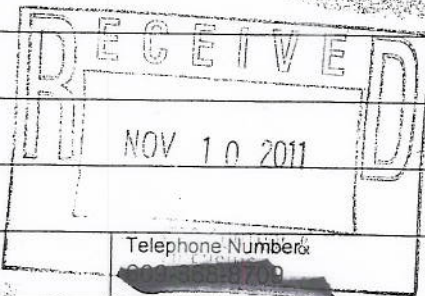


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CK 2258



Date of Notification (1) 11/8/11		Name of Building Owner/Operator (2) Camden County Collage	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Collage Dr
			City, State, Zip Code Blackwood NJ 08012
			Name of Contact Ron Garbowski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Holly Run Manor		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 200 Collage Dr		Square Feet 1000+	# of Floors 2
City (5) Blackwood NJ 08012		Bldg. Age 35+	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) President House	

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) 11/21/11	Scheduled Completion Date (11) 11/28/11	Name of OSHA Monitor Pernaco Inc	
-----------------------------	--------------------------------------------	-------------------------------------	--

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329	
		City, State, Zip Code West Berlin NJ 08091	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Floor Tile	1520 SF	X			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 11/28/11	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 11/8/11

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

CK 20

RECEIVED

NOV 10 2011

Date of Notification (1) 11/1/11 Type Notification		Name of Building Owner / Operator (2) Julie Richards			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 48 Heyers Mills Road			
		City, State & Zip Code Colts Neck, NJ 07722			
		Name of Contact Julie Richards		Telephone Number [REDACTED]	
		FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address 48 Heyers Mills Road		Square Feet 3000	# of Floors 2	Bldg. Age 60	
City (5) Colts Neck	County (6) Monmouth	County Code (7)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 11/12/11	Scheduled Completion Date (11) 11/14/11		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road			
		City, State & Zip Code Monroe Township, NJ 08831			
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation			
Large Project		Full Containment with Negative Pressure			
Quantity is ≥ 3 SF or ≥ 3 LF ACM		Mini-Enclosure			
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		Glovebag Procedure			
		<input checked="" type="checkbox"/> Other: Clean up			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Barn area	N/A	Transite siding	300 SF	Clean up	
Name of Registered Waste Hauler Global Abatement Services, LLC		NJDEP Waste Hauler ID # S32401	Cu. Yds. of Waste 5	Name of Registered Landfill TRRF	
City, State Monroe Twp, NJ 08831		Disposal Date 11/14/11		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>		Date 11/1/11	

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

RECEIVED
Check # 452
APPROVED
NJ Dept. of Health & Senior Services
Signature: *[Signature]*
Date: 11/07/11 Time: 7:50AM

Date of Notification (1) 10/4/11		Name of Building Owner/Operator (2) MRS. SALTUS								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DCM <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 332 WEST ENGLWOOD AVE								
		City, State, Zip Code TRAVELER NJ - 07666								
		Name of Contact MRS SALTUS								
		Telephone Number [REDACTED]								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) SALTUS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 332 W. ENGLWOOD AVE.		Square Feet 1450	# of Floors 2							
City (5) TRAVELER		Bldg. Age 56								
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES							
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							
Start Date (10) 11/5/11		Scheduled Completion Date (11) 11/7/11	License No. 00155 A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.								
		Street Address 280 Huyler Street								
		City, State, Zip Code Hackensack, NJ 07605								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> < 23 sf or 23 lf <input type="checkbox"/> > 2160 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose	
BASEMENT UNFINISHED SIDE			X	PIPE	45 LF	X				
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill						
City, State Kearny, New Jersey		Disposal Date 11/3/11		City, State Newburg, PA 17242						
Completed by R. McDonald		Title President	Signature <i>[Signature]</i>				Date 11/4/11			

November 4, 2011

To Mr. Paul C. Horner

N. J. D.O.H.
PO BOX 369
TRENTON, NJ 08625

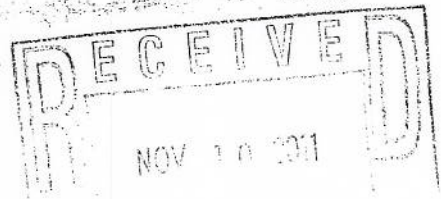
Dear Mr. Horner;

We have no heat in our house at 332 West Englewood Ave, Teaneck, NJ

We need A. Mac contracting to remove asbestos so that PSE&G can replace the boiler.

We request that the ten day notification for asbestos removal be waived.

Sincerely; Mrs. Saltus
Phone [REDACTED] 982-6812



State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 3:6C and 12:120)

747
 APPROVED
 NJ Dept. of Health & Senior Services
 1103
 Date: 11/07/11 Time: 7:51 AM

Date of Notification (1) 11/7/11

Name of Building Owner/Operator (2) MRS. REILLY

Agencies Notified: EPA, DEP, DOL, DOH, DCA

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

Street Address: 52 POPLAR STREET
 City, State, Zip Code: RIDGEFIELD PARK NJ 07660

Name of Contact: MRS. REILLY

Name of Facility Where Abatement is Taking Place (3) REILLY

Street Address: 52 POPLAR ST

City (5) RIDGEFIELD PARK

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: 1550, # of Floors: 2, Bldg. Age: 56

Current Use (Prior if being demolished) RE

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 105 Lowell Road

City, State, Zip Code: Glen Rock, NJ 07452

Project Manager for Monitoring Firm

Telephone No. 201-262-5841

License No. 00156 A

Start Date (10) 11/7/11

Scheduled Completion Date (11) 11/8/11

Name of OSHA Monitor: Omega Environmental Services Inc.

Street Address: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

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 ft, ≥160 sf or ≥260 ft

Renovation, Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B.A.S.M.E.N.			X	PIPE	65 LF	X			

Name of Registered Waste Hauler: DJM Transport Inc.

NJDEP Waste Hauler ID No. 29681

Cubic Yards of Waste: 1

Name of Registered Landfill: Cumberland County Landfill

City, State: Kearny, New Jersey

Disposal Date: 11/7/11

City, State: Newburg, PA 17242

Completed by: R. McDonald

Title: President

Signature: [Signature]

Date: 11/7/11

November 7, 2011

New Jersey D.O.H.
Mr. Paul C. Horner
PO Box 369
Trenton, NJ 08625

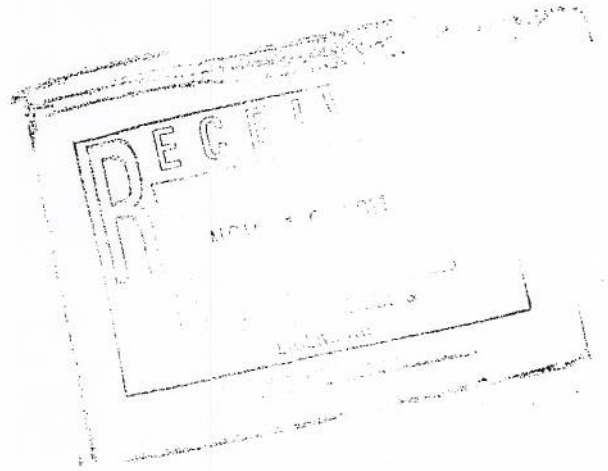
Dear Mr. Horner:

I need to have the state 10 day asbestos notification waived

I need A. Mac contracting to remove asbestos so that PSE&G can replace the boiler, they will not touch the asbestos.

