

CHECK #  
3186

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

|  |  |   |                           |
|--|--|---|---------------------------|
| Date of Notification (1)<br><u>2/10/14</u>   |  | Name of Building Owner/Operator (2)<br><u>EARTHTECH CONTRACTING</u> |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DCM<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 R. 50</u>                                  |                           |
|  |  | City, State, Zip Code<br><u>GREENFIELD, N.J.</u>                    |                           |
|  |  | Name of Contact<br><u>BRUCE BREUNIG</u>                             | Telephone Number<br>_____ |

FACILITY INFORMATION

|  |                                  |  |             |
|--|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 6 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |             |
| Street Address<br><u>15 N. COOLIDGE AVE.</u>                             |                                  | Square Feet  | # of Floors |
| City, State, Zip Code<br><u>MARGATE</u>                                  |                                  | Bldg. Age  |             |
| County (6)<br><u>ATLANTIC</u>  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><u>VACANT</u>   |             |

|   |               |   |                             |
|---|---------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner<br><u>N/A</u> | ASCM No.      | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u> |                             |
| Street Address  |               | Street Address<br><u>369 S. SPRUCE AVE.</u>             |                             |
| City, State, Zip Code   |               | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u> |                             |
| Project Manager for Monitoring Firm                           | Telephone No. | Telephone No.<br><u>856-779-0472</u>                    | License No.<br><u>00444</u> |

|   |   |   |  |
|---|---|---|--|
| Start Date (10)<br><u>2/27/14</u>   | Scheduled Completion Date (11)<br><u>3/4/14</u> | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>             |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |   | Street Address<br><u>369 S. SPRUCE AVE.</u>             |  |
|   |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u> |  |

Scope of Work (Check all that apply)

|  |  |
|--|--|
| <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure     |
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                              |
|  | <input type="checkbox"/> Glovebag Procedure                          |
|  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures |

| 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 Method |        |               |       |
|--|---|----|----------|--|---------------------------|------------------|--------|---------------|-------|
|  | Yes   | No | N/A      |  |                           | Removal          | Repair | Encapsulation | Other |
| <u>SIDING</u>  |   |    | <u>X</u> | <u>TRANSITE</u>  | <u>1800</u>               | <u>X</u>         |        |               |       |
|  |   |    |          |  |                           |                  |        |               |       |

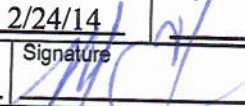
|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u> | NJDEP Waste Hauler ID No.<br><u>17904</u> | Cubic Yards of Waste                      | Name of Registered Landfill<br><u>A.C.U.A.</u> |
| City, State<br><u>MAPLE SHADE, N.J.</u>                | Disposal Date                             | City, State<br><u>PLEASANTVILLE, N.J.</u> |  |
| Completed By<br><u>JOSEPH KLEMM</u>                    | Title<br><u>V/P</u>                       | Signature<br><u>Joseph Klemm</u>          | Date<br><u>2/10/14</u>                         |

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



CK# 25394

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

|   |  |   |  |  |                           |                                     |        |             |           |
|---|--|---|--|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>2/10/14</u>  |  | Name of Building Owner/Operator (2)<br><u>Kathleen Gaffey</u>   |  |  |                           |                                     |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><u>43 E. Garfield Ave.</u>                 |  |                           |                                     |        |             |           |
|   |  |   | City, State, Zip Code<br><u>Atlantic Highlands, NJ 07716</u> |  |                           |                                     |        |             |           |
|   |  |   | Name of Contact<br><u>Kathleen Gaffey</u>                    |  |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential Property</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                              |  |  |                           |                                     |        |             |           |
| Street Address<br><u>43 E. Garfield Ave.</u>  |  | Square Feet<br><u>2100</u>  | # of Floors<br><u>2</u>                                      |  |                           |                                     |        |             |           |
| City (5)<br><u>Atlantic Highlands, NJ</u>   |  | Bldg. Age<br><u>85</u>  |  |  |                           |                                     |        |             |           |
| County (6)<br><u>Monmouth</u>   |  | County Code (7) (STATE USE ONLY)<br>_____   |  |  |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>MECS</u>  |  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>   |  |  |                           |                                     |        |             |           |
| Street Address<br><u>PO Box 341</u>   |  | Street Address<br><u>PO Box 322</u>   |  |  |                           |                                     |        |             |           |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>  |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>   |  |  |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><u>William Weisgarber Jr.</u>  |  | Telephone No.<br><u>(609) 298-4070</u>  | License No.<br><u>00493</u>                                  |  |                           |                                     |        |             |           |
| Start Date (10)<br><u>2/19/14</u>   |  | Scheduled Completion Date (11)<br><u>2/22/14</u>  |  |  |                           |                                     |        |             |           |
| Name of OSHA Monitor<br><u>MECS</u>   |  |   |  |  |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <u>8am- 4:pm</u> |  | Street Address<br><u>PO Box 341</u>   |  |  |                           |                                     |        |             |           |
|   |  | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>  |  |  |                           |                                     |        |             |           |
| Scope of Work (Check all that apply)  |  |   |  |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |  |                           |                                     |        |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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) | Abatement Type                      |        |             |           |
|   | Yes    No    N/A   |   |  |  |                           | Removal                             | Repair | Encapsulate | Enclosure |
| <u>Basement</u>   | <input checked="" type="checkbox"/>  |   |  | <u>Thermal Pipe</u>  | <u>230 lf</u>             | <input checked="" type="checkbox"/> |        |             |           |
|   |  |   |  |  |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br><u>Stevens Environmental</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>   | Cubic Yards of Waste<br><u>3 CU</u>                          | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u>   |                           |                                     |        |             |           |
| City, State<br><u>Allentown, NJ</u>   |  | Disposal Date<br><u>2/24/14</u>   |  | City, State<br><u>Tullytown, PA</u>  |                           |                                     |        |             |           |
| Completed By<br><u>Mahlon E. Stevens</u>  |  | Title<br><u>Project Manager</u>   |  | Signature<br>                            |                           | Date<br><u>2/10/14</u>              |        |             |           |