CK 00824

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2013 MAR 21 P 3:20

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

Date of Notification (1): 3/15/13	Name of Building Owner/Operator (2): Township of Lebanon
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (Including justification) ☐ Cancellation
	Street Address: 530 West Hill Road
	City, State, Zip Code: Glen Gardner NJ 08826
	Name of Contact: Charlie Matarazzo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2069 Route 31	
City (5): Glen Gardner	Square Feet: ; # of Floors: 2 ; Bldg. Age:
County (5): hunterdon	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): 7 RESIDENTAIL HOUSES
Name of Monitoring Firm Hired by Building Owner (8): ; ASCM No.:	Name of Abatement Contractor (9): Pow/R/Save
Street Address:	Street Address: 27 West Street
City, State, Zip Code:	City, State, Zip Code: Bloomfield, NJ 07003
Project Manager for Monitoring Firm: ; Telephone No.:	Telephone No.: 973 680-0088 ; License No.: 357
Start Date (10): 3/21/13 ; Scheduled Completion Date (11): 3/21/13	Name of OSHA Monitor:
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: ; 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
house siding			x	siding	3200 sf	x			

Name of Registered Waste Hauler: Atlas Disposal Options	NJDEP Waste Hauler ID No: 18262	Cubic Yards of Waste:	Name of Registered Landfill: Tullytown Resource
City, State: Dover, NJ		Disposal Date:	City, State: Tullytown, PA
Completed by: Sharon Hendee	Title: sec/treas	Signature:	Date: 3/15/13

ASB-41 (R-06-08)

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1302-1725
Check #: 3065

RECEIVED
2013 MAR 21 PM 9:20
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **2/26/13**		Name of Building Owner / Operator (2) **Morris Elm, LLC**	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended #2 OFF HOLD ☐ Emergency ☐ Cancellation	Street Address **41 Elm Street, Suite 1C**	
		City, State & Zip Code **Morristown, NJ 07960**	
		Name of Contact **Universal Property Management, Shaun Mekkawy**	Telephone Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Apartment Building**			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address **41 Elm Street**			Square Feet: **70,000** / # of Floors: **5** / Bldg. Age: **1960**
City (5) **Morristown**	County (6) **Morris**	County Code (7)	Current Use (Prior if being demolished) **Residential Properties**

Name of Monitoring Firm Hired by Building Owner (8) **Criterion Laboratories**	ASCM No.	Name of Abatement Contractor (9) **Asbestos and Mold Services, Corp.**	
Street Address **3370 Progress Drive, Suite J**		Street Address **3859 Sylon Blvd.**	
City, State & Zip Code **Bensalem, PA 19020**		City, State & Zip Code **Hainesport, NJ 08036**	
Project Manager for Monitoring Firm **Eric Wysocki**	Telephone Number **215-244-1300**	Telephone Number **609-702-0400**	License Number **00862**
Scheduled Start Date (10) **3/12/13**	Scheduled Completion Date (11) **3/19/13**	Name of OSHA Monitor **EMSL Analytical**	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours ☐ Describe: ☒ Isolated Area		Street Address **107 Haddon Ave.** City, State & Zip Code **Westmont, NJ 08108**	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☒ 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 Boiler Room	☐	☐	☒	**Transite Panels & associated debris**	**60 CF**	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	**Fittings**	**4 ea**	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	**Pipe Insulation**	**70 LF**	☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐

Name of Registered Waste Hauler **Horizon Disposal**	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste **5**	Name of Registered Landfill **GROWS**
City, State **Trenton, NJ**		Disposal Date **3/19/13**	City, State **Morrisville, PA**

Completed By (Print or Type) **Kim Trumbetti**	Title **Admin.**	Signature	Date **3/15/13**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED 2013 MAR 21 PM 9:20 ASBESTOS ADMIN & LICENSING

