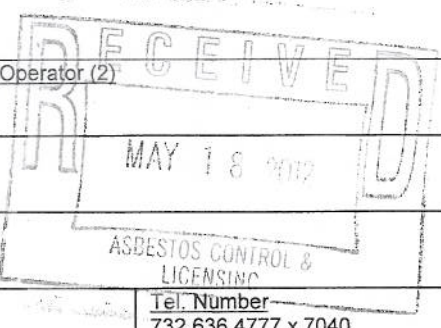


6192

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



<u>Date of Notification (1)</u> May 15, 2012		<u>Name of Building Owner/Operator (2)</u> Woodbridge Center Mall	
<u>Agencies Notified</u>  ( X ) EPA ( ) DEP ( x ) DOL ( X ) DOH ( x ) DCA	<u>Notification Type</u>  ( x ) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> 250 Woodbridge Drive T	
		<u>City, State, Zip Code</u> Woodbridge, NJ 07095	
		<u>Name of Contact</u> James Bereheiko	<u>Tel. Number</u> 732 636 4777 x 7040

**FACILITY INFORMATION**

<u>Name of Facility Where Abatement is Taking Place (3)</u> Woodbridge Center Mall			<u>Type of Facility (4)</u>  ( ) School (K-12) ( ) Subchapter 8 (other than K-12) ( X ) Other (i.e. private & commercial bldgs., homes, etc.)
<u>Street Address</u> 250 Woodbridge Drive			
<u>City (5)</u> Woodbridge	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	Sq. Feet <u>340,000</u> # of Floors <u>1</u>
			Bldg. Age <u>50</u> Current Use (prior if being demolished) <u>mall</u>

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Criterion Laboratory, Inc.		<u>ASCM No</u>	<u>Name of Contractor (9)</u> Luzon, Inc.
<u>Street Address</u> 3370 Progress Drive		<u>Street Address</u> 8451 Executive Avenue	
<u>City, State, Zip Code</u> Bensalem, PA 19020		<u>City, State, Zip Code</u> Philadelphia, PA 19153	

<u>Project Manager for Monitoring Firm</u> Mike Panepresso	<u>Telephone Number</u> 215 244 1300 x 26	<u>Telephone Number</u> 267 284 1050	<u>License Number</u> 01109
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<u>Scheduled Start Date (10)</u> June 04, 2012	<u>Scheduled Completion Date (11)</u> June 08, 2012	<u>Name of OSHA Monitor</u> Joseph Maronski
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<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( X ) Abatement Performed Outside of Normal Facility Hours -  Describe <u>9 PM to 5 AM</u>  Other - Describe _____	<u>Street Address</u> 8451 Executive Avenue
	<u>City, State, Zip Code</u> Philadelphia, PA 19153

Source of Work (Check all that apply)

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

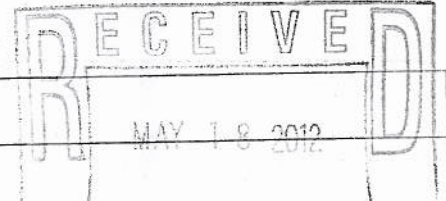
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Space 1560 – Rear storage	x	Brown Floor Tile 9x9	1395 SF	x			
Space 1570 – Rear storage	x	Green Floor Tile 9x9	600 SF	x			
Space W200 – storage space	x	Brown Floor Tile 9x9	210 SF	x			
Space W205 – Storage space	x	Brown Floor Tile 9x9	256 SF	x			

<u>Name of Reg. Waste Hauler</u> Luzon, Inc.	<u>NJDEP Waste Hauler ID #</u> 32587	<u>Cubic Yards of Waste</u> 10 CY	<u>Name of Reg. Landfill</u> Minerva Landfill
<u>City, State</u> 8451 Executive Avenue, Philadelphia, PA 19153		<u>Disp. Date</u> June 11, 2012	<u>City, State</u> Waynesburg, OH

<u>Completed by (Print or Type)</u> Piyush Patel	<u>Title</u> Program Manager	<u>Signature</u> <i>Piyush Patel</i>	<u>Date</u> May 15, 2012
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2073