If you have any questions I can be reached at [REDACTED]

THANK YOU
Mrs. Reilly
52 Poplar Street
Ridgefield Park, NJ 07660



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

RECEIVED
 Check # 7747
APPROVED
 NJ Dept. of Health & Senior Services
 Paul L. Farmer
 Date: 11/7/11 Time: 7:53 AM

Date of Notification (1) 11/7/11		Name of Building Owner/Operator (2) MR KIRK	
Agencies Notificac <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendec <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 165 PARK AVE	
		City, State, Zip Code PARK RIDGE NJ 07656	
		Name of Contact GARY	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) MR. KIRK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 165 PARK AVE		Square Feet 1650	# of Floors 2
City (5) PARK RIDGE		Bldg. Age 56	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.	

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. 201-262-5841	License No. 00156 A	

Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/5/11	Name of OSHA Monitor Omega Environmental Services Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street		
		City, State, Zip Code Hackensack, NJ 07606		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	BOILER	50 sq ft	X			

Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill	
City, State Kearny, New Jersey		Disposal Date 11/7/11	City, State Newburg, PA 17242		
Completed by R. McDonald	Title President	Signature R. McDonald	Date 11/7/11		

November 7, 2011

To Mr. Paul C. Horner

N. J. D.O.H.
PO BOX 369
TRENTON, NJ 08625

Dear Mr. Horner;

We have no heat in our house at 165 Park Ave. Park Ridge NJ

We need A. Mac contracting to remove asbestos so that PSE&G can replace the boiler Tuesday.

We request that the ten day notification for asbestos removal be waived.

Sincerely; Mr. Gary Kirk

Phone Home: 201-573-1176 Cell: 201-819-5780



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

Amended Notification

Check # 1225

Date of Notification (1)

Name of Building Owner/Operator (2)

11/09/2011

Paul Jervis

Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOR <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 S. Mountain Avenue	Telephone Number
		City, State, Zip Code Montclair, NJ 07042	Name of Contact Paul Jervis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 55 S. Mountain Avenue	Square Feet # of Floors Bldg. Age
City (5) Montclair, NJ 07042	

County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
-----------------------------------------------------------------	-------------------------------------------------

Street Address	Street Address 576 Valley Rd #283
----------------	--------------------------------------

City, State, Zip Code	City, State, Zip Code Wayne, NJ 07470
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
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Start Date (10) 11/09/2011	Scheduled Completion Date (11) 11/10/2011	Name of OSHA Monitor Envirovision Consultants, Inc
-------------------------------	----------------------------------------------	-------------------------------------------------------

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	Street Address 20-21 Wagaraw Road, Bldg. # 34A
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure - (See OSHA 3090.101, A-3.1.4) <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	150 LF	X			
Basement			X	Duct insulation	3 SF	X			
Basement			X	Duct insulation	120 SF			X	
Basement			X	Duct insulation	10 SF		X		

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
------------------------------------------------	--------------------------------------	----------------------	---------------------------------------------

City, State Wayne, NJ 07470	Disposal Date	City, State Tullytown, PA
--------------------------------	---------------	------------------------------

Completed by N. Jevtic	Title Owner	Signature <i>Paul Jervis</i>	Date 11/09/2011
---------------------------	----------------	---------------------------------	--------------------

NOV-09-2011 11:37 From: ASBESTOS
11/07/2011 08:38 9736391778

6096330664
GRTECH

To: 919/36381778

P. 1/2
DATE 03/29

REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) **DOL - 10 DAY**
Emergency Verification

Check # 1224

Date of Notification (1)

11/08/2011

Agency Required

- EPA
- DLF
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)

Paul Jervis

Street Address

55 S. Mountain Avenue

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Paul Jervis

Telephone Number

NOV 8 2011
Paul Jervis
WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

55 S. Mountain Avenue

City (3)

Montclair, NJ 07042

County (2)

Essex

Name of Monitoring Firm Hired by Building Owner(s)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Start Date (10)

11/09/2011

Scheduled Completion Date (11)

11/10/2011

Frequency Breaks During Abatement (Check only one)

Facility Closed/Vacated During Extra Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe

Scope of Work (Check all that apply)

- 100 sq ft or > 3 ft
- 2100 sq ft or > 200 ft

- Reroofing
- Demolition

- Full Containment with Negative Pressure
- Mini Enclosure
- Gloving Procedures
- Non-Exemplar (*) and Non-Frable Procedure

Location of Asbestos-Containing Materials (ACM) TO BE ABATED (13)	Is Location Typically Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement		X		Pipe insulation	150 LF	X		
Basement		X		Duct insulation	3 SF	X		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07370

NJDEP Waste Hauler ID No

0033785

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Completed by

N. Jervis

680-41

Title

Owner

Signature

Date

11/08/2011

* Do not use this form for abatement measure exempted activities



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

check # 1668

Date of Notification (1) 11/10/2011		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 716 Main Street								
		City, State, Zip Code Paterson, NJ								
		Name of Contact Edward Curry	Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 226 Hamburg Turnpike		Square Feet 2500	# of Floors 2							
City (5) Wayne, NJ		Bldg. Age 70								
County (6) Passaic	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. 973-689-6281	License No. 01099							
Start Date (10) 11/20/2011	Scheduled Completion Date (11) 11/22/2011	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:00pm		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof		X		Pitch Pocket Material	45 LF	X				
Roof		X		Edge Flashing	130 LF	X				
Roof		X		Skylight Flashing	20 LF	X				
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No 32613	Cubic Yards of Waste 8	Name of Registered Landfill GROWS						
City, State Clifton, NJ 07013			Disposal Date	City, State Morrisville, PA						
Completed by Dimo Golov		Title V. President	Signature 			Date 11/10/2011				

Kuusela

From: Rob [rrras2000@yahoo.com]
Sent: Thursday, November 10, 2011 9:01 AM
To: Kuusela
Subject: Re: 38 GREYLOCK
To Whom it may concern:

I am asking that the 10 day waiting period be waived. The asbestos was disturbed due to storm and flood damage and the town has ordered me to remediate it ASAP.

Thank you,

Robert Rasczyk
Owner of 38 Greylock Ave. Belleville, NJ 07109

974-868-9628
Sent from my iPhone

On Nov 9, 2011, at 3:17 PM, Kuusela <residential@ds-restoration.com> wrote:

<38greylock.doc>

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:30 and 12:120)

D&S Proj. #: MS 11-458

APPROVED
NJ Dept. of Health & Senior Services
Paul C. [Signature]
(signature)
Date: 11/10/11 Time: 10:10AM

Date of Notification (1)
11/11/11

Name of Building Owner/Operator (2)
ROBERT RASCZYK

Street Address
675 JAROLEMON AVENUE

City, State, Zip Code
BELLEVILLE, NJ 07109

Name of Contact
ROBERT RASCZYK

Telephone Number
[Redacted]

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Emergency (including justification)
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ROBERT RASCZYK

Street Address
38 GREYLOCK AVENUE

City (6)
BELLEVILLE

County (8)
ESSEX

County Code (7) (State uses only)

Type of Facility (4)
 School (K-12)
 Subchapter B (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)
[Redacted]

ASCM No.

