Print Form

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

Check 2090

Date of Notification (1): 4/29/13	Name of Building Owner/Operator (2): Ann Lawlor
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 8 Kennedy Road City, State, Zip Code: Morris Plains, NJ Name of Contact: Jason Lawlor Telephone: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8 Kennedy road	
City (5): Morris Plains	Square Feet: 2200 / # of Floors: 2 / Bldg. Age: 50
County (6): Morris County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC
Street Address	Street Address: 4 E Gate Drive, PO Box 483
City, State, Zip Code	City, State, Zip Code: Glenwood, NJ 07418
Project Manager for Monitoring Firm Telephone No.	Telephone No.: 973-583-8500 / License No.: 703
Start Date (10): 5/20/13 Scheduled Completion Date (11): 5/27/13	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
basement			x	pipe insulation	20LF	x			

Name of Registered Waste Hauler: Tri State Transfer	NJDEP Waste Hauler ID No.: 02325	Cubic Yards of Waste: 10	Name of Registered Landfill: Minerva Enterprises
City, State: Bronx NY		Disposal Date: TBD	City, State: Waynesburg OH

Completed by: Andrew Scott Higgins	Title: President	Signature	Date: 4/29/13

ASB-41 (R-06-08)

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

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

Date of Notification (1)		Name of Building Owner/Operator (2)
4/26/13		Paulsboro Refining Company
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (X Initial Notification () Amended Certification ( ) Cancelled	Street Address 800 Billingsport Rd City, State, Zip Code Paulsboro, NJ 08066 Name of Contact Ravi Jarecha — Tel. Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)
Paulsboro Refining Company			( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
Street Address 800 Billingsport Rd			Sq. Feet N/A # of Floors N/A
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery

Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)
Cardno ATC	98	K A Industrial Services LLC
Street Address 3 Terri Lane		Street Address 800 Billingsport Rd
Burlington, NJ 08016		City State, ZipCode Paulsboro, NJ 08066

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
John Lutz	609-386-8800	856-224-4385	00857

Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
5/13/13	6/11/13	Kenny Atlantic Industrial Services, LLC

Occupancy Status During Abatement (Check only one)	Street Address
( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	800 Billingsport Rd
Other – Describe – Removal within restricted work area in outside areas	City, State, Zip Code Paulsboro NJ 08066

Source of Work (Check all that apply)

() Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
CU7 Atmospheric Tower		X		TSI	1200 SF	X			
CU7 Vacuum Tower		X		TSI	2200 SF	X			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Waste Management, Inc.	17273	20 CY	Gloucester County Landfill

City, State	Disp. Date	City, State
South Harrison, NJ	Various	South Harrison, NJ

Completed by (Print or Type)	Title	Signature	Date
ANDREW GREEN	MANAGER - KENNY ATLANTIC	Andy Green Site Operations Supervisor	4/26/13

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

MO#20613925596

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

2013 MAY -2 ... 12:00

Date of Notification (1)	Name of Building Owner/Operator (2)
04 / 29 / 13	Ellen Schaible

Agencies Notified	Type Notification	Street Address
☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	908 Lincoln Place

City, State, Zip Code	Name of Contact	Telephone Number
Teaneck, NJ 07666	Ellen Schaible	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 908 Lincoln Place	
City (5): Teaneck, NJ 07666	Square Feet / # of Floors / Bldg. Age
County (6): Bergen	County Code (7) (STATE USE ONLY) / Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 973-638-1777 / License No.: 01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
05 / 09 / 13	05 / 10 / 13	Envirovision Consultants,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: 20-21 Wagaraw Road, Bldg .# 35 E
City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
☒ >3 sf or >3 lf
☐ ≥ 160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Clean up and decontamination
☐ 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 SIF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☒	Pipe insulation	50 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner		04/29/2013

ASB-41
MAY 11

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

No check

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

2013 MAY -2 P 12:06

Date of Notification (1): 04 / 26 / 13

Name of Building Owner/Operator (2): Eyal Shuster

Agencies Notified / Type of Notification

- [X] EPA
- [ ] DEP — [ ] Initial
- [X] DOL — [X] Amended, Amendment # 2
- [X] DOH — [ ] Emergency (including Justification)
- [ ] DCA — [ ] Cancellation

Street Address: 360 Ninth Street LLC

City, State, Zip Code: Jersey City, NJ

Name of Contact: Eyal Shuster

Telephone Number:

FACILITY INFORMATION

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

Street Address: 360 Ninth Street

City (5): Jersey City

County (6): Hudson

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

Street Address:

Project Manager for Monitoring Firm | Telephone Number

Scheduled State Date (10): Month / Day / Year — ON HOLD

Scheduled Completion Date (11): Month / Day / Year

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:

Name of Abatement Contractor (9): J.R. Contracting & Environmental Consulting, Inc.

