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

CHECK #: 7967

RECEIVED
2012 AUG 30 AM 7:51
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8.27.12	Name of Building Owner/Operator (2): MIDVALE GOSPEL CHURCH
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 451 RINGWOOD AVE
	City, State, Zip Code: WANAQUE NJ 07465
	Name of Contact: JAMES VISBEEN
	Telephone Number: [redacted]

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: 451 RINGWOOD AVE			
City (5): WANAQUE	Square Feet: 2500	# of Floors: 2	Bldg. Age: 56
County (6): PASSAIC	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): RES

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): 9.7.12	Scheduled Completion Date (11): 9.10.12	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
exterior			X	siding	2144 SF	X			
kitchen			X	flooring	255 SF	X			
bathroom			X	flooring	30 SF	X			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 9.7.12	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: Randall A. McDonald	Date: 8.27.12

ASB-41 (R-06-08)

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

NJ Dept. of Health & Senior Services
Paul C. Kang (signature)
Date: 8/27/12 Time: 2:40pm

-K 1967

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

RECEIVED CHECK #: 7967
2012 AUG 30 AM 7:65
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8-27-12	Name of Building Owner/Operator (2): Chris Takla
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 550 Fairview Avenue - Unit 306
	City, State, Zip Code: Westwood NJ 07675
	Name of Contact: Chris Takla
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Takla	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 550 Fairview Avenue - Unit 306	
City (5): Westwood	Square Feet: 900 # of Floors: 1 Bldg. Age: 42
County (6): Bergen	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): residential
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.: 201-262-5541 License No.: 00156
Start Date (10): 8-28-12 Scheduled Completion Date (11): 8-31-12	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
3 rooms			X	ceiling	900 SF			X	

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20765	Cubic Yards of Waste:	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 8-28-12	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: [signature]	Date: 8-27-12

ASB-41 (R-05-08)

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

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

RECEIVED
2012 AUG 30 AM 7:03
ASBESTOS CONTROL & LICENSING

Date of Notification (8-28-12		Name of Building Owner/Operator (2) Voorhees Township
]encies Notified: X EPA, X DEP, X DOL, X DOH, DCA	Type Notification: .nitial; X Amended; Amendment # ; Emergency (including justification); Cancellation	Street Address 620 Voorhees Road
		City, State, Zip Code Voorhees N.J..
		Name of Contact Larry Spellman — Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment			Type of Facility (4): School (K-12); Subchapter 8 (Other than K-12); x Other (i.e. private & commercial buildings, homes, etc.)
Street Address 400 Sycamore Ave			
City (5) Voorhees Township		Square Feet 25000	# of Floors 2 — Bldg. Age 35
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Wharehouse	

Name of Monitoring Firm Hired by Building Owner (8) Manage & Consulting Services Inc	ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address PO Box 341		Street Address 322 Beers St	
City, State, Zip Code Chesterfield N.J. 08515		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-743-0493	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 8-28-12	Scheduled Completion Date (11) 8-31-12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement; Abatement Performed Outside of Normal Facility Hours; Other – Describe: non friable removable		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
- 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
2 nd Floor			x	Debris	20 cy	x			
Overhang				Transite panels	150 SF	X			

Name of Registered Waste Hauler Atlantic Carting Inc	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rdl
City, State 41 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12	City, State Bethlehem P.A. 10815

Completed by JOHN Mucha	Title Project manager	Signature John P. Mucha	Date 8-28-12

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 30 AM 7:03
ASBESTOS CONTROL & LICENSING

Date of Notification (8-27-12		Name of Building Owner/Operator (2) Voorhees Township
Agencies Notified: X EPA, X DEP, X DOL, X DOH, DCA	Type Notification: Initial, X Amended, Amendment # 1, Emergency (including justification), Cancellation	Street Address 620 Voorhees Road
		City, State, Zip Code Voorhees N.J..
		Name of Contact Larry Spellman / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment			Type of Facility (4) School (K-12); Subchapter 8 (Other than K-12); x Other (i.e. private & commercial buildings, homes, etc.)
Street Address 400 Sycamore Ave			
City (5) Voorhees Township		Square Feet 25000 / # of Floors 2 / Bldg. Age 35	
County (6) Camden	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Wharehouse
Name of Monitoring Firm Hired by Building Owner (8) Manage & Consulting Services Inc	ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address PO Box 341		Street Address 322 Beers St	
City, State, Zip Code Chesterfield N.J. 08515		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-743-0493	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 8-28-12	Scheduled Completion Date (11) 8-31-12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement; Abatement Performed Outside of Normal Facility Hours; Other – Describe: non friable removable		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
- 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
2 nd Floor			x	Debris	20 cy	x			

