Print Form

CK 2629

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

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2013 FEB 25 PM 2:08

Date of Notification (1): 2/22/13	Name of Building Owner/Operator (2): Verizon
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: One Verizon Way
	City, State, Zip Code: Basking Ridge, NJ 07920
	Name of Contact: Harry Chiovaro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: One Verizon Way	
City (5): Basking Ridge	Square Feet: 1,000,000 / # of Floors: 3 / Bldg. Age: 30+
County (6): Somerset / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): commercial office bldg
Name of Monitoring Firm Hired by Building Owner (8): ATC/Cardno / ASCM No.	Name of Abatement Contractor (9): ecoservices, LLC
Street Address: 3 Terri Lane	Street Address: 407 W. Lincoln Hwy, Suite 40
City, State, Zip Code: Burlington NJ	City, State, Zip Code: Exton, PA 19341
Project Manager for Monitoring Firm: John Lutz / Telephone No.: 609-386-8800	Telephone No.: 484-872-8884 / License No.: 01161
Start Date (10): 3/4/13 / Scheduled Completion Date (11): 3/4/13	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] 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
Parking Garage		X		Transite	16 SF	x			

Name of Registered Waste Hauler: ecoservices, LLC	NJDEP Waste Hauler ID No.: SWE-13-012785	Cubic Yards of Waste: <1	Name of Registered Landfill: Minerva
City, State: Exton, PA		Disposal Date: 3/4/13	City, State: Waynesburg, OH
Completed by: Jack Bally	Title: PM	Signature: Jack Bally	Date: 2/22/13

ASB-41 (R-06-08)

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

State of New Jersey

Check # 10455

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	Name of Building Owner/Operator (2)
2-20-2013	Dragana Mucic

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& LICENSING

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	7 Woodland Avenue
		City, State, Zip Code: Montclair,NJ,07042
		Name of Contact: Dragana Mucic — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres: 7 WOODLAND AVENUE	

City (5	County (6) Essex	County Code (7) (STATE USE ONLY)
MONTCLAIR	ESSEX	

Square Feet	# of Floors	Bldg. Age
2800	3	93

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973) 744-8800 — License Number: 00371

Scheduled Start Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
3-1-2013 (Month Day Year)	3-4-2013 (Month Day Year)	N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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	ENCAPSUL.	ENCLOSURE
Basement			X	PIPE INSULATION	135 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.5	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 3-5-2013	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	2-20-2013

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

13441 ... ck 4292

Date of Notification (1): 2-20-2013	Name of Building Owner/Operator (2): COMMUNITY OF ST. JOHN BAPTIST
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 82 WEST MAIN STREET
	City, State, Zip Code: MENDHAM, NJ 07945
	Name of Contact: SR LINDA CLARE — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMUNITY OF ST. JOHN BAPTIST	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 82 WEST MAIN STREET	Square Feet: 4600 — # of Floors: 3 — Bldg. Age: 87 YRS
City (5): MENDHAM	
County (6): MORRIS — County Code (7) (STATE USE ONLY): — Current Use (Prior if being demolished): RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): Best Removal Inc
Street Address:	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): 3-4-13 — Scheduled Completion Date (11): 3-6-13	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: 8AM - 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
BASEMENT STORAGE ROOM LEFT			✓	THERMAL INSULATION	126 LF			X	
BASEMENT STORAGE ROOM RIGHT			✓	THERMAL INSULATION	134 LF			X	
BASEMENT HALLWAY			✓	THERMAL INSULATION	55 LF			X	

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/4 YD	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 3-6-13	City, State: Waynesburg , Oh
Completed by: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 2-20-2013

ASB-41

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

CK 59949

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

2013 FEB 25 PM 2:58

Date of Notification (1) 02/15/2013		Name of Building Owner/Operator (2) THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 751 BROAD STREET FIFTH FLOOR City, State, Zip Code NEWARK, NEW JERSEY 07102 Name of Contact MR. RICHARD HUMMERS Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MAVERICK BUILDING			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 697-705 BROAD STREET			
City (5) NEWARK		Square Feet 51,000	# of Floors 5 / Bldg. Age
County (6) ESSEX	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.	ASCM No. 00104		Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES
Street Address 655 WEST SHORE TRAIL			Street Address 11-02 QUEENS PLAZA SOUTH
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code LONG ISLAND CITY, NY 11101
Project Manager for Monitoring Firm BILL KERBEL	Telephone No. 973-729-5649	Telephone No. 718-349-0900	License No. 00853
Start Date (10) 03/06/2013	Scheduled Completion Date (11) 06/06/2013	Name of OSHA Monitor MARTIN MCREA	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION		Street Address 714 KENNEDY BLVD City, State, Zip Code BAYONNE, NJ 07002	

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
SEE ATTACHED ACM TABLE FOR				SEE ATTACHED ACM TABLE FOR	SEE ATTACHED	X			
DETAILS				DETAILS	ACM TABLE				
					FOR DETAILS				

Name of Registered Waste Hauler ATC/TST	NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 100	Name of Registered Landfill MINERVA ENTERPRISES
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 4/06/2013 6/06/2013	City, State WAYNESBURG, OH 44688

Completed by ANN ALI	Title ADMINISTRATIVE	Signature	Date 02/19/2013

ASB-41 (R-06-08)

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

Location/Room	Type of Asbestos Material	Approximate Quantity
693-695 Broad - 4th Floor – Entire Floor	Beige 9"X9" Floor Tile – Not Mastic – Not Tar Paper – Includes Stairs to Klein Bldg.	6,750 Square Feet
693-695 Broad - 4th Floor – Entire Floor - Walls	Plaster – Wall Base Coat – Not Positive – But All Other Floors Were Positive	5,460 Square Feet
693-695 Broad - 5th Floor – Entire Floor	Beige 9"X9" Floor Tile – Not Mastic – Not Tar Paper – Includes Stairs to Klein Bldg.	6,750 Square Feet
693-695 Broad - 5th Floor – Entire Floor - Walls	Plaster – Wall Base Coat	5,460 Square Feet
693-695 Broad - Roof – Entire Roof Perimeter	Roof Flashing - Entire Flashing	780 Square Feet
693-695 Broad - 1st Floor – Rear Extension – Entire Floor	Tan 9"X9" Floor Tile – Not Mastic – Quantity Assumed Due to Debris & Floor Collapse	4,800 Square Feet
693-695 Broad - 1st Floor – Rear Extension – Entire Floor	Linoleum – Quantity Assumed Due to Debris & Floor Collapse	4,800 Square Feet
693-695 Broad - 2nd Floor – Rear Extension – Entire Floor	Tan & Dark Tan Layered 9"X9" Floor Tile – Not Mastic – Quantity Assumed Due to Debris	4,800 Square Feet
693-695 Broad - Roof – Entire Roof Field	Roof Field - Entire Flashing	4,800 Square Feet
693-695 Broad - Roof – Entire Roof Perimeter	Roof Flashing - Entire Flashing	280 Linear Feet