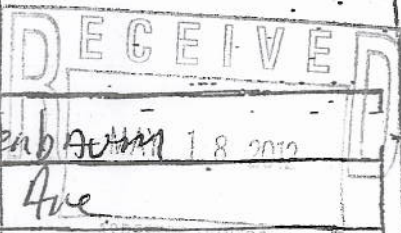
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/15/12 CK# 2073 \$ 200		Name of Building Owner/Operator (2) New Jersey Natural Gas Company							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1420 Wyckoff Road							
		City, State, Zip Code Wall, New Jersey 07727							
		Name of Contact Thomas Kochenash	Telephone Number 732-938-1060						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William L. Maude Service Center & Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1420 Wyckoff Road		Square Feet 15,000	# of Floors 2						
City (5) Wall New Jersey 97727		Bldg. Age 55+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage & Service Center							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 22 Columbia Turnpike		Street Address 606 McBride Avenue							
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 05/25/12	Scheduled Completion Date (11) 06/04/12	Name of OSHA Monitor J&S Environmental Labs LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>weekend work Fri PM Sat AM Sun AM</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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
Throughout Center Garage		X		Pipe Insulation	19 ea	X			
Throughout Service Center		X		Mudd Pipe Fittings & Pipe Fitting	236 ea	X			
Boiler Room Room 119		X		Air Cell Pipe Insulation	55 LF	X			
Boiler Room Room 119		X		Mudded Tank Insul & White Block Fl	36 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 06/05/12	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 05/15/12				

2196  
 08-23-07 06:31 PM

State of New Jersey  
 Department of Environmental Protection  
 (Pursuant to NJAC 8:26 and 12:20)



Date of Notification (1) 5-16-12		Name of Building Owner/Owner (2) Amy Maltenbaum 1 8 2012	
Agency Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DGL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment <input type="checkbox"/> Emergency (including Incidents) <input type="checkbox"/> Cancellation	Street Address: 8703 Fulton Ave	
		City, State, Zip Code: Margate NJ 08402	
		Name of Contact: Amy	
		Telephone Number: 805-605-5924	

Name of Facility Where Abatement is Taking Place (3) Amy Maltenbaum		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 8703 Fulton Ave		Square Feet	\$ of Floors
City (5) Margate		Building Age	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ann Joe LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08075	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 636 824 0971	License No. 01070

Start Date (10) 5-26-12	Scheduled Completion Date (11) 5-30-12	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

≤ 150 sf or ≤ 9 ft  
 ≥ 150 sf or ≥ 2.250 ft

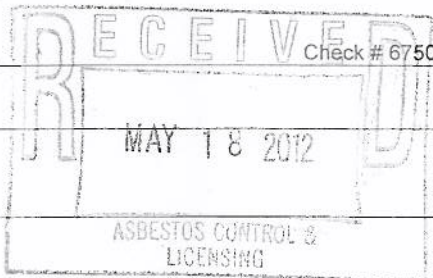
Remediation  
 Demolition

Full Containment with Negative Pressure  
 MHE Enclosure  
 Shoveling Procedure  
 Non-Enclosed (?) and Non-Fixable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility) (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, WMT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulate	Enclosure
OUTSIDE HOUSE			NA	(ACM) siding	2000 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler J Robinson	MLDEP Waste Hauler ID No. 28387	Cubic Yards of Waste 3	Name of Registered Landfill WM of PA.
City, State Bellmawr NJ		Disposal Date 7/3/12	City, State Tullytown PA.
Completed by <i>[Signature]</i>	Title VP	Signature <i>[Signature]</i>	Date 5-16-12

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



Date of Notification (1) 5/15/12		Name of Building Owner/Operator (2) Union Township Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 2369 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Thomas Wiggins	Telephone Number 908-851-6427

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morris-Union Jointure Dev. Learning Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1231 Burnet Ave.			Square Feet 120000	# of Floors 2	Bldg. Age ~ 50
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner Birdsall Services Group, Inc		ASCM No. 00017	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 65 Jackson Drive		Street Address 3 Lynn Court			
City, State, Zip Code Cranford, NJ 07016		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Michael Krupa	Telephone Number 908-497-8900		Telephone Number 973-709-0200	License Number 00852	
Scheduled Start Date (10) 5/26/12	Sched. Completion Date (11) 5/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>evenings and weekend</u> <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

