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): 05/07/13

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

Type Notification: [X] Initial [ ] Amendment [ ] Cancellation

Name of Building Owner/Operator (2): Estate of Harry Peretz

Street Address: 153 Raab Avenue

City, State, Zip Code: Bloomfield, NJ 07003

Name of Contact: Susan Zeiri

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Estate of Harry Peretz

Street Address: 153 Raab Avenue

City (5): Bloomfield, NJ 07003

County (6): Essex

County Code (7) (State use only):

Type of Facility (4): [ ] School (K - 12) [ ] Subchapter 8 (Other than K-12) [X] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished): residential

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): B & G Restoration, Inc.

Street Address: 105 Ryerson Road

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

Telephone Number: (973)696-6869

License Number: 00378

Scheduled Start Date (10): 5/17/2013

Sched. Completion Date (11): 5/18/2013

Name of OSHA Monitor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: LincolnPark, NJ 07035

Occupancy Status During Abatement (Check only one)

[X] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours- Describe:
[ ] Other-Describe:

Scope of Work (check all that apply)

[ ] Demolition [X] Renovation [ ] Full Containment w/negative pressure [X] Glovebag procedure
[X] >3 sf or >3 lf [ ] ≥160 sf or ≥260 lf [X] 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) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
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: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ

Disposal Date: 05/20/2013

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Secretary/Treasurer

Signature: Gordana Luna

Date: 05/07/2013

CK 1216

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

Date of Notification (1): 05/09/13	Name of Building Owner/operator (2): Victor Della Torre
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 21 Chestnut Street City, State, Zip Code: Tenafly, NJ 07670 Name of Contact: Victor Della Torre — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence Street Address: 21 Chestnut Street			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
City (5): Tenafly, NJ 07670			Square Feet: 2000 — # of Floors: 2 — Bldg. Age: 20+
County (6): Bergen	County Code (7) (STATE USE ONLY):		Current Use (Prior If being demolished): Residential Property
Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Blavor, Inc.	
Street Address: n/a		Street Address: 1 Mountain Ave	
City, State, Zip Code: n/a		City, State, Zip Code: Montville, NJ 07045	
Project Manager for Monitoring Firm: n/a — Telephone No.: n/a		Telephone No.: 973-265-4165 — License No.: 01049	
Start Date (10): 05/18/13 — Scheduled Completion Date (11): 05/18/13		Name of OSHA Monitor: Blavor, 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: 9:00 AM - 9:00 PM		Street Address: 1 Mountain Ave City, State, Zip Code: Montville, NJ 07045	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Furnace Insulation	10 SF	X			
Basement			X	Asbestos Duct Insulation	10 SF	X			

Name of Registered Waste Hauler: Blavor, Inc.	NJDEP Waste Hauler ID No.: 01780	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Montville, NJ 07045		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed By	Title	Signature	Date
Ray Nedich	President		05/09/13

ASB-41

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

Print Form

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: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 12 East Texas Av
	City, State, Zip Code: Long Beach TWP NJ 08008
	Name of Contact: Sam — Telephone Number: [redacted]

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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 12 East Texas Av	
City (5): Long Beach TWP NJ 08008	Square Feet: 1000+ / # of Floors: 1.5 / 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): 5/21/13	Scheduled Completion Date (11): 5/27/13	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	1600 SF	x			

Name of Registered Waste Hauler: United Cintainers	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: [signature]	Date: 5/7/13

ASB-41 (R-06-08)

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Print Form

CK 3222

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: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 32 West Navaskink
	City, State, Zip Code: Tuckerton NJ 08087
	Name of Contact: Charles — Telephone Number: [redacted]

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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 32 West Navaskink			
City (5): Tuckerton NJ 08087		Square Feet: 1000+	# of Floors: 1 — Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)*: _____		Current Use (Prior if being demolished): 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): 5/21/13	Scheduled Completion Date (11): 5/27/13	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 Cintainers	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: [signature]	Date: 5/7/13

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): May 7, 2013	Name of Building Owner/Operator (2): DeForest Demolition 2013 A 2618
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: 2406 Herbertsville Road
	City, State, ZipCode: Point Pleasant, NJ 08742
	Name of Contact: Dane — 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 k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 423Hiering 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 beingdemolished): 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): 5/07/13; Scheduled Completion Date (11): 5/08/13	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____	Street Address: 1056 Stelton Road
	City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	1000 sf	X			