4. 697-705 Broad Street (Valu-Plus) Former Maverick Building

Provided below is a summary of the asbestos materials identified at the former Maverick Building located at 697-705 Broad Street:

Location/Room	Type of Asbestos Material	Approximate Quantity
697-705 Broad - Basement	Pipe Insulation Air-cell, Compressed Paper Type & Associated Fittings - Miscellaneous Sizes	30 Linear Feet in Fire Suppression Room 150 Linear Feet in East End Storeroom, Electrical Room and

		Restrooms (Including Some Debris on Floors & in Ceiling Penetrations) Note: Additional Material May Exist In Walls behind Sinks 400 Linear Feet In Main Showroom and Storage Areas (Material Located Above Drop and Plaster Ceilings) Note: Access Above Plaster Ceilings was Limited, Additional Material May Exist 300 Linear Feet in Covered Floor Trough Note: Access to Trough Limited. Material Found in One Section & is Assumed to Exist Throughout the Entire Length of the Trough
697-705 Broad - Basement	Paper Duct Insulation Cloth-type Wrap on Electric Wires Transite™ Inside Electric Switch Box (Assumed)	40 Square Feet (One Riser Section Found at North Wall In Main Showroom Area) In SE Corner Storeroom/ Electric Room – Not Quantified In SE Corner Storeroom/Electric Room - 1 Old Switch Box Found
	Duct Insulation	800 Square Feet –

697-705 Broad – 1st Floor		Riser on North Wall & Run Along South Wall Above Plaster Ceilings Found. Additional Material May Exist Above Ceiling.
	Air-cell, Block, Compressed Paper Type Pipe Insulation & Associated Fittings – Miscellaneous Sizes	None Found. However Some Material May Exist Above Plaster Ceilings or In Wall Chases.
	Paper Vapor Barrier Under Wood Floor Boards	18,000 Square Feet
697-705 Broad - 2nd Floor	9"X9" Floor Tile & Mastic	6,500 Square Feet (Includes Amount Found Under 12"X12" Floor Tile & Carpet)
	Duct Insulation	400 Square Feet In Wall Chase On South Wall
	Block-type Duct Insulation	700 Square Feet (Includes Material Mounted Near Ceiling and Lying in Sections on Floor)
	Pipe Insulation – Air-cell, Block, Compressed Paper & Associated Fittings – Miscellaneous Sizes	2 Linear Feet in West Corridor
		30 Linear Feet in Old Kitchen/Refrigerator Room – NW Corner of Floor
		10 Linear Feet in Tank Room off Old NW Kitchen Area. Note: Substantial Amount of Debris on Floor

		300 Linear Feet in Middle Rooms & North & South Corridors. Note: Debris on Floor in Some Areas Note: Some Material May Exist Above Plaster Ceilings or In Wall Chases
	White Spackle (Seam Cement) on Seams of Cork Duct Insulation	500 Square Feet in Old Kitchen Area – NW Corner of Floor
		60 Square Feet in Old Restroom NW Corner of Floor
		200 Square Feet Found in Vertical Chase in NE Corner of Floor
	Paper Vapor Barrier Under Wood Floor Boards	18,000 Square Feet
	Block-type Insulation on Round Exhaust Flue	100 Linear Feet of 1 Foot Dia. Insulation in Old Kitchen Area – NW Corner of Floor Note: Debris on Floor
	Tank Insulation	350 Square Feet in Tank Room off Old NW Kitchen Area
697-705 Broad – 3rd Floor	Pipe Insulation – Air-cell, Block, Compressed Paper & Associated Fittings – Miscellaneous Sizes	250 Linear Feet (Includes Mezzanine Area) Note: Some Material May Exist Above Plaster Ceilings or In

	White Spackle (Seam Cement) on Seams of Cork Duct Insulation Paper Duct Insulation Paper Vapor Barrier Under Wood Floor Boards	Wall Chases 1,500 Square Feet 250 Square Feet on Riser 18,000 Square Feet (Includes Mezzanine)
697-705 Broad – 4th Floor	Pipe Insulation – Air-cell, Block, Compressed Paper & Associated Fittings – Miscellaneous Sizes Paper Vapor Barrier Under Wood Floor Boards	15 Linear Feet in West End Room 20 Linear Feet in West Stairwell Note: Some Material may Exist Above Plaster Ceilings or in Wall Chases 10,000 Square Feet
697-705 Broad - Attic	Pipe Insulation – Limited Access to This Area Has Hindered Full Inspection Pipe Insulation Debris	300 Linear Feet Area Near Access Opening to Attic but Could Include Entire Attic
697-705 Broad – Roof Elevator Rooms - 2	Transite™ on Switch Panels	20 Square Feet
697-705 Broad – Roof – East Penthouse	Duct / HVAC Unit Insulation – 2 Units Inside East Penthouse	2,200 Square Feet
697-705 Broad - Roof – Penthouse	Exterior Textured Façade	90 Square Feet
697-705 Broad - Roof – Under East Penthouse	Pipe Insulation - 10" OD	125 Linear Feet
697-705 Broad - Roof – Under West Penthouse	Pipe Elbow Insulation – Under Penthouse	3 Fittings
697-705 Broad - Roof – Upper or Main Roof	Roof Flashing – Perimeter of Main Roof	2,200 Linear Feet (Includes Material On

		Brick Walls)
	Tar Sealant on HVAC Duct	1,800 Square Feet
	Transite™ Cooling Tower Baffles & Walls	500 Square Feet
	Textured Plaster/Coating on Penthouse Wall	
697-705 Broad - Roof – 3rd Floor Roof	Roof Flashing – Perimeter of Lower Roof (3rd Floor Roof)	180 Linear Feet
697-705 Broad - Roof – Exterior - Elevator Room Door – East Side of Roof	Door Caulk	Not Quantified

The interior of the West Penthouse was not accessed. All suspect materials shall be removed as asbestos containing materials.