Street Address: 1141 Route 23

City, State, Zip Code: Wayne NJ 07470

Telephone Number: 973 628-9500

License No.: 00408

Name of OSHA Monitor: Enviro Vision Consultants, Inc.

Street Address: 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code: Fairlawn NJ 07410

Scope of Work (Check all that apply)

- [ ] ≥ 3 sf or ≥ 3 lf
- [X] ≥ 160 sf or ≥ 260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment With Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exemted (*) 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
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.: 17819

Cubic Yards of Waste:

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

City, State: Wayne NJ 07470

Disposal Date:

City, State: Morrisville PA

Completed by (Print or Type): Jerry Bijelonic

Title: Project Manager

Signature:

Date: 4/26/2013

ASB-41
Jun-95

* Do not use this form for asbestos licensure exempted activities

G4667

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

2013 MAY -2 A 10:40

Date of Notification (1)
04 / 15 / 13

Name of Building Owner/Operator (2)
Eyal Shuster

Agencies Notified

[X] EPA
[ ] DEP
[X] DOL
[X] DOH
[ ] DCA

Type of Notification

[ ] Initial
[X] Amended Amendment # 1
[ ] Emergency (including Justification)
[ ] Cancellation

Street Address
360 Ninth Street LLC

City, State, Zip Code
Jersey City, NJ

Name of Contact	Telephone Number
Eyal Shuster	

FACILITY INFORMATION

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

Street Address
360 Ninth Street

City (5)	County (6)	County Code (7) (STATE USE ONLY)
Jersey City	Hudson	

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

Street Address

Project Manager for Monitoring Firm

Telephone Number

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne NJ 07470

Telephone Number	License No.
973 628-9500	00408

Scheduled State Date (10)
04 / 29 / 13 (Month / Day / Year)

Scheduled Completion Date (11)
05 / 10 / 13 (Month / Day / Year)

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code
Fairlawn NJ 07410

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

[X] Renovation
[ ] Demolition

[ ] Full Containment With Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[X] Non-Exemted (*) 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
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
J.R. Contracting & Environmental Consulting, Inc.	17819		G.R.O.W.S
City, State		**Disposal Date**	**City, State**
Wayne NJ 07470			Morrisville PA

Completed by (Print or Type)	Title	Signature	Date
Jerry Bijelonic	Project Manager		4/15/2013

ASB-41
Jun-95

G4667

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

2013 MAY -2 A 11:18

Date of Notification (1): 04 / 01 / 13

Name of Building Owner/Operator (2): Eyal Shuster

Agencies Notified / Type of Notification

- [X] EPA
- [ ] DEP — [X] Initial
- [ ] DOL — [ ] Amended Amendment # _____
- [X] DOH — [ ] Emergency (including Justification)
- [ ] DCA — [ ] Cancellation

Street Address: 360 Ninth Street LLC

City, State, Zip Code: Jersey City, NJ

Name of Contact: Eyal Shuster

Telephone Number:

FACILITY INFORMATION

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

Street Address: 360 Ninth Street

City (5): Jersey City

County (6): Hudson

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

Street Address

Project Manager for Monitoring Firm | Telephone Number

Name of Abatement Contractor (9): J.R. Contracting & Environmental Consulting, Inc.

Street Address: 1141 Route 23

City, State, Zip Code: Wayne NJ 07470

Telephone Number: 973 628-9500 | License No.: 00408

Scheduled State Date (10): 04 / 15 / 13 (Month / Day / Year)

Scheduled Completion Date (11): 04 30 13 (Month / Day / Year)

Name of OSHA Monitor: Enviro Vision Consultants, Inc.