Date of Notification (1): 3 / 18 / 13	Name of Building Owner/Operator (2): Rukh Edison Plaza — Job # 1303-1734: Chk. #3058
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) — Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ 07080
	Name of Contact: Mr. Paul Fick — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 121 James Street			
City (5): Edison	Square Feet: 1200	# of Floors: 1	Bldg. Age: 60
County (6): Middlesex	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 16 West Elizabeth Aveue		Street Address: 3859 Sylon Boulevard	
City, State, Zip Code: Linden, NJ 07036		City, State, Zip Code: Hainesport, NJ 08036	
Project Manager for Monitoring Firm: Kelly Walton	Telephone No.: 908-862-4301	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 4 / 01 / 13	Scheduled Completion Date (11): 4 / 01 / 13	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☒ : Negative Pressure Enclosure ☐ 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
Kitchen Floor	☐	☐	☒	Sheet Goods & Floor Tile	130 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Horizon Disposal, Inc.	NJDEP Waste Hauler ID No.: 22612	Cubic Yards of Waste: 5	Name of Registered Landfill: GROWS Landfill
City, State: Trenton, NJ		Disposal Date: 4/1/13	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kimberly A. Trumbetti	Title: Office Coordinator	Signature:	Date: 3/18/13

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

2013 MAR 20 PM 9:40

Date of Notification (1): 3 / 18 / 13	Name of Building Owner/Operator (2): Rukh Edison Plaza — Job # 1303-1734: Chk. #3058
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) — Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ 07080
	Name of Contact: Mr. Paul Fick — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 117 James Street	
City (5): Edison — Square Feet: 1200 — # of Floors: 1 — Bldg. Age: 60	
County (6): Middlesex — County Code (7)(STATE USE ONLY): — Current Use (Prior if being demolished): Vacant	

Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental — ASCM No.:	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 16 West Elizabeth Avenue	Street Address: 3859 Sylon Boulevard	
City, State, Zip Code: Linden, NJ 07036	City, State, Zip Code: Hainesport, NJ 08036	
Project Manager for Monitoring Firm: Kelly Walton — Telephone No.: 908-862-4301	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 4 / 01 / 13 — Scheduled Completion Date (11): 4 / 01 / 13	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 U.S. Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☒ Negative Pressure Enclosure ☐ 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
Back Porch Area	☐	☐	☒	Floor Tile	112 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Horizon Disposal, Inc. — NJDEP Waste Hauler ID No.: 22612	Cubic Yards of Waste: 5	Name of Registered Landfill: GROWS Landfill	
City, State: Trenton, NJ	Disposal Date: 4/1/13	City, State: Morrisville, PA 19067	

Completed By (Print or Type): Kimberly A. Trumbetti	Title: Office Coordinator	Signature: [signature]	Date: 3/18/13

ASB-41
MAY 11

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

M/O # 20636766731

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

RECEIVED 2013 MAR 21 PM 9:40 ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1): 03/13/2013	Name of Building Owner/Operator (2): St. Joseph Parish
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 120 Hoboken Road
	City, State, Zip Code: East Rutherford, NJ, 07073
	Name of Contact: Joe Astarita — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St. Joseph Parish	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20 Hackensack Street	Square Feet: 6,500 — # of Floors: 3 — Bldg. Age: 90
City (5): East Rutherford, NJ, 07073	Current Use (Prior if being demolished): School
County (6): Bergen — County Code (7) (STATE USE ONLY):	
Name of Monitoring Firm Hired by Building Owner (8): DAI Environmental Services — ASCM No.	Name of Abatement Contractor (9): National Fireproofing & Installation Co.
Street Address: 300 Grand Avenue	Street Address: 105 Plauderville Av.
City, State, Zip Code: Englewood, NJ, 07631	City, State, Zip Code: Garfield, NJ, 07026
Project Manager for Monitoring Firm: Anthony Valentine — Telephone No.: 201-569-6708	Telephone No.: 973-478-3486 — License No.: 01154
Start Date (10): 03/22/2013 — Scheduled Completion Date (11): 03/24/2013	Name of OSHA Monitor: National Fireproofing & Installation Co.
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: 105 Plauderville Av. — City, State, Zip Code: Garfield, NJ, 07026

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
[ ] 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
2nd. Floor		x		VAT/ Mastic	1,320	x			
2nd. Floor		x		Ceiling tiles	1,320	x			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 8939	Cubic Yards of Waste: 15	Name of Registered Landfill: Minerva Enterprise
City, State: Shirley, NY		Disposal Date: 03/26/2013	City, State: Waynesburg, OH
Completed by: Renata Koloska	Title: Office Manager	Signature: Renata Koloska	Date: 03/12/2013

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

ASB-41 (R-06-08)