5. 100 Halsey Street (Includes rear building addition designated 100A Halsey Street for purposes of this report)

Provided below is a summary of the identified asbestos materials for the Building located at 100 Halsey Street including those materials found in the rear addition to the building:

Location/Room	Type of Asbestos Material	Approximate Quantity
100 Halsey - 1st Floor – Floor Under Plywood	Green 9"x9" Floor Tile & Mastic – Under Plywood; Particle Board; & Asbestos Containing Black 9"X9" Floor Tile & Mastic	2,550 Square Feet
100 Halsey - 1st Floor – Floor Over Plywood	Mastic Associated w/ Brown 12"x12" Floor Tile – Over Plywood & **Over Same Area As Green 9"X9" Floor Tile**	450 Square Feet
100 Halsey - 1st Floor – Inside Column Enclosure Near SS Hood	Pipe Insulation – Straight Sections and Fittings	100 Linear Feet
100 Halsey - 1st Floor – Rear Room - Former Closet	White 9"x9" Floor Tile & Mastic – Over Terrazzo	16 Square Feet
100 Halsey - 2nd Floor – Under Plywood Front Portion of Building	Red 9"x9" Floor Tile & Mastic – Under Non Asbestos White 12"X12" & Asbestos Containing Black /Grey 9"X9" Tile - **May Be More Present - Tile Is Covered by Plywood**	750 Square Feet

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

RECEIVED 2013 FEB 25 PM 2:08 ch 4293

Date of Notification (1): 2-20-2013	Name of Building Owner/Operator (2): R. BOOKBINDER
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 57 GRAYSON PLACE
	City, State, Zip Code: TEANECK, NJ 07666
	Name of Contact: R BOOKBINDER — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): R. BOOKBINDER	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 57 GRAYSON PLACE	
City (5): TEANECK	Square Feet: 2600 — # of Floors: 2 — Bldg. Age: 71 YRS
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.	Name of Abatement Contractor (9): Best Removal Inc
Street Address		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): 3-5-13 — Scheduled Completion Date (11): 3-6-13		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: 8 AM 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
GARAGE			X	THERMAL INSULATION	60 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 3/4 40	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 3-6-13	City, State: Waynesburg , Oh
Completed by: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 2-20-13

ASB-41

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

ATTN: DIANNE
CHECK CREDIT
#2629

RECEIVED
2013 FEB 25 PM 2:08
LICENSING UNIT

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

Date of Notification (1): 2/21/13	Name of Building Owner/Operator (2): EARTHTECH 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.
	Name of Contact: BRUCE BREUNIG — Telephone Number:

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: 201 BAYSHORE AVE.	Square Feet: — # of Floors: — Bldg. Age: —
City: BRIGANTINE	
County (6): ATLANTIC — 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.: 856-779-0472 — License No.: 00444
Start Date (10): 3/4/13 — Scheduled Completion Date (11): 3/11/13	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):
☐ 160 sf or 260 lf
☒ 2160 sf or 2260 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	1500 sf	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: A.C.U.A.
City, State: MAPLE SHADE, N.J.		Disposal Date:	City, State: PLEASANTVILLE, N.J.

Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 2/21/13

Rev. 4/1

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

CHECK # 2647

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

2013 FEB 25 PM 2:45

Date of Notification (1): 2/21/13	Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 300 77TH ST.
	City, State, Zip Code: SEA ISLE CITY, N.J. 08243
	Name of Contact: FRANK EDUARDI — Telephone Number:

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: 1306 DUNE DRIVE	Square Feet: — # of Floors: — Bldg. Age: —
City (5): AVALON	
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.: 856-779-0477 — License No.: 00444
Start Date (10): 3/4/13 — Scheduled Completion Date (11): 3/11/13	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	Encapsulate	Enclosure
SIDING			X	TRANSITE	1500#	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, NJ		Disposal Date:	City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 2/21/13

ASB-41

* 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)

Check # 7476

RECEIVED
2013 FEB 25 PM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **February 21, 2013**	Name of Building Owner / Operator (2): **William Garron**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Cancellation	Street Address: **1370 Stokes Road** City, State & Zip Code: **Medford, NJ 08055** Name of Contact: **William Garron** Telephone Number:

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, home, etc.)
Street Address: **164 North Derby Drive**	Square Feet: **1,610** # of Floors: **2** Bldg. Age: **70 years**
City (5): **Ventnor City**	Current Use (Prior if being demolished): **Residence**
County (6): **Atlantic** County Code (7): *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **N/A** ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address	Street Address: **829 Radio Road**
City, State & Zip Code	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm / Telephone Number	Telephone Number: **609-296-6916** License Number: **00817**
Scheduled Start Date (10): **March 4, 2013** Scheduled Completion Date (11): **March 28, 2013**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **829 Radio Road** City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 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 or 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		*Asbestos-containing siding*	*2,000 SF*	X			

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **10**	Name of Registered Landfill: **Grows Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: **April 1, 2013**	City, State: **Morrisville, PA**

Completed By: **Diane Aloia**	Title: **Executive Assistant**	Signature: Diane Aloia	Date: **February 21, 2013**

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

Check #8505

2013 FEB 25 PM 2:58

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

Date of Notification (1): 2-21-13	Name of Building Owner/Operator (2): J. Vinch + Sons
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. Box 5465
	City, State, Zip Code: Trenton NJ 08638
	Name of Contact: Gary Vinch — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St Anthony Convent (Vacant)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 626 South Olden AVE	Square Feet:	# of Floors: 2 — Bldg. Age: 75+-
City (5): Trenton NJ 08610		
County (6): Mercer — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Convent Housing	

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies — ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc	
Street Address: P.O. Box 337	Street Address: P.O. Box 337	
City, State, Zip Code: New Egypt, NJ 08533	City, State, Zip Code: New Egypt NJ 08533	
Project Manager for Monitoring Firm: Steve SchenKer — Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 — License No.: 00394	
Start Date (10): 3-7-13 — Scheduled Completion Date (11): 3-30-13	Name of OSHA Monitor: EPC Technologies	
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: P.O. Box 337 — City, State, Zip Code: New Egypt NJ 08533	