Street Address: 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code: Fairlawn NJ 07410

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
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment With Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exemted (*) 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
2nd Floor Offices			X	VAT	4000 SF	X			
Roof			X	Roofing	600 SF	X			
1st Floor - Warehouse			X	Pipe Insulation	800 LF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.: 17819

Cubic Yards of Waste:

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

City, State: Wayne NJ 07470

Disposal Date:

City, State: Morrisville PA

Completed by (Print or Type): Jerry Bijelonic

Title: Project Manager

Signature:

Date: 4/1/2013

ASB-41
Jun-95

* Do not use this form for asbestos licensure exempted activities

G4667

CK 11410

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

2013 MAY -2 12:60

Date of Notification (1): 4/24/13	Name of Building Owner/Operator (2): La Grasso Builders
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 519 River Dr.
	City, State, Zip Code: Garfield NJ
	Name of Contact: 2012657444 — 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: 632 Sayre St	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Paramus, NJ	
County (6): Bergen — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): EMSL — ASCM No.:	Name of Abatement Contractor (9): F Grasso & Sons	
Street Address: 307 W 38th St	Street Address: 513 E 32nd ST	
City, State, Zip Code: NY, NY	City, State, Zip Code: Paterson NJ	
Project Manager for Monitoring Firm: Manager — Telephone No.: 212-421-6655	Telephone No.: 973 345 2223	License No.: 00021
Start Date (10): 5/4/13 — Scheduled Completion Date (11): 5/5/13	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: Demolition	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	TRASITE Siding	1200 SF	X			

Name of Registered Waste Hauler: Eastern Waste	NJDEP Waste Hauler ID No.: 46029	Cubic Yards of Waste: 5 cu	Name of Registered Landfill: Imperial Landfill
City, State: Freehold NJ		Disposal Date: 5/8/13	City, State: Imperial PA

Completed By: Frank Grasso	Title: President	Signature: [signature]	Date: 4/24/13

ASB-41

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

CK
11409

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

Date of Notification (1): 4/29/13	Name of Building Owner/Operator (2): John Niemczyk
Agency Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ◉ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 107 Curtis St.
	City, State, Zip Code: Linden NJ
	Name of Contact: John — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Res.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 115 Broadway	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Clark, NJ	
County (6): Union — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: —	Name of Abatement Contractor (9): F. Grisez + Son Inc
Street Address: —	Street Address: 513 E 32nd St
City, State, Zip Code: —	City, State, Zip Code: Paterson, NJ
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No: 973-345-2222 License No.: #00021
Start Date (10): 4/30/13 — Scheduled Completion Date (11): 5/3/13	Name of OSHA Monitor: Samo
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Demo	Street Address: — City, State, Zip Code: —

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf — Less Than 3 SF
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation
◉ Demolition

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

Clean up Exterior Debris

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			X	Clean up of siding Debris	N/A Less than 3 SF				

Name of Registered Waste Hauler: Eastern Waste	NJDEP Waste Hauler ID No: —	Cubic Yards of Waste: 1 bag	Name of Registered Landfill: TRRF Landfill	
City, State: Freehold NJ		Disposal Date: —	City, State: Tullytown PA	
Completed by: Frank Grisez	Title: Res.	Signature:	Date: 4/29/13	

ASB-41

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

Print Form

CK 1133

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

2013 MAY -2 P 12:10

Date of Notification (1): 4-26-13	Name of Building Owner/Operator (2): Dixon Projects LLC.
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 1000 Plaza Two, Flr. 10, Harbor Side Financial Center. City, State, Zip Code: Jersey City NJ. 07311 Name of Contact: Daniel Bailey. Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Street Address: 287 Cator Ave.	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)		
City (5): Jersey City, NJ 07305	Square Feet: 3075	# of Floors: 2	Bldg. Age: 60+
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Green Environmental Services.	
Street Address		Street Address: 235 Virginia Ave.	
City, State, Zip Code		City, State, Zip Code: Jersey City NJ. 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-333-8855	License No.: 01174
Start Date (10): 4-26-2013.	Scheduled Completion Date (11): 4-26-2013.	Name of OSHA Monitor: Same as Above.	
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)

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

[x] Renovation
[ ] Demolition

[ ] 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
Basement		x		Pipe Insulation.	140LF	x			

Name of Registered Waste Hauler: Tri-State Transfer Associate.	NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: 2	Name of Registered Landfill: Minerva Enterprise.
City, State: Bronx-New York.		Disposal Date: 4-26-2013	City, State: Wynesburg-Ohio.

Completed by: Tiffany Nunez.	Title: Office Manager.	Signature	Date: 4-26-2013.