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

Project Manager for Monitoring Firm
[Redacted]

Phone Number
[Redacted]

Start Date (10)
11/15/11

Sched. Completion Date (11)
11/25/11

Occupancy Status During Abatement (Check only one)
 Facility closed/evacuated 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 ≥ 2 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R o v e r	R e p a i r	E n c l o s e	E n c l o s e
	Yes	No	NA						
BASEMENT		X		PIPE INSULATION	220 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
11/16/11

Reported by (Print or Type)
OGDAN JOLDZIC

Title
PRESIDENT

Signature
[Redacted]

Date
11/10/11

Print Form

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCU <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 West State Street							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Bruce Lieblich	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 391 MLK Drive		Square Feet 4500 +	# of Floors 1						
City (5) Jersey City, NJ 07305		Bldg. Age 55 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned building							
Name of Monitoring Firm Head by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 84 Broad Street		Street Address PO Box 603							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732.290.2217	Telephone No. 973.893.7005						
		License No. 01097							
Start Date (10) 11/21/11	Scheduled Completion Date (11) 12/12/11	Name of OSHA Monitor Angel Ramiro							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 428 McBride Avenue							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 250 sf or 250 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exhausted ("I") and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Encapsulate	Encapsulate	Encapsulate
Main Floor		X		Filler paper	200SF	X			
Mezzanine/combine area		X		VAT	4235SF	X			
Main Floor		X		Ceiling and wall plaster	9900SF	X			
Roof		X		Roofing material	4000SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26095	Cubic Yards of Waste 40+	Name of Registered Landfill IESI Bethlehem Landfield					
City, State 1141 Rout 23, Wayne NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Iron Spazio		Title GM	Signature 		Date 11/10/11				

Print Form

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

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact Bruce Lieblich		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Train Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 395-397 MLK Drive		Square Foot 3500 +	# of Floors 1						
City (5) Jersey City, NJ 07305		Bldg. Age 55 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 64 Broad Street		Street Address PO Box 603							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732.290.2217	Telephone No. 973.893.7005						
Start Date (10) 11/21/11		Scheduled Completion Date (11) 12/12/11	License No. 01097						
Name of OSHA Monitor Angel Ramon									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 428 McBride Avenue							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Main Floor		X		VAT	2700SF	X			
Basement, crawl spaces		X		Pipe insulation	270LF	X			
Main Floor		X		Ceiling and wall plaster	2950SF	X			
Roof		X		Roofing material	2400SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40+	Name of Registered Landfill IESI Bethlehem Landfill					
City, State 1141 Rout 23, Wayne NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Uros Spasic		Title GM	Signature 	Date 11/10/11					

**DAGGETT, KRAEMER, KOVACH & GJELSVIK
ATTORNEYS AT LAW
328 D SPARTA AVENUE
SPARTA, NJ 07871**

TEL: [REDACTED]
FAX: [REDACTED]

GEORGE T. DAGGETT**
GARY A. KRAEMER
JENNIFER KOVACH
AMY F. GJELSVIK***
JOSEPH M. CORAZZA**

DONALD L. KOVACH, OF COUNSEL
FREDERIC G. WEBER, OF COUNSEL

CERTIFIED BY THE SUPREME COURT OF NJ
**AS A CIVIL AND CRIMINAL TRIAL ATTORNEY
***AS A MATRIMONIAL LAW ATTORNEY
**MEMBER OF NJ & NY BARS

November 10, 2011

Via Facsimile: 609-633-0664

Mr. Ray Djurin
Compliance Officer II Code Enforcement
NJ Dept of Labor & Workforce Develop
Asbestos Control & Licensing
1 John Fitch Plaza
Trenton, NJ 08625-0949

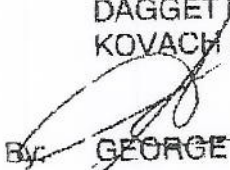
RE: Alpine Heating & Air Conditioning, LLC
12 Mockingbird Road Hackettstown, NJ

Dear Mr. Djurin:

At your suggestion, I contacted Ms. Rickard.

It looks like we are going to settle this matter directly. I will keep you informed.

Very truly yours,
DAGGETT, KRAEMER,
KOVACH & GJELSVIK


BY: GEORGE T. DAGGETT

GTD:tv

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8-60-7 AND 12:120-7
 ANNUAL NOTIFICATION

ch# 18127

Date of Notification (1) 10 / 28 / 11		Name of Building Owner / Operator (2) Verizon	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	8 Hamburg Turnpike	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	Amendment #	Riverdale, NJ 07457	
<input checked="" type="checkbox"/> DOL	Emergency w/ Justification	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	Cancellation	Alex Baylor	[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon			Type of Facility (4)		
Street Address 8 Hamburg Turnpike			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Riverdale	County (6) Morris	County Code (7)	Square Feet 60,000	# Of Floors 3	Building Age 60+
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Incorporated			ASCM NO	Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 1263 North Church Street			Street Address 164 Getty Avenue		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Harold Baldwin		Telephone Number 908-812-6742	Telephone Number 973-478-4848		License Number 00724
Scheduled Start Date (10) 11 / 14 / 11		Sched. Completion Date (11) 12 / 31 / 11			

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor Slavco Construction Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	Street Address 164 Getty Avenue	
<input checked="" type="checkbox"/> Other - Describe: 9 pm to 6am	ROOM/AREA VACANT DURING REMOVAL.	City, State, Zip Code Clifton, NJ 07011	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Basement Stair Landing	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT & Mastic	42 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Room	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT & Mastic	147 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Power Room	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	VAT & Mastic	448 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrieville, PA	

Completed by (Print or Type) Vivian Jurcevic	Title Administrative Assistant	Signature <i>Vivian Jurcevic</i>	Date 10/29/11
-------------------------------------------------	-----------------------------------	-------------------------------------	------------------



**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:150 and 12:126)**

Date of Notification (1) November 10, 2011		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 Hamburg Turnpike						
			City, State, Zip Code Riverdale, New Jersey 07457						
			Name of Contact Mr. Alex Baylor	Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4)							
Street Address 8 Hamburg Turnpike		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Riverdale		Square Feet 60000	# of Floors 3						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 1253 NORTH CHURCH STREET		Street Address 164 Getty Ave.							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Harold Balchwin		Telephone No. 908-812-6742	Telephone No. 973-478-4848						
Start Date (10) November 14th, 2011		Scheduled Completion Date (11) December 31st, 2011	License No. 00724						
Name of OSHA Monitor Slavco Construction Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe <u>8:00 AM-4:30PM</u>		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT STAIR LANDING		X		VAT & MASTIC	42sf	X			
ELECTRICAL ROOM	<input checked="" type="checkbox"/>	X		VAT & MASTIC	147sf	X			
DIESEL POWER ROOM		X		VAT & MASTIC	446sf	X			
						X			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD	City, State Morrisville, Pa. 19067						
Completed by Vivian D. Jurcevic		Title Admin. Assistance	Signature <i>Vivian D. Jurcevic</i>	Date 11/10/11					

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 3:60 and 12:120)

747
 APPROVED
 No. Dept. of Health & Senior Services
 1103
 Signature: [Signature]
 Date: 11/07/11 Time: 7:51 AM

Date of Notification (1) 11/7/11		Name of Building Owner/Operator (2) MRS. REILLY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEF <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 52 POPLAR STREET
	City, State, Zip Code RIDGEFIELD PARK NJ 07660		Name of Contact MRS REILLY
		Telephone Number [Redacted]	

Name of Facility Where Abatement is Taking Place (3) REILLY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 52 POPLAR ST		Square Feet 1550	# of Floors 2
City (5) RIDGEFIELD PARK		Bldg. Age 56	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RE	

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) 11/7/11	Scheduled Completion Date (11) 11/8/11	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement: (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