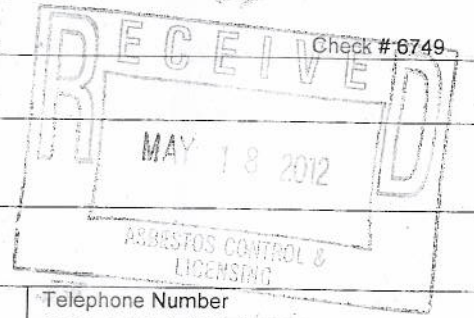
Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf |  | <input checked="" type="checkbox"/> Mini - Enclosure             |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        |  | <input checked="" type="checkbox"/> Glovebag Procedure           |
|  |  | <input type="checkbox"/> 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			R	R	E	E	N	N			
Attic			x	Pipe insulation & debris cleanup (if any)	15 LF		x							

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 5/30/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 5/15/12

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



Date of Notification (1) <b>5/15/12</b>		Name of Building Owner/Operator (2) <b>Union Township Public Schools</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification	Street Address <b>2369 Morris Ave.</b>	City, State, Zip Code <b>Union, NJ 07083</b>
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Name of Contact <b>Thomas Wiggins</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Union High School</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>2350 North 3<sup>rd</sup> Street</b>			Square Feet <b>120000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 50</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner <b>Birdsall Services Group, Inc</b>		ASCM No. <b>00017</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>65 Jackson Drive</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranford, NJ 07016</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Michael Krupa</b>		Telephone Number <b>908-497-8900</b>	Telephone Number <b>973-709-0200</b>	License Number <b>00852</b>	
Scheduled Start Date (10) <b>5/26/12</b>	Sched. Completion Date (11) <b>5/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and weekend</u> <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

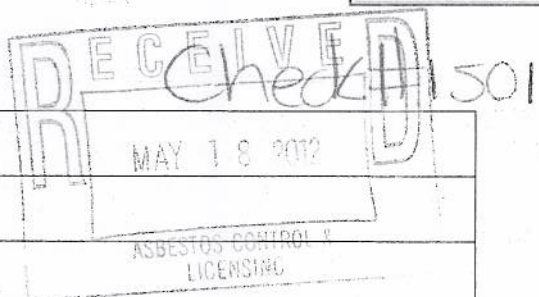
Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini – Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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			R E M O V E L	R E P A I R	E N C L O S E	E N C L O S U R E	
Various			x	Pipe insulation & debris cleanup (if any)	25 LF		x			
Vestibule – by rec gym		x		Pipe insulation	9 LF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>5/30/12</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>5/15/12</b>

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



Date of Notification (1) 5/3/2012		Name of Building Owner/Operator (2) Fieldstone Associates LP								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1065 Route 22 West							
	City, State, Zip Code Bridgewater NJ 08807		Name of Contact Art Corsini							
		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Former Evesham TWP Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 125 East Main Street		Square Feet 12000	# of Floors 2							
City (5) Marlton		Bldg. Age +50								
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc							
Street Address n/a		Street Address 567-52nd street suite#16								
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07093								
Project Manager for Monitoring Firm n/a		Telephone No.	License No. 001144							
Start Date (10) 5/16/2012		Scheduled Completion Date (11) 6/16/2012	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 hours		Street Address 2333 Route 22 West								
		City, State, Zip Code Union NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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	
Inside Building			x	floor tile	6950SF	x				
Inside Building			x	pipe insulation	10LF	x				
Roof			x	roof tile	7000	x				
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland						
City, State 109-113 Jacobus Ave			Disposal Date	City, State South Kearny NJ						
Completed by Edwin Precilla		Title project manager	Signature 			Date 5-3-2012				

chk # 1520

Print Form

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



Date of Notification (1) 5/3/2021		Name of Building Owner/Operator (2) Butter Construction & Engineers Inc	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 W warren Street
			City, State, Zip Code Carteret NJ 07008
			Name of Contact Balmart Butter
		Telephone Number 732-763-0038	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 44 W warren street		Square Feet 1200	# of Floors 2	Bldg. Age +50
City (5) Iselin NJ	County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc	
Street Address n/a		Street Address 567-52nd street suite#16		
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07093		
Project Manager for Monitoring Firm n/a		Telephone No.	Telephone No. 201-758-7158	License No. 001144
Start Date (10) 5/15/2012	Scheduled Completion Date (11) 5/18/2012	Name of OSHA Monitor J&S Environmental Corp		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 hours		Street Address 2333 Route 22 West		
		City, State, Zip Code Union NJ 07083		