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	X			Pipe Insulation	1500LF	X			
Basement	X			Boiler Insulation	200SF	X			
2nd floor		X		Floor tiles 9"x9"	300 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 30	Name of Registered Landfill: Waste Management PA
City, State: New Egypt NJ		Disposal Date: Various Dates	City, State: Morrisville PA
Completed by: Steve SchenKer	Title: President	Signature: Steve Schenker	Date: 2-21-13

ASB-41 (R-06-08)

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

Print Form

* Emergency *

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

CK 3032

2013 FEB 25 PM 2:08

Date of Notification (1): 2/21/13		Name of Building Owner/Operator (2): Kirk Goldin / Private Home	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 1371 Paul Blvd	
		City, State, Zip Code: Manahawkin NJ 08050	
		Name of Contact: Kirk	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kirk Goldin / Private Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1371 Paul Blvd			
City (5): Manahawkin NJ 08050		Square Feet: 1000+	# of Floors: 1 / Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	

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): 2/22/13	Scheduled Completion Date (11): 2/26/13	Name of OSHA Monitor: Same	
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: / 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
[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
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: 2/26/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/21/13

ASB-41 (R-06-08)

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Print Form

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

CR 3033
2013 FEB 25 PM 2:08
& LICENSING

Date of Notification (1): 2/21/13	Name of Building Owner/Operator (2): Rob & Lisa Gramom / Private Home
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 28 Mary Jeanne Lane
	City, State, Zip Code: Manahawkin NJ 08050
	Name of Contact: Rob — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rob & Lisa Gramom / Private Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 28 Mary Jeanne Lane			
City (5): Manahawkin NJ 08050		Square Feet: 1000	# of Floors: 1 — Bldg. Age: 35+
County (6): Ocean	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Home	
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): 3/6/13	Scheduled Completion Date (11): 3/12/13	Name of OSHA Monitor: Same	
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:	
		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
[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
Exterior Siding			X	Exterior Siding	1000 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: 3/12/13	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/21/13

ASB-41 (R-06-08)

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Print Form

CK 2377

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

RECEIVED 2013 FEB 25 PM 2:58 BUREAU OF LICENSING

Date of Notification (1): 2/20/13		Name of Building Owner/Operator (2): One Exchange Place JC, LLC	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 11410 Common Oaks Drive	
		City, State, Zip Code: Raleigh, NC 27614	
		Name of Contact: Chris Brenner	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hyatt House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: One Exchange Place			
City (5): Jersey City		Square Feet: 100000	# of Floors: 10 / Bldg. Age: 50+
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Vacant	
Name of Monitoring Firm Hired by Building Owner (8): EM&CA	ASCM No.	Name of Abatement Contractor (9): Nova Development Group, Inc	
Street Address: P.O. Box 872		Street Address: 189 Townsend St.	
City, State, Zip Code: Somerville, NJ 08878		City, State, Zip Code: New Brunswick, NJ 08901	
Project Manager for Monitoring Firm: Joel Russell	Telephone No.: 732 249-3005	Telephone No.: 732 565-3655	License No.: 00707
Start Date (10): 3/7/13	Scheduled Completion Date (11): 7/12/13	Name of OSHA Monitor: EM&CA	
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: P.O. Box 872	
		City, State, Zip Code: Somerville, NJ 08878	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[x] Mini-Enclosure
[x] 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
Floors 1 thru 10			x	Glue Dabs	56000 SF	x			
"			x	VAT	78800 SF	x			
"			x	Pipe Insulation	3850 LF	x			
Penthouse			x	Pipe Insulation	350 LF	x			

Name of Registered Waste Hauler: All Jersey Express Company, Inc.	NJDEP Waste Hauler ID No.: 18947	Cubic Yards of Waste: 100+	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State: Totowa, NJ 07511		Disposal Date: March-July 2013	City, State: Bethlehem, PA

Completed by: Todd Grant	Title: President	Signature: Todd Grant	Date: 2/20/13

ASB-41 (R-06-08)

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

1767

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Agencies Notified: [X] DEP [ ] DLPS [X] DOL [X] DOH [ ] DCA

Type of Notification: [X] Initial [ ] Amended [ ] Amendment # [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): TCNJ

Street Address: P.O. Box 7718

City, State, Zip Code: EWING NJ 08628

Name of Contact: Kerry Mazza

[redacted]

FACILITY INFORMATION

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

Street Address: 215 Bull Run Rd

City (5): EWING

County (6): MERCER

County Code (7) (STATE USE ONLY)

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): ACE Insulation Co Inc

Street Address: 95 Monroe Rd

City, State, Zip Code: Colts Neck NJ 07722

Telephone No.: 732-294-1752 | License No.: 000351

Start Date (10): 3-6-13 | Scheduled Completion Date (11): 3-12-13

Name of OSHA Monitor: ACE Insulation Co Inc

Street Address: 95 Monroe Rd

City, State, Zip Code: Colts Neck NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
[X] 50 sf or >3 lf
[X] >160 sf or >260 lf
[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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) 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: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted
House				Window Glaze	350 sf				X
Garage				Window Glaze	75 sf				X

Name of Registered Waste Hauler: ACE Insulation Co | NJDEP Waste Hauler ID No.: 12686 | Cubic Yards of Waste: 1 | Name of Registered Landfill: Grows

City, State: Colts Neck NJ 07722 | Disposal Date: 3-12-13 | City, State: Tullytown PA

Completed by: Sara Gatt | Title: Office Mgr | Signature: [signature] | Date: 2-2-13

ASB-11

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C/C # 1767

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Agencies Notified
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [X] Initial
- [ ] Amended
  - Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2): TCNJ
Street Address: P.O. Box 7718
City, State, Zip Code: EWING NJ 08628
Name of Contact: Kerry Mazza
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TCNJ
Street Address: 209-211 BULL RUN RD
City (5): EWING
County (6): MERCER
County Code (7) (STATE USE ONLY):

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

Square Feet: 1800 | # of Floors: 2 | Bldg. Age: 85
Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732 294 1757 | License No.: 00049
Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Start Date (10): 3-5-13
Scheduled Completion Date (11): 3-13-13

