Print Form

1880798

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

RECEIVED
NOV - 2 2011

Date of Notification (1) October 27, 2011		Name of Building Owner/Operator (2) Melody & Joe Haggerty	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 44 Morningside Road City, State, Zip Code Verona, NJ 07044 Name of Contact Melody & Joe Haggerty	Telephone Number 973-986-5034

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 44 Morningside Road			
City (5) Verona		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) House	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 11/10/11	Scheduled Completion Date (11) 11/11/11	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512	

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	Encapsulating	Enclosure
basement		X		pipe insulation	15 LF	x			
basement		X		contaminated pipes	45 LF			X	

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA

Completed by Deanna Brkusanin	Title Project Manager	Signature	Date 10/27/11

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

Date of Notification (1): 10/31/2011	Name of Building Owner/Operator (2): TOMS RIVERPUBLIC SCHOOL DISTRICT
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1144 HOOPER AVE.
	City, State, Zip Code: TOMS RIVER ,NJ 08753
	Name of Contact: ROBERT ROMANO — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HIGH SCHOOL NORTH	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1245 OLD FREEHOLD ROAD	
City (5): TOMS RIVER	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): OCEAN — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): SCHOOL

Name of Monitoring Firm Hired by Building Owner (8): BIRDSALL SERVICES GROUP — ASCM No.:	Name of Abatement Contractor (9): VMC CO. INC,	
Street Address: 65 JACKSON DR	Street Address: 208 PIAGET AVE.	
City, State, Zip Code: CRANFORD , NJ 07016	City, State, Zip Code: CLIFTON NJ 07011	
Project Manager for Monitoring Firm: PATRICK GILMET — Telephone No.: 732-751-0799	Telephone No.: 973-253-8828	License No.: 00704
Start Date (10): 11/10/2011 — Scheduled Completion Date (11): 11/11/2011	Name of OSHA Monitor: VMC CO. INC,	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address:	
	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
AUDITORIUM STAGE		X		ELECTRIC CORD	235 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING INC, — NJDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste:	Name of Registered Landfill: GROWS	
City, State: NEWARK NJ	Disposal Date:	City, State: MORRISVILLE, PA	
Completed by: VOYTEK ROSZKOWSKI	Title: PRESIDENT	Signature: V. Roszkowski	Date: 10/31/2011

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)

RECEIVED
NOV - 2 20

Date of Notification (1): 09/15/2011	Name of Building Owner/Operator (2): YMCA of Easter Union County
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 135 Madison Ave.,
	City, State, Zip Code: Elizabeth, NJ 07201
	Name of Contact: Ruben Coellar — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): YMCA Building			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-1 2) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 135 Madison Ave.,			
City (5): Elizabeth, NJ 07201		Square Feet: 20,000 SF	# of Floors: 4 — Bldg. Age: 60+
County (6): Union	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): YMCA	

Name of Monitoring Firm Hired by Building Owner (8): Brinkerhoff Enviornmental Services Inc	ASCM No.: 00100	Name of Abatement Contractor (9): DIA General Construction, Inc.	
Street Address: 1913 Atlantic Ave., Suite R5		Street Address: 1360 Clifton, Avenue, PMB Suite 218	
City, State, Zip Code: Manasquan, NJ 08736		City, State, Zip Code: Clifton, NJ 07012	
Project Manager for Monitoring Firm: Jason Hooper	Telephone No.: 732-223-2225	Telephone No.: 973-389-0089	License No.: 00693
Start Date (10): 09/29/11	Scheduled Completion Date (11): 11/5/11	Name of OSHA Monitor: DIA General Construction, 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: Occupied		Street Address: 1360 Clifton, Avenue, PMB Suite 218 — City, State, Zip Code: Clifton, NJ 07012	

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 ☐ Govebag 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
See Attached									

Name of Registered Waste Hauler: Service Transport Group	NJDEP Waste Hauler ID No.: 20970	Cubic Yards of Waste: 80 CY	Name of Registered Landfill: Minerva Landfill
City, State: New Castle, DE		Disposal Date: 11/05/11	City, State: Waynesburg, OH 44688

Completed By: Krutarth Jagad	Title: President	Signature	Date: 10/28/2011

ASB41

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

REMEMBER – MAIL IN HARD COPY

DOL – 10 DAY

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

Date of Notification (1): 11/02/11	Name of Building Owner/Operator (2): Ms. Joanne Turner
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 155 W. Dudley Ave.
	City, State, Zip Code: Westfield, NJ.
	Name of Contact: Joanne Turner
	Telephone Number: WAIVER SIGNED

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: 155 W. Dudley Ave.	Square Feet / # of Floors / Bldg. Age
City (5): Westfield, NJ.	
County (6): Union	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): Novatech Inc.
Street Address	Street Address: 11 Ridge Rd.
City, State, Zip Code	City, State, Zip Code: Old Bridge, NJ. 08857
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-238-7500 / License No.: 00806
Start Date (10): 11/07/11 / Scheduled Completion Date (11): 11/14/11	Name of OSHA Monitor: Novatech Inc
Occupancy Status During Abatement (Check only one)	Street Address: 11 Ridge Rd.
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	City, State, Zip Code: Old Bridge, N.J. 08857

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	Encapulate	Enclosure
1st-2nd Floor Wall			X	Pipe	178 LF	X			

Name of Registered Waste Hauler: Novatech Inc.	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 3CY	Name of Registered Landfill: G.R.O.W.S. Inc.
City, State: Old Bridge, NJ.		Disposal Date: 11/14/11	City, State: Morrisville, PA.
Completed by: Carlos Almeida (Title) President		Signature	Date: 11/03/11

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ASB-41

REMEMBER – MAIL IN HARD COPY

November 1, 2011

DOL – 10 DAY
NOV 2 2011
WAIVER APPROVED

Mr. Thomas P. Voorhees
Occupational Safety Consultant I
N. J. Department of Labor & Workforce Development
Asbestos Control & Licensing Section
One John Fitch Plaza, 3rd Floor
Trenton, NJ 08625

Re: Emergency Waiver of 10-Day Notification
155 W. Dudley Ave., Westfield, NJ

Dear Mr. Voorhees:

Upon performing some work in my above property, outside contractors broke into my wall and came across a pipe going from the 1st - 2nd floor that was found to contain asbestos. I have hired Novatech Inc. to perform the removal of the asbestos from this wall.

Due to the fact that work is completely stopped on my home until this asbestos is removed, I am respectfully requesting that you grant Novatech a waiver of the 10-day notification so they can remove this asbestos material as soon as possible enabling the contractors to resume work on my property. Your understanding and cooperation in this matter is gratefully appreciated.

Very truly yours,

Joanne Turner, Owner
155 Dudley Avenue
Westfield, NJ, 07090

Print Form

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

CHECK 0893

Date of Notification (1): 11/2/11	Name of Building Owner/Operator (2): Mary Ryder
Agencies Notified: ☒ EPA ☒ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 210 Franklin Avenue
	City, State, Zip Code: Nutley NJ 07110
	Name of Contact: Mary Ryder — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 105 New Street			
City (5): Nutley	Square Feet: 2000	# of Floors: 2	Bldg. Age: 50
County (6): Essex	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC	
Street Address		Street Address: 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code: Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-583-8500	License No.: 703

Start Date (10): 11/12/11	Scheduled Completion Date (11): 11/21/11	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 10	Name of Registered Landfill: Cumberland County Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Newburg PA

Completed by: Andrew Scott Higgins	Title: President	Signature	Date: 11/2/11

ASB-41 (R-06-08)

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

11/02/2011 09:11 9736381775

NJ Dept. of Health & Senior Services
(Signature)
Date: 11/2/11 Time: 9:45 AM

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

Emergency Notification

MO#19120317052

Date of Notification (1)
11/02/2011

Name of Building Owner/Operator (4)
Joe Soto

Agency Notified
☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

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

Street Address
133 Helen Ct.

City, State, Zip Code
Frenklin Lakes, NJ 07417

Name of Contact
Joe Soto

Telephone Number
[redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private home

Street Address
133 Helen Ct.

City (5)
Frenklin Lakes, NJ 07417

County (6)
Bergen

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)

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)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
11/02/2011

Scheduled Completion Date (11)
11/03/2011

Name of OSHA Monitor
Envirovision Consultants,Inc

Street Address
20-21 Waggaw Road, Bldg #34A

City, State, Zip Code
Fair Lawn, NJ 07410

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)	In Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
Basement			X	Pipe insulation -1/8"tick	30 LF	X			
				bitumenous pipe wrap					

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste

Disposal Site
T.R.R.F. Inc

City, State
Tullytown, PA

City, State
Wayne, NJ 07470

Completed by
N.Jevtic

Title
Owner

Signature

Date
11/02/2011

Do not use this form for asbestos licensure exempted activities.