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

City, State	Disposal Date	City, State
Toms River, New Jersey	5/09/13	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	Nichol Fer	5/7/2013

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POST PONED
No check

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Check # 8148

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

Date of Notification (1): 4/23/13	Name of Building Owner/Operator (2): ADAM & CRISTINA KERESZTES
Agencies Notified: [ ] EPA [✓] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [✓] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 28 LAAUWE AVE
	City, State, Zip Code: WAYNE, N.J 07470
	Name of Contact: CRISTINA KERESZTES — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KERESZTES	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 28 LAAUWE AVE	Square Feet: 1200 — # of Floors: 2 — Bldg. Age: +60
City (5): WAYNE	
County (6): Passaic — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address	Street Address: 105 Lowell Road
City, State, Zip Code	City, State, Zip Code: Glen Rock, N.J. 07452
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201-262-5841 — License No.: 00156
Start Date (10): POST PONED — Scheduled Completion Date (11):	Name of OSHA Monitor: Omega Environmental Services Inc.
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: 280 Huyler Street — City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

- [✓] ≥3 sf or ≥3 lf
- [✓] ≥160 sf or ≥260 lf
- [✓] Renovation
- [ ] Demolition
- [✓] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-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			✓	VAT	825sf	✓			

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 VOCATURO	Title: OPERATIONS	Signature: J. Vocaturo	Date: 5/06/13

ASB-41 (R-06-08)

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No check

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

Check No. N/A

2013 MAY 10

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 Street Address Trench on north and south side of Berth 3 on Corbin Street (Cross Street Kellogg St.)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
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) 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
Trench on north and south side of Berth 3 on Corbin Street			X	Concrete encase transite pipe	16 ln 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

ASB-41

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MD 14-685354979

Print Form

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: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended, Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 205 Sain Nickolas Ave
	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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 205 SAN NICOLAS AVE.			
City (5): HILLSDALE N.J.	Square Feet: 3,000	# of Floors: 2	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 (8): 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.:	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): [x] 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
- [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		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: [signature]	Date: 5/06/2013

ASB-41 (R-06-08)

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

Date of Notification (1): May 7, 2013	Name of Building Owner/Operator (2): Adams Technical Maintenance 2013 Check # 5797
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 489 Redwood Avenue
	City, State, Zip Code: Woodbury Heights, NJ 08097
	Name of Contact: Trevor Lacy — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 330-338 Wenonah Avenue	
City (5): Mantua	Square Feet: 4,200 — # of Floors: 3 — 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	Telephone No.: 856-755-0099	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): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 107 Haddon Ave — City, State, Zip Code: Westmont, New Jersey 08108	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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: [signature]	Date: May 7, 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 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: — # of Floors: — Bldg. Age:
City (5): Elizabeth	
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: Paterson NJ 07504
Project Manager for Monitoring Firm: Tony Valentine — Telephone No.: 201 569 6708	Telephone No.: 973-345-2222 — License No.: 00L00021
Start Date (10): 5/10/13 — Scheduled Completion Date (11): 5/12/13	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-Fnable 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
R00.109		X		Pipe Insulation	18LF	X			

Name of Registered Waste Hauler: Eastern Waste	NJDEP Waste Hauler ID No.: DEP 672	Cubic Yards of Waste:	Name of Registered Landfill: BFI Imperial
City, State: Freehold, NJ		Disposal Date:	City, State: Imperial, PA
Completed by: [signature]	Title: President	Signature: [signature]	Date: 5/1/13

ASB-41

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

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

Date of Notice 04/24/13

Type Notification			Name of Building Owner / Operator (2)
Agencies Notified			**Anheuser Busch, Inc.**
X EPA	X	Emergency Notification	Street Address
X DEP		Initial Notification	**200 Route 1 South**
X DOL		Amended Notification	City, State & Zip Code
X DOH		Cancellation	**Newark, NJ 07114**
DCA			Name of Contact: **Jesse Gross** — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)
Powerhouse Basement			School (K-12)
200 Route 1 South			Subchapter 8 (Other than K-12)
			Other (i.e., private & commercial buildings, homes, etc.
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)	ASCM No.	Name of Abatement Contractor (9)
Environmental Tactics, Inc	**0045**	**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	Street Address: **443 Schoolhouse Road**
Abatement Performed Outside of Normal Facility Hours -	City, State & Zip Code: **Monroe Township, NJ 08831**
X Describe: **Area Isolated During Abatement**	
Other - Describe:	

