REMEMBER – MAIL IN HARD COPY

* Emergency *

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT CK 2254
(Pursuant to NJAC 8:60 and 12:120)

DOL – 10 DAY
NOV 3 2011
WAIVER APPROVED

Date of Notification (1): 11/3/11	Name of Building Owner/Operator (2): David & Michelle Klein / Residence
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment # [X] Emergency (including justification) [ ] Cancellation
	Street Address: 220 Highland Avenue
	City, State, Zip Code: Moorestown, NJ 08057
	Name of Contact: David
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): David & Michelle Klein	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 220 Highland Avenue	
City (5): Moorestown, NJ 08057	Square Feet: 1000+ / # of Floors: 1 / Bldg. Age: 35+
County (6): Burlington / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No:	Name of Abatement Contractor (9): Pernaco Inc
Street Address:	Street Address: PO Box 329
City, State, Zip Code:	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.:	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 11/5/11 / Scheduled Completion Date (11): 11/7/11	Name of OSHA Monitor: Pernaco Inc
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: weekend home owner will be home	Street Address: PO Box 329 / City, State, Zip Code: West Berlin NJ 08091

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 / [ ] 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 Laundry / office area			X	Floor Tile / Mastic	200 SF	X			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 11/7/11	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 11/3/11

ASD-41 (R-08-08)

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

REMEMBER – MAIL IN HARD COPY

David & Michelle Klein
220 Highland Avenue
Moorestown, NJ 08057

DOL – 10 DAY
NOV 3 2011
WAIVER APPROVED

New Jersey Department of Labor and Licensing
Div. Asbestos Control and Licensing
Section I, John Fitch Plaza
Third Floor
Post Office Box 949
Trenton, New Jersey 08625-0949

Re: Asbestos Tile Removal

To Whom It May Concern:

As a result of the recent flooding and hurricanes, we have had to remove carpeting from our basement. Beneath the carpeting was tile which began lifting up from the water. Because we have small children at home, we became concerned and had the v/a tile tested. Both the tile and adhesive came up positive for asbestos.

After a short delay, we were able to locate a company to safely remove the tile and the adhesive - Pernaco, Incorporated. It is my understanding that there is a 10 day notification period before the work can begin. Due to the relatively small area involved and nature of the potential harm to my children and the fact that some of the tile is already coming loose exposing the adhesive, we are requesting that the DEP waive the 10 day notification requirement so that the hazardous material can be removed immediately.

Thank you for your prompt attention to this matter.

Very truly yours,

DAVID ALAN KLEIN

DAK/ms

cc: Pernaco Incorporated

(CHECK # 2104)

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

RECEIVED NOV - 3 2011

Date of Notification (1): 10/31/11

Name of Building Owner/Operator (2): WM. HARGROVE CO.

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

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

Street Address: 1507 STATE ST.

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

Name of Contact: SAME

Telephone Number: 856-225-1100

FACILITY INFORMATION

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

Street Address: 2806 HAYES AVE.

City (5): CAMDEN

County (6): CAMDEN

County Code (7) (STATE USE ONLY)

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

Square Feet: 1000 # of Floors: 1 Bldg Age: 40+

Current Use (Prior if being demolished): VACANT

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

ASCM No.

Street Address

City, State Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE

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

Telephone No: 856-779-0472 License No: 00444

Start Date (10): 11/14/11 Scheduled Completion Date (11): 11/21/11

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE

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

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

Scope of Work (Check all that apply)
☐ 23 sq. or ≥ 23 ll
☒ 160 ll or ≥260 ll
☐ Renovation ☒ Demolition
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ N/A ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
SIDING			X	TRANSITE	1680 ft	X			

Name of Registered Waste Hauler: KLEMCO INC. NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5 Disposal Date:

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

City, State: MAPLE SHADE, N.J. City, State: MORRISVILLE PA.