A53-41

CKA DESIGN & CONSTRUCTION

P.O. Box 1184
Brick, New Jersey 08723
(732) 961-1899
(732) 785-0563 Fax
E-Mail: CKADesign@comcast.net

November 2, 2011

GR Tech, LLC.
576 Valley Road #283
Wayne, New Jersey 07470

This letter is to advise you of the urgency of the asbestos test results. We are in the process of obtaining a demolition permit for 133 Helen Court, Franklin Lakes. We have all items required except the asbestos abatement for the permit. The demolition is scheduled for this week and I can not start without this certificate of completion for the asbestos abatement. Your expedience in this matter would be greatly appreciated.

Thank You.

Joseph V. Soto III
President

(signature)
Date 11/2/11 Time: 10:15

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

MO#19129317041

Emergency Notification

Date of Notification (1)	Name of Building Owner/Operator (2)
11/02/2011	Wendell Phillips

Agency Notified	Type Notification	Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # ☒ Emergency (Including Justification) ☐ Cancellation	345 Emerson Av City, State, Zip Code: Plainfield, NJ 07062	Name of Contact: Wendell Phillips Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 345 Emerson Av	Square Feet: # of Floors: Bldg. Age:
City (5): Plainfield, NJ 07062	
County (6): Union	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)
Street Address		Gr Tech LLC Street Address: 576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-638-1777 License No.: 01127
Start Date (10): 11/03/2011	Scheduled Completion Date (11): 11/04/2011	Name of OSHA Monitor: Enviroviation Consultants,Inc
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 20-21 Wagaraw Road, Bldg .# 34A City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	35 LF	x			

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

Completed by	Title	Signature	Date
N.Javtic	Owner	[signature]	11/02/2011

A38-41

Do not use this form for asbestos licensure exempted activities.

Gr Tech <grtech2010@gmail.com>

Asbestos/Abatement

1 message

tansy phillips <tansyislovely@yahoo.com> Tue, Nov 1, 2011 at 12:56 AM
To: grtech2010@gmail.com
Cc: wphillips66@yahoo.com

To Whom it may concern:

Requesting that GR Tech LLC be allowed to start and complete the job of removing asbestos and abatement. This due to fact that furnace will be installed.
This work has to be completed on an emergency basis before furnace is installed. It's now cold and family has medical problems.

Thank You,
Wendell Phillips
345 Emerson ave.
Plainfield, N.J 07062

TEL: 908-757-4967

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Holroyd
(Signature)
Date: 9/2/11 Time: 8:38AM

Date of Notification (1): 8/26/11

Name of Building Owner/Operator (2): C&S LOPES LLC

Agencies Notified: (X) EPA (X) DEP (X) DOL (X) DOH ( ) DCA

Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation

Street Address: 198 FERRY STREET / 127 POLK STREET

Approval is based on emergency letter received 8/26/11

City, State, Zip Code: NEWARK, NJ 07105

Name of Contact: SERGIO LOPES

Telephone Number: 973-624-5703

FACILITY INFORMATION

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

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

Street Address: 194-196-198 FERRY STREET / 127 POLK STREET

City & State (5): NEWARK, NJ

Square Feet: NA | # of Floors: 3 | Bldg. Age: NA

County (6): ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner(8): ABS ENVIRONMENTAL INC.

ASCM No.: NA

Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.

Street Address: 4 EAST GATE DRIVE

Street Address: 339 North 6th Street

City, State, Zip Code: GLENWOOD, NJ 07418

City, State, Zip Code: Prospect Park, NJ 07508

Project Manager for Monitoring Firm: SCOTT HIGGINS

Telephone No.: 973-764-2276

Telephone No.: (973) 595-6955

License No.: 00641

Start Date (10): 8/26/11

Scheduled Completion Date (11): 9/20/11

Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265

City, State, Zip Code: Haledon, NJ 07538

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
( ) Wrap & Cut
( ) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Encasement
OUTSIDE		X		ROOF DEBRIS/SHINGLES	2000 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC

NJDEP Waste Hauler ID No.: 18693

Cubic Yards of Waste:

Name of Registered Landfill: IESI

City, State: NEWARK, NJ

Disposal Date: 9/10/11

City, State: IMPERIAL, PA 15126

Completed By: MIKE ALTADOUKA

Title: PRESIDENT

Signature:

Date: 8/10/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 8/01/11	Name of Building Owner/Operator (2): SCHOOL DEVELOPMENT AUTHORITY	
Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: (X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 1 WEST STATE STREET
		City, State, Zip Code: TRENTON, NJ 08625
	Name of Contact: JOHN	Telephone Numbe [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): DON BOSCO ACADEMY		Type of Facility (4): (X) School (K-12) ( ) Subchapter 8 (Other than K-12) ( ) Other (i.e., private & commercial buildings, homes, etc.)		
Street Address: 202 UNION AVE.				
City & State (5): PATERSON, NJ		Square Feet: NA	# of Floors: 3	Bldg. Age: NA
County (6): PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): SCHOOL		
Name of Monitoring Firm Hired by Building Owner (8): F R & M INC.	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		
Street Address: PO BOX 9026		Street Address: 339 North 6th Street		
City, State, Zip Code: TRENTON, NJ 08650		City, State, Zip Code: Prospect Park, NJ 07508		
Project Manager for Monitoring Firm: GARY LEVERENCE	Telephone No.: 609-209-3743	Telephone No.: (973) 595-6955	License No.: 00641	
Start Date (10): 8/10/11	Scheduled Completion Date (11): 8/16/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: 339 N. 6TH. STREET City, State, Zip Code: PROSPECT PARK, NJ 07508		

Scope of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
(X) Tent Procedure
( ) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BOILER ROOM		X		MOTOR INSULATION	22 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 8/25/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 8/01/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 7/08/11	Name of Building Owner/Operator (2): MR. BRUCE DEVLIN
Agencies Notified: (X) EPA (X) DEP (X) DOL (X) DOH ( ) DCA Type Notification: (X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 50 N. WOODLAND AVE. City, State, Zip Code: ENGLEWOOD, NJ 07458 Name of Contact: BRUCE Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 50 N. WOODLAND AVE.	
City & State (5): ENGLEWOOD, NJ	Square Feet: NA; # of Floors: 3; Bldg. Age: NA
County (6): BERGEN County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): ABS ENVIRONMENTAL INC. ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc
Street Address: 4 EAST GATE DRIVE	Street Address: 339 North 6th Street
City, State, Zip Code: GLENWOOD, NJ 07418	City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: SCOTT HIGGINS Telephone No.: 973-764-2275	Telephone No.: (973) 595-5955 License No.: 00641
Start Date (10): 7/21/11 Scheduled Completion Date (11): 8/1/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538

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
( ) Wrap & Cut
( ) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
EXTERIOR		X		SIDING/TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18593	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 8/1/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 7/08/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 7/07/11	Name of Building Owner/Operator (2): MR. BRUCE DEVLIN	
Agencies Notified: (X) EPA (X) DEP (X) PAM (X) DOH ( ) DCA	Type Notification: (X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 34 N. WOODLAND AVE.
		City, State, Zip Code: ENGLEWOOD, NJ 07458
	Name of Contact: BRUCE	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 34 N. WOODLAND AVE.			
City & State (5): ENGLEWOOD, NJ		Square Feet: NA	# of Floors: 3 / Bldg. Age: NA
County (6): BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT	
Name of Monitoring Firm Hired by Building Owner(8): ABS ENVIRONMENTAL INC.	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.	
Street Address: 4 EAST GATE DRIVE		Street Address: 339 North 6th Street	
City, State, Zip Code: GLENWOOD, NJ 07418		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: SCOTT HIGGINS	Telephone No.: 973-764-2276	Telephone No.: (973) 595-6955	License No.: 00641
Start Date (10): 7/18/11	Scheduled Completion Date (11): 8/19/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8263	
		City, State, Zip Code: Haledon, NJ 07538	

Scope of Work (Check all that apply):

( ) ≥ 3 sf or ≥ 3 lf
(X) ≥ 160 sf or ≥ 260 lf

( ) Renovation
(X) Demolition

(X) Full Containment with Negative Pressure
( ) Wrap & Cut
( ) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
EXTERIOR		X		STUCCO	2800 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18593	Cubic Yards of Waste:	Name of Registered Landfill: BSI
City, State: NEWARK, NJ	Disposal Date: 8/19/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature: [signature]	Date: 7/07/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Wade
(Signature)
Date: 7/6/11 Time: 1:30PM