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other - Describe: 7AM - 7PM

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
- [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: Asbestos	RACM	Friable
				DUCT INSULATION	30	✓		
				WINDOW CAULK	400 LF	✓		
				FLOORING	300 SF	✓		
				GLUE DOTS	140 SF	✓		
				FLU PATCH	4 SF	✓		

Name of Registered Waste Hauler: ACE INSULATION CO
NJDEP Waste Hauler ID No.: 12086
Cubic Yards of Waste:
Disposal Date:
Name of Registered Landfill: GROWS
City, State: TULLYTOWN PA
City, State: COLTS NECK NJ 07722

Completed By: Jack Gnaiger
Title: OPS MGR
Signature:
Date:

ASB-11

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

C/C # 1767

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

RECEIVED
FEB 15 2013
ASBESTOS CONTROL &

Date of Notification (1): 2-20-13

Name of Building Owner/Operator (2): TCNJ

Agencies Notified: [X] DPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: P.O. Box 7718

City, State, Zip Code: EWING NJ 08628

Name of Contact: KERRY MAZZA

Telephone No.: CONTROL &

FACILITY INFORMATION

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

Street Address: 66 GREEN LANE

City (5): EWING

County (6): MERCER

County Code (7) (STATE USE ONLY):

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

Square Feet: 2000 | # of Floors: 2 | Bldg. Age: 80

Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 294 1152 | License No.: 000051

Start Date (10): 3-6-13 | Scheduled Completion Date (11): 3-14-13

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

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
[X] 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: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted
2ND FLOOR				JOINT COMPOUND	1200 SF			✓	
				DUCT INSULATION	15 SF			✓	
2ND FLOOR BATH				FLOORING	80 SF			✓	
				WINDOW GLAZE	1800 LF			✓	

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 12086 | Cubic Yards of Waste: | Name of Registered Landfill: GROWS

City, State: COLTS NECK NJ 07722 | Disposal Date: | City, State: TULLYTOWN PA

Completed By: JACK GALT | Title: OPS MGR | Signature: [signature] | Date:

ASD-41

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

c/c # 1767

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Name of Building Owner/Operator (2): TCNJ

Agencies Notified: [X] DEP [ ] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: P.O. Box 7718

City, State, Zip Code: EWING NJ 08628

Name of Contact: KERRY MAZZA

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 1880 PENNINGTON AVE

City (5): EWING

County (6): MERCER

County Code (7) (STATE USE ONLY):

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

Square Feet: 1800 | # of Floors: 2 | Bldg. Age: 70

Current Use (Prior it being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 294 1757 | License No.: 00049

Start Date (10): 3-4-13 | Scheduled Completion Date (11): 3-9-13

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

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
[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: Remove	Repair	Encapsulate	Enclosure
HOUSE				WINDOW GLAZE	700 LF	X			
GARAGE				WINDOW GLAZE	300 LF	X			

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 12086

City, State: COLTS NECK NJ 07722

Cubic Yards of Waste: 1

Disposal Date: 3-9-13

Name of Registered Landfill: GROWS

City, State: TULLYTOWN PA

Completed By: SACK GALL | Title: OPS MGR | Signature: [signature] | Date: 2-20-13

ASD-41

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

CK # 1767

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [ ] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): TCNJ
Street Address: P.O. Box 7718
City, State, Zip Code: EWING NJ 08628
Name of Contact: KERRY MAZZA
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TCNJ
Street Address: 213 BULL RUN RD
City (5): EWING
County (6): MERCER
County Code (7) (STATE USE ONLY):

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet | # of Floors | Bldg. Age
Current Use (Prior if being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8): | ASCM No.
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): ACE INSULATION Co INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732 294 1757 | License No.: 000459
Name of OSHA Monitor: ACE INSULATION Co INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Start Date (10): 3-5-13 | Scheduled Completion Date (11): 3-11-13

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

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	Encapsulation	Enclosure
GARAGE				WINDOW GLAZE	75 LF	X		

Name of Registered Waste Hauler: ACE INSULATION Co | NJDEP Waste Hauler ID No.: 12056
City, State: COLTS NECK NJ 07722
Cubic Yards of Waste: 1
Disposal Date: 3-11-13
Name of Registered Landfill: GROWS
City, State: TULLYTOWN PA

Completed By: SAM GALL | Title: OPS MGR | Signature: [signature] | Date: 2-20-13

ASB-11

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

c/c #

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): KATHLEEN O'HARE
Street Address: 109 HILLCREST AVE
City, State, Zip Code: NEPTUNE NJ 07753
Name of Contact: KERRY MANN
Telephone No.: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KATHLEEN O'HARE
Street Address: 109 HILLCREST AVE
City (5): NEPTUNE
County (6): MONMOUTH
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: 1500 | # of Floors: 1 | Bldg. Age: 75
Current Use (Prior if being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8):
Street Address:
City, State, Zip Code:
ASCM No.:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732 294 1757
License No.: 00029

Start Date (10): 2-27-13
Scheduled Completion Date (11): 3-7-13

Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

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 - 7PM

Scope of Work (Check all that apply)
[X] ≥3 sf or ≥3 lf
[X] ≥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: Demolish	Remove	Enclose	Encapsulate
				SIDING	2,300 SF		✓		

Name of Registered Waste Hauler: ACE INSULATION CO
NJDEP Waste Hauler ID No.: 12086
Cubic Yards of Waste: 5
Name of Registered Landfill: GROWS
City, State: COLTS NECK NJ 07722
Disposal Date: 3-7-13
City, State: TULLYTOWN PA

Completed By: JACK GALL
Title: OPS MGR
Signature: Jack Gall
Date: 2-20-13

3B-41

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RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-20-13

Name of Building Owner/Operator (2): ALAN SCHWARTZ

Agencies Notified: [ ] DEP [ ] DOH [ ] EPA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 3 Bay Breeze

City, State, Zip Code: Toms River NJ 08753

Telephone Number:

Name of Contact: DOUBLE R CONTRACING

FACILITY INFORMATION

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

Street Address: 3 BAY BREEZE DR

City (4): Toms River

County (5): OCEAN

County Code (if known) (STATE USE ONLY):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if Bldg. demolition): House

Name of Monitoring Firm Hired by Building Owner (6): | ASCM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 294 1157 | License No: 00049