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 NJAC 8:60-7 and 12:120-7)

Check # 7141

Date of Notification (1)	Name of Building Owner/Operator (2)
4/29/13	Toms River Township

Agencies Notified	Type of Notification	Street Address
[x] EPA [ ] DEP [X] DOL [X] DOH [x] DCA	[X] Initial Notification [ ] Amended Notification [ ] Cancellation	33 Washington St.

City, State, Zip Code: Toms River, NJ 08753

Name of Contact	Telephone Number
Craig Ambrosio	[redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Toms River DPW	[ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private and commercial buildings, homes, etc.)
Street Address: 1672 Church Road	

City (5)	County (6)	County Code (7) (STATE USE ONLY)
Toms River	Ocean	

Square Feet	# of Floors	Bldg. Age
30000	2	~50

Current Use (Prior if being demolished): DPW maintenance/office building

Name of Monitoring Firm Hired by Building Owner	ASCM No.
Whitman Companies, Inc.	00110

Street Address: 7 Pleasant Hill Road

City, State, Zip Code: Cranbury, NJ 08512

Project Manager for Monitoring Firm	Telephone Number
Kevin Lovely	732-390-5858

Scheduled Start Date (10)	Sched. Completion Date (11)
5/13/13	5/31/13

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

Name of Abatement Contractor (9): Jupiter Environmental Services, Inc.

Street Address: 3 Lynn Court

City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number	License Number
973-709-0200	00852

Name of OSHA Monitor: J & S Environmental Laboratories, LLC

Street Address: 2333 Route 22W

City, State, Zip Code: Union, NJ 07083

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Full Containment with Negative Pressure
- [ ] Mini – Enclosure
- [ ] 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	ENCAPSU	ENCLOSU
Boiler room	x			Pipe insulation	70 LF		x	X	
Boiler room	x			Boiler and breeching insulation	450 SF				

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards Of Waste	Name of Registered Landfill
Jupiter Environmental Services	04782	10	Minerva Landfill

City, State	Disposal Date	City, State
Lincoln Park, NJ	5/31/13	Waynesburg, OH

Completed By (Print or Type)	Title	Signature	Date
Pane Repic	General Manager	[signature]	4/29/13

ASB-41
JUN 95

G4667

Print Form

GC 3200

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

Date of Notification (1): 4/30/13	Name of Building Owner/Operator (2): Cheryl Dolida (Private Home)
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 16 Andrew
	City, State, Zip Code: Manahawkin NJ 08050
	Name of Contact: Cheryl — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Cheryl Dolida(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: 16 Andrew			
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): 5/14/13	Scheduled Completion Date (11): 5/22/13		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: 5 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 5/22/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 4/30/13

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# 0628

2013 MAY -2 P 12:50

Date of Notification (1): 4-29-2013	Name of Building Owner/Operator (2): Township of Raritan MUA
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 365 Old York Road
	City, State, Zip Code: Flemington, NJ 08822
	Name of Contact: Mike / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Structur & Garage		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 365 Old York Road			
City (5): Flemington		Square Feet:	# of Floors: / Bldg. Age: 50
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Offices	

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.: 9737067950	License No.: 01193
Start Date (10): 5-9-2013	Scheduled Completion Date (11): 6-30-2013	Name of OSHA Monitor: Loznica Management Corporation	
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: 22 Troy Lane / City, State, Zip Code: Lincoln Park, NJ 07035	

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
[x] 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
Basement			X	Boiler Insulation	90 SF	X			
Kitchen			X	Linoleum (4 layers)	300 SF	X			
Windows (Garage)			X	Window Glazing	4 Windows	X			
Windows			X	Caulking	7 Windows	X			

Name of Registered Waste Hauler: Loznica Management Corporation	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS 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: 4-29-2013

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 NJAC 5:60 and 12:120)

CH# 0113

Date of Notification (1): 4/24/2013	Name of Building Owner/Operator (2): Central Presbyterian Church
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 17 Maple Street
	City, State, Zip Code: Summit, NJ 07901
	Name of Contact: Peter
	Telephone Number:

NJ Dept. of Health & Senior Services
(Signature)
Date: 4/24/13 Time: 11:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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: 24 Ford Place	
City (5): Murray Hill	Square Feet: 1800 / # 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): 4-25-2013 / Scheduled Completion Date (11): 4-26-2013	Name of OSHA Monitor: Loznica Management Corporation
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: 22 Troy Lane
	City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