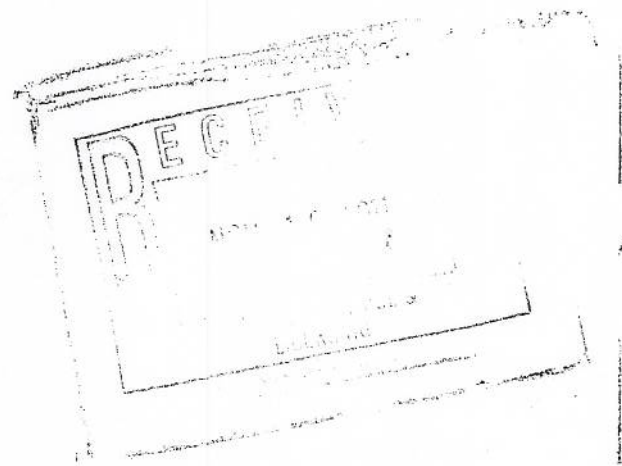
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 23 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	MIPB	65 LF	X			

Name of Registered Waste Hauler DJM Transport Inc.	NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill
City, State Kearny, New Jersey	Disposal Date 11/7/11 on	City, State Newburg, PA 17242	
Completed by R. McDonald	Title President	Signature [Signature]	Date 11/7/11

November 7, 2011

New Jersey D.O.H.
Mr. Paul C. Horner
PO Box 369
Trenton, NJ 08625



Dear Mr. Horner;

I need to have the state 10 day asbestos notification waived

I need A. Mac contracting to remove asbestos so that PSE&G can replace the boiler, they will not touch the asbestos.

If you have any questions I can be reached at [REDACTED]

THANK YOU
Mrs. Reilly
52 Poplar Street
Ridgefield Park, NJ 07660

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

RECEIVED
 Check # 7747

APPROVED
 NJ Dept. of Health & Senior Services
 Paul L. [Signature]
 Date: 11/7/11 Time: 7:55 AM

Date of Notification (1) 11/7/11		Name of Building Owner/Operator (2) MR KIRK	
Agencies Notific <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> BCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendac <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 165 PARK AVE
	City, State, Zip Code PARK RIDGE NJ 07657		Telephone Number [Redacted]
	Name of Contact GARY		

Name of Facility Where Abatement is Taking Place (3) MR KIRK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 165 PARK AVE		Square Feet 1650	# of Floors 2
City (5) PARK RIDGE		Bldg. Age 56	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.	
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. 201-262-5841	License No. 00156 A
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/5/11		Name of OSHA Monitor Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	Boiler	50 sq' x	X			

Name of Registered Waste Hauler DJM Transport Inc.	NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill
City, State Kearny, New Jersey	Disposal Date 11/7/11	City, State Newburg, PA 17242	
Completed by R. McDonald	Title President	Signature [Signature]	Date 11/7/11

November 7, 2011

To Mr. Paul C. Horner

N. J. D.O.H.
PO BOX 369
TRENTON, NJ 08625

Dear Mr. Horner;

We have no heat in our house at 165 Park Ave. Park Ridge NJ

We need A. Mac contracting to remove asbestos so that PSE&G can replace the boiler Tuesday.

We request that the ten day notification for asbestos removal be waived.

Sincerely; Mr. Gary Kirk

Phone Home [REDACTED] Cell [REDACTED]



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

RECEIVED
 Check # **458**
APPROVED
 NJ Dept. of Health & Senior Services
 NO. **1107/11**
 Date: **11/07/11** Time: **7:50AM**

Date of Notification (1) 10/4/11		Name of Building Owner/Operator (2) MRS. SALTUS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DSP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 332 WEST ENGLEWOOD AVE	
		City, State, Zip Code TEANECK NJ 07666	
		Name of Contact MRS SALTUS	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SALTUS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 332 W. ENGLEWOOD AVE.		Square Feet 1450	# of Floors 2
City (5) TEANECK		Bldg. Age 56	Current Use (Prior to being demolished) RES
County (6) Bergen	County Code (7) (STATE USE ONLY)		
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) 11/5/11	Scheduled Completion Date (11) 11/7/11	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement unfinished side	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE
			Amount (Specify SF or LF) 45 LF
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler DJM Transport Inc.	NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill
City, State Kearny, New Jersey	Disposal Date 11/5/11 on	City, State Newburg, PA 17242	
Completed by R. McDonald	Title President	Signature [Signature]	Date 11/4/11

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

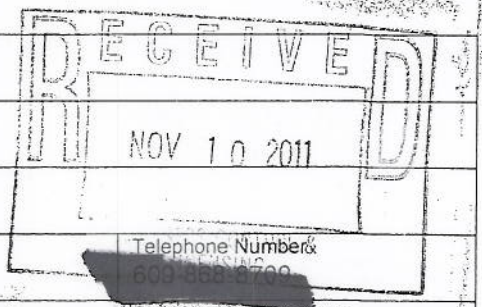
CK 20

RECEIVED

Date of Notification (1) 11/1/11 Type Notification		Name of Building Owner / Operator (2) Julie Richards		NOV 10 2011	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Emergency Notification		Street Address 48 Heyers Mills Road		
	<input checked="" type="checkbox"/> Initial Notification		City, State & Zip Code Colts Neck, NJ 07722		
	Amended Notification		Name of Contact Julie Richards		Telephone Number [REDACTED]
	Cancellation				
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 48 Heyers Mills Road			Square Feet 3000	# of Floors 2	Bldg. Age 60
City (5) Colts Neck	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Barn		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 11/12/11	Scheduled Completion Date (11) 11/14/11		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/>		Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure <input type="checkbox"/>	
Large Project <input type="checkbox"/>				Mini-Enclosure <input type="checkbox"/>	
Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/>				Glovebag Procedure <input type="checkbox"/>	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				<input checked="" type="checkbox"/> Other: Clean up	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Barn area	N/A	Transite siding	300 SF	Clean up	
Name of Registered Waste Hauler Global Abatement Services, LLC		NJDEP Waste Hauler ID # S32401	Cu. Yds. of Waste 5	Name of Registered Landfill TRRF	
City, State Monroe Twp, NJ 08831		Disposal Date 11/14/11	City, State Tullytown, Pa		
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>		Date 11/1/11	

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

CK 2258



Date of Notification (1) 11/8/11		Name of Building Owner/Operator (2) Camden County Collage	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Collage Dr City, State, Zip Code Blackwood NJ 08012 Name of Contact Ron Garbowski Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Holly Run Manor		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 200 Collage Dr		Square Feet 1000+	# of Floors 2
City (5) Blackwood NJ 08012		Bldg. Age 35+	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) President House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/21/11	Scheduled Completion Date (11) 11/28/11	Name of OSHA Monitor Pernaco Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			x	Floor Tile	1520 SF	x			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 11/28/11		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 11/8/11

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



Date of Notification (1) **11-07-11**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Name of Building Owner/Operator (2)
EXXON MOBIL CORP

Street Address
3225 GAITHER RD

City, State, Zip Code
FAIRFAX VA 22038

Name of Contact
PAU SOLERAO

Telephone Number
 [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
EXXON

Street Address
861 THOMPSON AVE.