Date of Notification (1): 7/6/11	Name of Building Owner/Operator (2): NJSDA	
Agencies Notified: (X) EPA (X) DEP (X) DOL (X) DCJH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 1 WEST STATE STREET City, State, Zip Code: TRENTON, NJ 08625 Name of Contact: MR. DVANG KAPADIA Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SCHOOL Dionne Warwick Institute	Type of Facility (4): ( ) School (K-12) (X) Subchapter 8 (Other than K-12) ( ) Other (i.e., private & commercial buildings, houses, etc.)		
Street Address: 120 CENTERAL AVE.			
City & State (5): EAST ORANGE, NJ	Square Feet: NA	# of Floors: 2	Bldg. Age: NA
County (6): ESSEX County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): SCHOOL		
Name of Monitoring Firm Hired by Building Owner(8): BRINKERHOFF ENVIRONM ASCM No.: 0100	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		
Street Address: 1913 ATLANTIC AVE. SUITE R5	Street Address: 539 North 6th Street		
City, State, Zip Code: MANASQUON, NJ 08736	City, State, Zip Code: Prospect Park, NJ 07508		
Project Manager for Monitoring Firm: JASON HOOPER Telephone No.: 609-338-7397	Telephone No.: (973) 595-6955	License No.: 00641	
Start Date (10): 7/11/11 Scheduled Completion Date (11): 8/30/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538		

Scope of Work (Check all that apply):

( ) ≥ 3 sf or ≥ 9 lf
(X) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

(X) Full Containment with Negative Pressure
( ) Wrap & Cut
( ) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (12) 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
GYM/CLASSROOM		X		CEILING PLASTER	7000 SF	X			
ROOF		X		FLASHING/TAR	664 SF	X			
ROOF/SKY LIGHT		X		TRANSITE	432 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18652	Cubic Yards of Waste:	Name of Registered Landfill: BFI
City, State: PO BOX 5670, NEWARK NJ 07105	Disposal Date: 8/30/11	City, State: IMPERIAL, PA 15126		
Completed By: MIKE ALTADONNA	Title: PRESIDENT	Signature:	Date: 7/05/11	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 4/22/11	Name of Building Owner/Operator (2): TYMD	
Agencies Notified: (X) EPA (X) DEP (X) DOL (X) DOH ( ) OCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 1000 MARKET STREET
		City, State, Zip Code: PATERSON, NJ 07513
		Name of Contact: MICHAEL
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL			Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1000 MARKET STREET			
City & State (5): PATERSON, NJ		Square Feet: NA	# of Floors: 1 / Bldg. Age: NA
County (6): PASSAIC	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): VACVANT
Name of Monitoring Firm Hired by Building Owner(8): ENVIRONMENTAL CONSULING GROUP, LLC	ASCM No.: NA		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET			Street Address: 339 North 6th Street
City, State, Zip Code: PATERSON, NJ 07522			City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955	License No.: 00641
Start Date (10): 4/25/11	Scheduled Completion Date (11): 2/25/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265	
		City, State, Zip Code: Haledon, NJ 07538	

Type of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
( ) Wrapping
(X) Glovebag Procedure
(X) 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	Wrap&Cut	Encapsulate	Enclosure
GROUND FLOOR		X		PIPE INSULATION	215 LF	X	X		

Name of Registered Waste Hauler: NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: PO BOX 5970, NEWARK NJ 07105	Disposal Date: 4/28/11	City, State: IMPERIAL, PA 15126	
Completed By: MIKE ALTADONNA	Title: PRESIDENT	Signature:	Date: 2/22/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 4/01/11	Name of Building Owner/Operator (2): MRS. DELORES Mc GRIFF
Agencies Notified: ( ) EPA (X) DEP ( ) DOL (X) HQIs ( ) EDCA Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 125 THROOP AVE. City, State, Zip Code: NEW BRUNSWICK, NJ 08901 Name of Contact: DELORES Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ RESIDENTAL	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 125 THROOP AVE.	
City & State (5): NEW BRUNSWICK, NJ	Square Feet: NA; # of Floors: 3; Bldg. Age: NA
County (6): ; County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL
Name of Monitoring Firm Hired by Building Owner:(8) ENVIRONMENTAL CONSULTING, GROUP; ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET	Street Address: 539 North 6th Street
City, State, Zip Code: PATERSON, NJ 07522	City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA; Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955; License No.: 00641
Start Date (10): 4/04/11; Scheduled Completion Date (11): 4/06/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538

Scope of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
(X) Wrap & Cut
(X) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	75 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 4/07/11	City, State: IMPERIAL, PA 15126	
Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 4/01/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 3/26/11		Name of Building Owner/Operator (2): JOHN LANGFORD
Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 21 FULTON STREET City, State, Zip Code: WEEHAWKEN, NJ Name of Contact: JOHN Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ RESIDENTAL			Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 21 FULTON STREET			
City & State (5): WEEHAWKEN, NJ		Square Feet: NA	# of Floors: 2 / Bldg. Age: NA
County (6): HUDSON	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): RESIDENTAL
Name of Monitoring Firm Hired by Building Owner(8): ENVIRONMENTAL CONSULTING, GROUP	ASCM No.: NA		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET			Street Address: 339 North 6th Street
City, State, Zip Code: PATERSON, NJ 07522			City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955	License No.: 00641
Start Date (10): 3/26/11	Scheduled Completion Date (11): 3/28/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538	

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
( ) Wrap & Cut
(X) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	200 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 3/25/11	City, State: IMPERIAL, PA 15126	
Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 3/26/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 3/25/11	Name of Building Owner/Operator (2): MRS. DELORES Mc GRIFF	
*Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: (X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 125 THROOP AVE.
		City, State, Zip Code: NEW BRUNSWICK, NJ 08901
	Name of Contact: DELORES	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ RESIDENTAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 125 THROOP AVE.			
City & State (5): NEW BRUNSWICK, NJ		Square Feet: NA	# of Floors: 3 / Bldg. Age: NA
County (6):	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL	

Name of Monitoring Firm Hired by Building Owner:(8) ENVIRONMENTAL CONSULTING, GROUP	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.	
Street Address: 71 ARCH STREET		Street Address: 339 North 6th Street	
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955	License No.: 00641

Start Date: (10): 3/25/11	Scheduled Completion Date (11): 4/4/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265
		City, State, Zip Code: Haledon, NJ 07538

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
(X) Wrap & Cut
( ) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	90 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 4/13/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 3/25/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 3/22/11	Name of Building Owner/Operator (2): ESTATE OF KAVANAUGH	
Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 2037 BLACK RIVER ROAD
		City, State, Zip Code: BEDMINISTER, NJ
	Name of Contact: BRENT FRANKLIN	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ RESIDENTAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 2037 BLACK RIVER ROAD		
City & State (5): BEDMINISTER, NJ		Square Feet: NA / # of Floors: 2 / Bldg. Age: NA
County (6):	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING, GROUP	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET		Street Address: 339 North 6th Street
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 / License No.: 00641
Start Date (10): 3/22/11	Scheduled Completion Date (11): 3/23/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265
		City, State, Zip Code: Haledon, NJ 07538

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
( ) Wrap & Cut
(X) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	75 LF	X			
BASEMENT		X		TRANSITE	96 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 3/25/11	City, State: IMPERIAL, PA 15126	
Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature: [signature]	Date: 3/22/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

CK # 1296

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 3/21/11 Time: 7:40AM

Date of Notification (1): 3/19/11	Name of Building Owner/Operator (2): MR. JOHN CONNEELY
Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation
	Street Address: 751 CRESCENT PARKWAY
	City, State, Zip Code: WESTFIELD, NJ 07039
	Name of Contact: JOHN
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ APARTMENT	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 751 CRESCENT PARKWAY	
City & State (5): WESTFIELD, NJ	Square Feet: NA / # of Floors: 2 / Bldg. Age: NA
County (6): UNION / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL
Name of Monitoring Firm Hired by Building Owner (8): ABS ENVIRONMENTAL INC. / ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 4 EAST GATE DRIVE	Street Address: 339 North 6th Street
City, State, Zip Code: GLENWOOD, NJ 07418	City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: SCOTT HIGGINS / Telephone No.: 973-764-2276	Telephone No.: (973) 595-6935 / License No.: 00641
Start Date (10): 3/21/11 / Scheduled Completion Date (11): 3/23/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.
Emergency 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: P.O. Box 8265 / City, State, Zip Code: Haledon, NJ 07538