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

[X] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[X] 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
Basement			X	VAT	350 SF	X			

Name of Registered Waste Hauler: Loznica Management Corporation	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS 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: 4-24-2013

ASB-41 (R-05-08)

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

Print Form

CK 3198

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

Date of Notification (1): 4/30/13	Name of Building Owner/Operator (2): Thomas Goglia (Private Home)
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 69 Nancy Dr. City, State, Zip Code: Manahawkin NJ 08050 Name of Contact: Thomas Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Thomas Goglia(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: 69 Nancy Dr.			
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): 5/14/13	Scheduled Completion Date (11): 5/22/13	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: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 5/22/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 4/30/13

ASB-41 (R-06-08)

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

Print Form

CR 3197

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

2013 MAY -2 A 11:12

Date of Notification (1): 4/30/13	Name of Building Owner/Operator (2): Nancy Liddell (Private Home)
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 276 Dock Rd
	City, State, Zip Code: West Creek NJ 08092
	Name of Contact: Nancy — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Nancy Liddell(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: 276 Dock Rd		Square Feet: 1000+	# of Floors: 1 — Bldg. Age: 35 +
City (5): West Creek NJ 08092		Current Use (Prior if being demolished): Home	
County (6): Ocean	County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
N/A		Street Address: PO Box 329	
Street Address		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): 5/14/13	Scheduled Completion Date (11): 5/22/13	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
Bottom exterior of house			X	transite	300 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: 5/22/13	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature	Date: 4/30/13

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

ASB-41 (R-06-08)

Print Form

OK 3199

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

2013 MAY -2 P 12:00

Date of Notification (1): 4/30/13		Name of Building Owner/Operator (2): George Cain (Private Home)	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 146 West Delaware Ave	
		City, State, Zip Code: Beach Haven NJ 08008	
		Name of Contact: George	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): George Cain (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: 146 West Delaware Ave			
City (5): Beach Haven NJ 08008		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): 5/14/13	Scheduled Completion Date (11): 5/22/13	Name of OSHA Monitor	
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
Roof			x	Roofing	3000SF	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: 5/22/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 4/30/13

ASB-41 (R-06-08)

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

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

Date of Notification (1): 4/30/13

Name of Building Owner/Operator (2): EARTH TECH 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. 08230

Name of Contact: BRUCE BREUNIG

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: 2752-54 WEST AVE.

Square Feet: 1000 | # of Floors: 2 | Bldg Age: 40 yr

City (5): OCEAN CITY

Current Use (Prior if being demolished): VACANT

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC.

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

Street Address: 369 S. SPRUCE AVE.

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): 5/13/13

Scheduled Completion Date (11): 5/20/13

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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
SIDING			X	TRANSITE	3000 ±	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: 4/30/13

* Do not use this form for asbestos licensure exempted activities

ASB-4

CHECK # 2947

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

Date of Notification (1): 4/30/13	Name of Building Owner/Operator (2): EARTH TECH 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. 08230
	Name of Contact: BRUCE BRENNIG
	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: 317 84TH. ST.	Square Feet: 1000 # of Floors: 2 Bldg Age: 40+
City (5): STONE HARBOR	
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.: 856-779-0422 License No: 00444
Start Date (10): 5/13/13 Scheduled Completion Date (11): 5/20/13	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 ll
☒ ≥160 sf or ≥260 ll

☐ 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	3000 ft	X			

Name of Registered Waste Hauler: KLEMCO INC.
NJDEP Waste Hauler ID No.: 17984
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: 4/30/13

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK 1854

2013 MAY -2 AM 12:10

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

Date of Notification (1): 4-30-13

Agencies Notified
- [x] EPA
- [ ] LEP
- [x] DOH
- [x] DOH
- [ ] DCA

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

Name of Building Owner/Operator (2): MRC PROPERTIES LLC
Street Address: 1312 ADAMS STREET
City, State, Zip Code: HOBOKEN NJ
Name of Contact: Jim BROOKS
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MRC PROPERTIES LLC
Street Address: 1312 ADAMS STREET
City (5): HOBOKEN
County (6): ESSEX
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 AV
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 AV
City, State, Zip Code: COLTS NECK NJ 07722

