

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

CK# 2417

Date of Notification (1) <b>8/25/14</b>		Name of Building Owner/Operator (2) <b>Rich Bass</b>																															
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																															
Street Address <b>9 Trenton Ave</b>		City, State, Zip Code <b>Lavallette, New Jersey</b>																															
Name of Contact <b>Dore</b>		Telephone Number <b>201-294-1757</b>																															
<b>FACILITY INFORMATION</b>																																	
Name of Facility Where Abatement is Taking Place (3) <b>Bass Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																															
Street Address <b>9 Trenton Ave</b>		Square Feet <b>2400</b>																															
City (5) <b>Lavallette</b>		# of Floors <b>2</b>																															
County (6) <b>Ocean</b>		Bldg. Age <b>63</b>																															
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>																															
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.																															
Street Address		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>																															
City, State, Zip Code		Street Address <b>95 Montrose Road</b>																															
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>																															
Telephone No.		Telephone No. <b>732-294-1757</b>																															
Start Date (10) <b>9/3/14</b>		License No. <b>00029</b>																															
Scheduled Completion Date (11) <b>9/9/14</b>		Name of OSHA Monitor																															
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>7am-7pm</b>		Street Address																															
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 if <input checked="" type="checkbox"/> 2160 sf or 2260 if		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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)																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Yes	No	N/A				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th>Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <td><b>at doors</b></td> <td><b>2400</b></td> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				<b>at doors</b>	<b>2400</b>	Removal	Repair	Encapsulate	Enclosure												
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																															
<b>at doors</b>	<b>2400</b>	Removal	Repair	Encapsulate	Enclosure																												
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>																															
City, State <b>Colts Neck, New Jersey</b>		Cubic Yards of Waste <b>4</b>																															
Name of Registered Landfill <b>G.R.O.W.S.</b>		Disposal Date <b>9/9/14</b>																															
City, State <b>Tullytown, PA</b>		Signature <b>Bree McGuire</b>																															
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>																															
Date <b>8/25/14</b>																																	

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

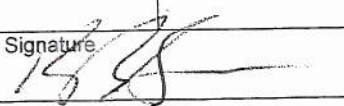
CK# 2417

Date of Notification (1) <b>8/25/14</b>		Name of Building Owner/Operator (2) <b>Rich Bass</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address <b>9 Trenton Ave</b> City, State, Zip Code <b>Lavallette, New Jersey</b> Name of Contact <b>Dore</b> Telephone Number 	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <b>Bass Residence</b> Street Address <b>9 Trenton Ave</b> City (5) <b>Lavallette</b> County (6) <b>Ocean</b> County Code (7) (STATE USE ONLY) Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>2400</b> # of Floors <b>2</b> Bldg. Age <b>63</b> Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>	
Street Address		Street Address <b>95 Montrose Road</b>	
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	
Telephone No.		License No. <b>00029</b>	
Start Date (10) <b>9/3/14</b>		Scheduler Completion Date (11) <b>9/9/14</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am-7pm</b>		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>outdoors</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b> siding</b>		Amount (Specify SF or LF) <b>2400 SF X</b>	
Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>			
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	
Cubic Yards of Waste <b>4</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>9/9/14</b>	
City, State <b>Tullytown, PA</b>		Date <b>8/25/14</b>	
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>	
Signature <b>Bree</b>		Date <b>8/25/14</b>	

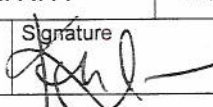
\* Do not use this form for asbestos licensure exempted activities.



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
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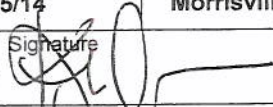
Date of Notification (1) 8/25/14		Name of Building Owner/Operator (2) Mary West							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 141 Lake Avenue							
		City, State, Zip Code Manasquan, NJ 07071							
		Name of Contact Kevin Stack	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address same as above		Square Feet 2,500	# of Floors 1						
City (5)		Bldg. Age 60							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No.	Name of Abatement Contractor (9) PowRSave						
Street Address 280 Huyler Street		Street Address 27 West Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 357						
Start Date (10) 9/10/14	Scheduled Completion Date (11) 9/12/14	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Den		X		ceiling	225sf	X			
Windows		X		caulk and glazing	180lf	X			
Name of Registered Waste Hauler Atlas		NJDEP Waste Hauler ID No. 18262		Cubic Yards of Waste	Name of Registered Landfill				
City, State Dover, NJ				Disposal Date	City, State				
Completed by Kevin Stack		Title VP		Signature 		Date 8/25/14			