City (5)
BOUND BROOK NJ

County (6)
MIDDLESEX

County Code (7) (STATE USE ONLY)

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

Square Feet
2000

of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)
GAS STATION

Name of Monitoring Firm Hired by Building Owner (8)
 [REDACTED]

Street Address
 [REDACTED]

City, State, Zip Code
 [REDACTED]

Project Manager for Monitoring Firm
 [REDACTED]

Telephone No.
 [REDACTED]

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)
11-16-11

Scheduled Completion Date (11)
11-23-11

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

Name of OSHA Monitor
ACE INSULATION CO INC

Street Address
95 MONTROSE RD

City, State, Zip Code
COLTS NECK NJ 07722

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Remove	Repair	In-Place	Enclose	
OUTDOORS				Roof Patches	10 SF					
OUTDOORS				Roof Flashing	18 SF					

Name of Registered Waste Hauler
ACE INSULATION

City, State
COLTS NECK NJ

NJDEP Waste Hauler ID No.
1208 E

Completed By
Jack GALL

Title
OPS MGR

Cubic Yards of Waste
1

Disposal Date
10-31-11

Name of Registered Landfill
GROWS

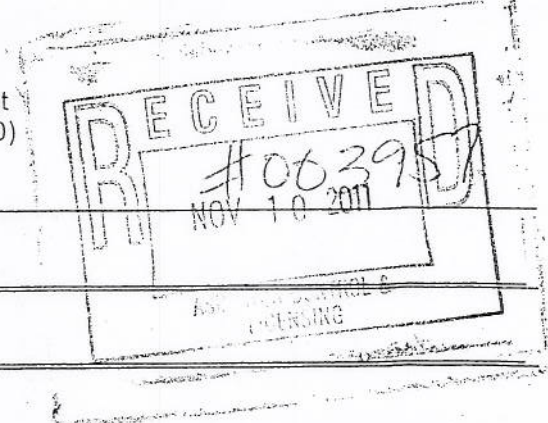
City, State
FULLY TOWN PA

Signature of
Jack GALL

Date
11-7-11

D&S Proj. #: MS 11-450

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) JOLENE RAYBON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 183 SEYMOUR AVENUE	
		City, State, Zip Code NEWARK, NJ	
Name of Contact JOLENE RAYBON		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOLENE RAYBON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 183 SEYMOUR AVENUE			Square Feet		
City (5) NEWARK			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			# of Floors		
			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 00159	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 11/08/11		Sched. Completion Date (11) 11/18/11		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	48 L 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 11/10/11		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature				Date 11/04/11	

Fax:
State of NJ

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

D&S Proj. #: MS 11-450

Date of Notification (1) 11/1/11		Name of Building Owner/Operator (2) JOLENE RAYBON		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 183 SEYMOUR AVENUE		
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code NEWARK, NJ		
		Name of Contact JOLENE RAYBON		
		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOLENE RAYBON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 183 SEYMOUR AVENUE			Square Feet		
City (5) NEWARK		County (6) ESSEX		# of Floors	
		County Code (7) (State use only)		Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		

Street Address		ASGM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code				Street Address 20 California Ave.	
Project Manager for Monitoring Firm		Phone Number		City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 11/08/11		Sched. Completion Date (11) 11/18/11		Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				License Number 00159	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Name of OSHA Monitor D & S Restoration, Inc.	
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT		Is location normally used solely by maintenance/custodial staff (12) Yoc No N/A		Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal/Encapsulation			
		Removal	Encap	Other	Other
PIPE INSULATION	48 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 11/10/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/04/11	

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

Date: 10 / 26 / 11

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

Worksite
Address: 183 Seymour Ave Newark NJ

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.

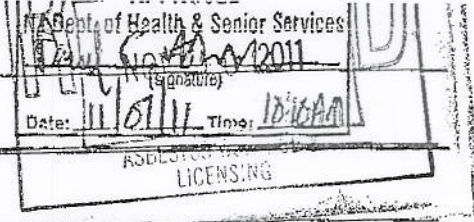
Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

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

Very truly yours,

Jolene Raybon
Printed Name of owner

Jolene Raybon
Signature of owner



Date of Notification (1)
11/10/11

Name of Building Owner/Operator (2)
KOPP RESIDENCE

Street Address
1106 GARDEN STREET

City, State, Zip Code
HOBOKEN, NJ 07030

Name of Contact
KOPP RESIDENCE

Telephone Number
[REDACTED]

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

Type Notification: Initial, Amended, Emergency (including justification), Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
KOPP RESIDENCE

Street Address
1106 GARDEN STREET

City (5)
HOBOKEN

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)
[REDACTED]

ASCM No.
[REDACTED]

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)
11/10/11

Sched. Completion Date (11)
11/14/11

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 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	e	m	o	v	e	r	F	n	c	a	p	E	n	c	l	
	Yes	No	N/A																			
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	45 SQ FT	<input checked="" type="checkbox"/>																
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	125 L FT	<input checked="" type="checkbox"/>																
BASEMENT		<input checked="" type="checkbox"/>		BARE FITTING PIPES	40 ELBOWS	<input checked="" type="checkbox"/>																

Registered Waste Hauler
D & S RESTORATION, INC.

NINFP Hauler ID#
13506

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
11/10/11

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

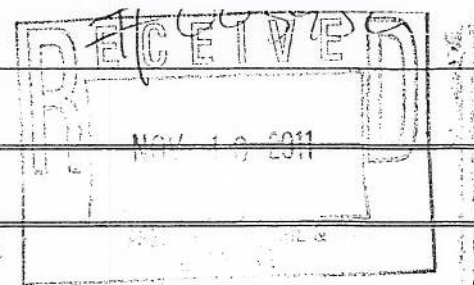
Title
PRESIDENT

Signature
[REDACTED]

Date
11/07/11

ASB-41

Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) KOPP RESIDENCE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1106 GARDEN STREET	
		City, State, Zip Code HOBOKEN, NJ 07030	
		Name of Contact KOPP RESIDENCE	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KOPP RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1106 GARDEN STREET			Square Feet	# of Floors	Bldg. Age
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 00159		
Start Date (10) 11/10/11	Sched. Completion Date (11) 11/14/11	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	45 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	125 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE FITTING PIPES	40 ELBOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 11/10/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/07/11

From: J2kopp@aol.com
Sent: Friday, November 04, 2011 11:16 AM
To: residential@ds-restoration.com
Cc: j2kopp@aol.com
Subject: Re: 1106 garden
Attachments: contract.d&s.pdf

D&S Restoration, Inc.
Attn: Rosalie

Dear Rosalie,

Attached is a signed copy of your contract.

I have no heat in my house due to the cracked boiler. The installer has determined that asbestos is present in the old boiler, so we need to ask for a waiver to accelerate the abatement and installation

I understand from you that the abatement work will take place on Thursday, November 10. Installation begins on Friday, November 11.

Many thanks.