Completed By: JOE KLEMM Title: OWNER Signature: Joseph Klemm Date: 10/31/11

ASB-1

* Do not use this form for asbestos licensure exempted activities

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

RECEIVED
NOV - 3 2011

Date of Notification (1): May 05, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1000 / 1001 Route 202	
City (5): Raritan, NJ	Square Feet: ____ # of Floors: 3 Bldg. Age: ____
County (6): Somerset	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): Facility

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.:	Name of Abatement Contractor (9): The MACK Group, LLC.
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Edward J. Bulava	Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000 License No.: 00781
Start Date (10): 5/6/11	Scheduled Completion Date (11): 5/10/11	Name of OSHA Monitor: The MACK Group, 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: _____		Street Address: 1500 Kings HWY N, STE 209 City, State, Zip Code: Cherry Hill, NJ 08034

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
OCD Central Steam Boiler	X			pipe	TBD	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: TBD	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 5/10/11	City, State: Imperial, PA 15126

Completed by	Title	Signature	Date
Michael Cooper	President		5/5/11

* 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): June 02, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson		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 / 1001 Route 202			
City (5): Raritan, NJ		Square Feet:	# of Floors: 3 — Bldg. Age:
County (6): Somerset	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Facility	

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.	
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Edward J. Bulava	Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 5/6/11	Scheduled Completion Date (11): 12/31/11	Name of OSHA Monitor: The MACK Group, LLC.	
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: 1500 Kings HWY N, STE 209	
		City, State, Zip Code: Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126
Completed by: Michael Cooper	Title: President	Signature: [signature]	Date: 6/2/11

ASB-41 (R-06-08)

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

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

RECEIVED
NOV - 3 2011

Date of Notification (1): July 28, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 3 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson	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 / 1001 Route 202	Square Feet: — # of Floors: 3 — Bldg. Age: —
City (5): Raritan, NJ	
County (6): Somerset — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Facility
Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc. — ASCM No.: —	Name of Abatement Contractor (9): The MACK Group, LLC.
Street Address: 12 Kilmer Drive	Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Hillsborough, NJ 08844-3830	City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Edward J. Bulava — Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000 — License No.: 00781
Start Date (10): 5/6/11 — Scheduled Completion Date (11): 12/31/11	Name of OSHA Monitor: The MACK Group, LLC.
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: 1500 Kings HWY N, STE 209 — City, State, Zip Code: Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126
Completed by: Michael Cooper	Title: President	Signature: [signature]	Date: 7/28/11

* 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)

RECEIVED
NOV - 3 2011

Date of Notification (1): July 29, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #4 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager
	Telephone Number: (856) 823 - 1133

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson	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 / 1001 Route 202	Square Feet: # of Floors: 3 Bldg. Age:
City (5): Raritan, NJ	
County (6): Somerset	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): Facility

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Edward J. Bulava	Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000 / License No.: 00781
Start Date (10): 5/6/11	Scheduled Completion Date (11): 12/31/11	Name of OSHA Monitor: The MACK Group, LLC.
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: 1500 Kings HWY N, STE 209
		City, State, Zip Code: Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126

Completed by: Michael Cooper	Title: President	Signature	Date: 7/29/11

* 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): September 13, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #5 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson	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 / 1001 Route 202	
City (5): Raritan, NJ	Square Feet: — # of Floors: 3 — Bldg. Age: —
County (6): Somerset — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Facility

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.	
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Edward J. Bulava	Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 5/6/11	Scheduled Completion Date (11): 12/31/11	Name of OSHA Monitor: The MACK Group, LLC.	

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: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] 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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126

Completed by: Michael Cooper	Title: President	Signature: [signature]	Date: 9/13/11

ASB-41 (R-06-08)

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

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

4129

Date of Notification (1): October 05, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #6 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson			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 / 1001 Route 202			
City (5): Raritan, NJ		Square Feet:	# of Floors: 3 — Bldg. Age:
County (6): Somerset	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): Facility

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.	
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Edward J. Bulava	Telephone No.: 908-874-6207	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 5/6/11	Scheduled Completion Date (11): 12/31/11	Name of OSHA Monitor: The MACK Group, LLC.	

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: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)
[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126

Completed by: Michael Cooper	Title: President	Signature: [signature]	Date: 10/5/11

ASB-41 (R-06-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

4145

RECEIVED NOV – 3 2011

Date of Notification (1): October 26, 2011	Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 8 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1000 / 1001 Route 202, PO Box 300
	City, State, Zip Code: Raritan, NJ 08869
	Name of Contact: Project Manager — Telephone Number: (856) 823 - 1133

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1000 / 1001 Route 202	
City (5): Raritan, NJ	Square Feet: — # of Floors: 3 — Bldg. Age: —
County (6): Somerset	County Code (7) (STATE USE ONLY): — Current Use (Prior if being demolished): Facility

