

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-92

Check # 5895

Date of Notification (1) <u>05/10/13</u>		Name of Building Owner/Operator (2) <u>Estate of Harry Peretz</u>	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amendment ☐ Cancellation	Street Address <u>153 Raab Avenue</u>	
		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
		Name of Contact <u>Susan Zeiri</u>	Telephone Number <u>L</u>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Estate of Harry Peretz</u>			Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>153 Raab Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Bloomfield, NJ 07003</u>	County (6) <u>Essex</u>	County Code (7) (State, use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>5/17/2013</u>		Sched. Completion Date (11) <u>5/18/2013</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) ☒ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- Describe: _____ ☐ Other-Describe: _____				Street Address <u>105 Ryerson Road</u>	
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

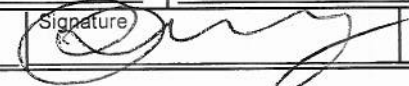
Scope of Work (check all that apply)

☐ Demolition	☒ Renovation	☐ Full Containment w/negative pressure	☒ Glovebag procedure
☒ >3 sf or >3 lf	☐ ≥160 sf or ≥260 lf	☒ Mini-enclosure	☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement main room			x	pipe insulation	26 lf	x			
boiler room			x	pipe insulation	21 lf	x			
laundry room			x	pipe insulation	7 lf	x			

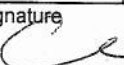
Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>05/20/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>05/07/2013</u>

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

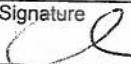
Date of Notification (1) <u>05/09/13</u>		Name of Building Owner/operator (2) <u>Victor Della Torre</u>							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>21 Chestnut Street</u>							
		City, State, Zip Code <u>Tenafly, NJ 07670</u>							
		Name of Contact <u>Victor Della Torre</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>21 Chestnut Street</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
City (5) <u>Tenafly, NJ 07670</u>		Bldg. Age <u>20+</u>							
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior If being demolished) <u>Residential Property</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>n/a</u>		ASCM No. <u>n/a</u>	Name of Abatement Contractor (9) <u>Blavor, Inc.</u>						
Street Address <u>n/a</u>		Street Address <u>1 Mountain Ave</u>							
City, State, Zip Code <u>n/a</u>		City, State, Zip Code <u>Montville, NJ 07045</u>							
Project Manager for Monitoring Firm <u>n/a</u>		Telephone No. <u>n/a</u>	License No. <u>01049</u>						
Start Date (10) <u>05/18/13</u>	Scheduled Completion Date (11) <u>05/18/13</u>	Name of OSHA Monitor <u>Blavor, Inc.</u>							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>9:00 AM - 9:00 PM</u>		Street Address <u>1 Mountain Ave</u>							
		City, State, Zip Code <u>Montville, NJ 07045</u>							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos -Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						
	Yes	No		N/A					
Basement			X	Asbestos Furnace Insulation	10 SF	X			
Basement			X	Asbestos Duct Insulation	10 SF	X			
Name of Registered Waste Hauler <u>Blavor, Inc.</u>		NJDEP Waste Hauler ID No. <u>01780</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S. Landfill</u>					
City, State <u>Montville, NJ 07045</u>		Disposal Date <u>TBD</u>		City, State <u>Morrisville, PA 19067</u>					
Completed By <u>Ray Nedich</u>		Title <u>President</u>		Signature 		Date <u>05/09/13</u>			

CK 3221

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

Date of Notification (1) 5/7/13		Name of Building Owner/Operator (2) Sam Griffin (Private Home)							
Agencies Notified	Type Notification	Street Address 12 East Texas Av							
☒ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Long Beach TWP NJ 08008							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact Sam	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sam Griffin (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 12 East Texas Av		Square Feet 1000+	# of Floors 1.5						
City (5) Long Beach TWP NJ 08008		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. 856-753-9800	License No. 00727						
Start Date (10) 5/21/13	Scheduled Completion Date (11) 5/27/13	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 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 5/27/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/7/13			

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

Date of Notification (1) 5/7/13		Name of Building Owner/Operator (2) Charles & Saron Duffy (Private Home)							
Agencies Notified	Type Notification	Street Address 32 West Navaskink							
☒ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Tuckerton NJ 08087							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact Charles	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Charles & Saron Duffy (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 32 West Navaskink		Square Feet 1000+	# of Floors 1						
City (5) Tuckerton NJ 08087		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. 856-753-9800	License No. 00727						
Start Date (10) 5/21/13	Scheduled Completion Date (11) 5/27/13	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 5/27/13		City, State Morrisville PA 19067					
Completed by Anthony T. Perna		Title President		Signature 			Date 5/7/13		