James Kopp
1106 Garden Street
Hoboken, NJ 07030

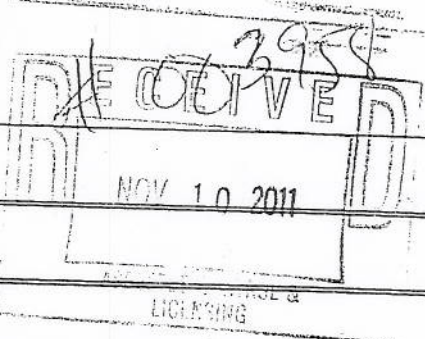

In a message dated 11/4/2011 8:33:53 A.M. Eastern Daylight Time, residential@ds-restoration.com writes:

|

11/4/2011

D&S Proj. #: MS 11-452

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) V. MILLER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 209 PAWNEE ROAD	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code CRANFORD, NJ 07016	
		Name of Contact V. MILLER	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) V. MILLER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 209 PAWNEE ROAD			Square Feet		
City (5) CRANFORD			County (6) UNION		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		

Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 11/16/11		License Number 00159	
Sched. Completion Date (11) 11/25/11		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			
Street Address 20 California Avenue		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

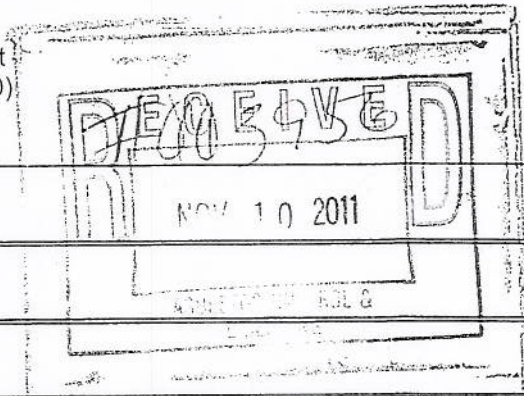
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	79 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 11/17/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/05/11

D&S Proj. #: MS 11-451

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) SWIFT FAMILY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 99 CHATHAM STREET	
		City, State, Zip Code CHATHAM, NJ 07428	
		Name of Contact DEBBIE WOERNE	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SWIFT FAMILY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 99 CHATHAM STREET			Square Feet	# of Floors	Bldg. Age
City (5) CHATHAM	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159	
Start Date (10) 11/17/11	Sched. Completion Date (11) 11/25/11		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

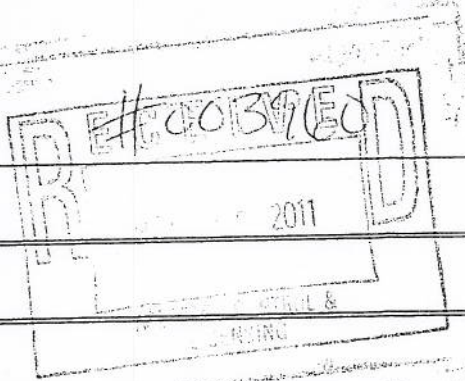
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		X		DUCT INSULATION	17 L 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 11/17/11	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/07/11	

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

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

D&S Proj. #: MS 11-454



Date of Notification (1) 11/17/11		Name of Building Owner/Operator (2) OLIVER RESIDENCE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 67 MECHANIC STREET	
	City, State, Zip Code FREEHOLD, NJ		
	Name of Contact OLIVER	Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) OLIVER RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 67 MECHANIC STREET			Square Feet	# of Floors	Bldg. Age
City (5) FREEHOLD	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]		Street Address 20 California Ave.			
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 00159	
Start Date (10) 11/09/11		Sched. Completion Date (11) 11/18/11			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue			
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	28 L 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 11/10/11		City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]		Date 11/04/11	

To: NJ Dept. of Labor, NJ Dept. of Health

RE: 67 MECHANIC STREET, FREEHOLD, NJ

The boiler at the above referenced address is in-operable and need to be replaced as soon as possible. The plumber is concern about the health hazard that asbestos can cause to the workers and homeowner.

I would like to request a waiver of the ten day notification period because the plumber is concern about workers exposure to asbestos and might create a health hazard to everyone.

Your consideration is highly appreciated.

Sincerely,



Homeowner's Representative

REMEMBER - MAIL IN HARD COPY

Notification of Asbestos Abatement
(Pursuant to NJAC 8.60 and 12:120)

DOL - 10 DAY

NOV 7 2011

WAIVER APPROVED

Date of Notification (1)
11/11/11

Name of Building Owner/Operator (2)
OLIVER RESIDENCE

Street Address
67 MECHANIC STREET

City, State, Zip Code
FREEHOLD, NJ

Name of Contact
OLIVER

Telephone Number
[REDACTED]

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
OLIVER RESIDENCE

Street Address
67 MECHANIC STREET

City (5)
FREEHOLD

County (6)
MONMOUTH

County Code (7)
(State use only)

Type of Facility (4)
 School (K-12)
 Subchapter R (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)
11/09/11

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

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 (10)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E N C L
	Yes	No	N/A						
BASMENT		X		PIPE INSULATION	28 LFT	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
11/10/11

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

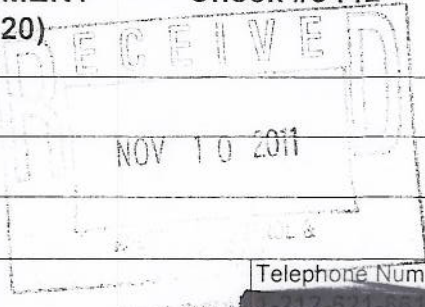
Signature

Date
11/04/11

NO Check

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

1110-4400
Check #3442



Date of Notification (1) 11/8/11		Name of Building Owner / Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Ave.	
		City, State & Zip Code Jenkintown, PA 19046	
		Name of Contact Alex Baylor	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 144 Route 10 & Hunter Street			Square Feet	# of Floors	Bldg. Age
City (5) Succasunna	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Offices		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address PO Box 25			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 856-840-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 11/9/11	Scheduled Completion Date (11) 11/15/11		Name of OSHA Monitor EMSL Analytical		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 11/15/11	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>Gwen</i>
		Date 11/8/11	

NO check

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) CHARLES BIERMAN HOME FOR THE AGED	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 LONGHILL RD.	
		City, State, Zip Code SHORT HILLS, NJ 07078	
		Name of Contact ROBERT KRAMER	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 10 MADISON AVE.		Square Feet	# of Floors
City (5) MONTCLAIR		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) ENVIROVISION	ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm WILLIE MORALES	Telephone No. 973-636-9145	Telephone No. 973-956-8700	License No. 00494
Start Date (10) 11/7/11	Scheduled Completion Date (11) 12/28/11	Name of OSHA Monitor SAME AS (9) ABOVE	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 STORY BUILDING		X		UNSAFE STRUCTURE	3 STORY				
				TO BE DEMOLISHED AND	BLDG.				
				DISPOSED OF AS ACM					

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State CLIFTON, NJ	Disposal Date 12/28/11	City, State MORRISVILLE, PA	
Completed by NENA ROSIC	Title SECRETARY	Signature <i>[Signature]</i>	Date 10/26/11

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) CHARLES BIERMAN HOME FOR THE AGED	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 LONGHILL RD.	
		City, State, Zip Code SHORT HILLS, NJ 07078	
		Name of Contact ROBERT KRAMER	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VACANT RANCH HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 14 LINCOLN STREET		Square Feet	# of Floors
City (5) MONTCLAIR		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) ENVIROVISION	ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm WILLIE MORALES	Telephone No. 973-636-9145	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 11/7/11	Scheduled Completion Date (11) 12/28/11	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

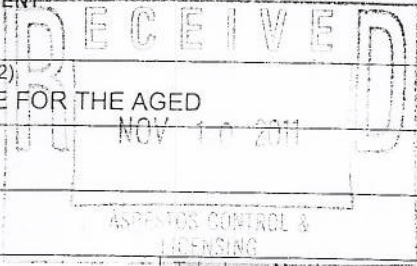
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR KITCHEN		X		VAT	120 SF	X			
BASEMENT		X		VAT	205 SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State CLIFTON, NJ	Disposal Date 12/28/11	City, State MORRISVILLE, PA	
Completed by NENA ROSIC	Title SECRETARY	Signature 	Date 10/26/11