Start Date (10): 5-9-13
Scheduled Completion Date (11): 5-14-13

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] 0 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: 30 [illegible]	29 [illegible]	[illegible]	[illegible]
				FLOOR TILE	210 SF	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: 2
Disposal Date: 5-14-13
Name of Registered Landfill: GROWS
City, State: TULLYTOWN PA

Completed By: JACK GALL
Title: OPS MGR
Signature: Jack Gall
Date: 4-30-13

ASN-11

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

CK 1454

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

2013 MAY -8 A 11:50

Date of Notification (1): 4-30-13

Name of Building Owner/Operator (2): STEVE DANIAL

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

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

Street Address: 551 TARPON AVE

City, State, Zip Code: MANASQUAN NJ 08736

Name of Contact: JACOBS

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 551 TARPON 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: 1500 # of Floors: 2 Bldg. Age: 70

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.: 00029

Start Date (10): 5-9-13 Scheduled Completion Date (11): 5-14-13

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
[X] 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: Removal	Repair	Encapsulation	Enclosure
				SIDING	1500 SF VINYL				

Name of Registered Waste Hauler: ACE INSULATION CO

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 9

Name of Registered Landfill: GROWS

City, State: COLTS NECK NJ 07722

Disposal Date: 5-14-13

City, State: TULLYTOWN PA

Completed By: JACK GRALL Title: OPS MGR Signature: Jack Grall Date: 4-30-13

ASD-41

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

(Pursuant to NJAC [illegible])

Date of Notification (1): April 29, 2013	Name of Building Owner/Operator (2): Well Tech Construction 2013 MAY 2 AM 12 # 21581
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: 45 West Water Street
	City, State, Zip Code: Toms River, NJ 08753
	Name of Contact: Tibor Kramer; 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: 1219 Audubon Drive			Square feet: 1800 sf; # of Floors: 1; Bldg. Age: 60
City: Toms River	County (6): Ocean	County Code (7) (STATE USE ONLY):	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): 4/30/13	Scheduled Completion Date (11): 5/01/13		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
[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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	1600 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 2	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 5/02/13	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nichol Fern	Date: 4/29/2013

Do not use this form for asbestos licensure exempted activities.

08-23-'07 08:31 FROM-

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

RECEIVED
MAY 11 - 2013
ASBESTOS CONTROL &

Date of Notification (1): 5-2-13	Name of Building Owner/Operator (2): Rowan University
Agency Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 201 Mullica Hill Rd	
City, State, Zip Code: Glassboro NJ 08028	
Name of Contact: J. Glass	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Linden Hall	Type of Facility (4): ☐ School (K-12) ☑ Subchapter 6 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 201 Mullica Hill Rd.	
City (5): Glassboro	Square Feet: 60 acres / # of Floors: 4 / Bldg. Age: 70
County (6): Gloucester	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): An. Joe LLC	
Street Address		Street Address: 212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code: Delanco NJ 08075	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856 824 0971	License No.: 01070
Start Date (10): 5-28-13	Scheduled Completion Date (11): 6-28-13	Name of OSHA Monitor: Self	
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
Basement Tunnel			✓	Air cell Pipe (ACM)	1500 LF	✓			

Name of Registered Waste Hauler: J. Robinson Waste	NJDEP Waste Hauler ID No.: 25250	Cubic Yards of Waste: 20	Name of Registered Landfill: WM of PA
City, State: Bellmawr NJ		Disposal Date: 1.D	City, State: Tollytown PA

Completed by: JHA	Title: VP	Signature: JH	Date: 5-2-13

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)

RECEIVED
MAY - 2 2013
ASBESTOS

Date of Notification (1): 5-2-13	Name of Building Owner/Operator (2): Rowan University
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 201 Mullica Hill Rd
	City, State, Zip Code: Glassboro NJ 08028
	Name of Contact: J. Glass
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Power Plant.	Type of Facility (4): ☐ School (K-12) ☑ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 201 Mullica Hill Rd.	
City (5): Glassboro	Square Feet: 20000 / # of Floors: 4 / Bldg. Age: 70
County (6): Gloucester / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Ani Joe LLC
Street Address	Street Address: 1212 Burlington Ave
City, State, Zip Code	City, State, Zip Code: Delanco NJ 08075
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856 824 0971 / License No.: 01078
Start Date (10): 5-20-13 / Scheduled Completion Date (11): 5-28-13	Name of OSHA Monitor: Self
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
Heat Rm			✓	~~Cast~~ ACM Pipe wrap joint	90LF	✓			
Heat Rm			✓	(ACM) Aircel Pipe	3LF	✓			

