|---|
| Nicholas Fernicola | Project Manager | Nicholas Fernicola | 8/20/2012 |

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CK #1589

RECEIVED
2012 AUG 23 PM 8:24
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 8-21-12

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

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

Name of Building Owner/Operator (2): COUNTY OF ESSEX
Street Address: 465 DR. MARTIN LUTHER KING BLVD
City, State, Zip Code: NEWARK NJ 07102
Name of Contact: BRIAN KEARNS
Telephone:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KIPS CASTLE
Street Address: 22 CRESTMONT RD
City (5): VERONA
County (6): 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: 3000
# of Floors: 2
Bldg. Age: 80

Current Use (Prior if being demolished): CASTLE

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): ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732 294 1757
License No.: 00029

Start Date (10): 8-30-12
Scheduled Completion Date (11): 9-4-12

Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

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)
- [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-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: Glovebag | Mini-Enclosure | Full Containment |
|---|---|---|---|---|---|---|---|---|
| | | | | PIPE | 30 LF | ✓ | | |

Name of Registered Waste Hauler: ACE INSULATION CO INC
NJDEP Waste Hauler ID No.: 17-056
Cubic Yards of Waste: 1
Name of Registered Landfill: EESE
City, State: COLTS NECK NJ 07722
Disposal Date: 9-4-12
City, State: BETHLEHEM PA

Completed By: SYDNEY HALL
Title: OPS MGR
Signature: Sydney Hall
Date: 8-21-12

ASB-41

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RECEIVED

2012 AUG 23 PM 8:24

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 8-21-12

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

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

Name of Building Owner/Operator (2)
CATHY DENNER

Street Address
309 N. SCOTCH PLAINS AVE

City, State, Zip Code
WESTFIELD NJ 07090

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CATHY DENNER

Street Address
1 MACARTHER AVE

City (5)
CRANFORD

County (6)
UNION

County Code (7) (STATE USE ONLY)

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

| Square Feet | # of Floors | Bldg. Age |
|---|---|---|
| 1800 | 2 | 75 |

Current Use (prior if being demolished)
HOUSE

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)
ACE INSULATION CO INC

Street Address
95 MONTROSE RD

City, State, Zip Code
COLTS NECK NJ 07722

Telephone No.
732 294 1757

License No.
00829

Start Date (10)
9-3-12

Scheduled Completion Date (11)
9-10-12

Name of OSHA Monitor
ACE INSULATION CO INC

Street Address
95 MONTROSE RD

City, State, Zip Code
COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7AM - 7PM

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-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: Glovebag | Repair | Encapsulate | Demolish |
|---|---|---|---|---|---|---|---|---|---|
| BASEMENT | | | | PIPE | 24 LF | X | | | |

Name of Registered Waste Hauler
ACE INSULATION CO INC

NJDEP Waste Hauler ID No.
17-0516

Cubic Yards of Waste
1

Name of Registered Landfill
EESE

City, State
COLTS NECK NJ 07722

Disposal Date
9-10-12

City, State
BETHLEHEM PA

Completed By
JACK GALE

Title
OPS MGR

Signature
Jack Gale

Date
8-21-12

ASB-41

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