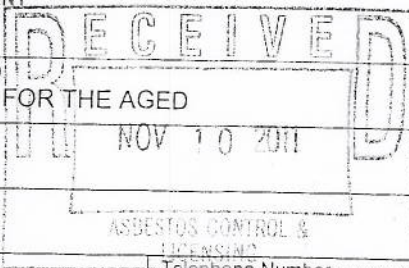
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) CHARLES BIERMAN HOME FOR THE AGED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 LONGHILL RD.							
	City, State, Zip Code SHORT HILLS, NJ 07078		Name of Contact ROBERT KRAMER							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 10 MADISON AVE.		Square Feet	# of Floors							
City (5) MONTCLAIR		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) ENVIROVISION		ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	Telephone No. 973-956-8700							
		License No. 00494								
Start Date (10) 11/15/11	Scheduled Completion Date (11) 1/7/12		Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED			Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
3 STORY BUILDING		X		UNSAFE STRUCTURE TO BE DEMOLISHED AND DISPOSED OF AS ACM	3 STORY BLDG.					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 1/7/12	City, State MORRISVILLE, PA							
Completed by NENA ROSIC		Title SECRETARY	Signature				Date 11/4/11			

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



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) CHARLES BIERMAN HOME FOR THE AGED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment #1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 LONGHILL RD.								
		City, State, Zip Code SHORT HILLS, NJ 07078								
		Name of Contact ROBERT KRAMER	Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) VACANT RANCH HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 114 LINCOLN STREET		Square Feet	# of Floors							
City (5) MONTCLAIR		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) ENVIROVISION		ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	Telephone No. 973-956-8700							
		License No. 00494								
Start Date (10) 11/7/11	Scheduled Completion Date (11) 12/28/11	Name of OSHA Monitor SAME AS (9) ABOVE								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1ST FLOOR KITCHEN		X		VAT	120 SF	X				
BASEMENT		X		VAT	205 SF	X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 12/28/11		City, State MORRISVILLE, PA						
Completed by NENA ROSIC		Title SECRETARY		Signature			Date 11/4/11			



CONSTRUCTION PERMIT

Date Issued 8/5/2011
 Control # C-11-1732
 Permit # 11-1222

IDENTIFICATION Block: 4007 Lot: 6 Qualifier _____
 Work Site Location: 10 MADISON AVENUE 114 LINCOLN STREET Contractor MONTCLAIR HOMES, LLC
MONTCLAIR TOWNSHIP, NJ 07042 Address 70 EAST MAIN STREET 3RD FLOOR 935 ALLWOOD
 Owner in Fee CHARLES BIERMAN HOME FOR AGED Telephone: (973) 614-8000
401 LONGHILL ROAD SHORT HILLS NJ 07078 Lic. No. or Bldrs. Reg. No. 13VH00241800
 Telephone: (973) 614-8000 Federal Employee No. 74-3066399

Is hereby granted permission to perform the following work:

- BUILDING PLUMBING LEAD HAZARD ABATEMENT
 ELECTRICAL FIRE PROTECTION DEMOLITION
 ELEVATOR DEVICES ASBESTOS ABATEMENT (Subchapter 8 only) OTHER

DESCRIPTION OF WORK:

DEMOLITION
 OF CHARLES BIERMAN HOME FOR AGED &
 114 LINCOLN AVENUE
 SITUATED ON SAME LOT.

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
 Estimated Cost of Work \$138,750

Amil Bachoo 8/5/11
 Construction Official Date

PAYMENTS (Office Use Only)	
Building	\$100
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	2475
Cash	\$0
Credit	\$0
Collected By	Angelese Nieves

U.C.C. F170
 equiv (rev 8/03)

- 1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 - Foundations and all walls up to grade level prior to back filling.
 - All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
 DEMOLISH TWO STRUCTURES
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Quantification of ACM's Survey Report

Job Site:
Residential
14 Lincoln Street
Montclair, NJ 07042

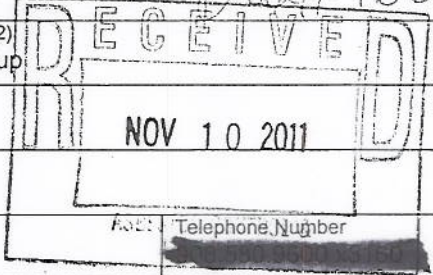
Prepared for:
Re/Max of New Jersey
Contact: James Walters
516 Valley Road
Upper Montclair, NJ 07043

Prepared by:
J&S Environmental Laboratories, LLC
2333 Route 22 West
Union, NJ 07083

Report Date: October 2, 2010

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

Sheet # 1665



Date of Notification (1) 11/07/2011		Name of Building Owner/Operator (2) Cornerstone Relocation Group	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 106 Allen Road	
		City, State, Zip Code Basking Ridge, NJ 07920	
		Name of Contact Audrey Kingsland	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1186 Delaware Dr.		Square Feet 2500	# of Floors 2
City (5) Bridgewater, NJ 08807-2371		Bldg. Age 70	
County (6) Somerset 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. 973-689-6281	License No. 01099
Start Date (10) 11/17/2011	Scheduled Completion Date (11) 11/18/2011	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 8:00am - 4:00pm		Street Address	
		City, State, Zip Code	

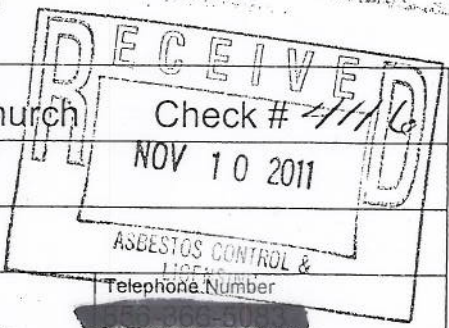
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation and Fittings	200 LF	x			
Basement				Asbestos Grout at chimney	1SF	x			

Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 4	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 11/07/2011	

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



Date of Notification (1) November / 07 / 2011		Name of Building Owner/Operator (2) Temple Lutheran Church	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5714 Irving Drive	
		City, State, Zip Code Pennsauken, NJ 08109	
		Name of Contact Matt McDevitt	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Temple Lutheran Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 5600 North Route 130		Square Feet # of Floors Bldg. Age 25000 2 75	
City (5) Pennsauken		County Code (7) (STATE USE ONLY)	
County (6) Camden		Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, U.S., Inc		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 35 Columbia Road		Street Address 47 S. Lippincott Ave.	
City, State, Zip Code Branchburg, NJ 08876		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Daivd F. Hilinski		Telephone No. 909-526-1000	
Telephone No. 856-755-0099		License No. 00842	
Start Date (10) November / 16 / 2011		Scheduled Completion Date (11) December / 10 / 2011	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL	
Street Address 107 Haddon Ave		City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Community Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	2100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narthex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Jack Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste		Name of Registered Landfill Grows Landfill	
City, State Bellmawr, NJ		Disposal Date		City, State Tullytown, PA			
Completed By (Print or Type) William Lynch		Title Vice President		Signature <i>William Lynch</i>		Date Nov. 7, 2011	

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT - 10 DAY
 (Pursuant to N.J.A.C. 8:60 and 12:120)