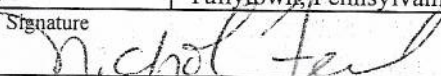
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 7, 2013		Name of Building Owner/Operator (2) DeForest Demolition	
Agencies Notified ☒ EPA ☐ DEP ☐ DOL ☒ DOH ☐ DCA	Type of Notification ☐ Initial Notification ☐ Amended Notification Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 2406 Herbertsville Road
			City, State, Zip Code Point Pleasant, NJ 08742
			Name of Contact Dane
		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 423 Hirling Avenue																	
City Seaside Heights	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 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.														
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.														
City, State, Zip Code			Street Address 1889 Route 9, Unit 61														
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271														
Telephone Number			Telephone Number 732-349-9932														
Scheduled Start Date (10) 5/07/13			License Number 00624														
Scheduled Completion Date (11) 5/08/13			Name of OSHA Monitor E.M.S.L. Analytical														
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 1056 Stelton Road														
			City, State, Zip Code Piscataway, New Jersey 08854														
Scope of Work (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td>☐ >3 sf or ≥3 lf</td> <td>☐ Renovation</td> <td>☐ Full Containment with Negative Pressure</td> </tr> <tr> <td>☒ ≥160 sf or ≥260 lf</td> <td>☒ Demolition</td> <td>☐ Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td>☐ Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td>☒ Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>						☐ >3 sf or ≥3 lf	☐ Renovation	☐ Full Containment with Negative Pressure	☒ ≥160 sf or ≥260 lf	☒ Demolition	☐ Mini-Enclosure			☐ Glovebag Procedure			☒ Non-Exempted (*) and Non-Friable Procedure
☐ >3 sf or ≥3 lf	☐ Renovation	☐ Full Containment with Negative Pressure															
☒ ≥160 sf or ≥260 lf	☒ Demolition	☐ Mini-Enclosure															
		☐ Glovebag Procedure															
		☒ Non-Exempted (*) and Non-Friable Procedure															

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 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 5/09/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/7/2013

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

* Post Poned
No check

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

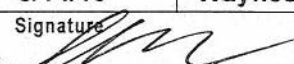
Check # 8148

Date of Notification (1) 4/23/13		Name of Building Owner/Operator (2) ADAM & CRISTINA KELESZTES							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation							
Street Address 28 LAUWE AVE		City, State, Zip Code WAYNE, N.J. 07470							
Name of Contact CRISTINA KELESZTES		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KELESZTES		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 LAUWE AVE		Square Feet 1200							
City (5) Wayne		# of Floors 2							
County (6) Passaic		Bldg. Age +60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) Post Poned		License No. 00156							
Scheduled Completion Date (11)		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 280 Huyler Street							
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		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 825sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			☒	VAT		☒			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 5/06/13		City, State Bethlehem, PA 18015					
Completed by Joseph Vaccaro		Title Operations		Signature J. Vaccaro		Date 5/06/13			

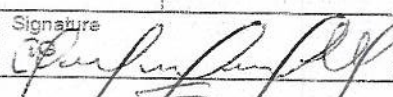
No check

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

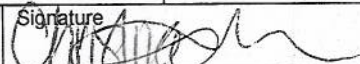
Check No. N/A

Date of Notification (1) May 06, 2013		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark Marine terminal						
Agency Notified ☐ EPA ☒ DEP Not required per State Reg. 10:2004 ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 274 Kellogg Street City, State, Zip Code Port Newark, NJ 07114 Name of Contact Ron Shaw Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Trench on north and south side of Berth 3 on Corbin Street (Cross Street Kellogg St.)								
City (5) Newark, NJ 07114		Square Feet N/A	# of Floors N/A Bldg. Age n/a					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Under ground pipe						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) May 07, 2013	Scheduled Completion Date (11) May 14, 2013	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Non friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Trench on north and south side of Berth 3 on Corbin Street			X	Concrete encase transite pipe	16 in fl	X		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State Bronx, NY		Disposal Date 5/14/13		City, State Waynesburg, OH				
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 5/6/2013		