NJ # : 206367667 20

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

2013 MAR 21 RECEIVED
2013 MAR -5 AM 2:48
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/01/2013	Name of Building Owner/Operator (2): ST. JOSEPH PARISH
Agency Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 120 HOBOKEN ROAD
	City, State, Zip Code: EAST RUTHERFORD, NJ, 07073
	Name of Contact: JOE ASTARITA — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ST. JOSEPH PARISH	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20 HACKENSACK ROAD	
City (5): EAST RUTHERFORD, NJ, 07073	Square Feet: 6,500 — # of Floors: 3 — Bldg. Age: 90
County (6): BERGEN — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): SCHOOL

Name of Monitoring Firm Hired by Building Owner (8): DAI ENVIRONMENTAL SERV. — ASCM No:	Name of Abatement Contractor (9): NATIONAL FIREPROOFING INSTALLATION CO
Street Address: 300 GRAND AVENUE	Street Address: 105 PLAUDERVILLE
City, State, Zip Code: ENGLEWOOD, NJ, 07631	City, State, Zip Code: GARFIELD, NJ 07026
Project Manager for Monitoring Firm: ~~ANTHONY VALENTINE~~ — Telephone No.: 201-569-6703	Telephone No.: 973-478-3486 — License No.: 01454
Start Date (10): 03/15/2013 — Scheduled Completion Date (11): 03/17/2013	Name of OSHA Monitor: DAI ENVIRONMENTAL SERVICES (CHANGED)
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: 300 GRAND AV. City, State, Zip Code: ENGLEWOOD, NJ, 07631

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
2ND FLOOR		V		VAT/MASTIC	1,320 SF	V			
2ND FLOOR		V		CEILING TIES	1,320 SF	V			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: 8939	Cubic Yards of Waste:	Name of Registered Landfill: MINERVA ENTERPRISE	
City, State: SHIRLEY, NY			Disposal Date: 03/19/13	City, State: WAYNESBURG, OH
Completed by: RENATA KOLASKA	Title: OFFICE MANAGER		Signature: Renata Kolaska	Date: 3-1-13

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)

Date of Notification (1): 3/18/2013	Name of Building Owner/Operator (2): Francine Grande 2013 MAR 21 PM 9:40 21373
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA	Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation
	Street Address: 321 Pleasant Run Road
	City, State, Zip Code: Branchburg, NJ 08853
	Name of Contact: Francine Grande; 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 k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 114 E. Massachusetts			
City: LBI	County (6): Ocean	County Code (7) (STATE USE ONLY):	Square feet: 1500 sf; # of Floors: 1; Bldg. Age: 60
			Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm	Telephone Number		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 3/19/13	Scheduled Completion Date (11): 1/21/13		Name of OSHA Monitor: E.M.S.L. Analytical
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: 1056 Stelton Road
			City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ]	>3 sf or ≥3 lf	[ ]	Renovation	[ ]	Full Containment with Negative Pressure
[x]	≥160 sf or ≥260 lf	[x]	Demolition	[ ]	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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	~~850~~ 1300 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	T.R.R.F.

City, State	Disposal Date	City, State
Toms River, New Jersey	1/22/13	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	Nichol Fer	3/18/2013

**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)

Date of Notification (1): 3/18/2013	Name of Building Owner/Operator (2): Jim Bodei
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA	Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation
	Street Address: 645 5th Avenue
	City, State, Zip Code: Lyndhurst, NJ 07071
	Name of Contact: Jim Bodei; Telephone Number: [redacted]

2013 MAR 21 PM 3:40

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 45 Sylvia Lane			
City: Mahnahawkin	County (6): Ocean	County Code (7) (STATE USE ONLY):	Square feet: 1000 sf; # of Floors: 1; Bldg. Age: 60
			Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address:			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code:			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm	Telephone Number		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 3/19/13	Scheduled Completion Date (11): 1/21/13		Name of OSHA Monitor: E.M.S.L. Analytical
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: 1056 Stelton Road
			City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ] >3 sf or ≥3 lf	[ ] Renovation	[ ] Full Containment with Negative Pressure
[x] ≥160 sf or ≥260 lf	[x] Demolition	[ ] 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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	850 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 1/22/13	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nicholas Fernicola	Date: 3/18/2013

Do not use this form for asbestos licensure exempted activities.