Name of Registered Waste Hauler Atlantic Carting Inc	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rdl
City, State 41 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12	City, State Bethlehem P.A. 10815

Completed by JOHN Mucha	Title Project manager	Signature John P. Mucha	Date 8-27-12

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 8:60-7 AND 12:120-7

Check # 2738

Date of Notification (1): 08 / 28 / 12	Name of Building Owner / Operator (2): Kraft Foods
	Street Address: 2211 Route 208 North
	City, State, Zip Code: Fairlawn, New Jersey, 07410
	Name of Contact: Michael O'Rourke

RECEIVED
2012 AUG 30 AM 7:02
ASBESTOS C & LICENSING

Telephone Number

Agencies Notified	Type of Notification
☐ EPA	☑ Initial
☐ DEP	☐ Amended
☑ DOH	Amendment #_____
☑ DOL	☐ Emergency w/ justification
☐	☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kraft Foods	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)
Street Address: 2111 Route 208	

City (5)	County (6)	County Code (7)	Square Feet	# Of Floors	Building Age
Fairlawn	Bergen		200,000	3	40 +

Current Use (Prior if being demolished): PILOT PLANT

Name of Monitoring Firm Hired by Bldg. Owner (8): AET	ASCM NO: \ LVI Environmental Services Inc.
Street Address: 907 Doolittle Drive	Street Address: 462 Getty Avenue
City, State, Zip Code: Bridgewater, NJ 08807	City, State, Zip Code: Clifton, NJ 07011
Project Mngr. For Monitoring Firm: Eric Houseknecth	Telephone Number: 908-218-1108
Sheduled Start Date (10): 09 / 08 / 12	Sched. Completetion Date (11): 09 / 09 / 12
Telephone Number: 973-772-3660	License Number: 00117

Occupancy Status During Abatement (Check Only 1)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: __ Saturday and Sunday
- ☑ Other - Describe: __ 7:00AM - 3:30PM

Name of OSHA Monitor: LVI Environmental Services Inc.
Street Address: 462 Getty Avenue
City, State, Zip Code: Clifton, NJ 07011

Scope of Work (Check All That Apply)

- ☐ Demolition
- ☑ Renovation
- ☑ >3sf or >3lf
- ☐ >160 sf or >260 lf
- ☐ Full Containment with Negative Pressure
- ☐ Mini - Enclosure
- ☑ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing 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: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	YES NO N/A						
	☐ ☐ ☐			☐	☐	☐	☐
Warehouse	☐ ☑ ☐	Pipe Insulation and Fittings	60 LF	☑	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill: I.E.S.I.
City, State: NEWARK, NJ		Disposal Date	City. State: BETHLEHEM, PA 18105

Completed by (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Operations Manager	Ralph Barnhardt	08/28/12

ASB-41

No check

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

RECEIVED
2012 AUG 30 AM 7:00
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
8 / 29 / 12	State of New Jersey - Department of Treasury - DPMC

Agencies Notified	Type Notification	Street Address	Name of Contact	Telephone Number
☒ EPA ☒ DEP ☐ DCA (NJAC 5:16) ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	30 West State Street - 3rd floor City, State, Zip Code: Trenton, NJ 08625	Mike Fitzgerald	[redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Albert Elias Residential Community Home-Carpentry Shed Street Address: 188 Lindberg Road	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Hopewell	492	1	50+

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Mercer		Carpentry Shed

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Environmental Connections		Controlled Environmental Systems
Street Address: 120 N Warren St		Street Address: 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Spring House, PA 19477

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
	609 392 4200	215-542-7000	00847

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
9 / 7 / 12	9 / 8 / 12	CES

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-3:30PM/_____PM-_____AM	1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code: Spring House, PA 19477

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 Shed ROOF	☐	☐	☒	Asbestos Containing Shingles	400 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Allied Waste		2	Conestoga Landfill
City, State: Telford, PA		Disposal Date: 9/8/12	City, State: Morgantown, PA