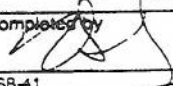
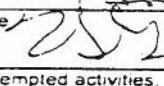
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/06/2013		Name of Building Owner/Operator (2) Nezir Aliko							
Agencies Notified	Type Notification	Street Address 205 Sain Nickolas Ave							
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Hillsdale, NJ, 07642							
		Name of Contact Nezir Aliko	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 SAN NICOLAS AVE.		Square Feet 3,000	# of Floors 2						
City (5) HILLSDALE N.J.		Bldg. Age 87							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (5) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J 07601							
Project Manager for Monitoring Firm		Telephone No. 201- 708 -4270	License No. 01135						
Start Date (10) 5/16/2013	Scheduled Completion Date (11) 5/16/2013	Name of OSHA Monitor SAN- AIR TECHNOLOGIES LAB.							
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 1551 OAKBRIDGE DR. SUITE B							
		City, State, Zip Code POWHAWTAN, VA, 23139							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		SHINGLES SIDING	2,300 SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK, NJ		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 5/06/2013			

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

Date of Notification (1) May 7, 2013		Name of Building Owner/Operator (2) Adams Technical Maintenance <i>2012 Check # 5797</i>							
Agencies Notified	Type Notification	Street Address 489 Redwood Avenue							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Woodbury Heights, NJ 08097							
		Name of Contact Trevor Lacy	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 330-338 Wenonah Avenue		Square Feet 4,200	# of Floors 3						
City (5) Mantua		Bldg. Age 80							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Ave.							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Espisito		Telephone No. (856)755-9300	License No. 00842						
Start Date (10) May 22, 2013	Scheduled Completion Date (11) May 27, 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 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		XXX		Asbestos Pipe Insulation	362 LF			X	
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060		Disposal Date 5/27/2013		City, State Tullytown, PA.					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date May 7, 2013		

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

Date of Notification (1) 5/1/13		Name of Building Owner/Operator (2) ELIZABETH BOE				
Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 500 N Broad St City, State, Zip Code ELIZABETH NJ				
		Name of Contact Luis Milanes	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Elmora School # 12		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 538 Magie Ave		Square Feet				
City (5) ELIZABETH		# of Floors	Bldg. Age			
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Detail Assoc		ASCM No.	Name of Abatement Contractor (9) F Grisez & Son			
Street Address 300 Grand Ave		Street Address 513 E 32nd St				
City, State, Zip Code Englewood NJ		City, State, Zip Code Patterson NJ 07504				
Project Manager for Monitoring Firm Tony Valentine		Telephone No. 201 569 6708	Telephone No. 973 345 2222			
Start Date (10) 5/10/13		Scheduled Completion Date (11) 5/12/13	License No. 00L00021			
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Name of OSHA Monitor SAME				
		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply)						
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 250 lf		☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible 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
Room 109	X	Pipe Insulation	18 LF	X		
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No. DEP 272	Cubic Yards of Waste	Name of Registered Landfill BFI Imperial		
City, State Freehold, NJ		Disposal Date	City, State Imperial, PA			
Completed by 	Title President	Signature 	Date 5/1/13			

06324

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

Date of Notice 04/24/13

Type Notification		Name of Building Owner / Operator (2) Anheuser Busch, Inc.			
Agencies Notified	☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Emergency Notification ☐ Initial Notification ☐ Amended Notification ☐ Cancellation	Street Address 200 Route 1 South		
			City, State & Zip Code Newark, NJ 07114		
			Name of Contact Jesse Gross		Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Powerhouse Basement			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)		
200 Route 1 South					
City (5) Newark	County (6) Essex	County Code (7)	Square Feet 50000	# of Floors 7	Bldg. Age 60
			Current Use (Prior if being demolished) Brewery		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 04/25/13	Scheduled Completion Date (11) 04/25/13		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - ☒ Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition ☐ Renovation ☒ Full Containment with Negative Pressure					
Large Project ☐ Mini-Enclosure					
☒ Quantity is ≥ 3 SF or ≥ 3 LF ACM ☒ Glovebag Procedure					
Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement		N/A	TSI	10 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF	
City, State Freehold, NJ			Disposal Date 04/25/13	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager	Signature <i>Dominick Tringali</i>		Date 04/24/13

CHECK #
2960

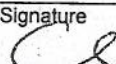
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2013 MAY 13

Date of Notification (1) <u>5/7/13</u>		Name of Building Owner/Operator (2) <u>FAIRFAX CONTRACTING</u>			
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>155 RT. 50</u>			
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>			
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>362 E. SEASARY AVE.</u>		Square Feet <u>1000</u>	Bldg Age <u>40 Y</u>		
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>			
County (6) <u>CAREWAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>		
Start Date (10) <u>5/28/13</u>		Scheduled Completion Date (11) <u>6/4/13</u>			
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
		Street Address <u>369 S. SPRUCE AVE.</u>			
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply) ☐ 23 SF or 23 LL ☐ 2160 SF or 2260 LL ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Min-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted ("I") and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes No N/A			Removal Enclosure	
<u>SIDING</u>		<u>TRANSITE</u>	<u>3000 LF</u>	☒	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>5/2/13</u>		