Start Date (10): 3-4-13 | Suspended Completion Date (11): 3-12-13

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

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 - 7PM

Scope of Work (Check all that apply)
[ ] <1 sf or <3 lf
[X] 160 sf or >260 lf
[X] Renovation
[ ] 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: Surface	Other	Non-Friable	Friable
				TILE	300 SF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler I.D. No.: 12086 | Cubic Yards of Waste | Name of Registered Landfill: GROWS

City, State: Colts Neck NJ 07722 | Disposal Date | City, State: Tullytown PA

Completed By: Jack Gall | Title: OPS MGR | Signature: Jack Gall | Date: 2-20-13

ASH-41

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

CK#
1769

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

RECEIVED
FEB 25 2013
ASBESTOS CONTROL

Date of Notification (1): 2-20-13

Agencies Notified: [X] EPA [X] DEP [ ] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): KEITH HERTELL

Street Address: 241 EAST DUDLEY AVE

City, State, Zip Code: WESTFIELD NJ

Name of Contact: KEITH

FACILITY INFORMATION

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

Street Address: 241 E. DUDLEY AVE

City (5): WESTFIELD

County (6): UNION

County Code (7) (STATE USE ONLY):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished): GARAGE

Name of Monitoring Firm Hired by Building Owner (8): | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 294 1757 | License No.: 00029

Start Date (10): 3-01-13 | Scheduled Completion Date (11): 3-5-13

Name of OSHA Monitor: ACE INSULATION CO INC

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Scope of Work (Check all that apply)
[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] 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: Remove	Repair	Encapsulate	Enclosure
GARAGE				PIPE INSULATION	75 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC | NJDEP Waste Hauler ID No.: 12086 | Cubic Yards of Waste: 1 | Name of Registered Landfill: IESI

City, State: COLTS NECK NJ 07722 | Disposal Date: | City, State: BETHLEHEM PA

Completed By: Jack GALL | Title: OPS MGR | Signature: Jack Gall | Date: 2-20-13

ASB-41

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CK # 1769

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING
NJ

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

Date of Notification (1): 2-20-13

Name of Building Owner/Operator (2): ROBERTO MUNIZ

Agencies Notified: [x] EPA [x] DEP [x] DOL [ ] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 167 1/2 FIRST AVE

City, State, Zip Code: MANASQUAN NJ

Name of Contact: DAVE PIZZAIOTO

Telephone Number:

FACILITY INFORMATION

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

Street Address: 167 1/2 FIRST AVE

City (5): MANASQUAN

County (6): MONMOUTH

County Code (7) (STATE USE ONLY):

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

Square Feet: 1200 # of Floors: 1 Bldg. Age: 80

Current Use (Prior if being demolished): REAR HOUSE

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-214-1757 License No.: 00029

Start Date (10): 3-04-13 Scheduled Completion Date (11): 3-6-13

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
[x] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[x] 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	Encapsulation	Enclosure
				SIDING	1200 SF				

Name of Registered Waste Hauler: ACE INSULATION CO
NJDEP Waste Hauler ID No.: 12086
Cubic Yards of Waste: 3
Name of Registered Landfill: GROWS
City, State: COLTS NECK NJ 07722
Disposal Date: 3-6-13
City, State: TULLYTOWN PA

Completed By: JACK GALL Title: OPS MGR Signature: Jack Gall Date: 2-20-13

ASB-41

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

OK 7473

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

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

Check #7473

Date of Notification (1): **February 19, 2013**	Name of Building Owner / Operator (2): **JP Morgan Chase & Co.**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #__ ☐ Cancellation
	Street Address: **205 Cedar Lane**
	City, State & Zip Code: **Teaneck, NJ 07666**
	Name of Contact: **Joseph Collins** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **JP Morgan Chase Bank**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **205 Cedar Lane**	Square Feet: **2,500** — # of Floors: **1 + Basement** — Bldg. Age: **49**
City (5): **Teaneck**	Current Use (Prior if being demolished): **Bank**
County (6): **Bergen** — County Code (7) *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis US Inc.** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **35 Columbia Road**	Street Address: **829 Radio Road**
City, State & Zip Code: **Branchburg, NJ 08876**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **William Mener** — Telephone Number: **908-526-1000**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **March 2, 2013** — Scheduled Completion Date (11): **April 1, 2013**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **829 Radio Road** — City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 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 or 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 – Adjacent to Men's Room			x	*Floor tile and mastic*	*265 SF*	X			

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **3**	Name of Registered Landfill: **Grows Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: **April 2, 2013**	City, State: **Morrisville, PA**
Completed By: **Diane Aloia**	Title: **Executive Administrator**	Signature: Diane Aloia	Date: **February 19, 2013**

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

CT 1020

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
FEB 25 2013
PUBLIC HEALTH LICENSING
Morristown

Date of Notification (1)	Name of Building Owner/Operator (2) Don Giovanello	
Agencies Notified (x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA	Notification Type (x) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 36 Cattano Avenue, Ste 200
		City, State, Zip Code Morristown, NJ 07960
		Name of Contact Don Giovanello / Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet_____ # of Floors___ Bldg.Age 60_____ Current Use (prior if being demolished)_office
Street Address 130 Washington Street			
City (5) Morristown	County (6 Morris)	County Code (7) (State Use Only)	

Name of Monitoring Firm Hired by Bldg. Owner (8) None	ASCM No. none	Name of Contractor (9) Academy Construction, Inc
Street Address		Street Address: 205 Rt 46W, Suite 14
City, State, Zip Code		City State, ZipCode Totowa, NJ 07512

Project Manager for Monitoring Firm none	Telephone Number none	Telephone Number: 973-832-4244	License Number 01155
Scheduled Start Date (10) 3/1/2013	Scheduled Completion Date (11) 3/16/2013	Name of OSHA Monitor: none	

Occupancy Status During Abatement (Check only one)
(x) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours - Describe_____
Other - Describe_____

Street Address

City, State, Zip Code

Source of Work (Check all that apply)
( ) Demolition ( ) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Basement	X			Pipe fittings		28 LF			

Name of Reg. Waste Hauler Academy Construction, Inc	NJDEP Waste Hauler ID #: 0034422	Cubic Yards of Waste 3	Name of Reg. Landfill GROVES
City, State: Totowa, New Jersey		Disp. Date: 3/17/2013	City, State: Morrisville, PA
Completed by (Print or Type) Frank Marino	Title: VP Operations	Signature	Date: Feb 18, 2013