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): The MACK Group, LLC.
Street Address: 12 Kilmer Drive		Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Hillsborough, NJ 08844-3830		City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Edward J. Bulava — Telephone No.: 908-874-6207		Telephone No.: (973) 759 - 5000 — License No.: 00781
Start Date (10): 5/6/11 — Scheduled Completion Date (11): 12/31/11		Name of OSHA Monitor: The MACK Group, 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: _____		Street Address: 1500 Kings HWY N, STE 209 — City, State, Zip Code: Cherry Hill, NJ 08034

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
OCD Central Steam Boiler	X			pipe	20 lf	X			
OCD K Building Basement – North Stairway		X		VAT & mastic	150 s/f	X			
OCD Boiler Plant		X		Breeching/Stack	230 s/f	X			
-"-		X		Tank	350 s/f	X			

Name of Registered Waste Hauler: Freehold Cartage	NJ DEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 7.5	Name of Registered Landfill: BFI Imperial Landfill
City, State: Freehold, NJ		Disposal Date: 12/31/11	City, State: Imperial, PA 15126

Completed by	Title	Signature	Date
Michael Cooper	President		10/26/11

ASB-41 (R-06-08)

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

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

Check# 1662

Date of Notification (1): 11/03/2011	Name of Building Owner/Operator (2): Pauline Rydzaj
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 44 Barrington
	City, State, Zip Code: Clifton, NJ 07011
	Name of Contact: Pauline Rydzaj — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residence	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 44 Barrington	
City (5): Clifton, NJ 07011	Square Feet: 2500 — # of Floors: 2 — Bldg. Age: 70
County (6): Passaic 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): 11/13/2011 — Scheduled Completion Date (11): 11/14/2011	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 ☒ Other – Describe: 8:00am - 4:00pm	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 and Fittings	250 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: 11/03/2011

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

No HEAT - LEAKING

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

Check # 3172

DOL – 10 DAY

NOV 3 2011

PAID / APPROVED

Date of Notification (1): 11-2-11	Name of Building Owner/Operator (2): L & W EASTON
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 155 MAIN STREET
	City, State, Zip Code: MADISON, NJ 07940
	Name of Contact: L. EASTON
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): L. W. EASTON	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 155 MAIN STREET	
City (5): MADISON	Square Feet: 2000 # of Floors: 2 Bldg. Age: 85 YRS
County (6): MORRIS County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE / OFFICE

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): 11-5-11 Scheduled Completion Date (11): 11-6-11	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 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT			X	THERMAL INSULATION	110 LF	X			

Name of Registered Waste Hauler: DJM Transport, Inc	NJDEP Waste Hauler ID No.: 22393	Cubic Yards of Waste: 1 1/4 YD	Name of Registered Landfill: Cumberland County Landfill
City, State: South Kearny N.J. 07032		Disposal Date: 11-6-11	City, State: Newburgh PA, 17242

Completed by: R. VELDHAM	Title: Estimator	Signature: R Veldhuis	Date: 11-2-11

ASB-41 (R-06-09)

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

REMEMBER – MAIL IN HARD COPY

DOL – 10 DAY

NOV 3 2011

WAIVER APPROVED

NOV 4 2011

State of New Jersey
Office of Asbestos Control and Licensing
P. O. Box 949
Trenton, New Jersey 08625-0949

To whom It may Co ncern:

We have contracted with Best Removal Inc to remove asbestos from our building at 155 Main St. Madison, NJ, however we are asking for a waiver from the ten-day waiting period because the leak has suddenly worsened and it is impossible to contain it.

We appreciate your recognizing the emergency status of the condition, and immediately allow Best Removal, Inc. to remove the asbestos.

Thank you,

Louise and William Easton

11/02/2011 17:13 2013297440 DEPT NOV 3 2011 02:34pm PAGE 001/002

EMERGENCY
NO HEAT - LEAKING

Document 11/03/11 Check # 3172

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

Date of Notification (1): 11-2-11	Name of Building Owner/Operator (2): L + W EASTON
Agencies Notified: ☐ SPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (Including justification) ☐ Cancellation
	Street Address: 155 MAIN STREET
	City, State, Zip Code: MADISON, NJ 07940
	Name of Contact: L. EASTON
	Telephone Number: [redacted]

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Holmes
(Signature)
Date: 11/03/11 Time: 8:05 AM