CK 3075

Print Form

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

RECEIVED 2013 MAR 21 PM 9:44 ASB & LICENSING UNIT

Date of Notification (1): 3/19/13	Name of Building Owner/Operator (2): Robert Keenan/ Private Home	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 20 West Navisink City, State, Zip Code: Tuckerton NJ 08087 Name of Contact: Dave Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert Keenan / 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: 20 West Navisink			
City (5): Tuckerton NJ 08087		Square Feet: 1000+	# of Floors: 1 / Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.: 856-840-8815	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/28/13	Scheduled Completion Date (11): 4/5/13	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	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: 4/5/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 3/19/13

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 3072

Date of Notification (1): 2/19/13		Name of Building Owner/Operator (2): NJ Transit Headquarters
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: One Penn Plaza East
		City, State, Zip Code: Newark NJ 07105
		Name of Contact: Russell — Telephone Number:

2013 MAR 21 PM 9:40

& Limitation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Newark Penn Station Lobby		Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Raymond Blvd		
City (5): Newark NJ 07105		Square Feet: 1000 + / # of Floors: 2 / Bldg. Age: 35
County (6): Essex	County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): TTI	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address: 1253 North Church Street		Street Address: PO Box 329	
City, State, Zip Code: Moorestown NJ 08057		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm: Jim Garladi	Telephone No.: 856-840-8815	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/20/13	Scheduled Completion Date (11): 3/22/13	Name of OSHA Monitor: Same	
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: Night Shift 11 pm to 5 am		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf — less the 3 L.
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[x] Clean Up
[ ] 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
Behind Benches Lobby Area				Miscellaneous Debris	3 sf	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: .5	Name of Registered Landfill: G.R.O.W.S
City, State: Elm NJ		Disposal Date: 3/22/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 2/19/13

ASB-41 (R-06-08)

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

Print Form

ok 3073

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

2013 MAR 21 PM 9:46

Date of Notification (1): 3/19/13	Name of Building Owner/Operator (2): Len Imperiale / Private Home
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 32 South Burgee City, State, Zip Code: Tuckerton NJ 08087 Name of Contact: Len Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Len Imperiale / 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: 32 South Burgee			
City (5): Tuckerton NJ 08087		Square Feet: 1000+	# of Floors: 1 / Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.: 856-840-8815	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/28/13	Scheduled Completion Date (11): 4/5/13	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	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: 4/5/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 3/19/13

ASB-41 (R-06-08)

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

CK 8035

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

RECEIVED 2013 MAR 21 A 9:40 SCHOOL FACILITIES PLANNING CONTROL

Date of Notification (1): 3 / 18 / 13	Name of Building Owner/Operator (2): LODI BOARD OF EDUCATION
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. Box 815 & Hunter Street
	City, State, Zip Code: LODI NJ 07644
	Name of Contact: ANTHONY LUNA — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WASHINGTON School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 310 NORTH MAIN STREET			
City (5): LODI		Square Feet: +500	# of Floors: 3	Bldg. Age: +25 yrs
County (6): Bergen	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Boiler Room in School	

Name of Monitoring Firm Hired by Building Owner (8): K+A ENVIRONMENTAL CONTRACTORS — ASCM No.	Name of Abatement Contractor (9): K+A ENVIRONMENTAL CONTRACTORS	
Street Address: 20 LAUCK ROAD	Street Address: 20 LAUCK ROAD	
City, State, Zip Code: MOHNTON, PA 19540	City, State, Zip Code: MOHNTON, PA 19540	
Project Manager for Monitoring Firm: MIKE KARL — Telephone No.: 610-856-7700	Telephone No.: 610-856-7700 — License No.: 01102	
Start Date (10): 4 / 5 / 13 — Scheduled Completion Date (11): 4 / 9 / 13	Name of OSHA Monitor: CEI LABS	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 700 AM-500 PM/____PM-____AM	Street Address: 107 NEW EDITION COURT; City, State, Zip Code: CARY NC 27511	

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
Boiler Room	☒	☐	☐	Thermal System Insulation	9 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: K+A ENVIRONMENTAL CONTRACTORS	NJDEP Waste Hauler ID No.: 00815	Cubic Yards of Waste: 1	Name of Registered Landfill: Imperial Land Fill
City, State: Imperial PA		Disposal Date: 4-30-13	City, State: Imperial PA

Completed By (Print or Type)	Title	Signature	Date
ANTHONY J SANTARELLI	operation	Anthony J Santa	3-18-13