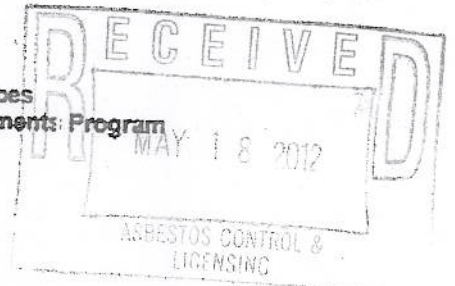
Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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
first floor			x	floor tile	300SF	x			

Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland	
City, State 109-113 Jacobus Ave			Disposal Date	City, State South Kearny NJ	
Completed by Edwin Precilla		Title project manager	Signature <i>Edwin Precilla</i>	Date 5-3-2012	

New Jersey Department of Health and Senior Services  
 Consumer and Environmental Health Services, Indoor Environments Program  
 PO Box 369, 3635 Quakerbridge Road  
 Trenton, NJ 08625-0369  
 Telephone: 609-831-6749  
 Fax: 609-588-7618



**Application for Reciprocal Asbestos Accreditation**

*You or print legibly in ink. Please complete the following information and attach all necessary documentation. Send completed application to the above address. You will be contacted when your application has been reviewed.*

Application Type  
 Initial NJ Permit  
 Renew NJ Permit If Renewal: NJ Permit No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (MUST attach copy)  
 Discipline  
 Asbestos Worker  
 Asbestos Supervisor

First Name: VARGAS MI: EDGAR Social Security Number: 125446095  
 Street Address: 1124 Washington St # 7 City: Hoboken State: NJ Zip Code: 07030 Daytime Telephone No.: 201-795-3171  
 Date of Birth: 06/25/47 Sex:  Male  Female  
 Current Employer: PARLAVICOMMERCE Corp

\*Pursuant to the Privacy Act, U.S.C. 552a, the disclosure of social security numbers is voluntary. This number will be used for statistical purposes only.

**Non-NJ Permit (license/certification) Information**  
 To be eligible for certification in NJ you must hold a currently valid certification in another state which has been authorized by the US Environmental Protection Agency to administer and enforce an asbestos training and certification program. List all states for which you hold currently valid certification(s) and include the following attachments as listed below

Certification State(s)	Permit Type	Permit Exp. Date	Permit No.	Initial Training Dates (beginning and ending)	Total Initial Hours	Refresher Training Date**	Total Refresher Hours
<u>NY</u>	<u>Special</u>	<u>6/24/12</u>	<u>63030</u>	<u>5/9-5/11/12</u>	<u>40</u>		

\*\* Refresher training may not be more than one year old.

Applicant must include the following information with this application:

- Initial applicants:**
1. A notarized copy of each initial training certificate as indicated above.
  2. A notarized copy of each refresher training certificate (if applicable) as indicated above.
  3. A clear, notarized copy of your currently valid asbestos permit as indicated above (if information appears on back & front, include copy of both sides).
- Applicants renewing NJ permit:**
1. A notarized copy of each refresher training certificate (if applicable) as indicated above.
  2. A clear, notarized copy of your currently valid asbestos permit as indicated above (if information appears on back & front, include copy of both sides).

**CERTIFICATION**

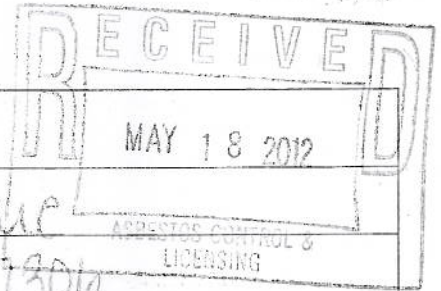
The information contained in this "Application For Reciprocal Asbestos Accreditation" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity, and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification to conduct asbestos activities in New Jersey.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



no check

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



Date of Notification (1) 5 / 15 / 12		Name of Building Owner/Operator (2) Adam Bulin	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 760 Westside Ave	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Adam Bulin	Telephone Number (201) 342-8100

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 760 Westside Ave		Square Feet	# of Floors
City (5) Jersey City		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) CSA Consulting Services	ASCM No.	Name of Abatement Contractor (9) Global Safety Contracting	
Street Address 261 Lorenzo Court		Street Address 151 Forest Ave	
City, State, Zip Code Matawan, NJ 07947		City, State, Zip Code Lynchhurst, NJ 07071	
Project Manager for Monitoring Firm Michael Chain	Telephone No. 732/921-9223	Telephone No. 979/685-1025	License No. 10308

Start Date (10) 5 / 24 / 12	Scheduled Completion Date (11) 5 / 25 / 12	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM - ___ PM / ___ PM - ___ AM		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