Scope of Work (Check all that apply)

- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other: Non-friable

Location of Asbestos-Containing Material (ACM) TO BE ABATED 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	NJDEP Waste Hauler ID #	Cu. Yds. of Waste	Name of Registered Landfill
Freehold Cartage	**18693**	**10**	**TRRF**
City, State: **Freehold, NJ**		Disposal Date: **04/25/13**	City, State: **Tullytown, Pa**

Completed By (Print or Type)	Title	Signature	Date
Dominick Tringali	**Project Manager**	*Dominick Tringali*	**04/24/13**

ASB-41 JUN 95 G4667

CHECK # 2960

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

2013 MAY

Date of Notification (1): 5/7/13	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: 362 E. SEMINARY AVE.	Square Feet: 1000 — # of Floors: 2 — Bldg Age: 40+
City (5): OCEAN CITY	
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): 5/28/13 — Scheduled Completion Date (11): 6/4/13	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 369 S. SPRUCE AVE.
	City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation
SIDING			X	TRANSITE	3000#	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: 5/7/13

AS8-41

* Do not use this form for asbestos licensure exempted activities

Print Form

CH 3220

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): Jennifer Paslowski (Private Home)
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 5 West Jacqueline Ave
	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) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 5 West Jacqueline Ave			
City (5): Holgate NJ 08008		Square Feet: 1000 +	# of Floors: 1.5 — 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): 5/21/13	Scheduled Completion Date (11): 5/28/13	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1000 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 5/28/13	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 5/8/13

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

C/K # 1866

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

(1) Date of Notification: 5-8-13

(2) Name of Building Owner/Operator: MR GODDEERIS

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

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

Street Address: 1204 OCEAN AVE

City, State, Zip Code: POINT PLEASANT BEACH NJ

Name of Contact: JACOBS

Telephone Number:

FACILITY INFORMATION

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

Street Address: 1204 OCEAN AVE

City (5): POINT PLEASANT BEACH

County (6): OCEAN

County Code (7) (STATE USE ONLY):

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

Square Feet: 1200 | # of Floors: 1 | Bldg. Age: 65

Current Use (Prior if being demolished): HOUSE

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

(9) Name of Abatement Contractor: 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

(10) Start Date: 5-22-13 | (11) Scheduled Completion Date: 5-28-13

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
[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

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	(12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Asbestos	RACM	Friable	Non-Friable
				SIDING	1850 SF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 1203C

Cubic Yards of Waste: 3 | Disposal Date: 5-28-13

Name of Registered Landfill: GROWS

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

Completed By: JACK GRALL | Title: OPS MGR | Signature: Jack Grall | Date: 5-8-13

AS0-41

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

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): EVA RAYMOND

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

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

Street Address: 65 HARDING AVE

City, State, Zip Code: ORTLEY BEACH NJ

Name of Contact: SALOBS

Telephone Number:

FACILITY INFORMATION

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

Street Address: 65 HARDING AVE

City (5): ORTLEY BEACH

County (6): OCEAN

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 | # of Floors | Bldg. Age

Current Use (Prior if being demolished): HOUSE

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Telephone No.:

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

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

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

Start Date (10): 5-21-13 | Scheduled Completion Date (11): 5-27-13

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] ≥ 35 sf or ≥ 3 lf
[X] ≥ 160 sf or ≥ 260 lf
[X] Renovation
[X] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 12080 | Cubic Yards of Waste: 3 | Name of Registered Landfill: GROWS

City, State: COLTS NECK NJ 07722 | Disposal Date: 5-27-13 | City, State: TULLYTOWN PA

Completed By: JACK SALOBS | Title: OPS MGR | Signature: Jack Salobs | Date: 5-8-13