ASB-41
MAY 11

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Print Form

Waiver As Per- Peter Alvarez

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

Date of Notification (1): 3/19/13	Name of Building Owner/Operator (2): Jacqueline Jennings
Agencies Notified: [ ] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 172 Reid St
	City, State, Zip Code: Elizabeth, NJ 07201
	Name of Contact: Manny Rocha
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 172 Reid St.	
City (5): Elizabeth	Square Feet: 3500 / # of Floors: 3 / Bldg. Age: 110 yr
County (6): Union / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Apartment House

Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.		Name of Abatement Contractor (9): Finishing Touch Asbestos Abatement Corporation
Street Address		Street Address: P.O. Box 400
City, State, Zip Code		City, State, Zip Code: Oceanport, NJ 07757
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732 222 8392 / License No.: 00040
Start Date (10): 3/21/13	Scheduled Completion Date (11): 3/24/13	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Debris pile		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Debris pile				Miscellaneous Transite	30 sf	X			
Stored By Owner				Loading					

Name of Registered Waste Hauler: Finishing Touch Asb	NJDEP Waste Hauler ID No.: 12058	Cubic Yards of Waste: 1cy	Name of Registered Landfill: G.R.O.W.S.
City, State: Oceanport, NJ		Disposal Date	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Joseph P. Miller	President	[signature]	3/19/13

ASB-41 (R-06-08)

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

CK 4324

2013 MAR 21 PM 9:20

Date of Notification (1): 3/18/13	Name of Building Owner/Operator (2): MS. CHERYL WOOMER
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 11 RUGBY RD
	City, State, Zip Code: CEDAR GROVE NJ 07009
	Name of Contact: MS. WOOMER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MS. C. WOOMER	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 RUGBY RD	
City (5): CEDAR GROVE	Square Feet: 2000 # of Floors: 2 Bldg. Age: 85 YRS
County (6): ESSEX	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): 4/3/13 Scheduled Completion Date (11): 4/4/13	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: 7AM TO 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check all that apply)

☑ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☑ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☑ Mini-Enclosure
☑ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL SYSTEM INSULATION	125 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 2.20	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 4/4/13	City, State: Waynesburg , Oh
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 3/18/13

ASB-41

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CHECK # 2680

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

RECEIVED 2013 MAR 21 P

Date of Notification (1): 3/18/13	Name of Building Owner/Operator (7): BOA MOOSE
Agencies Notified: DOSH [ ] EPA [ ] Local [ ]	Type Notification: [X] Initial [ ] Amended Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: P.O. BOX 322
	City, State, Zip Code: BRIGANTINE, NJ 08203
	Name of Contact: STATE / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): [ ] School (K-12) [X] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings homes, etc.)
Address: 113 6TH ST. SOUTH	Square Feet: 1000 ± / # of Floors: 2 / Bldg Age: 40+
City: BRIGANTINE	
County: ATLANTIC / County Code (1) (STATE USE ONLY)	Current Use (Prior to being demolished): VACANT
Name of Abatement Monitoring Firm Hired by Building Owner: N/A / ASCM No	Name of Abatement Contractor (9): KLEMM INC.
Street Address	Street Address: 365 S. SPRUCE AVE
City, State, Zip Code	City, State, Zip Code: MAPLE SHADE, NJ 08052
Project Manager for Monitoring Firm / Telephone No	Telephone No: 856-779-0422 / License No: 010411
Date of Work: 4/2/13 / Scheduled Completion Date (11): 4/9/13	Name of OSHA Monitor: JOSEPH KLEMM
Occupant 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: 365 S. SPRUCE AVE
	City, State, Zip Code: MAPLE SHADE NJ 08052

Abatement Type (Check all that apply)

[ ] 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? (17) Yes	No	Unk.	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Friable	Non-Friable
SIDING			X	TRANSITE	1500 ±		X

Name of Asbestos Waste Hauler: KLEMM INC. / NJDEP Waste Hauler ID No: 17901 / Cubic Yards of Waste: / Name of Receiving Landfill: ACUA

Address: MAPLE SHADE, NJ. / Disposal Date: / City, State: PLEASANTVILLE, NJ

Name of Person Completing This Form: JOSEPH KLEMM / Title: V/P / Signature: [signature] / Date: 3/18/13

* Do not use this form for asbestos licensure exempted activities

CHECK #
2699

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

2013 MAR 21 PM 9:40

Date of Notification (1): 3/18/13

Name of Building Owner/Operator (2): WM. HARGROVE CO.