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

CA 3220

Date of Notification (1) 5/8/13		Name of Building Owner/Operator (2) Jennifer Paslowski (Private Home)							
Agencies Notified	Type Notification	Street Address 5 West Jacqueline Ave							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Holgate NJ 08008							
		Name of Contact Jennifer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jennifer Paslowski (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 5 West Jacqueline Ave		Square Feet 1000 +	# of Floors 1.5						
City (5) Holgate NJ 08008		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. 856-753-9800	License No. 00727						
Start Date (10) 5/21/13	Scheduled Completion Date (11) 5/28/13	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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/28/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/8/13		

CK# 1866

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

Date of Notification (1) 5-8-13		Name of Building Owner/Operator (2) MR. GODDEERIS	
Agencies Notified ☒ EPA ☒ DEP ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address 1204 OCEAN AVE		City, State, Zip Code POINT PLEASANT BEACH NJ	
Name of Contact JACOBI		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) MR. GODDEERIS		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1204 OCEAN AVE		Square Feet 1200	
City (5) POINT PLEASANT BEACH		# of Floors 1	
County (6) OCEAN		Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) HOUSE	

Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO. INC.	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	
Telephone No.		License No. 00029	
Start Date (10) 5-22-13		Scheduled Completion Date (11) 5-28-13	
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) ☒ < 160 sf or < 3 ft ☒ > 160 sf or > 3 ft		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Coverbag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Asbestos	Lead	Other	Total
				SIDING	1800 SF				☒

Name of Registered Waste Hauler ACE INSULATION CO.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill GROWS	
City, State COLTS NECK NJ 07722		Disposal Date 5-28-13		City, State TULLY TOWN PA			
Completed By Jack Gnall		Title DEP'S manager		Signature Jack Gnall		Date 5-8-13	

CK#
1566

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

2013 JUL 10 11:12 AM

Date of Notification (1) 5-8-13		Name of Building Owner/Operator (2) EVA RAYMOND	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
☒ EPA ☒ DSH ☒ DOH ☒ CRA	☒ Initial ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	65 HARDING AVE	ORTLEY BEACH NJ
		Name of Contact	Telephone Number
		JACOBS	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) EVA RAYMOND		Type of Facility (4)	
Street Address 65 HARDING AVE		☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)	
City (5) ORTLEY BEACH	County (6) OCCAN	Square Feet	# of Floors Bldg. Age
	County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 5-21-13		Scheduled Completion Date (11) 5-27-13	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
☐ Facility Closed/Vacated During Entire Period of Abatement		Street Address	
☐ Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
☒ Other - Describe: 7am - 7pm		City, State, Zip Code	
Scope of Work (Check all that apply)		Abatement Type	
☒ ≤ 311 ☒ ≥ 160 sf or ≥ 260 ft		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Gloving Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A		Siding 1800 SF	
Name of Registered Waste Hauler		Cubic Yards of Waste	Name of Registered Landfill
Street Address		Disposal Date	City, State
City, State			
Completed By		Signature	Date
Jack GALL		Jack GALL	5-8-13

ASD-11

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

State of New Jersey
 MODIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

CK# 1866

2013 MAY 10 10:42

Date of Modification (1) 5-8-13		Name of Building Owner/Operator (2) NANCY FLETCHER	
Agencies Notified	Type of Modification	Street Address	City, State, Zip Code
☒ EPA	☒ Initial	117 BAYBERRY RD	TOMS RIVER NJ
☒ NJA	☐ Amendment		
☒ DCH	☐ Amendment 2		
☒ DOH	☐ Emergency (including justification)	Name of Contact	Telephone Number
☐ DCA	☐ Cancellation	JACOBS	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NANCY FLETCHER		Type of Facility (4)	
Street Address 117 BAYBERRY RD		☐ School (K-12)	
City (5) SILVER BEACH (Toms River)		☐ Subchapter S (other than K-12)	
County (6) OCEAN		☐ Other (i.e., private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)		Square Feet	# of Floors
		1500	1
		Bldg. Age	
		60	
		Current Use (if not being demolished)	
		HOUSE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			ACE INSULATION CO. INC.	
City, State, Zip Code			Street Address	
			95 MONTROSE RD	
			City, State, Zip Code	
			COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			732-294-1757	00029
Start Date (10) 5-18-13		Scheduled Completion Date (11) 5-24-13		
Name of OSHA Monitor				
ACE INSULATION CO. INC.				
Street Address				
95 MONTROSE RD				
City, State, Zip Code				
COLTS NECK NJ 07722				