Name of Registered Waste Hauler: J Robinson Waste	NJDEP Waste Hauler ID No.: 28280	Cubic Yards of Waste: 5	Name of Registered Landfill: WM of PA
City, State: Bellmawr NJ		Disposal Date: TBD	City, State: Tullytown PA

Completed by: Joe Hill	Title: VP	Signature: [signature]	Date: 5-2-13

ASB-41 (R-06-08) * Do not use this form for asbestos licensure

CHECK # 2748

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

2013 MAY 2

Date of Notification (1): 4/30/13	Name of Building Owner/Operator (2): COMMERCIAL SERVICES INC.
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3200 BAYSHORE RD.
	City, State, Zip Code: N. CAPE MAY, N.J. 08204
	Name of Contact: BERNIE — 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: 309 6TH ST.	Square Feet: 1000 — # of Floors: 2 — Bldg. Age: 40+
City (5): WEST CAPE MAY	
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, NJ 08052
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 856-779-0422 — License No.: 00444
Start Date (10): 5/13/13 — Scheduled Completion Date (11): 5/20/13	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				TRANSITE	1500 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: 4/30/13

AS8-41

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

CHECK # 2748

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

Date of Notification (1): 4/30/13

Name of Building Owner/Operator (2): SMITH TECH 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. 08230

Name of Contact: BRUCE BRENNIG

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 307 48TH ST.

City (5): OCEAN CITY

County (6): CAPE MAY

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: 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, N.J. 08052

Telephone No.: 856-779-0422

License No: 00444

Name of OSHA Monitor: JOSEPH KLEMM

Start Date (10): 5/13/13

Scheduled Completion Date (11): 5/20/13

Street Address: 369 S. SPRUCE AVE.

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

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
☐ 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	Enclosure
SIDING			X	TRANSITE	3000 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: 4/30/13

ASB-1

* Do not use this form for asbestos licensure exempted activities

CHECK # 2748

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

Date of Notification (1): 4/30/13

Name of Building Owner/Operator (2): EARTH TECH 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. 08230

Name of Contact: BRUCE BRENNIG

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 1704 WEST AVE.

City (5): OCEAN CITY

County (6): CAPE MAY

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: 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

Name of OSHA Monitor: JOSEPH KLEMM

Start Date (10): 5/13/13

Scheduled Completion Date (11): 5/20/13

Street Address: 369 S. SPRUCE AVE.

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

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
☐ 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			X	TRANSITE	1500 ϕ		

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 12904

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: 4/30/13

AS8-1

* Do not use this form for asbestos licensure exempted activities

CHECK # 2748

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

Date of Notification (1): 4/30/13

Name of Building Owner/Operator (2): CAPITOL CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address: 15 RT. 50

City, State, Zip Code: ENGLEWOOD, N.J. 08230

Name of Contact: BRUCE BREUNIG

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 100-02 3RD ST.

City (5): OCEAN CITY

County (6): CAPE MAY

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: 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): 5/1/13 /13

Scheduled Completion Date (11): 5/20/13

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)
☒ 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
☐ 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	Enclosure
SIDING			X	TRANSITE	2000 LB	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.S.

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

Disposal Date:

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 4/30/13

AS8-41

* Do not use this form for asbestos licensure exempted activities

CHECK # 2748

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

Date of Notification (1): 4/30/13

Name of Building Owner/Operator (2): EARTH TECH 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. 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: 33 W. 15TH ST.

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.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

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): 5/13/13 Scheduled Completion Date (11): 5/20/13

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:

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	1200 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, N.J. 08052 Disposal Date: City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 4/30/13