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): L. W. EASTON	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 155 MAIN STREET	
City (5): MADISON	Square Feet: 7000 # of Floors: 2 Bldg. Age: 88 YRS
County (6): MORRIS	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demo[lished]): RESIDENCE / OFFICE
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): 11-5-11 Scheduled Completion Date (11): 11-6-11	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 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	110 LF	X			

Name of Registered Waste Hauler: DJM Transport, Inc	NJDEP Waste Hauler ID No.: 22393	Cubic Yards of Waste: 1 1/4 YD	Name of Registered Landfill: Cumberland County Landfill
City, State: South Kearny N.J. 07032		Disposal Date: 11-6-11	City, State: Newburgh PA, 17242

Completed by	Title	Signature	Date
R. VELDRAN	Estimator	R Veldran	11-2-11

ACB-41 (R-08-09)

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

State of New Jersey
Office of Asbestos Control and Licensing
P. O. Box 949
Trenton, New Jersey 08625-0949

Nov. 1, 2011

To whom It may Concern:

We have contracted with Best Removal Inc to remove asbestos from our building at 155 Main St. Madison, NJ, however we are asking for a waiver from the ten-day waiting period because the leak has suddenly worsened and it is impossible to contain it.

We appreciate your recognizing the emergency status of the condition, and immediately allow Best Removal, Inc. to remove the asbestos.

Thank you,

Louise and William Easton

(Signature)
Date: 11/1 Time: 10:30

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

Received 11/03/11

Emergency Notification

MO#19129317041

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 Street Address: 345 Emerson Av City (5): Plainfield, NJ 07062 County (6): Union	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age

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: Wayne, NJ 07470
City, State, Zip Code:		
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 973-638-1777 License No.: 01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
11/03/2011	11/04/2011	Envirovision Consultants,Inc

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ 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	0033785		T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date:	City, State: Tullytown, PA

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

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

D&S Proj. #: MS 11-444

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/7/11 Time: 12:15

Date of Notification (1): 11/10/12/11

Agencies Notified: ☐ EPA ☐ DEP ☒ DGL ☒ 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]

Scanned 11/03/11

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:

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

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

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

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

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

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.	Encl.
BASEMENT		X		PIPE INSULATION	20 L FT	☒	☐	☐	☐
BASEMENT BOILER		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.

Date: 10 / 31 / 11

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

Worksite Address: 618 VARSITY RD., South Orange, N.J. 07079

To Whom It May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: 201-741-8039.

Very truly yours,

RONALD GONZALEZ
Printed Name of owner

Ronald Gonzalez
Signature of owner

11/01/2011 08:11 9736381778 GRTECH

NJ Dept. of Health & Senior Services
(signature)
Date: 11-2-11 Time: 9:30

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

MO#19129317052

Emergency Notification
Verbal 11/03/11

Date of Notification (1)	Name of Building Owner/Operator (2)
11/02/2011	Joe Soto

Agency Notified	Type Notification
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ 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 Wagaraw 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)	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 -1/8"tick	30 LF	x			
				bitumenous pipe wrap					

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

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

ASB-41

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

CKA DESIGN & CONSTRUCTION

P.O. Box 1154
Brick, New Jersey 08723
(732) 581-1405
(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. Sato III
President

DGS Proj. #: MS 11-443

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

Scanned 11/3/11

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/2/11 Time: 9:20

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: 12:00 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 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

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.

Date: 11/1/2011

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

Worksite Address: 628 Embree Crescent Westfield

To Whom it May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement acitivities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: _____

Very truly yours,

John J. O'Connor
Printed Name of owner

Signature of owner

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

D&S Proj. #: MS 11-442

NJ Dept. of Health & Senior Services
(signature)
Date: 11/1/11 Time: 8:30

Date of Notification (1): 11/01/12/11

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

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

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Start Date (10): 11/03/11

Sched. Completion Date (11): 11/11/11

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	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): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 11/02/11

ASB-41

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

Kuusela

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

D&S Proj. #: MS 11-441

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 10/31/11 Time: 8:45

Date of Notification (1): 11/10/11

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

Amended 11/23/11

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 3 (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	Encl.
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) 256-1760
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 I

File

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

*** Emergency ***

Received 11/1/11

B & G proj. #: 2011-217

Check # 4860

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

Agencies Notified: ☐ EPA ☐ DEP ☒ DCL ☒ DOH ☐ OCA

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Egon Berg

Street Address: 319 Market Street

City, State, Zip Code: Saddle Brook, NJ 07662

Name of Contact: Egon Berg

Telephone Number: [redacted]