ASB-31

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

C/K # 1866

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

Date of Notification (1): 5-8-13

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [ ] DLR
- [x] DOH
- [ ] DCA

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

Name of Building Owner/Operator (2): NANCY FLETCHER
Street Address: 117 BAYBERRY RD
City, State, Zip Code: TOMS RIVER NJ,
Name of Contact: JACOBS
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): NANCY FLETCHER
Street Address: 117 BAYBERRY RD
City (5): SILVER BEACH (TOMS RIVER)
County (6): OCEAN
County Code (7) (STATE USE ONLY):

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

Square Feet: 1500
# of Floors: 1
Bldg. Age: 60
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.: 000029

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
- [x] Other - Describe: 7AM 7PM

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

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

Name of Registered Waste Hauler: ACE INSULATION CO
NJDEP Waste Hauler ID No.: 1205
Cubic Yards of Waste: 3
Name of Registered Landfill: GROWS
City, State: COLTS NECK NJ 07722
Disposal Date: 5-24-13
City, State: TULLYTOWN PA

Completed By: JACK GALLI
Title: OPS MGR
Signature: Jack Galli
Date: 5-8-13

ASN-41

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

C/K # 1866

2013 MAY 10 ...

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): DAVE FANT

Agencies Notified: [x] DOH [ ] DCA

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

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 PKWY

City (5): ORTLEY BEACH

County (6): OCEAN

County Code (7) (STATE USE ONLY):

Type of Facility (4): [ ] School (K-12) [ ] Suburban or R (Other than K-12) [ ] Other (i.e., private & 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): | 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): 5-20-13 | Scheduled Completion Date (11): 5-25-13

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
[x] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Other	Enclosure	Encapsulation
GABLE				SIDING	1700 SQ FT				

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 12086 | Cubic Yards of Waste: 3 | Disposal Date: 5-25-13

Name of Registered Landfill: GROWS

City, State: COLTS NECK NJ 07722 | City, State: TOLLYTOWN PA

Completed By: JACK SMALL | Title: OPS MGR | Signature: Jack Small | Date: 5-8-13

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)

2013 MAY 10

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: [redacted]

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 WEST TARPON WAY	
City (5): LAVALLETTE	Square Feet: 525 — # of Floors: 1 — Bldg. Age: 50
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. 08724
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-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			V	TRANSITE	820 SF	V			

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: PA
Completed by: ERIC PLACKIS	Title: PRES.	Signature: [signature]	Date: 5-7-13

ASB-41

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

Project #

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

Check # 1967

Date of Notification (1): 05/03/2013	Name of Building Owner/Operator (2): Lincoln Park BOE
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA Type Notification: ☑ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 92 Ryerson Rd City, State, Zip Code: Lincoln Park, NJ 07035 Name of Contact: Henry Hernandez Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Elementary School Street Address: 274 Pine Brook Rd City (5): Lincoln Park	Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) Square Feet: ____ # of Floors: ____ Bldg. Age: ____
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 Street Address: 275 Rt 10 East City, State, Zip Code: Succassuna, NJ 07876 Project Manager for Monitoring Firm: Michael Berta Telephone No.: 973-920-9061 Start Date (10): 05/17/2013 Scheduled Completion Date (11): 05/20/2013	ASCM No.:	Name of Abatement Contractor (9): Nick Restoration LLC Street Address: 72 Brookside Rd City, State, Zip Code: Randolph, NJ 07869 Telephone No.: 973933-2550 License No.: 01133 Name of OSHA Monitor: J& S Environmental Street Address: 2333 Rt 22 West City, State, Zip Code: Union , NJ 07083

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	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	Title	Signature	Date
Elvira Mrda	President	Elvira Mrda	05/03/2013

OK 2083

Print Form

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

Date of Notification (1)	Name of Building Owner/Operator (2) CRAIG METRICK
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 164 JACOBY
	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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 164 JACOBY			
City (5) MAPLEWOOD		Square Feet 1100	# of Floors 2
			Bldg. Age
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.	Telephone No. 732-668-9078	License No. 1200
Start Date (10) 05/19/13	Scheduled Completion Date (11) 05/19/13	Name of OSHA Monitor A	
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
				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

ASB-41 (R-06-08)

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