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
( ) Wrap & Cut
(X) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (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 (14)	Repair	Encapsulation	Enclosure
TO BE ABATED IN Facility									
BASEMENT		X		PIPE INSULATION	150 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered Landfill: IESI
City, State: NEWARK, NJ	Disposal Date: 3/25/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 3/19/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 2/21/11	Name of Building Owner/Operator (2): MRS. HIPOLITA ESPINOZA
Agencies Notified: (X) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation
	Street Address: 51 OXFORD STREET
	City, State, Zip Code: HALEDON, NJ 07508
	Name of Contact: HIPOLITA
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 51 OXFORD STREET	
City & State (5): HALEDON, NJ	Square Feet: NA / # of Floors: 2 / Bldg. Age: NA
County (6): PASSAIC / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL
Name of Monitoring Firm Hired by Building Owner:(8) ENVIRONMENTAL CONSULING GROUP, LLC / ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET	Street Address: 255 North 7th Street
City, State, Zip Code: PATERSON, NJ 07522	City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA / Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 / License No.: 00641
Start Date (10): 2/21/11 / Scheduled Completion Date (11): 2/23/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Evacuated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:	Street Address: P.O. Box 8265 / City, State, Zip Code: Haledon, NJ 07538

Scope of Work (Check all that apply):

( ) ≥ 3 sf or ≥ 3 lf
(X) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
( ) Wrapping
(X) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	150 LF		X	
BASEMENT		X		FLOOR TILES	400 SF		X	

Name of Registered Waste Hauler: NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: TESI
City, State: PO BOX 5670, NEWARK NJ 07105	Disposal Date: 2/27/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 2/21/11

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 2/14/11	Name of Building Owner/Operator (2): MR. ROSS CANTANZARITE	
Agencies Notified: ( ) EPA (X) DEP (X) DOT (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 260 LIBERTY AVE.
		City, State, Zip Code: JERSEY, NJ
	Name of Contact: MR. ROSS	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/APPARTMENT	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)		
Street Address: 260 LIBERTY AVE.			
City & State (5): JERSEY CITY, NJ	Square Feet: NA	# of Floors: 2	Bldg. Age: NA
County (6): HUDSON / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL/APPARTMENT		
Name of Monitoring Firm Hired by Building Owner(8): ENVIRONMENTAL CONSULING GROUP, LLC / ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		
Street Address: 71 ARCH STREET	Street Address: 339 North 6th Street		
City, State, Zip Code: PATERSON, NJ 07522	City, State, Zip Code: Prospect Park, NJ 07508		
Project Manager for Monitoring Firm: FERNANDO VILLA / Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955	License No.: 00641	
Start Date (10): 2/15/11	Scheduled Completion Date (11): 2/16/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 / City, State, Zip Code: Haledon, NJ 07538		

Scope of Work (Check all that apply):

(X) ≥ 2 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
( ) Wrap & Cut
(X) Glovebag Procedure
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Cleanup	Encapsulation	Enclosure
BASEMENT		X		PIPE INSULATION	45 LF	X			
BASEMENT		X		PIPE DEBRIS	150 LF		X		

Name of Registered Waste Hauler: NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered Landfill: IESI
City, State: PO BOX 5670, NEWARK NJ 07105	Disposal Date: 2/25/11	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 2/14/11

CLA 1275

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

APPROVED
NJ Dept. of Health & Senior Services
Date: 10/31/08 Time: 1:49 PM

Date of Notification (1): 10/31/08	Name of Building Owner/Operator (2): DON DIANGELO	
Agencies Notified: ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 71 WASHINGTON AVE.
		City, State, Zip Code: NUTLEY, NJ
	Name of Contact: ZACK	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 31 PROSPECT AVE		
City & State (5): EMERSON, NJ	Square Feet: NA	# of Floors: 2 / Bldg. Age: NA
County (6): BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULING GROUP, LLC	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET		Street Address: 339 North 6th Street
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 / License No.: 00641
Start Date (10): 11/01/08	Scheduled Completion Date (11): 11/02/08	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265
City, State, Zip Code: Hoboken, NJ 07538

Scope of Work (Check all that apply):
( ) ≥ 3 sf or ≥ 3 lf
(X) ≥ 160 sf & ≥ 260 lf
(X) Renovation
( ) Demolition
( ) Full Containment with Negative Pressure
( ) Mini Enclosure
( ) Glovebag Procedure
(X) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure
BASEMENT/BOILER ROOM		X		DEBRIS	15 SF	X		

Name of Registered Waste Hauler: NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.: 15623	Cubic Yards of Waste:	Name of Registered Landfill: IES
City, State: PO BOX 5670, NEWARK NJ 07105	Disposal Date: 11/05/08	City, State: IMPERIAL, PA 15126	

Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 11/01/10

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1107-1568
Check #: NA

Date of Notification (1): 7/5/11	Name of Building Owner / Operator (2): Sunnyside at Howell, LLC
Operators Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended #3 OFF HOLD ☐ Emergency ☐ Cancellation
	Street Address: 111 Magee Avenue
	City, State & Zip Code: Lavallette, NJ 08735
	Name of Contact: Mr. Shane Soranno — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Buildings			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Route 9 & Sunnyside Road			
City (5): Howell	County (6): Monmouth	County Code (7):	Square Feet: #1-4,800, #2-4,000, #3-4,800 SF, #6-7,500, CP 1-4,500, CP 2-10,000, CP 3-7,500, G-1,600, M-6,400
			# of Floors: 1 each
			Bldg. Age: 1970-1972
			Current Use (Prior if being demolished): Vacant Buildings

Name of Monitoring Firm Hired by Building Owner (8): The Whitman Companies, Inc.		ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 116 Tices Lane, Unit B-1			Street Address: 3659 Sylon Blvd.
City, State & Zip Code: East Brunswick, NJ 08816			City, State & Zip Code: Hainesport, NJ 08036
Project Manager for Monitoring Firm: Kevin Lovely	Telephone Number: 732-390-5858		Telephone Number: 609-702-0400 — License Number: 00852
Scheduled Start Date (10): 7/18/11	Scheduled Completion Date (11): 11/3/11		Name of OSHA Monitor: EMSL Analytical
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Describe: Will be working Saturday 7/30/11 ☒ Isolated Area			Street Address: 107 Haddon Ave.
			City, State & Zip Code: Westmont, NJ 08108

Scope of Work (Check all that apply)

☐ ≤3 sf or ≤3 lf
☒ >160 sf or >260 lf
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Materials (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
Building #1	☐	☒	☐	Transite Siding	2,400 SF	☒	☐	☐	☐
	☐	☒	☐	Linoleum & Mastic	500 SF	☒	☐	☐	☐
Building #2	☐	☒	☐	Pipe Insulation w/ associated elbows/joints	220 LF	☒	☐	☐	☐
	☐	☒	☐	Transite Siding & Vapor Barrier	2,000 SF	☒	☐	☐	☐
	☐	☒	☐	Linoleum & Mastic	50 SF	☒	☐	☐	☐
Building #5	☐	☒	☐	Transite Siding & Vapor Barrier	900SF	☒	☐	☐	☐
Building #6	☐	☒	☐	Roofing Materials	7,500 SF	☒	☐	☐	☐
Building #CP 1	☐	☒	☐	Roofing Materials	4,500 SF	☒	☐	☐	☐
Building #CP 2	☐	☒	☐	Transite Siding & Vapor Barrier	5,000 SF	☒	☐	☐	☐
Building #CP 3	☐	☒	☐	Roofing Materials	7,500 SF	☒	☐	☐	☐
Building #G	☐	☒	☐	Roofing Materials	1,600 SF	☒	☐	☐	☐
Building #M	☐	☒	☐	Transite Siding & Vapor Barriers	3,200 SF	☒	☐	☐	☐
	☐	☒	☐	Linoleum & Mastic	450 SF	☒	☐	☐	☐
	☐	☒	☐	Floor Tile & Mastic	800SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Horizon Disposal	NJDEP Waste Hauler ID No.: 22612	Cubic Yards of Waste: 20	Name of Registered Landfill: GROWS
City, State: Trenton, NJ		Disposal Date: 9/10/11	City, State: Morrisville, PA
Completed By (Print or Type): Kim Trumbetti	Title: Admin.	Signature: [signature]	Date: 11/2/11