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/2/11 Time: 3:19 PM

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Egon Berg

Street Address: 319 Market Street

City (5): Saddle Brook, NJ 07662

County (6): Bergen

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): residential

Name of Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 11/4/11

Sched. Completion Date (11): 11/4/2011

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:

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

Street Address: 105 Ryerson Road

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

Scope of Work (check all that apply)
☒ Demolition ☐ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
equipment room			X	vibration cloth on duct	8 lf	☒	☐	☐	☐
chimney & penetrations			X	roof flashing	7 sf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 yard

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 11/7/2011

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 11/1/2011

RE: 319 Market Street, Saddle Brook, NJ

Back to messages |

Egon Berg
To johnhowley22@gmail.com, michael coleman

11:14 AM
Reply

Improvabilt LLC
10 Boiling Springs Road
HoHoKus, New Jersey 07423
(201) 652 2449

October 28,2011

John Howley
B & G Restoration Inc.
105 Ryerson Road
lincoln Park, NJ. 070325

Re: 319 Market Street, Saddle Brook, NJ

Dear Mr. Howley:

Pursuant to our phone discussion of today, B &G is authorized to perform the work in its proposal dated October 28, 2011 at a cost of $ 2,500.00.

Please proceed to perform the services as soon as possible sinjce time is of the essence. Improvabilt LLC cannot secure a permit to commence building demolition until you have completed your services.

You are authorized to submit the contents of this letter, as set forth below, to the State of New Jersey.

Improvabilt needs to complete demolition and put down a foundation for the new building before the cold weather sets in. Improvabilt has already secured one tenant for its building whose lease at its current location expires in 2012. It is essential that the new building have a Certificate of Occupany before that tenant's lease expires. A waiver of the 10 day Notice will permit valuable time to be committed to the existing building demolition and placing down the new building foundation before the ground becomes potentially unworkable until the Spring 2012. A 10 day period at this time of year this may significantly delay Improvabilt LLC securing a CO and cause Improvabilt to lose its new tenant because the building cannot be completed in a timely manner.

Respectfully submitted,

Improvabilt LLC

By Egon E. Berg
manager

Print Form

Amended 11/8/11

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

APPROVED
N.J. Dept. of Health & Senior Services
(signature)
Date: 11/9/11 Time: 1:53pm

Date of Notification (1) 11/01/11 Ck: 1605 $200	Name of Building Owner/Operator (2) Parish Office
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 50 Van Winkle Place City, State, Zip Code Piscataway, New Jersey 08854 Name of Contact Tim Mason Telephone Number 732-761-1498

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of Fatima			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 501 New Market Road			
City (5) Piscataway, New Jersey 08854		Square Feet 20,000	# of Floors 2 / Bldg. Age 55+
County (6) Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue	
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Charles Shneekloth	Telephone No. 918-497-8900	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 11/02/11	Scheduled Completion Date (11) 11/04/11	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 10 AM- 12AM		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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		TSI wrap & Cut	350 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 11/07/11	City, State

Completed by Tatiana Kalenikova	Title Vice President	Signature Tatiana Kalenikova	Date 11/01/11

ASB-41 (R-06-08)

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

THE ROMAN CATHOLIC COMMUNITY OF
OUR LADY OF FATIMA

Parish Office

Via Email: lilichcorp@optimum.net

November 1, 2011

Lilich Corporation
606 McBride Avenue
Woodland Park, New Jersey 07424

ATTN: MR. GABRIEL OLEJAR

RE: REQUEST FOR A WAIVER FROM THE 10-DAY NOTIFICATION REQUIREMENT
REMOVAL OF PIPE AND PIPE INSULATION IN THE BASEMENT OF
OUR LADY OF FATIMA CHURCH
PISCATAWAY, NEW JERSEY

Dear Mr. Olejar:

The Our Lady of Fatima Parish is advising you that we consider the subject project to be an emergency response and is requesting a waiver from the 10-Day Notification Requirement.

During a recent storm, the basement of Our Lady of Fatima Church was flooded destroying our heating system. Our HVAC contractor has identified approximately 350 linear feet of pipe and pipe insulation that must be removed via the "Wrap and Cut" method on November 2nd through 4th before installation can begin. Birdsall Services Group will conduct clearance air sampling in accordance with N.J.A.C. 12:120 and 8:60 Asbestos Licenses and Permits.