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

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

Street Address: 1507 STATE ST.

City, State, Zip Code: CAMDEN, N.J.

Name of Contact: SAME

Telephone Number: [redacted]

FACILITY INFORMATION

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

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

Street Address: 41 MADESTONE LANE

Square Feet: 1000 | # of Floors: 1 | Bldg Age: 40+

City (5): WILLINGBORO

County (6): BURLINGTON

County Code (7) (STATE USE ONLY)

Current Use (Prior to 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: 369 S. SPRUCE AVE

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): 3/28/13

Scheduled Completion Date (11): 4/4/13

Name of OSHA Monitor: JOSEPH KLEMM

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: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

[X] 220 sq. or 2 II
[X] 160 sq. or 2260 II

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Acceptable Friable	Non-Friable
SIDING			X	TRANSITE	1800 SF	X	

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date

Name of Registered Landfill: G.R.O.W.S

City, State: MAPLE SHADE, N.J.

City, State: MORRISVILLE PA.

Completed By: JOE KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 3/18/13

ASB-1

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

RECEIVED 2013 MAR 21 PM 9:40 PUBLIC HEALTH & LICENSING

Date of Notification (1): 03/11/13	Name of Building Owner/Operator (2): Community Food Bank of NJ
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 31 Evans Terminal Rd.
	City, State, Zip Code: Hillside, NJ 07205
	Name of Contact: Jim Doty — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Community food Bank of NJ.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address: 31 Evans Terminal Rd.			
City (5): Hillside	Square Feet: 285,000	# of Floors: 2	Bldg. Age: 80
County (6): Union	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Food Bank	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): LESCO SERVICES INC.
Street Address:		Street Address: 156 MAPLE AVE
City, State, Zip Code:		City, State, Zip Code: WALLINGTON NJ. 07057
Project Manager for Monitoring Firm:	Telephone No.	Telephone No.: 973-406-7341 — License No.: 01107
Start Date (10): 02/18/13	Scheduled Completion Date (11): 03/13/13	Name of OSHA Monitor: LESLAW NALODKA
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: 156 MAPLE AVE City, State, Zip Code: WALLINGTON NJ. 07057

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
thrift store			X	asbestos ceiling insulation	5000sf	X			

Name of Registered Waste Hauler: Newark Carting Inc.	NJDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste: 150	Name of Registered Landfill: Grows.
City, State: NEWARK NJ.		Disposal Date: 03/13/13	City, State: Morrisville PA.

Completed by	Title	Signature	Date
LESLAW NALODKA	PRESIDENT	[signature]	03/11/13

ASB-41 (R-06-08)

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

Project #

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

Check # 1895

2013 MAR 21 PM 3:40

Date of Notification (1): 03/12/2013	Name of Building Owner/Operator (2): Perth Amboy BOE
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 148 Barracks Street
	City, State, Zip Code: Perth Amboy, NJ 08861
	Name of Contact: Mario Cofini — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St. Mary's School Gym Building	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 372 Mechanic Street	
City (5): Perth Amboy,NJ 08861	Square Feet: — # of Floors: — Bldg. Age:
County (6): Middlesex	County Code (7) *(STATE USE ONLY)*: _____ Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): AHERA — ASCM No.:	Name of Abatement Contractor (9): Nick Restoration LLC
Street Address: P.O BOX 385	Street Address: 72 Brookside Rd
City, State, Zip Code: Oceanville, NJ 08231	City, State, Zip Code: Randolph NJ 07869
Project Manager for Monitoring Firm: John Smoyer — Telephone No.: (609)652-1833	Telephone No.: 973-933-2550 — License No.: 01133
Start Date (10): 04/01/2013 — Scheduled Completion Date (11): 04/05/2013	Name of OSHA Monitor: J&S Environmental
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 RT 22 — City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Gymnasium area/Teacher's Break		X		TSI	90 LF	X			
Room									

Name of Registered Waste Hauler: Nick Restoration LLC	NJDEP Waste Hauler ID No.: 33782	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S
City, State: Randolph, NJ 07869		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Elvira Mrda	Title: President	Signature: Elvira Mrda	Date: 03/12/2013