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: **7am - 7pm**

Scope of Work (Check all that apply)

☒ ≤ 1 sf or ≤ 3 lf

☐ ≥ 160 sf or ≥ 250 lf

☐ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Gluebag 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			10	11	12	13	14	15
EXTERIOR				SIDING	1500 SF						

Name of Registered Waste Hauler		NUDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
ACE INSULATION CO		12086	3	GROWS	
City, State		Disposal Date	City, State		
COLTS NECK NJ 07722		5-24-13	TULLY TOWN PA		
Completed By	Title	Signature	Date		
Jack GALL	OPS mgr	Jack GALL	5-8-13		

AS0-31

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CHK#
1866

2013 MAY 10 11:20 AM

Date of Notification (1)

5-8-13

Agency Notified

☒ DEP
☒ DOH
☒ DCA

Type Notification

☒ Initial
☐ Amendment
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

DAVE FANT

Street Address

232 EISENHOWER PARKWAY

City, State, Zip Code

ORTLEY BEACH NJ

Name of Contact

JACOBS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

DAVE FANT

Street Address

232 EISENHOWER PIKE

City (5)

ORTLEY BEACH

County (6)

OCCAN

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☐ Other (i.e., state & commercial buildings, homes, etc.)

Square Feet

1200

of Floors

1

Bldg. Age

65

Current Use (Prior to being demolished)

HOUSE

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM 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

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

5-20-13

Scheduled Completion Date (11)

5-25-13

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

Name of OSHA Monitor

ACE INSULATION CO INC

Street Address

95 MONTROSE RD

City, State, Zip Code

COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☒ 150 sf or less
☒ 160 sf or more

☒ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

EXTENSION

Is Location Routinely 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)

SIDING

1700 sq ft

1700 sq ft

Name of Registered Waste Hauler

ACE INSULATION CO

City, State

COLTS NECK NJ 07722

Completed By

BACK GALL

Title

OPS MGR

Waste Hauler ID No.

12086

Cubic Yards of Waste

3

Disposal Date

5-25-13

Signature

Back Gall

Name of Registered Landfill

GROWS

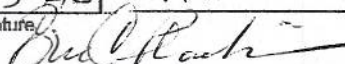
City, State

TULLY TOWN PA

Date

5-8-13

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

Date of Notification (1) 5-7-13		Name of Building Owner/Operator (2) RUTH PRYOR	
Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address	
		City, State, Zip Code	
		Name of Contact ERIC PLACKIS	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) HOME	
Street Address 120 WESTARPON WAY		Square Feet 525	Bldg. Age 50
City (5) LAVALLETTE		# of Floors 1	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOME	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) BRICK INDUSTRIES INC.	
Street Address		Street Address 145 NATICK TRAIL	
City, State, Zip Code		City, State, Zip Code BRICK NJ. 08924	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-899-7499	License No. 01196
Start Date (10) 5-17-13	Scheduled Completion Date (11) 5-31-13	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: VACANT		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-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING			TRANSITE
Name of Registered Waste Hauler BRICK IND. INC	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S
City, State BRICK N.J.	Disposal Date 6-3-13	City, State P.A	
Completed by ERIC PLACKIS	Title PRES.	Signature 	Date 5-7-13

Project #

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

Check # 1967

Date of Notification (1) 05/03/2013		Name of Building Owner/Operator (2) Lincoln Park BOE							
Agencies Notified	Type Notification	Street Address 92 Ryerson Rd							
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Henry Hernandez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elementary School		Type of Facility (4)							
Street Address 274 Pine Brook Rd		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lincoln Park		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd							
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 01133						
Start Date (10) 05/17/2013	Scheduled Completion Date (11) 05/20/2013	Name of OSHA Monitor J & S Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Rt 22 West							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room	☒			TSI	8 LF	☒			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>			Date 05/03/2013		

CK
2083

Print Form

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

2013 MAY 10 11:12 AM
ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building Owner/Operator (2) CRAIG METRICK							
Agencies Notified	Type Notification	Street Address 164 JACOBY							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code MAPLEWOOD NJ 07040							
		Name of Contact IRA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 164 JACOBY		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MAPLEWOOD		Square Feet 1100	# of Floors 2						
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SINGLE FAMILY HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE CT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 05/14/13 05/19/13	Scheduled Completion Date (11) 05/14/13 05/19/13	Name of OSHA Monitor A							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				PIPE INSULATION	10LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State NEWARK NJ		Disposal Date		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title	Signature 			Date 05/18/13			