ASB-41

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#22992

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/30/2013		Name of Building Owner/Operator (2) JERRY YOCHELSON	
Agencies Notified ☑ EPA ☐ DEP ☑ DOL ☑ DOH DCA	Type Notification X Initial ☐ Amended Amendment #___ ☐ Emergency (including justification) ☐ Cancellation	Street Address 16 S. MAIN STREET City, State, Zip Code CRANBURY, NJ 08512 Name of Contact DAVID J. D'ANDREA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private & commercial buildings)	
Street Address 16.S. MAIN STREET		Square Feet	# of Floors / Bldg. Age
City (5) CRANBURY,NJ 08512			
County MIDDLESEX	County Code (7) (*STATE USE ONLY*)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 5/1/2013	Scheduled Completion Date (11) 5/1/2013	Name of OSHA Monitor AMERITECH	
Occupancy Status During Abatement (Check only one) X ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM EXTERIOR WORK ONLY (ROOF)		Street Address 1A ST. LAWRENCE AVENUE City, State, Zip Code SEASIDE HEIGHTS, NJ 08751	
Scope of Work (Check all that apply) X ☑ ≥ 3 sf or ≥ 3 lf X ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure X ☐ Mini-Enclosure X ☐ Glovebag Procedure ☐ Non-Exempted (*) & 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		X		ROOFING	300 SQ. FT.	X			

Name of Registered Waste Hauler JACK ROBINSON WASTE DISPOSAL	NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 3 YD	Name of Registered Landfill GROWS
City, State BELLMAWR, NJ		Disposal Date 5/2/2013	City, State MORRISVILLE, PA

Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar David J. D'Andrea	Date 4/30/2013

ASB-41

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Print Form

K 1046

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

2013 MAY -2 A 10:10

Date of Notification (1)	Name of Building Owner/Operator (2): Sunoco Inc.(R&M)- Marcus Hook Refinery
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: Blueball Ave. and Post Rd.
	City, State, Zip Code: Marcus Hook, PA 19061
	Name of Contact: Mark Strutz — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sunoco Eagle Point Refinery	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: US Highway 130 South	
City (5): Westville	Square Feet: 111,000 — # of Floors: outside work — Bldg. Age: 60
County (6): Gloucester — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Refinery
Name of Monitoring Firm Hired by Building Owner (8): AET Inc. — ASCM No.:	Name of Abatement Contractor (9): Alliance Environmental Systems, Inc.
Street Address: 28 Pennell Rd.	Street Address: 550 East Union St.
City, State, Zip Code: Media,PA 19063	City, State, Zip Code: West Chester, PA 19382
Project Manager for Monitoring Firm: Tony Keir — Telephone No.: 610-891-0114	Telephone No.: 610-701-9000 — License No.: 00508
Start Date (10): 5/13/13 — Scheduled Completion Date (11): 10/30/13	Name of OSHA Monitor: AET
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: 28 Pennell Rd. — City, State, Zip Code: Media, PA 19063

Scope of Work (Check All That Apply) — **WORK DESCRIPTION ON ATTACHED SHEET

[ ] ≥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	Repair	Encapsulate	Enclosure
Crude Unit			X	Pipe Insulation	16,308 LF	X			
Crude Unit			X	Equipment Insulation	3,200 SF	X			
Crude Unit			X	Transite Board	14,925	X			

Name of Registered Waste Hauler: Waste Management Of Camden	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 400	Name of Registered Landfill: Grows Landfill
City, State: Camden, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Robert M. Casciato	Title: President	Signature	Date: 4/29/13

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)

Cl# 2427

Date of Notification (1): **4/29/13**	Name of Building Owner / Operator (2): **Wells Fargo Bank**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: **One South Broad Street**
	City, State & Zip Code: **Philadelphia, PA 19107**
	Name of Contact: **Orville Bishcoff** — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Wells Fargo Bank NBOC**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **100 Fidelity Plaza**	Square Feet: **30000** — # of Floors: **2** — Bldg. Age: **45+**
City (5): **North Brunswick** — County (6): **Middlesex** — County Code (7):	Current Use (Prior if being demolished): **Bank**
Name of Monitoring Firm Hired by Building Owner (8): **AET** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 North Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: **610-891-0114**	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **5/11/2013** — Scheduled Completion Date (11): **5/12/2013**	Name of OSHA Monitor: **Bristol Environmental Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **Sat. 12:00 PM - Sunday 8 AM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

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	Enclsoure
Above Ceiling	☐	☒	☐	**Pipe insulation**	**65 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Service Transport Inc.**	NJDEP Waste Hauler ID No.: **20990**	Cubic Yards of Waste: **4**	Name of Registered Landfill: **Minerva Landfill**
City, State: **New Castle, DE**		Disposal Date: **5/13/2013**	City, State: **Waynesburg, Ohio**

Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni/gl	Date: 4/29/13

GI 13058