CHECK # 2681

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

Date of Notification (1): 3/15/13	Name of Building Owner/Operator (2): TRANSFORMATION ENTERPRISES
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 601 W. CLARICS LANDING ROAD
	City, State, Zip Code: EGG HARBOR TWP. N.J. 08215
	Name of Contact: BARBARA
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1904 FERNDALE ROAD	
City (5): OCEAN CITY	Square Feet: 1000 # of Floors: 2 Bldg. Age: 40+
County (6): CAPE MAY	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.:
Street Address:	Name of Abatement Contractor (9): KLEMCO INC.
	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, NJ 08052
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 856-779-0422 License No.: 00444
Start Date (10): 4/2/13 Scheduled Completion Date (11): 4/9/13	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	Encapsulation	Enclosure
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: C,M,C,M.U.A.
City, State: MAPLE SHADE, NJ, 08052		Disposal Date:	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 3/15/13

ASB-41

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

CHECK # 2683

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

Date of Notification (1) 3/19/13

Name of Building Owner/Operator (2) EARTH TECH CONTRACTING

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

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

Street Address 155 RT. 50

City, State, Zip Code GREENFIELD, N.J. 08230

Name of Contact BRUCE BREUNIG

Telephone Number

FACILITY INFORMATION

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

Street Address 11024 1ST AVENUE

City (5) STONE HARBOR

County (6) CAPE MAY

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 1000 | # of Floors 2 | Bldg Age 40+

Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9) KLEMCO INC.

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, NJ 08052

Telephone No. 856-779-0422 | License No 00444

Start Date (10) 4/3/13 | Scheduled Completion Date (11) 4/10/13

Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

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:

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Renewal	Encapsulation
SIDING			X	TRANSITE	1400 SF	X		

Name of Registered Waste Hauler KLEMCO INC.

NJDEP Waste Hauler ID No. 17904

Cubic Yards of Waste 5

Disposal Date

Name of Registered Landfill C.M.C.M.U.A.

City, State WOODBINE, N.J.

City, State MAPLE SHADE, N.J. 08052

Completed By JOSEPH KLEMM | Title OWNER | Signature Joseph Klemm | Date 3/19/13

AS8-41

* Do not use this form for asbestos licensure exempted activities

Check # 1461

Print Form

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

Date of Notification (1): 03/18/2013	Name of Building Owner/Operator (2): RANCH HOPE
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 37 SAWMILL ROAD 2013 MAR 21 PM 9:40 City, State, Zip Code: ALLOWAY, NJ 08001 Name of Contact: DAVID BAILEY JR. | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): EMD COTTAGE F		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 37 SAWMILL ROAD			
City (5): ALLOWAY, NJ 08001		Square Feet: 4250	# of Floors: 1 / Bldg. Age: 30+
County (6): SALEM	County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8): STRATEGIC ENVIRONMENTAL	ASCM No.	Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address: 1634 S DELAWARE STREET		Street Address: 570 CLEMS RUN	
City, State, Zip Code: PAILSBORO, NJ 08066		City, State, Zip Code: MULLICA HILL, NJ 08062	
Project Manager for Monitoring Firm: ED KEEGAN	Telephone No.: 856-423-5711	Telephone No.: 610-304-4676	License No.: 01145
Start Date (10): 03/18/2013	Scheduled Completion Date (11): 04/08/2013	Name of OSHA Monitor: EMSL	
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: 200 RT. 130 NORTH City, State, Zip Code: CINNAMINSON. NJ 08077	

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
FIRST FLOOR			X	GLUE DOTS	100 SF	X			

Name of Registered Waste Hauler: NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: ALLIED WASTE IMPERIAL LANDFILL
City, State: HAZLETON, PA		Disposal Date: 04/08/2013	City, State: IMPERIAL, PA
Completed by: RON SWANSON	Title: PROJECT COORDINATOR	Signature: Ronald Swanson	Date: 03/18/2013

ASB-41 (R-06-08)