DEP Prof. #: MS 11-444

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/2/11 Time: 12:07 P

Date of Notification (1): 11/02/11

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

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

Name of Building Owner/Operator (2): RONALD GONZALEZ

Street Address: 618 VARSITY ROAD

City, State, Zip Code: SO. ORANGE, NJ 07079

Name of Contact: RONALD GONZALES

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): RONALD GONZALEZ

Street Address: 618 VARSITY ROAD

City (5): SO. ORANGE

County (6): ESSEX

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Phone Number

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020 | License Number: 00159

Start Date (10): 11/07/11 | Sched. Completion Date (11): 11/18/11

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement
☐ Abatement performed outside of normal facility hours-Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf
☒ Renovation ☐ Demolition
☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Enclose	Encap
BASEMENT									
BASEMENT BOILER		X		PIPE INSULATION	20 L FT	☒	☐	☐	☐
		X		BOILER INSULATION	30 SQ FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC. | NJDEP Hauler ID#: 13506 | Cubic Yards of Waste: 1 YD | Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 | Disposal Date: 11/08/11 | City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC | Title: PRESIDENT | Signature: | Date: 11/02/11

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

D&S Proj. #: MS11-443

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/ 2/11 Time: 9:25

Date of Notification (1): 11/02/11

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

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

Name of Building Owner/Operator (2): J. O'CONNER

Street Address: 628 EMBREE CRESCENT

City, State, Zip Code: WESTFIELD, NJ 07090

Name of Contact: J. O'CONNER

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): J. O'CONNER

Street Address: 628 EMBREE CRESCENT

City (5): WESTFIELD

County (6): UNION

County Code (7) (State use only):

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

Square Feet	# of Floors	Bldg. Age

Current Use (Prior if being demolished):

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Phone Number:

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020 License Number: 00159

Start Date (10): 11/02/11 Sched. Completion Date (11): 11/11/11

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Occupancy Status During Abatement (Check only one):
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: 15:00 PM

Scope of Work (check all that apply):
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf
☒ Renovation ☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	111 LFT	☒			

Registered Waste Hauler: D & S RESTORATION, INC. NJDEP Hauler ID#: 13506 Cubic Yards of Waste: 2 YDS Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 Disposal Date: 11/03/11 City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC Title: PRESIDENT Signature: Date: 11/02/11

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

D&S Proj. #: MS 11-443

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

NJ Dept. of Health & Senior Services
(signature)
Date: 11/2/11 Time: 8:55

Date of Notification (1): 11/01/11

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

Type Notification: ☐ Initial ☐ Amended Amendment #: ☒ Emergency (Including Justification) ☐ Cancellation

Name of Building Owner/Operator (2): WANDA WOMACK

Street Address: 143 ARLINGTON AVENUE

City, State, Zip Code: JERSEY CITY, NJ

Name of Contact: WANDA WOMACK

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): WANDA WOMACK

Street Address: 143 ARLINGTON AVENUE

City (5): JERSEY CITY

County (6): HUDSON

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Phone Number:

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020 | License Number: 00159

Start Date (10): 11/03/11 | Sched. Completion Date (11): 11/11/11

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours- Describe:
- ☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition

- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (15)	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		X		PIPE INSULATION	4 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC. | NJDEP Hauler ID#: 13506 | Cubic Yards of Waste: 1 YD | Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 | Disposal Date: 11/04/11 | City, State: TULLYTOWN, PA

Completed by (Print or Type): ROGDAN JOLDZIC | Title: PRESIDENT | Signature: | Date: 11/02/11

ASB-41

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

From: Wanda Womack [womackwanda44@yahoo.com]
Sent: Tuesday, November 01, 2011 4:08 PM
To: Kuusela
Subject: Re: 143 arlington avenue

To Whom It May Concern
November
1,2011

I Wanda Womack Live at 143 Arlington Ave, Jersey City NJ 07305. I have absestos in my home and have No Heat in my home . I need to have the absestos removed immedialetly because I have children in my home and Im living there with no heat. I need immedialely attention Please so I can have heat and the absestos has to be removed .

Thank you ,
Ms Wanda Womack

From: Kuusela <residential@ds-restoration.com>
To: womackwanda44@yahoo.com
Sent: Tuesday, November 1, 2011 4:37 PM
Subject: 143 arlington avenue

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

DOL – 10 DAY

OCT 31 2011
Tan Vooth
WAIVER APPROVED

Date of Notification (1)	Name of Building Owner/Operator (2)
10/30/2011	Jeff Agdenian

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

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

Street Address: 360 East Madison Ave
City, State, Zip Code: Dumont, NJ 07628
Name of Contact: Jeff Agdenian
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residence
Street Address: 360 East Madison Ave
City (5): Dumont

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

Square Feet	# of Floors	Bldg. Age
1800	2	50 +

County (6): Bergen
County Code (7) (STATE USE ONLY):
Current Use (Prior to being demolished):

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): GL Group, Inc
Street Address: 140 Hamburg Tpke
City, State, Zip Code: Bloomingdale, NJ 07403
Telephone No.: 201 710 8725
License No.: 01064

Start Date (10)	Scheduled Completion Date (11)
11/01/2011	11/02/2011

Name of OSHA Monitor: GL Group, Inc
Street Address: 140 Hamburg Tpke
City, State, Zip Code: Bloomingdale, NJ 07403

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: 0800-1600 hrs.

Scope of Work (Check All That Apply):
[X] ≥3 sf or ≥3 lf
[ ] ≥100 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (1) 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: Mini-Enclosure	Glovebag	Full Containment	Non-Exempted
Basement	X			Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
GL Group, Inc	0033034	TBD	Cumberland Landfill
City, State: Bloomingdale, NJ		Disposal Date: 11/02/2011	City, State: Newburg, Pa

Completed by	Title	Signature	Date
Michael B Solukov	P.M.		10/30/2011

ASB-1 (4/8/08)

Do not use this form for asbestos licenses or exemptions

SETTLEMENT DATE DELAYED.

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

Date of Notification (1): 12/18/11

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

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

Type Notification: [X] Initial [X] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation

Street Address: 155 RT. 50

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

Name of Contact: BRUCE BREWING

Telephone Number: [redacted]

FACILITY INFORMATION

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

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 5 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 1604 ASBURY AVE.

City (5): OCEAN CITY

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

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior to being demolished): VACANT

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

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

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

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 856-779-0472

License No.: 00444

Start Date (10): 12/1/11

Scheduled Completion Date (11): 12/18/11

Name of OSHA Monitor: JOSEPH KLEMM

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

Street Address: 369 S. SPRUCE AVE.

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2,500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17984

Cubic Yards of Waste:

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

City, State: MAPLE SHADE, N.J.

Disposal Date:

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM

Title: V/P

Signature: Joseph Klemm

Date: 12/18/11

* 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): 11/1/11	Name of Building Owner/Operator (2): Hamel Builders, Inc.
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 5710 Furnace Avenue, Suite H
	City, State, Zip Code: Elkridge, MD 21075
	Name of Contact: John Ridgley — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Washington Dodd Apartments	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 587 Carroll Street	
City (5): Orange	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Essex — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): ____

Name of Monitoring Firm Hired by Building Owner (8): CSA Consulting LLP — ASCM No.:	Name of Abatement Contractor (9): Global Safety Contracting Corporation	
Street Address: 23 Lorenzo Court	Street Address: 151 Forest Avenue	
City, State, Zip Code: Matawan, NJ 07747	City, State, Zip Code: Lyndhurst, NJ 07071	
Project Manager for Monitoring Firm: Michael Chain — Telephone No.: 732-921-9223	Telephone No.: 973-685-6625	License No.: 01038
Start Date (10): 11/14/11 — Scheduled Completion Date (11): 11/30/11	Name of OSHA Monitor: Envirovision Consultants	
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: 20-21 Wagaraw Road	
	City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply):

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawl Spaces Dodd 1			X	ACM Elbows on fiberglass runs	36LF	X			
Crawl Spaces Dodd 2			X	ACM Elbows on fiberglass runs	34LF	X			
Crawl Spaces Dodd 3			X	ACM Elbows on fiberglass runs	33LF	X			

Name of Registered Waste Hauler: Global Safety Contract	NJDEP Waste Hauler ID No.: 32104	Cubic Yards of Waste: 1 CY	Name of Registered Landfill: T. R. R. F.
City, State: Lyndhurst, NJ		Disposal Date:	City, State: Tullytown, PA

Completed by: Mark M Jovic	Title: Vice President	Signature: [signature]	Date: 11/1/11

ASB-41 (R-05-08)

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

D&S Proj. #: MS 11-441

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/1/11 Time: 8:00

Date of Notification (1): 11/02/2011

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

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

Name of Building Owner/Operator (2): NORTH JERSEY DEVELOPMENTAL CENTER

Street Address: 169 MINNISINK ROAD

City, State, Zip Code: TOTOWA, NJ

Name of Contact: STEVE SLAUGHTER

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): HEALTH CARE CENTER BASEMENT RECREATION ROOM

Street Address: 169 MINNISINK ROAD

City (5): TOTOWA

County (6): PASSAIC

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Phone Number:

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020 | License Number: 00159

Start Date (10): 11/02/11 | Sched. Completion Date (11): 11/06/11

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: 12:00 PM

Scope of Work (check all that apply)
☒ ≥3 sf or ≥3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Enclose
BASEMENT REC ROOM		X		PIPE INSULATION	<6 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC. | NJDEP Hauler ID#: 13506 | Cubic Yards of Waste: 1 YD | Name of Registered Landfill: TULLYTOWN RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 | Disposal Date: | City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC | Title: PRESIDENT | Signature: | Date: 11/01/11

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

CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
PO BOX 726
TRENTON, NJ 08625-0726
Visit us on the web at :
www.state.nj.us/humanservices/ddd

Jennifer Velez
COMMISSIONER

Dawn Apgar
Deputy Commissioner

TEL. (609) 631-2200

Husam E. Abdallah
Chief Executive Officer

TEL. (973) 256-1700
P.O. BOX 169
TOTOWA, NJ 07511

01 November 2011

D&S Restoration, Inc.
20 California Ave.
Paterson, NJ 07503

Subject: Health Care Ctr. Basement break room

Dear NJDOL,

I, Steven Slaughter (Engineer in Charge of Maintenance) am requesting an emergency abatement of 6 linear feet of ACM pipe insulation in break room ceiling to allow for steam leak repair. The bldg is currently without heat until repairs are completed.

Sincerely Yours

Steven J. Slaughter
Engineer in Charge of
Maintenance 1

File

270115202

Print Form

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NOV - 2 2011

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

Date of Notification (1): 10/26/11	Name of Building Owner/Operator (2): Henny Augustinus
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 163 Gallison Drive City, State, Zip Code: Berkeley Heights, NJ 07974 Name of Contact: Henny Augustinus Telephone Number: 908-665-1436

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 163 Gallison Drive			
City (5): Berkeley Heights	Square Feet: N/A	# of Floors: N/A	Bldg. Age: N/A
County (6): UNION	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/10/11	Scheduled Completion Date (11): 11/11/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		floor tiles and mastic	640 Sf	x			
entrance foyer		X		floor tiles under linoleum	100 SF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna BRkusanin	Title: Project Manager	Signature: Deanna B Kusanin	Date: 10/26/11

ASB-41 (R-06-08)

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

Print Form

0737923567

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

RECEIVED
NOV - 2 2011

Date of Notification (1): October 19, 2011	Name of Building Owner/Operator (2): Estate of Raymond Vacca
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 6 Watchung Place
	City, State, Zip Code: Summit, NJ 07091
	Name of Contact: Raymond Vacca — Telephone Number: 908-693-4176

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 6 Watchung Place	
City (5): Summit	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address		Street Address: 11 Rosengren Avenue
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685 — License No.: #00675
Start Date (10): 11/02/11	Scheduled Completion Date (11): 11/03/11	Name of OSHA Monitor: D&S Abatement, Inc.
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: Occupied		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	150 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature: Deanna Brkusanin	Date: 10/19/11

ASB-41 (R-06-08)

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

Print Form

19161598814

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

RECEIVED
NOV - 2

Date of Notification (1): October 25, 2011		Name of Building Owner/Operator (2): Rose Cruz	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 255 Forest Street	
		City, State, Zip Code: Kearny, NJ 07032	
		Name of Contact: Rose Cruz	Telephone Number: 201-709-1532

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 255 Forest Street			
City (5): Kearny		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/08/11	Scheduled Completion Date (11): 11/09/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue / City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	80 LF	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature: Deanna B Brkusanin	Date: 10/25/11

ASB-41 (R-06-08)

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

9854202538

Print Form

RECEIVED
NOV - 2 2011

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

Date of Notification (1): October 25, 2011	Name of Building Owner/Operator (2): Ellen Silver
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 128 Summit Avenue City, State, Zip Code: Upper Montclair, NJ 07042 Name of Contact: Ellen SIlver Telephone Number: 973-951-0618

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 128 Summit Avenue			
City (5): Upper Montclair	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): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/08/11	Scheduled Completion Date (11): 11/09/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[x] 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
main basement		X		pipe insulation	61 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature	Date: 10/25/11

ASB-41 (R-06-08)

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

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

RECEIVED
NOV - 2 2011
ASBESTOS CONTROL & LICENSING

Date of Notification (1): October 25, 2011	Name of Building Owner/Operator (2): Frank Kennedy
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1302 81st Dtreet
	City, State, Zip Code: North Bergen, NJ 07047
	Name of Contact: Frank Kennedy — Telephone Number: 201-869-1846

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1302 81st Street			
City (5): North Bergen		Square Feet: N/A	# of Floors: N/A — Bldg. Age: N/A
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/08/11	Scheduled Completion Date (11): 11/09/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue	
		City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	40 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Deanna Brkusanin	Title: Project Manager	Signature: [signature]	Date: 10/25/11

ASB-41 (R-06-08)

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

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

RECEIVED NOV - 2

Date of Notification (1): 10/28/2011	Name of Building Owner/Operator (2): Antonio Parrales
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 156 North Street City, State, Zip Code: Jersey City, NJ 07307 Name of Contact: Paul T. Scalia Telephone Number: 201-653-0306

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 156 North Street			
City (5): Jersey City, NJ 07307	Square Feet: 1500	# of Floors: 2	Bldg. Age: 30+
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): New American Restoration, Inc.	
Street Address		Street Address: 421-423 Straight St	
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07501	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-925-1303	License No.: 00805
Start Date (10): 11/08/2011	Scheduled Completion Date (11): 11/09/2011	Name of OSHA Monitor: New American Restoration, 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: 421-423 Straight St City, State, Zip Code: Paterson, NJ 07501	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basament		x		Thermal System Insulation	80	x			

Name of Registered Waste Hauler: New American Restoration, Inc.	NJDEP Waste Hauler ID No.: 05010	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: 421-423 Straight St, Paterson, NJ 07501		Disposal Date	City, State: 1530 Bordentown Rd. Morrisville, PA

Completed by: Mike Hadzic	Title: President	Signature: MHadzic	Date: 10-28-2011

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)

RECEIVED
NOV - 2

Date of Notification (1): 10/31/11		Name of Building Owner/Operator (2): I&S Investment	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: PO Box 835	
		City, State, Zip Code: Short Hills, NJ 07078	
		Name of Contact: Matt Aptekar	Telephone Number: 973-763-1393

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 530 Park Ave				
City (5): Orange			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): House	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.		
Street Address		Street Address: 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675	
Start Date (10): 11/14/11	Scheduled Completion Date (11): 11/15/11	Name of OSHA Monitor: D&S Abatement, Inc.		
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: Occupied		Street Address: 11 Rosengren Avenue / City, State, Zip Code: Totowa, NJ 07512		

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] 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
laundry room		X		pipe insulation	250 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature: Deanna Brkusanin	Date: 10/31/11

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)

RECEIVED
NOV - 2 2011

Date of Notification (1): 10/26/11		Name of Building Owner/Operator (2): Liz Hickey	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 71 Dale Drive	
		City, State, Zip Code: Summit, NJ 07901	
		Name of Contact: Liz Hickey	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 71 Dale Driveq			
City (5): Summit		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/09/11	Scheduled Completion Date (11): 11/10/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue	
		City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		floor tiles and mastic	250 Sf	x			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna BRkusanin	Title: Project Manager	Signature: [signature]	Date: 10/26/11

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)

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NOV 2 2011
ASBESTOS CONTROL & LICENSING

Date of Notification (1): October 25, 2011	Name of Building Owner/Operator (2): Barbara Morabito
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 143 Thomas Street
	City, State, Zip Code: Newark, NJ 07114
	Name of Contact: Jim Kupko — Telephone Number: 732-572-3870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 143 Thomas Street	
City (5): Newark	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): House
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address	Street Address: 11 Rosengren Avenue
City, State, Zip Code	City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-345-8685 — License No.: #00675
Start Date (10): 10/26/11 — Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: D&S Abatement, Inc.
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: Occupied	Street Address: 11 Rosengren Avenue — City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] 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		X		pipe insulation	52 LF	x			
basement		X		boiler insulation	30 SF	x			

Name of Registered Waste Hauler: D&S Abatement, INc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna BRkusanin	Title: Project Manager	Signature: [signature]	Date: 10/25/11

ASB-41 (R-06-08)

