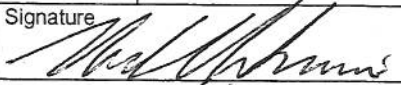


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

DEC 24 2013

Date of Notification (1) <u>12</u> / <u>20</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>Borough of Lavallette</b>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1306 Grand Central Avenue</b>						
			City, State, Zip Code <b>Lavallette, NJ 08735-0067</b>						
		Name of Contact <b>Chuck Applegate (O'Donnel, Stanton)</b>	Telephone Number <b>(732)793-7477</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>City of Lavallette Police Building</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>1300 Grand Central Avenue</b>		Square Feet <b>2,700 s.f.</b>	# of Floors <b>1</b>						
City (5) <b>Lavallette</b>		Bldg. Age <b>50+</b>							
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commerical</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services, Inc</b>	ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>							
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <u>12</u> / <u>23</u> / <u>13</u>	Scheduled Completion Date (11) <u>12</u> / <u>27</u> / <u>13</u>	Name of OSHA Monitor <b>Superior Abatement 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: <u>  </u> AM- <u>  </u> PM/ <u>  </u> PM- <u>  </u> AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <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) 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
<b>Attic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>515 SF</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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>			Disposal Date <b>12/27/2013</b>	City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 			Date <b>12-20-13</b>			