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

CHECK #
2682

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

2013 MAR

Date of Notification (1): 3/19/13.	Name of Building Owner/Operator (2): EARTH TECH CONTRACTING
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended, Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 155 RT. 50
	City, State, Zip Code: GREENFIELD, N.J. 08230
	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) [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 3505 VERNON LANE	Square Feet: 1000 # of Floors: 2 Bldg Age: 40+
City (5): OCEAN CITY	Current Use (Prior if 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:	Telephone No.:
	City, State, Zip Code: MAPLE SHADE, NJ 08052
	Telephone No.: 856-779-0422 License No: 00444
Start Date (10): 4/3/13 Scheduled Completion Date (11): 4/10/13	Name of OSHA Monitor: JOSEPH KLEMM
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: 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
[X] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Renew	Encapsulation
SIDING			X	TRANSITE	1500 ft	X		

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17984	Cubic Yards of Waste: 5	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, N.J. 08052		Disposal Date:	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 3/19/13

ASB-1

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

Check # 8520

2013 MAR 21 PM 3:40

Date of Notification (1): 3-19-13	Name of Building Owner/Operator (2): Habitat For Humanity
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 425 South Broadway
	City, State, Zip Code: Pitman NJ 08071
	Name of Contact: Bob Harris — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 315 Holly AVE	
City (5): Pitman NJ 08071	Square Feet: — # of Floors: 1 — Bldg. Age: 50+-
County (6): Gloucester — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished):

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): 3-29-13 — Scheduled Completion Date (11): 4-6-13		Name of OSHA Monitor: EPC Technologies 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: 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			Floor Tiles	800 SF	X			
Attic	X			Vermiculite	1500 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 12	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: 4-7-13	City, State: Morrisville PA

Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 3-19-13

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)

CK 3071

2013 MAR 21 PM 3:40

Date of Notification (1) 3/18/13		Name of Building Owner/Operator (2) Vincent Congro / Private Home	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 44 Sylvia lane City, State, Zip Code Manahawkin NJ 08050 Name of Contact Vincent	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vincent Congro / Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 44 Sylvia 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) House	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 3/28/13	Scheduled Completion Date (11) 4/3/13	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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 4/3/13	City, State Morrisville PA 19067

Completed by Anthony T Perna	Title President	Signature	Date 3/18/13

ASB-41 (R-06-08)

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

Print Form

ck 361

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

2013 MAR 21 PM 9:40
ASB & LICENSING UNIT

Date of Notification (1): 3/11/13	Name of Building Owner/Operator (2): GUSINDE/PRIVATE HOME
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 266 EVERGREEN DR
	City, State, Zip Code: BAYVILLE NJ
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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: 266 EVERGREEN DR			
City (5): BAYVILLE	Square Feet: 1500	# of Floors: 1	Bldg. Age: 25
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): a-one waste solutions
Street Address		Street Address: po box 204
City, State, Zip Code		City, State, Zip Code: MEDFORD , nj 08055
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856 753 8100 / License No.: 01197
Start Date (10): 3/22/13	Scheduled Completion Date (11): 3/25/13	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	1500	x			

Name of Registered Waste Hauler: A-ONE HAULING	NJDEP Waste Hauler ID No.: 21079	Cubic Yards of Waste: 2	Name of Registered Landfill: GROWS LANDFILL
City, State: 771 watsontown rd		Disposal Date: 3/25/13	City, State: TULLEYTOWN,PA

Completed by: jamie burns	Title: owner	Signature	Date: 3/11/13

ASB-41 (R-06-08)

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

CK 364

Print Form

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

2013 MAR 21 PM 3:40

Date of Notification (1): 3/10/13	Name of Building Owner/Operator (2): HENRY & ANNE MAGIERSKI /PRIVATE HOME
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 32 SHIP DR
	City, State, Zip Code: MYSTIC ISLAND NJ
	Name of Contact: HENRY — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): residance		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 32 SHIP DR			
City (5): MYSTIC ISLAND		Square Feet: 800	# of Floors: 1 / Bldg. Age: 30
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): a-one waste solutions	
Street Address		Street Address: po box 204	
City, State, Zip Code		City, State, Zip Code: medford nj 08055	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856 753 8100	License No.: 01197
Start Date (10): 3/22/13	Scheduled Completion Date (11): 3/25/13	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	800	x			

Name of Registered Waste Hauler: A-ONE HAULING	NJDEP Waste Hauler ID No.: 21079	Cubic Yards of Waste: 3	Name of Registered Landfill: grows
City, State: 771 watsontown rd		Disposal Date: 3/25/13	City, State: TULLEYTOWN,PA

Completed by: jamie burns	Title: owner	Signature	Date: 3/25/13

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.