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

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

RECEIVED NOV

Date of Notification (1) 10/17/2011	Name of Building Owner/Operator (2) Paulsboro Refining Company
Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA Notification Type () Initial Notification (X) Amended Certification X ( ) Cancelled	Street Address 800 Billingsport Rd City, State, Zip Code Paulsboro, NJ 08066 Name of Contact Ravi Jarecha Tel. Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company Street Address 800 Billingsport Rd City (5) Paulsboro; County (6) Gloucester; County Code (7) (State Use Only)	Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet N/A # of Floors N/A Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.	Name of Contractor (9) Kenny Atlantic Industrial Services LLC
Street Address	Street Address 800 Billingsport Rd City State, ZipCode Paulsboro, NJ 08066
Project Manager for Monitoring Firm Telephone Number	Telephone Number 856-224-4392 License Number 00857
Scheduled Start Date (10) 10/31/2011 Scheduled Completion Date (11) 11/9/2011 X	Name of OSHA Monitor Kenny Atlantic Industrial Services, LLC
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Other – Describe – Removal within restricted work area in outside areas	Street Address 800 Billingsport Rd City, State, Zip Code Paulsboro NJ 08066

Source of Work (Check all that apply)

() Demolition (X) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) (X) 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 (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Pipe along Colum 30, west side of CU-6 unit.		X		Pipe Insulation	~15 LF	X			
Additional pipe running north and south of colum		X		Pipe Insulation	~30 LF	X			

Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste < 1 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KENNY ATLANTIC	Signature Andy Green Site Operations Supervisor	Date 10/27/2011 X

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

Telephone 609-984-6620

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9/18/00

REMEMBER – MAIL IN HARD COPY

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OCT 27 2011

WAIVER APPROVED

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:23 and 12:120)

Date of Notification (1): 10/27/11	Name of Building Owner/Operator (2): MS. ANN DESMOND
Agencies Notified: ☐ LPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
Street Address: 15 IONA PL.	
City, State, Zip Code: GLEN ROCK, N.J. 07450	
Name of Contact: JEFF HELTON	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MS. DESMOND	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 15 IONA PL.	
City (5): GLEN ROCK	Square Feet: 2200 # of Floors: 2 Bldg. Age: 1931
County (6): BERGEN	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No: Name of Abatement Contractor (9): Best Removal Inc
Street Address:	Street Address: 450 South River St
City, State, Zip Code:	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm:	Telephone No: Telephone No. 201-329-7444 License No. 00388
Start Date (10): 10/29/11 Scheduled Completion Date (11): 10/30/11	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 7AM TO 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

☑ ≥9 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				THERMAL INSULATION	50LF	X			
BASEMENT				THERMAL SURFACING	50SF	X			

Name of Registered Waste Hauler: DJM Transport, Inc	NJDEP Waste Hauler ID No: 22393	Cubic Yards of Waste: 2 1/2	Name of Registered Landfill: Cumberland County Landfill
City, State: South Kearny N.J. 07032		Disposal Date: 10/30/11	City, State: Newburgh PA, 17242

Completed by: J. MAIORANO	Title: Estimator	Signature: [signature]	Date: 10/27/11

ASB-41 (R-06-08)

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Check # 1646

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NOV - 2 2011

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

Date of Notification (1): 10/27/2011	Name of Building Owner/Operator (2): Kirk & Deborah Smith
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended, Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 5 Byrne Road City, State, Zip Code: West Orange, NJ 07052 Name of Contact: Kirk & Deborah Smith Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residence Street Address: 5 Byrne Road		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
City (5): West Orange		Square Feet: 2500	# of Floors: 2 / Bldg. Age: 70
County (6): Essex County	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): Pyramid Contracting Corp.	
Street Address		Street Address: 78 Fenner Ave	
City, State, Zip Code		City, State, Zip Code: Clifton, NJ 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-689-6281	License No.: 01099
Start Date (10): 11/06/2011	Scheduled Completion Date (11): 11/07/2011	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 [x] Other – Describe: 8:00am - 4:00pm		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation and Fittings	85 LF	x			

Name of Registered Waste Hauler: Pyramid Contracting Corp	NJDEP Waste Hauler ID No.: 32613	Cubic Yards of Waste: 1	Name of Registered Landfill: GROWS
City, State: Clifton, NJ 07013		Disposal Date	City, State: Morrisville, PA

Completed by: Dimo Golcev	Title: V. President	Signature	Date: 10/27/2011

ASB-41 (R-06-08)

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NOV - 2 2011
ASBESTOS CONTROL

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

Date of Notification (1): 10/27/2011	Name of Building Owner/Operator (2): Wal Mart Super Center	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 4900 US Highway 9
		City, State, Zip Code: Howell,NJ
		Name of Contact: Mark Stewart / Telephone Number: 732-433-3741

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Wal MArt Super Center			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 4900 US Highway 9			
City (5): Howell		Square Feet	# of Floors / Bldg. Age
County (6): Monmouth	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): Site Enterprises, Inc.	
Street Address		Street Address: 456 Highland Dr.	
City, State, Zip Code		City, State, Zip Code: Mays Landing,NJ 08330	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-377-6489	License No.: 01134
Start Date (10): 10/28/2011	Scheduled Completion Date (11): 11/11/2011	Name of OSHA Monitor: West Chester Environmental	
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: 307 N. Walnut St. / City, State, Zip Code: WestChester,Pa	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof			x	Roof Flashing/Tar	500 sf	x			

Name of Registered Waste Hauler: Site Contractors,Inc	NJDEP Waste Hauler ID No.: 22131	Cubic Yards of Waste	Name of Registered Landfill: Grows Landfill
City, State: Hammonton, NJ		Disposal Date: 11/11/11	City, State: Tullytown

Completed by: Joan Giordano	Title: Administrator	Signature: Joan Giordano	Date: 10/27/2011

ASB-41 (R-06-08)

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

16772

Print Form

RECEIVED
NOV - 2 2011
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): October 17, 2011	Name of Building Owner/Operator (2): Angela Imhof
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 61 Claremont Avenue City, State, Zip Code: Bloomfield, NJ 07003 Name of Contact: Angela Imhof — Telephone N. [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-1. [x] Other (i.e. private & commerc ...ldings, homes, etc.)
Street Address: 61 Claremont Avenue	
City (5): Bloomfield	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 demol: House
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address	Street Address: 11 Rosengren Avenue
City, State, Zip Code	City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-31[illegible]-8685 — License #: #00675
Start Date (10): 11/01/11 — Scheduled Completion Date (11): 11/03/11	Name of OSHA Monitor: D&S Abatement, Inc.
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: Occupied	Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

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

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 M...rial (ACM) (i.e. thermal syste... ...sulation, surfacing, ... other miscell... ...ing)	Amount (Specify SF or LF)	Abatement Type: Repair	Encapsulate	Enclosure
basement		X		pipe insul...	70 LF			
basement		X		floor tiles an... ...stic	320 SF			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Land...: Waste Management
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Deanna Brkusanin	Title: Project Manager	Sig... [signature]	D...

08-23-'07 08:31 FROM-

1961

NOV - 2

State of New Jersey

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

Date of Notification (1): 10-28-11	Name of Building Owner/Operator (2): City of Vineland
Agency Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 640 E Wood St
	City, State, Zip Code: Vineland NJ
	Name of Contact: Barnard S. / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ~~City~~ George Bldg.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 640 E Landis Ave	Square Feet / # of Floors / Bldg. Age
City (5): Vineland NJ	
County (6): Cumberland / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): ANI JOE LLC
Street Address	Street Address: 1212 Burlington Ave
City, State, Zip Code	City, State, Zip Code: Delanco NJ 08075
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856 8240971 / License No.: 01070
Start Date (10): 11-4-11 / Scheduled Completion Date (11): 11-30-11	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address / City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SM office				Floor Tile (ACM)	1200 SF	✓			
Roof				Tar Mastic Roof	7000 SF	✓			
Diesel Pile Gauge				Debries	240	✓			
Diesel Pile Center of Yard				Debries	160	✓			

Name of Registered Waste Hauler: J Robinson / NJDEP Waste Hauler ID No.: 18587	Cubic Yards of Waste	Name of Registered Landfill: WM of PA.	
City, State: Bellmawr NJ	Disposal Date	City, State: Tullytown PA	
Completed by: J Hill / Title: VP	Signature	Date: 10-28-11	

ASB-41

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

08-28-'11 08:31 FROM-

No check

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State of New Jersey

ASBESTOS ABATEMENT NOTIFICATION

(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED NOV -2 2011

Date of Notification (1): 10-20-11 10-28-11

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

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

Name of Building Owner/Operator (2): American Demo

Street Address: 2 Young Rd

City, State, Zip Code: Egg Harbor NJ

Telephone Number: [redacted]