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

Date of Notification (1) <div style="text-align: center;">8 / 25 / 14</div>		Name of Building Owner/Operator (2) <b>Midmall Resources Limited Partnership / Job # 1408-1909 Chk. #3688</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3 Manhattanville Road, Suite 202</b>							
		City, State, Zip Code <b>Purchase, NY 10577</b>							
		Name of Contact <b>Mr. Tom Marciniak/Jose Navarro</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Liberty Square Center</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>200 Mount Holly Road</b>				Square Feet <b>5706</b>					
City (5) <b>Burlington</b>				# of Floors <b>1</b>					
County (6) <b>Burlington</b>				Bldg. Age <b>21</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave/Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>		License No. <b>00862</b>					
Start Date (10) <div style="text-align: center;">9 / 8 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 10 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1200 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>GROWS Landfill</b>			
City, State <b>Freehold, NJ</b>		Disposal Date <b>9/11/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-25-14</b>			



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

Date of Notification (1) 8 / 25 / 14		Name of Building Owner/Operator (2) Mr. Andrew Palmer / Job # 1408-1910 Chk. #3687							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Elmwood Road South							
		City, State, Zip Code Marlton, NJ 08053							
		Name of Contact Andrew	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 946 Pleasure Avenue		Square Feet 3200	# of Floors 1						
City (5) Ocean City		Bldg. Age 1950s							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 9 / 4 / 14	Scheduled Completion Date (11) 9 / 5 / 14	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 9/5/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 8-25-14		

(K 24415)

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) CHECK #24415

Date of Notification (1) <b>8/25/2014</b>		Name of Building Owner/Operator (2) <b>CAPITAL HEALTH SYSTEMS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>750 BRUNSWICK AVENUE</b>	
		City, State, Zip Code <b>TRENTON, NJ 08638</b>	
		Name of Contact <b>PAUL BOULTER</b>	Telephone Number
	<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) <b>CAPITAL HEALTH SYSTEMS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>130/132 MILLER STREET</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>TRENTON, NJ 08638</b>		County Code (7) (STATE USE ONLY)	
County <b>MERCER</b>		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>8/26/2014</b>	Scheduled Completion Date (11) <b>8/29/2014</b>	Name of OSHA Monitor <b>AMERITECH</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address <b>1A ST. LAWRENCE AVE.</b>	
		City, State, Zip Code <b>SEASIDE HEIGHTS, NJ 08751</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)		Abatement Type Removal Repair Encapsulate Enclosure
	Yes	No	
ROOF			
INTERIOR			
BASEMENT			
THROUGHOUT			
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
ROOFING, FLASHING		1300 SF, 264 LF	X
TILE & MASTIC		330 S.F.	X
PIPE INSL., BOILER FLUE		5 L.F., 2 L.F.	X
WINDOW CAULK		130 LIN. FT.	X
Name of Registered Waste Hauler <b>CARNEVALE</b>		NJDEP Waste Hauler ID No. <b>17297</b>	Cubic Yards of Waste <b>10 YDS</b>
City, State <b>HAMILTON, NJ</b>		Name of Registered Landfill <b>GROWS</b>	
Disposal Date <b>9/2/2014</b>		City, State <b>MORRISVILLE, PA</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature 27-Mar <i>David J. D'Andrea</i>	Date <b>8/25/2014</b>


ASB-41

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



CK P24621

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

Date of Notification (1) <u>8/25/14</u>		Name of Building Owner/Operator (2) <u>Zane/Lozuke</u> <span style="float:right">2014 AUG 27 11:13</span>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>131 Delaware Street</u> City, State, Zip Code <u>Woodbury, NJ 08096</u>							
		Name of Contact <u>Barry Lozuke</u>	Telephone Number <u>857</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Commerical / Office</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>131 Delaware Street</u>									
City (5) <u>Woodbury, NJ</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>70+/-</u>							
County (6) <u>Gloucester</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>9/5/14</u>	Scheduled Completion Date (11) <u>9/15/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>210 lf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Basement/Crawlspace</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/15/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>8/25/14</u>			

CK 006330

D&amp;S Proj. #: 2014-346

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

Date of Notification (1) 10/8/12/14		Name of Building Owner/Operator (2) jolinda griwert	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 295 grant avenue		City, State, Zip Code nutley, nj 07109	
Name of Contact jolinda griwert		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) jolinda griwert			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 295 grant avenue			Square Feet # of Floors Bldg. Age		
City (5) nutley			County (6) ESSEX		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 09/02/14			Sched. Completion Date (11) 09/26/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			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) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	1101 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/03/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/22/14	