Completed By (Print or Type)	Title	Signature	Date
Patricia Visco	Office Manager	Patricia Visco	8/29/12

ASB-41
JUL 01

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

OK
11149

* Emergency Notice *

RECEIVED
2012 AUG 30 AM 5:

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/23/12	Name of Building Owner/Operator (2): Archdiocese of Newark
Agency Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ● Initial ☐ Amended Amendment # ● Emergency (including justification) ☐ Cancellation
	Street Address: 171 Clifton Ave
	City, State, Zip Code: Newark NJ
	Name of Contact: Tom McCue — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St Bartholomew	Type of Facility (4): ● School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2032 Westfield Ave	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Scotch Plains	
County (6): Union — County Code (7) (STATE USE ONLY): — Current Use (Prior if being demolished):	

Name of Monitoring Firm Hired by Building Owner (8): Mc Case Enviro	ASCM No.	Name of Abatement Contractor (9): F. Grisi + Son Inc	
Street Address: 464 Valley Brook Ave		Street Address: 513 E 32nd St	
City, State, Zip Code: Lyndhurst, NJ		City, State, Zip Code: Paterson, NJ	
Project Manager for Monitoring Firm: Jim Ruff	Telephone No.: 201-665-7138	Telephone No.: 973-345-2222	License No.: #00021
Start Date (10): 8/24/12	Scheduled Completion Date (11): 8/31/12	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ● Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Non Fri. Heat		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
Gymnasium			X	VAT	810 SF	X			
11 0 11			X	Mastic	5600 SF	X			

Name of Registered Waste Hauler: Eastern Waste	NJDEP Waste Hauler ID No.: DEP 1702	Cubic Yards of Waste: 10	Name of Registered Landfill: TRE Landfill
City, State: Freehold NJ		Disposal Date: 9/2/12	City, State: Tullytown PA
Completed by: Frank Grisi	Title: Res.	Signature: [signature]	Date: 8/23/12

ASB-41

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

CK. 4022

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

RECEIVED
2012 AUG 30 AM 5:27
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/27/12	Name of Building Owner/Operator (2): MR. JOHN POWERS
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 233 CEDAR LANE
	City, State, Zip Code: CLOSTER. NJ. 07624
	Name of Contact: MR. POWERS
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR. J. POWERS	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 233 CEDAR LANE	
City (5): CLOSTER	Square Feet: 2000 # of Floors: 2 Bldg. Age: 1930
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.:
Street Address:	
City, State, Zip Code:	
Project Manager for Monitoring Firm:	Telephone No.:
Start Date (10): 9/7/12	Scheduled Completion Date (11): 9/8/12
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 7AM 5PM	
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-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				THERMAL INSULATION	70 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 11/2 cy	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 9/8/12	City, State: Waynesburg , Oh
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 8/27/12

ASB-41

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

CHECK # 2398

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

RECEIVED
2012 AUG 30 AM 5:26
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/28/12

Name of Building Owner/Operator (2): CAMPTECIN 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 Number:

FACILITY INFORMATION

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

Street Address: 326 E. SEASPRAY AVE.

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

City (5): OCEAN CITY

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

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.: 856-779-0422

License No: 00444

Start Date (10): 9/10/12

Scheduled Completion Date (11): 9/17/12

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	Encapsulation	Enclosure
SIDING			X	TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17984

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: 8/28/12

ASB-21

* Do not use this form for asbestos licensure exempted activities

LINCOLN #
2397

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

RECEIVED
2012 AUG 30 AM 5:

Date of Notification (1): 8/28/12	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 BRENNIG
	Telephone Number: [illegible]

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: 818 SEACREST 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 if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.:
Street Address:	Name of Abatement Contractor (9): KLEMCO INC.
	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.: 856-779-0422 / License No: 00444
Start Date (10): 9/10/12 / Scheduled Completion Date (11): 9/17/12	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	700#	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.S.
City, State: MAPLE SHADE, N.J. 08052		Disposal Date:	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 8/28/12

ASB-1

* Do not use this form for asbestos licensure exempted activities

CHECK # 2396

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

RECEIVED
2012 AUG 30 AM 5:24
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/28/12

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 BRENNIG

Telephone Number:

FACILITY INFORMATION

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

Street Address: 3329 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 YR

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, N.J. 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): 9/10/12 Scheduled Completion Date (11): 9/17/12

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	Encapsulation
SIDING			X	TRANSITE	2000 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: 8/28/12

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK 4023

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

RECEIVED
2012 AUG 30 AM 5:23
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/27/12	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 ESSEX TPK
	City, State, Zip Code: ISELIN . NJ. 08830
	Name of Contact: MR. TOM SEGBURGER
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): BASF	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 25 MIDDLESEX ESSEX TPK	Square Feet: 30,000 | # of Floors: 1 | Bldg. Age: 55 YRS
City (5): ISELIN	
County (6): MIDDLESEX	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): RD OFFICE/LAB

Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:
Street Address:	Name of Abatement Contractor (9): Best Removal Inc
	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): 9/11/12 | Scheduled Completion Date (11): 9/12/12	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: 7AM TO 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
CONNECTOR BUILDING LAB			X	TRANSITE-NONFRIABLE PANEL	66 SF	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: 9/12/12	City, State: Waynesburg , Oh
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 8/27/12

ASB-41

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

Print Form

JK 2712

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

RECEIVED
2012 AUG 30 AM 5:25
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/27/12		Name of Building Owner/Operator (2) Fitzgerald / Residence	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 North 12 Street	
		City, State, Zip Code Surf City NJ 08008	
		Name of Contact Tom	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fitzgerald / Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 15 North 12 Street			
City (5) Surf City 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	

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) 9/17/12	Scheduled Completion Date (11) 9/21/12	Name of OSHA Monitor Pernaco 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 PO Box 329 City, State, Zip Code West Berlin NJ 08091	

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 Siding			x	exterior Siding	1200 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 9/21/12	City, State Morrisville PA 19067

Completed by Anthony T Perna	Title President	Signature	Date 8/27/12

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)

183

RECEIVED
2012 AUG 30 AM 5:25
ASBESTOS CONTROL & LICENSING

Date of Notification (1): August 28, 2012	Name of Building Owner/Operator (2): The ELM Group, Inc.
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 218 Wall Street
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: EDWARD CLAYPOOLE — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ARC-Springfield	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 27 Meisel Avenue	
City (5): Springfield	Square Feet: / # of Floors: / Bldg. Age:
County (6): Union	County Code (7) (STATE USE ONLY): _____
	Current Use (Prior if being demolished): Building

Name of Monitoring Firm Hired by Building Owner (8): AET, Inc.	ASCM No.: 0021	Name of Abatement Contractor (9): The MACK Group, LLC	
Street Address: 907 Doolittle Drive		Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Bridgewater, NJ 08807		City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Eric Houseknecht	Telephone No.: (908) 218-1108	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 9/12/12	Scheduled Completion Date (11): 9/16/12	Name of OSHA Monitor: The MACK Group, LLC.	
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: 1500 Kings HWY N, STE 209	
		City, State, Zip Code: Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥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
tbd		X		floor tile	10 s/f	X			

Name of Registered Waste Hauler: Newark Carting / Rovic	NJ DEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 0.1	Name of Registered Landfill: Cumberland County Landfill
City, State: Newark / Riverdale, NJ		Disposal Date: 9/16/12	City, State: Newburg, PA

Completed by: Mike Cooper	Title: President	Signature:	Date: 8/28/12

ASB-41 (R-06-08)

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

DDL

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

CHECK #: 7967

RECEIVED
2012 AUG 30 AM 7:51
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8.27.12	Name of Building Owner/Operator (2): EFI Global, Inc.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 187 Ballardvale Street Suite A215
	City, State, Zip Code: Wilmington MA 01887
	Name of Contact: ROB RAQUET
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TD BANK	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 17000 HORIZON WAY	
City (5): MT. LAUREL	Square Feet: 3500 # of Floors: 1 Bldg. Age: 50
County (6): BURLINGTON	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): Bank

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): 9.7.12	Scheduled Completion Date (11): 9.11.12	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
exterior			X	waterproofing	1800SF	X			

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Riverdale, NJ 07457		Disposal Date: 9.7.12	City, State, Zip Code: Bethlehem, PA 18015

Completed by: R. McDonald	Title: President	Signature: Randall A. McDonald	Date: 8.27.12

ASB-41 (R-06-08)

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