The owner is requesting a waiver from the 10 day notification requirement as the removal of the pipes and the pipe insulation must be accomplished in a timely manner to prevent a delay in installing a new heating system and providing heat to the Church and its parishioners.

This correspondence has been prepared to accompany your emergency "Notification of Asbestos Abatement" submittals for the subject project.

Should you have any questions, please contact our office.

Respectfully,

Rev. Arlindo P. DaSilva
Pastor

B & G prof. #: 2011-216

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

Faxed 11/1/11

Check # 4843

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

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Lydia Lazzarini

Street Address: 1605 Kerrigan Avenue

City, State, Zip Code: Union City, NJ 07087

Name of Contact: Lydia Lazzarini

Telephone Number: [redacted]

APPROVED
N.J. Dept. of Health & Senior Services
Paul C. Brown
(signature)
Date: 11/01/11 Time: 1:01 PM

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Lydia Lazzarini

Street Address: 1605 Kerrigan Avenue

City (5): Union City, NJ 07087

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): residential

Name of Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

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

Street Address: 105 Ryerson Road

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

Scheduled Start Date (10): 11/3/11

Sched. Completion Date (11): 11/4/2011

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:

Scope of Work (check all that apply)
☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Enclose
basement			X	pipe insulation	25 lf	☒	☐	☐	☐
basement			X	boiler insulation	20 sf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 1/2 yards

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 11/4/2011

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 11/1/2011

BG Restoration

From: "Lydia L" <lydial11@yahoo.com>
To: <asbestos@bgrestoration.com>
Sent: Tuesday, October 25, 2011 3:00 PM
Subject: emergency removal of asbestos

I would like to request emergency removal of asbestos from my boiler and pipes as soon as possible because I do not have heat and hot water.

Respectfully,
Lydia Lazzarini
1605 Kerrigan Avenue
Union City, NJ 07087
(201)348-6027

11/3/11

10/25/2011

APPROVED
N.J. Dept. of Health & Senior Services
(signature)
Date: 11/1/11 Time: 11:04am

STEVENS ENVIRONMENTAL SERVICES INC
CHECK # 24532

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

Licensed - Health

Date of Notification (1): 11/1/11	Name of Building Owner/Operator (2): Educational Testing Service
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: Rosedale Road
	City, State, Zip Code: Princeton, NJ 08541
	Name of Contact: John Bailey — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ETS - Wood Hall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: Rosedale Road	
City (5): Princeton	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Mercer	County Code (7) (STATE USE ONLY): — Current Use (Prior if being demolished): Office

Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.:	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 11/1/11 — Scheduled Completion Date (11): 11/4/11	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 6PM - 12 Midnight	Street Address: PO Box 341 — City, State, Zip Code: Crosswicks, NJ 08515

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
bathroom			X	asbestos fittings	25 fitings	X			

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 1 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Allentown, NJ		Disposal Date: 11/4/11	City, State: Tullytown, PA

Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 11/1/11

ASB-41
MAR 00

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

STEVENS

environmental services inc.

P. O. BOX 322 ALLENTOWN, NJ 08501

(609) 259-9688
fax (609) 259-1176

State of New Jersey
Dept. of Health and Senior Services
Asbestos Control Program
PO Box 369
Trenton, NJ 08625-0369

November 1, 2011

RE: Educational; Testing Service
Wood Hall
Rosedale Road
Princeton NJ

To Whom It May Concern:

Educational Testing Service is requesting a waiver of the required 10 Day Notice to perform an asbestos abatement project at ETS – Wood Hall Rosedale Road Princeton, NJ.

Attached is the 10 Day Notification showing the work to be starting on Tuesday 11/1/11 and completing on Friday 11/4/11.

If you have any questions you may contact John Bailey (609) 734-5129 or myself at any time.

Sincerely,

Mahlon E. Stevens
STEVENS ENVIRONMENTAL SERVICES INC.