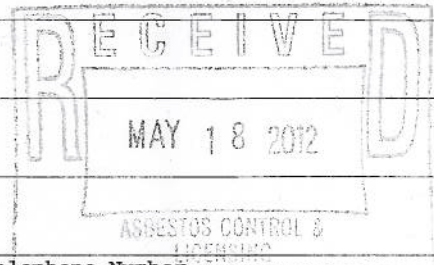
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSI	1061f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Global Safety Contracting	NJDEP Waste Hauler ID No. 32204	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F
City, State Lynchhurst, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type)	Title	Signature	Date

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

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>Christopher Fletcher</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Street Address <b>33 Douglas Road</b>	
		City, State, Zip Code <b>Glen Ridge, NJ 07028</b>	
		Name of Contact <b>Christopher Fletcher</b>	Telephone Number <b>973-743-7085</b>



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>33 Douglas Road</b>			Square Feet <b>3600</b>	# of Floors <b>3</b>	Bldg. Age <b>100</b>
City (5) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>
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Street Address	Street Address
	<b>86 Christopher St.</b>
City, State, Zip Code	City, State, Zip Code
	<b>Montclair, NJ 07042</b>

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
	<b>N/A</b>	<b>(973) 744-8800</b>	<b>00371</b>

Scheduled Start Date (10) <b>5/23/12</b> Month Day Year	Sched. Completion Date (11) <b>5/24/12</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <OffHours Descript> <input type="checkbox"/> Other - Describe: <Other Occupancy Descript>	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	110 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.25</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>5/25/12</b>	City, State <b>Morrisville, PA 19067</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>5/14/12</b>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

*check #1502*



Date of Notification (1) 5/14/2012		Name of Building Owner/Operator (2) Private property	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 250 Ogden Ave
			City, State, Zip Code Jersey City NJ
			Name of Contact Andrew Smith
		Telephone Number 201-832-1027	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)		
Street Address 250 Ogden Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Jersey City NJ		Square Feet 1200	# of Floors 3	Bldg. Age +50
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) First Phase Group Inc	
Street Address n/a		Street Address 567-52nd street suite#16		
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07093		
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 201-758-7158	License No. 001144
Start Date (10) 5/24/2012	Scheduled Completion Date (11) 5/26/2012	Name of OSHA Monitor JSS Environmental Corp		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 hours		City, State, Zip Code Union NJ 07083		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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
basement			x	pipng insulation	20LF	x			

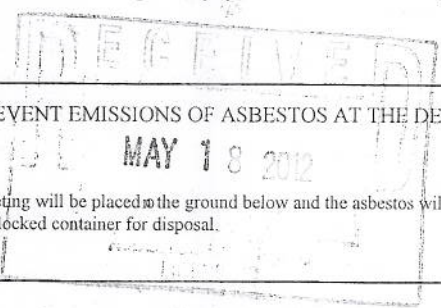
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland	
City, State 109-113 Jacobus Ave		Disposal Date		City, State South Kearny NJ	
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>		Date 5-14-2012

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.



xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River State: New Jersey Zip: 08755

Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:

Address:

City: State: Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road

City: Tullytown State: Pennsylvania Zip: 19007

Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:

Authority:

Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

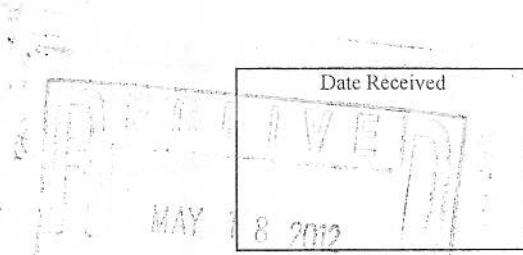
xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) May 15, 2012 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) May 15, 2012 (Date)

GUARDIAN CONTRACTING, INC.  
 1889 ROUTE 9  
 SUITE 61  
 TOMS RIVER, NEW JERSEY 08755



## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:	Notification:		
I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Cecil Williams.					
Address: 898 Harrison Drive					
City: Big Lake	State: MN	Zip: 55309			
Contact: Cecil Williams		Tel: 732-275-2250			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.		NJ License: 00624			
Address: 1889 Route 9, Unit 61					
City: Toms River	State: New Jersey	Zip: 08755			
Contact: Nicholas Fernicola		Tel: 732-349-9932			
OTHER OPERATOR (if different)		NJ License:			
Address:					
City:	State:	Zip:			
Contact:		Tel:			
IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 31 Campview Place					
City: Keansburg	State: New Jersey	County: Monmouth			
Site Location: Exterior					
Building Size: 1500 sf	# of Floors: 1	Age in Years: 60			
Present Use: Residence		Prior Use: Residence			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	LOCATION	Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Cat I	Cat II
Pipes (Linear feet):					
Surface Area (Square feet): 1400 sf		Asbestos siding	Exterior		
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 5/16/12	Complete: 5/17/12		