Mail to: NJDEP-DSHW-BRRTP

EMERGENCY
REQUEST FOR WAIVER CK 4290

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

RECEIVED
Refund for $
APPROVED
NJ Dept. of Health & Senior Services
(signature)
ASBESTOS CONTROL
Date: 2/20/13 Time: 12:43 PM

Date of Notification (1): 2-20-2013	Name of Building Owner/Operator (2): D. ROTHCHILD
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
Street Address: 550 MAPLE AVENUE	
City, State, Zip Code: TEANECK, NJ 07666	
Name of Contact: D. ROTHCHILD	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): D. ROTHCHILD	Type of Facility (4): ☐ School (K-12) ☐ Subchapter R (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 550 MAPLE AVENUE	
City (5): TEANECK	Square Foot: 1950 / # of Floors: 2 / Bldg. Age: 76 YRS
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.	Name of Abatement Contractor (9): Best Removal Inc
Street Address:	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): 2-22-2013 / Scheduled Completion Date (11): 2-23-2013	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: 8AM - 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
☒ Removal ☐ 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, sprayed-on, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	50 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/2 YD.	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 2-23-13	City, State: Waynesburg , Oh

Completed by: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 2-20-13

ASB-41 * Do not use this form for asbestos licensure exempted activities.

A-Mac Asbestos
APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 2/15/13 Time:

CK 8091

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

Check # 8091

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/15/13	Name of Building Owner/Operator (2): Gold Bell Realty
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 33 Clinton Road.
	City, State, Zip Code: W. Caldwell - NJ 07006
	Name of Contact: Rosanne Mehnert
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 61 Duncan Ave	
City (5): Jersey City	Square Feet: 8,353 # of Floors: 4 Bldg. Age: 50+
County (6): Hudson	County Code (7) (State Use Only): Current Use (Prior to being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8):	ASCP# 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, N.J. 07452
Project Manager for Monitoring Firm:	Telephone No.: Telephone No.: 201-262-5841 License No.: 00156
Start Date (10): 2/16/13 Scheduled Completion Date (11): 3/16/13	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 Hoyler 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-Friable (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance? Controlled Staff? (12) Yes	No	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			✓	Pipe insulation	60 LF	✓			

Name of Registered Waste Hauler: Ronic Transport	N.J.D.E.P. Waste Hauler ID No.: 20785	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State: Riverdale, New Jersey 07457		Disposal Date: 2/16/13	City, State: Bethlehem, PA 18015

Completed by: Joseph Vocatulo	Title: C.O.O	Signature: J. Vocatulo	Date: 2/15/13

ACB-41 (R-09-08)

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

Print Form

CK 2493

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

RECEIVED
FEB 25 2013
ASBESTOS CONTROL &

Date of Notification (1): 02/19/13 Ck# 2493 $200	Name of Building Owner/Operator (2): Somerset County Educational Services
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 991 Route 22 West, Suite 102
	City, State, Zip Code: Bridgewater, New Jersey 08807
	Name of Contact: Michael Eganey — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Somerset County Educational Services			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 7 Finderne Avenue			
City (5): Bridgewater, New Jersey 08807		Square Feet: 20,000	# of Floors: 2 — Bldg. Age: 55+
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates	ASCM No.		Name of Abatement Contractor (9): Lilich Corporation
Street Address: 3 Crosswicks Street			Street Address: 606 McBride Avenue
City, State, Zip Code: Bordentown, NJ 08505			City, State, Zip Code: Woodland Park, New Jersey 07424
Project Manager for Monitoring Firm: Michael Hoodak	Telephone No.: 609-298-5520	Telephone No.: 973-225-8400	License No.: 01104
Start Date (10): 03/01/13	Scheduled Completion Date (11): 03/02/13		Name of OSHA Monitor: J&S Environmental Labs
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: 2333 Route 22 West
			City, State, Zip Code: Woodland Park, New Jersey 07424

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] 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		O&MWrap&CureCritBarrNegAir	40 LF		X		

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 1	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date	City, State: Morrisville, Pennsylvania

Completed by: Tatiana Kalenikova	Title: Vice President	Signature: Tatiana Kalenikova	Date: 02/19/13

ASB-41 (R-06-08)

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

Print Form

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

Ch# 0015

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2-19-2013	Name of Building Owner/Operator (2): Juzefyk Bros. Construction
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 500 N. Wood Ave.
	City, State, Zip Code: Linden, NJ 07036
	Name of Contact: Steven — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House for Demo			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 619 Fairfield Ave.			
City (5): Kennilworth			Square Feet: 1500 / # of Floors: 2 / Bldg. Age: 50+
County (6): Union	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.: n/a		Name of Abatement Contractor (9): Loznica Management Corporation
Street Address: n/a			Street Address: 22 Troy Lane
City, State, Zip Code: n/a			City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a		Telephone No.: 973-706-7950 / License No.: 01193
Start Date (10): 3-2-2012	Scheduled Completion Date (11): 3-4-2013		Name of OSHA Monitor: Loznica Management Corporation
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: 22 Troy Lane / 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
Basement			X	Asbestos Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler: Loznica Management Corporation	NJDEP Waste Hauler ID No.: 033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed by: E. Cirovic	Title: Secretary	Signature: E. Cirovic	Date: 2-19-2013

ASB-41 (R-06-08)

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

Check # 2624

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1): **February 19, 2013**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended Notification ☐ Emergency (including justification) ☐ Cancelled
	Street Address: **ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS**
	City, State, Zip Code: **PISCATAWAY, NJ 08854**
	Name of Contact: **MICHAEL SMITH, ENV. HEALTH & SAFETY** Telephone Number: **AE**

RECEIVED FEB 25 2013

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **CONKLIN HALL, BLDG# 7218**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **NEWARK CAMPUS**	Sq. Feet: **N/A** # of Floors: **5** Bldg. Age: **60+ years**
City (5): **NEWARK** County (6): **ESSEX** County Code (7) (State Use Only):	Current Use (prior if being demolished): **ACADEMIC**
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATC ASSOCIATES** ASCM No.: **0098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **268 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **BRIAN KEARNY** Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **03/15/13** Scheduled Completion Date (11): **03/18/13**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: **Shift Hours: 5:00 PM – 5:00 AM**	Street Address: **20-21 WARGARAW ROAD** City, State, Zip Code: **FAIRLAWN, NJ**