[ ] 10 Day Waiver Granted _____

Approved By Date

cc: NJDEPE
NJDOL
NJDOH

Scanned 11/8/11

Check # 7741

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

Date of Notification (1): 11/8/11	Name of Building Owner/Operator (2): ETHICON INC	APPROVED NJ Dept. of Health & Senior Services Paul C. Howard (Signature) Date: 11/01/11 Time: 12:45 PM
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DCN ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: US RT 22 WEST
		City, State, Zip Code: SOMERVILLE, NJ 08876
		Name of Contact: VINCENT MIGNONE
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): ETHICON INC. / G BUILDING		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: US RT 22 WEST			
City (5): SOMERVILLE	Square Feet: 14000	# of Floors: 3	Bldg. Age: 52
County (6): SOMERSET	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): LAB / OFFICE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address		Street Address: 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code: Glen Rock, NJ 07452	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156 A
Start Date (10): 11/1/11	Scheduled Completion Date (11): 11/2/11	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other -- Describe:		Street Address: 280 Huyler Street	
		City, State, Zip Code: Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
HALL ROOM			X	VAT / MASTIC	625F	X			

Name of Registered Waste Hauler: FRSEHOLD CATALYST INC	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 2	Name of Registered Landfill: GREEN'S
City, State: FRSEHOLD, NJ		Disposal Date: 11/1/11 am	City, State: MORRISVILLE, PA

Completed by: R. McDonald	Title: President	Signature: [signature]	Date: 11/1/11

ASB-41 (R-02-08)

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

ETHICON, INC.
a Johnson & Johnson company
P.O. BOX 151
SOMERVILLE, NEW JERSEY 08876-0151

October 31st, 2011

Mr. Paul C. Horner

New Jersey Department of Health
P.O. Box 369
Trenton, NJ 08625

Dear Mr. Horner,

At this time ETHICON, Inc. respectfully requests that the ten-day notification for asbestos removal activities be waived. In our G Building- distribution area- some cracked floor tile and mastic was found that we would like to abate on Tuesday, November 1st.

ETHICON, Inc. will be utilizing the services of A. MAC Contracting to remove the asbestos floor tile so that we can proceed with replacing floor tile in the damaged areas.

Please feel free to contact me with any questions or concerns at 908.218.3168

Job Site: U.S. Route 22 West
Somerville, NJ 08876

Sincerely,

Vincent Mignone

Senior Environmental Engineer

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

D&S Proj. #: MS 11-446

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 11/03/11 3:39pm

Date of Notification (1): 11/03/11

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

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

Name of Building Owner/Operator (2): DANNY'S PUB

Street Address: 54 SPEEDWELL AVENUE

Deemed 11/03/11

City, State, Zip Code: MORRISTOWN, NJ 07960

Name of Contact: DAN COLLINS

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): DAN COLLINS

Street Address: 54 SPEEDWELL AVENUE

City (5): MORRISTOWN

County (6): MORRIS

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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): 11/05/11

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:
[X] Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
[X] >3 sf or >3 lf
[ ] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition

[ ] Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl.
BASEMENT		X		PIPE INSULATION	30 L FT	X			
BASEMENT BOILER		X		BOILER INSULATION	35 SQ FT	X			

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: 11/07/11

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 11/03/11

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

Date: 11 / 3 / 11

D & S Restoration, Inc.
20 California Avenue
Paterson, N.J 07503

Worksite Address: 54 Stoddard Ave Mount Olive.

To Whom it may Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: W 973-451-7400 H 973 539-2981

Very truly yours,

DAN COLLINS
Printed Name of owner

Dan Collins
Signature of owner

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

Date of Notification (1): 10-04-11

Name of Building Owner/Operator (2): 6404 PARK AVE LLC

Agencies Notified: [x] LEA [x] DEP [x] DOL [x] DOH [ ] DCA

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

Street Address: 6404 PARK AVE

City, State, Zip Code: WEST NEW YORK, NJ 07093

Name of Contact: JACK UNGER

Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 6404 PARK AVE LLC

Street Address: 6404 PARK AVE

City (5): WEST NEW YORK

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

Square Feet: 6000 | # of Floors: 4 | Bldg. Age: 80

County (6): HUDSON

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): APT

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

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

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

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

Start Date (10): 11-3-11 | Scheduled Completion Date (11): 11-11-11

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
[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	Encapsulation	Enclosure
BASEMENT				P.P.E COVERING	170 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC | NJDEP Waste Hauler ID No.: 120116 | Cubic Yards of Waste: | Name of Registered Landfill: IESI

City, State: COLTS NECK NJ 07722 | Disposal Date: | City, State: BETHLEHEM PA

Completed By: JACK GALE | Title: OPS MGR | Signature: [signature] | Date: 10-04-11

ASB-41

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