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

Date of Notification (1)
12 / 20 / 13

Name of Building Owner/Operator (2)
Borough of Lavallette

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23–8)

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

Street Address
1306 Grand Central Avenue
City, State, Zip Code
Lavallette, NJ 08735-0067

Name of Contact
Chuck Applegate (O'Donnel, Stanton)
Telephone Number
(732) 793-7477

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
City of Lavallette Police Building

City (5)
Lavallette

County (6)
Ocean

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

Square Foot
2,700 s.f.

# of Floors
1

Bidg. Age
50+

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services, Inc

ASCN No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address
318 12th Street
City, State, Zip Code
Hammondton NJ 08037

Telephone No.
(609) 704-8850

License No.
00411

Name of OSHA Monitor
Superior Abatement Inc

Project Manager for Monitoring Firm
Jim Proctor

Start Date (10)
12 / 23 / 13
Scheduled Completion Date (11)
12 / 27 / 13

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Floor Tile and Mastic</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td></td>
<td>No</td>
<td>Floor Tile and Mastic</td>
<td>515 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group, Inc

NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburgh, OH

Completed By (Print or Type)
Nick Petrovski
Title
President
Signature

Disposal Date
12/27/2013

MAY 11

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