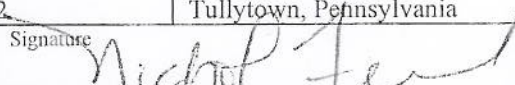
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/15/2012		Name of Building Owner/Operator (2) Cecil Williams	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 898 Harrison Drive
			City, State, Zip Code Big Lake, MN 55309
			Name of Contact Cecil Williams

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 31 Campview Place			Square feet 1500 sf		
City Keansburg			# of Floors 1		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
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) 5/16/12		Scheduled Completion Date (11) 5/17/12	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

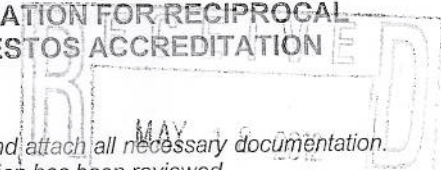
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E 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	1400 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 5/18/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 5/15/2012

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

New Jersey Department of Health and Senior Services  
 Consumer, Environmental and Occupational Health Service  
 Indoor Environments Program  
 PO Box 369  
 Trenton, NJ 08625-0369  
 Telephone: 609-826-4950 Fax: 609-826-4975

**APPLICATION FOR RECIPROCAL  
 ASBESTOS ACCREDITATION**



INSTRUCTIONS: Type or print legibly in ink. Please complete the following information and attach all necessary documentation. Send completed application to the above address. You will be contacted when your application has been reviewed.

Application Type <input type="checkbox"/> Initial NJ Permit <input type="checkbox"/> Renewal NJ Permit ( <i>MUST attach copy</i> ) If Renewal, NJ Permit No. _____ Exp. Date: _____	Discipline <input checked="" type="checkbox"/> Asbestos Worker <input type="checkbox"/> Asbestos Supervisor
--	---

Last Name <b>STYRNA</b>	First Name <b>MIROSLAW</b>	MI	Social Security Number <b>133-78-5202</b>
Street Address <b>5560 61<sup>ST</sup> ST. APT. 2</b>			Home Telephone Number <b>(347) 617-1813</b>
City <b>MASPETH</b>	State <b>NY</b>	Zip Code <b>11378</b>	Work Telephone Number <b>( )</b>
Date of Birth <b>11/10/54</b>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Current Employer (Name, Address and Telephone Number)	

**Non-NJ Permit (license/certification) Information**

To be eligible for certification in New Jersey you must hold a currently valid certification in another state which has been authorized by the US Environmental Protection Agency to administer and enforce an asbestos training and certification program. List all states for which you hold currently valid certification(s) and include the following attachments as listed below:

Certification States	Permit Type	Permit Exp. Date	Permit Number	Initial Training Dates (Beginning and Ending)	Total Initial Hours	Refresher Training Date **	Total Refresher Hours
<b>NY</b>	<b>WORKER</b>	<b>11/12</b>	<b>90-03622</b>	<b>02-08-90 - 02-11-90</b>	<b>32</b>	<b>09.24.</b>	<b>8</b>

\*\* Refresher training may not be more than one (1) year old.

Applicant must include the following information with this application:

Initial Applicants:

1. A notarized copy of each initial training certificate as indicated above.
2. A notarized copy of each refresher training certificate (if applicable) as indicated above.
3. A clear, notarized copy of your currently valid asbestos permit as indicated above. (If information appears on back and front of permit, include copies of both sides.)

Applicants Renewing NJ Permit:

1. A notarized copy of each refresher training certificate (if applicable) as indicated above.
2. A clear, notarized copy of your currently valid asbestos permit as indicated above. (If information appears on back and front of permit, include copies of both sides.)

**CERTIFICATION**

The information contained in this "Application for Reciprocal Asbestos Accreditation" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification to conduct asbestos activities in New Jersey.

Signature of Applicant:* <i>Miroslaw Styrna</i>	Date <b>05.14.12</b>
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