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Suite 241 Suite		☒		**VAT**	**1000 SF**	☒			

Name of Reg. Waste Hauler: **See Hauler Below #1 & 2**	NJDEP Waste Hauler ID #: **See Below**	Cubic Yards of Waste: **10 CY**	Name of Registered Landfill: **G.R.O.W.S. North Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22612

Disposal Date: **03/18/13** City, State: **100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	*Raymond C. Pedalino*	**February 19, 2013**

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

OK 5731

Print Form

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

RECEIVED
DOL - TO DAY
FEB 15 2013
ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

Check # 5731
FEB 25 2013
FEB 15, 2013

Date of Notification (1): February 15, 2013	Name of Building Owner/Operator (2): Specialty Claims Services Inc
Agencies Notified: [X] EPA [ ] OEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment # [X] Emergency (including justification) [ ] Cancellation
	Street Address: 225 State Road
	City, State, Zip Code: Media, PA 19063
	Name of Contact: Michael Simpson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Blessed Sacrament Parish	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 North Kenyon Avenue	
City (5): Margate City	Square Feet: 2,000 / # of Floors: 1 / Bldg. Age: 80
County (6): Atlantic / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Church
Name of Monitoring Firm Hired by Building Owner (8): MDG Environmental / ASCM No:	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1000 Maplewood Drive, Suite 207	Street Address: 623 Cutler Ave.
City, State, Zip Code: Maple Shade, NJ 08052	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Tony Espisito / Telephone No: (609) 760-1540	Telephone No.: 856-755-0099 / License No: 00842
Start Date (10): February 20, 2013 / Scheduled Completion Date (11): February 20, 2013	Name of OSHA Monitor: EMSL
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: 107 Haddon Ave
	City, State, Zip Code: Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] 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
Maintenance/Toll Storage Room			XXX	Tile & Mastic	216 SF	X			
Maintenance Room			XXX	Pipe Insulation	20 LF		X		

Name of Registered Waste Hauler: Freehold	NJDEP Waste Hauler ID No: 22263	Cubic Yards of Waste: 2	Name of Registered Landfill: Grows Landfill
City, State: Mount Holly, New Jersey 08060		Disposal Date: 2-20-13	City, State: Tullytown, PA
Completed by: Christina Lynch	Title: Office Manager	Signature: Christina Lynch	Date: February 15, 2013

A98-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

OK 59418

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

RECEIVED
FEB 25 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/15/2013	Name of Building Owner/Operator (2): THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 751 BROAD STREET FIFTH FLOOR
	City, State, Zip Code: NEWARK, NEW JERSEY 07102
	Name of Contact: MR. RICHARD HUMMERS — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FORMER KLEIN BUILDING			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 689-691 BROAD STREET			
City (5): NEWARK	Square Feet: 60,000	# of Floors: 10	Bldg. Age:
County (6): ESSEX	County Code (7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished): VACANT (PRIOR USE COMMERCIAL)

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL HEALTH INVESTIGATIONS INC.	ASCM No.: 00104	Name of Abatement Contractor (9): PAL ENVIRONMENTAL SERVICES	
Street Address: 655 WEST SHORE TRAIL		Street Address: 11-02 QUEENS PLAZA SOUTH	
City, State, Zip Code: SPARTA, NJ 07871		City, State, Zip Code: LONG ISLAND CITY, NY 11101	
Project Manager for Monitoring Firm: BILL KERBEL	Telephone No.: 973-729-5649	Telephone No.: 718-349-0900	License No.: 00853
Start Date (10): 02/19/2013	Scheduled Completion Date (11): 05/18/2013	Name of OSHA Monitor: MARTIN MCREA	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION		Street Address: 714 KENNEDY BLVD City, State, Zip Code: BAYONNE, NJ 07002	

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
SEE ATTACHED ACM TABLE FOR				SEE ATTACHED ACM TABLE FOR	SEE ATTACHED	X			
DETAILS				DETAILS	ACM TABLE				
					FOR DETAILS				

Name of Registered Waste Hauler: ATC/TST	NJDEP Waste Hauler ID No.: 24310/19551	Cubic Yards of Waste: 160	Name of Registered Landfill: MINERVA ENTERPRISES
City, State: SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date: 3/18/2013 5/18/2013	City, State: WAYNESBURG, OH 44688

Completed by: ANN ALI	Title: ADMINISTRATIVE	Signature	Date: 02/15/2013

ASB-41 (R-06-08)

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

Print Form

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

CK 3019

RECEIVED
FEB 25 2013
ASB... CONTROL &
...ENSING

Date of Notification (1): 2/17/13	Name of Building Owner/Operator (2): Dave Bruce / Private Home
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 17 East 102nd St.
	City, State, Zip Code: Beach Haven Park NJ 08008
	Name of Contact: Dave — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Dave Bruce / Private Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 17 East 102nd St.	
City (5): Beach Haven Park 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): Home
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): 2/28/13 / Scheduled Completion Date (11): 3/5/13	Name of OSHA Monitor: Same
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 / 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
[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
Exterior Siding			x	Exterior Siding	1700 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 3/5/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/17/13

ASB-41 (R-06-08)

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

CHECK # 2646

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

RECEIVED
FEB 25 2013
ASBESTOS CONTROL LICENSING

Date of Notification (1): 2/19/13	Name of Building Owner/Operator (2): ESHAM FIELD CORP.
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	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 3241 BAY AVE.	Square Feet: 1000 # of Floors: 2 Bldg Age: 40+
City (5): OCEAN CITY	Current Use (Prior to being demolished): VACANT
County (6): CAPE MAY	County Code (7) (STATE USE ONLY):
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.:
Street Address:	Name of Abatement Contractor (9): KLEMCO INC.
City, State, Zip Code:	Street Address: 369 S. SPRUCE AVE.
Project Manager for Monitoring Firm:	City, State, Zip Code: MAPLE SHADE, NJ 08052
Telephone No.:	Telephone No.: 856-779-0422 License No: 00444
Start Date (10): 3/1/13 Scheduled Completion Date (11): 3/8/13	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				TRANSITE	3000 SF	X	

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17907	Cubic Yards of Waste: 5	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, N.J. 08052		Disposal Date:	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 2/18/13

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* Do not use this form for asbestos licensure exempted activities