Name of Contact: Barnard S

FACILITY INFORMATION

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

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

Street Address: 4835 Central Ave

Square Feet	# of Floors	Bldg. Age
6000	4	70

City (5): Ocean City

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): Resident

County (6): Atlantic

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

ASCH No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): Am Joe LLC

Street Address: 1212 Burlington Ave

City, State, Zip Code: Delanco NJ 08075

Telephone No.: 856 8240971

License No.: 01070

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

Start Date (10): 10-30-11

Scheduled Completion Date (11): 11-7-11

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):
☐ > 6 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
Outside			✓	(ACM) Siding	3500 Sq	✓			

Name of Registered Waste Hauler: Jack Robinson Waste

NJDEP Waste Hauler ID No.: 18387

Cubic Yards of Waste:

Name of Registered Landfill: WM of PA

City, State: Bellmawr NJ

Disposal Date:

City, State: Tullytown PA

Signature: JH

Date: 10-20-11 10-28-11

Completed by: Joe Hill

Title: VP

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

ASB-41

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No check

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

CHECK # 17679
RECEIVED
NOV - 2 2011

Date of Notification (1): 10-27-11		Name of Building Owner/Operator (2): Malkin	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 47 Sierra Court	
		City, State, Zip Code: Hillsdale, NJ 07642	
		Name of Contact: Albert Feliz	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.)	
Street Address: 47 Sierra Court			
City (5): Hillsdale		Square Feet: 2,900	# of Floors: 2 / Bldg. Age: 42 yrs.
County (6): Bergen	County Code (7) *(STATE USE ONLY)* ____	Current Use (Prior if being demolished): Private Residence	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pinnacle Environmental Corp.	
Street Address		Street Address: 200 Broad Street	
City, State, Zip Code		City, State, Zip Code: Carlstadt, NJ 07072	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-939-6565	License No.: 00756
Start Date (10): 08-16-11(1)Project Postponed	Scheduled Completion Date (11): 11-01-11(2)12-31-11	Name of OSHA Monitor: Even-Air Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ____		Street Address: 10-59 Jackson Avenue	
		City, State, Zip Code: Long Island City, NY 11101	

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	VAT	350 SF	x			

Name of Registered Waste Hauler: ATC, Inc. / TriState Transfer (AF-106B)	NJDEP Waste Hauler ID No.: SW2105	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY / Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH 44688

Completed by: Tom Garcia	Title: Project Manager	Signature	Date: 10-27-11

ASB-41 (R-06-08)

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No check

RECEIVED NOV - 2

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

Date of Notification (1): 10/28/11		Name of Building Owner/Operator (2): Kean Univesity	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1000 Morris Avenue	
		City, State, Zip Code: Union, NJ 07083	
		Name of Contact: Greg Frankoski	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kean University OCIS Technology Building		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1000 Morris Avenue			
City (5): Union		Square Feet	# of Floors / Bldg. Age
County (6): Union	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): school	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc.	ASCM No.	Name of Abatement Contractor (9): Environmental Contractors, Inc	
Street Address: 1253 North Church Street		Street Address: 235 Watchung Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: West Orange, NJ 07052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 609-314-1683	Telephone No.: 973-243-9872	License No.: 00559
Start Date (10): 10/31/11	Scheduled Completion Date (11): 11/04/11	Name of OSHA Monitor: Schneider Laboratories Global Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 2512 W. Cary Street	
		City, State, Zip Code: Richmond, VA 23220	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior windows and frames			x	Caulking,	9 SF	X			
"			x	glazing,	9 SF	X			
"			x	transite	45 SF	x			

Name of Registered Waste Hauler: Circle Rubbish Removal	NJDEP Waste Hauler ID No.: 18816	Cubic Yards of Waste	Name of Registered Landfill: Tullytown Resource Recovery Facility
City, State: Linden, NJ		Disposal Date	City, State: Tullytown/ Morrisville, PA

Completed by: Slawomir Kielczewski	Title: President	Signature:	Date: 10/28/11

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)

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NOV - 2 2011

Date of Notification (1): October 27, 2011	Name of Building Owner/Operator (2): Melody & Joe Haggerty	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 44 Morningside Road	
	City, State, Zip Code: Verona, NJ 07044	
	Name of Contact: Melody & Joe Haggerty	Telephone Number: 973-986-5034

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 44 Morningside Road			
City (5): Verona		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): House	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: #00675
Start Date (10): 11/10/11	Scheduled Completion Date (11): 11/11/11	Name of OSHA Monitor: D&S Abatement, Inc.	
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: Occupied		Street Address: 11 Rosengren Avenue / City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf
[ ] Renovation [ ] Demolition
[ ] Full Containment with Negative Pressure [X] 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	Encapsulating	Enclosure
basement		X		pipe insulation	15 LF	X			
basement		X		contaminated pipes	45 LF			X	

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Deanna Brkusanin	Title: Project Manager	Signature: Deanna Brkusanin	Date: 10/27/11

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)

RECEIVED
NOV - 2 2011

Date of Notification (1): 10/31/2011		Name of Building Owner/Operator (2): TOMS RIVERPUBLIC SCHOOL DISTRICT	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1144 HOOPER AVE.	
		City, State, Zip Code: TOMS RIVER ,NJ 08753	
		Name of Contact: ROBERT ROMANO	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HIGH SCHOOL NORTH		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1245 OLD FREEHOLD ROAD			
City (5): TOMS RIVER		Square Feet	# of Floors / Bldg. Age
County (6): OCEAN	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): SCHOOL	

Name of Monitoring Firm Hired by Building Owner (8): BIRDSALL SERVICES GROUP	ASCM No.	Name of Abatement Contractor (9): VMC CO. INC,	
Street Address: 65 JACKSON DR		Street Address: 208 PIAGET AVE.	
City, State, Zip Code: CRANFORD , NJ 07016		City, State, Zip Code: CLIFTON NJ 07011	
Project Manager for Monitoring Firm: PATRICK GILMET	Telephone No.: 732-751-0799	Telephone No.: 973-253-8828	License No.: 00704
Start Date (10): 11/10/2011	Scheduled Completion Date (11): 11/11/2011	Name of OSHA Monitor: VMC CO. INC,	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		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
AUDITORIUM STAGE		X		ELECTRIC CORD	235 LF	X			

Name of Registered Waste Hauler: NEWARK CARTING INC,	NJDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste	Name of Registered Landfill: GROWS
City, State: NEWARK NJ		Disposal Date	City, State: MORRISVILLE, PA

Completed by: VOYTEK ROSZKOWSKI	Title: PRESIDENT	Signature: V. Roszkowski	Date: 10/31/2011

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)

RECEIVED
NOV - 2 2011

Date of Notification (1): 09/15/2011	Name of Building Owner/Operator (2): YMCA of Easter Union County
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 135 Madison Ave.,
	City, State, Zip Code: Elizabeth, NJ 07201
	Name of Contact: Ruben Coellar — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): YMCA Building	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-1 2) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 135 Madison Ave.,	
City (5): Elizabeth, NJ 07201	Square Feet: 20,000 SF — # of Floors: 4 — Bldg. Age: 60+
County (6): Union — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): YMCA

Name of Monitoring Firm Hired by Building Owner (8): Brinkerhoff Enviornmental Services Inc — ASCM No.: 00100		Name of Abatement Contractor (9): DIA General Construction, Inc.
Street Address: 1913 Atlantic Ave., Suite R5		Street Address: 1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code: Manasquan, NJ 08736		City, State, Zip Code: Clifton, NJ 07012
Project Manager for Monitoring Firm: Jason Hooper — Telephone No.: 732-223-2225		Telephone No.: 973-389-0089 — License No.: 00693
Start Date (10): 09/29/11 — Scheduled Completion Date (11): 11/5/11		Name of OSHA Monitor: DIA General Construction, 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: Occupied		Street Address: 1360 Clifton, Avenue, PMB Suite 218 — City, State, Zip Code: Clifton, NJ 07012

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 ☐ Govebag 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
See Attached									

Name of Registered Waste Hauler: Service Transport Group — NJDEP Waste Hauler ID No.: 20970	Cubic Yards of Waste: 80 CY	Name of Registered Landfill: Minerva Landfill	
City, State: New Castle, DE	Disposal Date: 11/05/11	City, State: Waynesburg, OH 44688	
Completed By: Krutarth Jagad	Title: President	Signature:	Date: 10/28/2011

ASB41

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