NOV 10 2011
Tom Williams
WAIVER APPROVED

Date of Notification (1) 11/9/2011		Name of Building Owner / Operator (2) Agglelene Vereen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 637 MLK Jr. Blvd
			City, State & Zip Code Trenton NJ
			Name of Contact Margaret-Vereen Williams
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 637 MLK Jr. Blvd			Square Feet 1500	# of Floors 2	Bldg. Age 50+
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL		
Street Address			Street Address 2129 Rt 33		
City, State & Zip Code			City, State & Zip Code Hamilton, NJ		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-296-1004	License Number 01091	
Scheduled Start Date (10) 11/11/11	Scheduled Completion Date (11) 11/11/11		Name of OSHA Monitor EMSL Analytical		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue	
		City, State & Zip Code Westmont, NJ 08108	

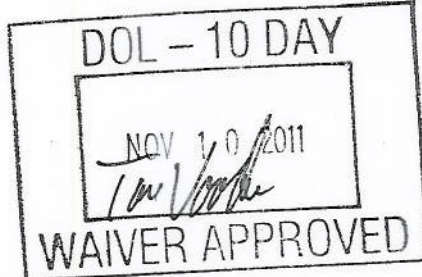
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 100 sf or ≥ 250 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 Linear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033530	Cubic Yards of Waste 1 cubic	Name of Registered Landfill Grows Landfill	
City, State Trenton		Disposal Date 11/15/11		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>	Date 11/9/11	

REMEMBER - MAIL IN HARD COPY



November 8, 2011

To whom this may concern,

My name is Margaret Vereen-Williams and I am the daughter of Aggjelene Vereen who resides at 637 Martin Luther King Jr., Blvd., Trenton New Jersey 08618.

My mother is 86 years old living alone in a house without heat well before the October storm. Now she is facing problems with asbestos that has to be cleaned up before Public Services will replace her heater. I am worried sick about my mother's health and if she doesn't have everything done before the 17th of November, the heater will not be replaced until after Thanksgiving. I'm pleading on behalf of mother that this problem can be taken care of immediately.

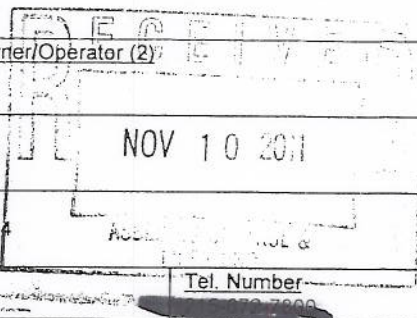
Thank you in advance for your attention to this matter.

Prayerful Yours,

Margaret Vereen-Williams

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

Notcheck



Date of Notification (1) 11/09/11		Name of Building Owner/Operator (2) SP Industries			
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled		Street Address 935 Mearns Road	
				City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal		Tel. Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building A			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 506 Peach Street			Sq. Feet 8200 # of Floors 2		
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office		
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP		
Street Address 57 E. Willow Street			Street Address 404 N. Berry Street		
City, State, Zip Code Millburn, NJ 07041			City State, Zip Code Brea, CA 92821		
Project Manager for Monitoring Firm Steve Tappert		Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01066	
Scheduled Start Date (10) 11/08/2011		Scheduled Completion Date (11) 12/30/2011		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			Street Address 107 Haddon Ave		
Describe Vacant Bldg. To Be Demolished Manufacturing/Storage with Office Space			City, State, Zip Code Westmont, NJ 08108		
Other - Describe					
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) 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 miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Windows/ Doors		Caulk	735 LF	X	
Roof		Roofing	8800 SF	X	
1 st Floor Storage		Transite	2000 SF	X	
Basement		Pipe Insulation	100 LF	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 60	Name of Reg. Landfill G.R.O.W.S. Landfill	
City, State New Castle, DE			Disp. Date 09/19/11	City, State Morrisville, PA	
Completed by (Print or Type) Mark Griffin		Title Project Manager	Signature <i>Mark Griffin</i>	Date 11/09/11	

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT, mastic, pipe insulation, caulking, transite, and roofing. Regulated work area, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle County: Newcastle State: DE Zip: 19720

Contact: Randy Bridges Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City County State Zip

Contact Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville County: Bucks State: PA Zip: 19067

Contact: Jarod Freese Telephone: 215-428-4391

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name Title

Authority

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

XV. For Emergency Renovations:

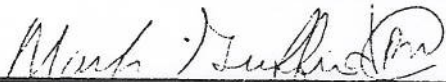
DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).



(Signature of Owner/Operator)

(Date) 11/09/11

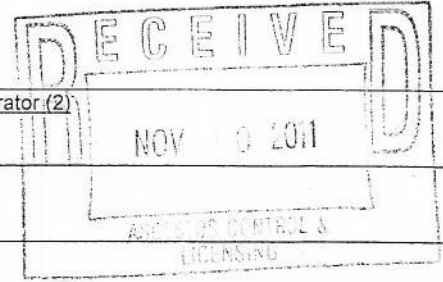
XVIII. I Certify that the Above Information is Correct



(Signature of Owner/Operator)

(Date) 11/09/11

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



<u>Date of Notification (1)</u> 11/09/11		<u>Name of Building Owner/Operator (2)</u> SP Industries	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 935 Mearns Road	
		<u>City, State, Zip Code</u> Warminster, PA 18974	
		<u>Name of Contact</u> Lee Royal	<u>Tel. Number</u> [REDACTED]
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> 1298 NW Blvd.		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1298 Northwest Blvd.		Sq. Feet 27000 # of Floors 1	
<u>City (5)</u> Vineland	<u>County (6)</u> Cumberland	<u>County Code (7)</u> (State Use Only)	Bldg. Age 60+ Current Use (prior if being demolished) Manufacturing
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> TRC Environmental Corp.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 57 E. Willow Street		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Millburn, NJ 07041		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> Steve Tappert	<u>Telephone Number</u> 973-564-6006	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 11/08/2011	<u>Scheduled Completion Date (11)</u> 01/13/2012	<u>Name of OSHA Monitor</u> EMSL Analytical	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 107 Haddon Ave	
<u>Describe Vacant Bldg. To Be Demolished</u> Storage		<u>City, State, Zip Code</u> Westmont, NJ 08108	
<u>Other - Describe</u>			
<u>Source of Work (Check all that apply)</u> (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
Machine Shop	X	Fire proofing	3400 SF X
Throughout	X	Window/Door Caulk	2020 LF X
Office	X	VAT/Mastic	2600 SF X
Corridor	X	VAT/Mastic	900 SF X
Men's Room	X	Linoleum	200 SF X
Furnaces (3)	X	Furnace Insulation	450 SF X
<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc.	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 90	<u>Name of Reg. Landfill</u> G.R.O.W.S. Landfill
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 11/03/11	<u>City, State</u> Morrisville, PA	
<u>Completed by (Print or Type)</u> Mark Griffin	<u>Title</u> Project Manager	<u>Signature</u> <i>Mark Griffin</i>	<u>Date</u> 11/09/11

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Firproofing, window and door caulking, VAT and Mastic, Linoleum, and Furnace insulation. Regulated work area, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle	County: Newcastle	State: DE	Zip: 19720
Contact: Randy Bridges		Telephone: 302-778-5930	

Waste Transporter#2 Same as #1

Address

City	County	State	Zip
Contact		Telephone	

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville	County: Bucks	State: PA	Zip: 19067
Contact: Jarod Freese		Telephone: 215-428-4391	

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name	Title
Authority	
Date of Order (MM/DD/YY)	Date Ordered to Begin (MM/DD/YY)


XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)	(HH:MM)
Description of SUDDEN, UNEXPECTED EVENT	

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator


XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Mark Driffen 

(Signature of Owner/Operator)

(Date) 11/09/11

XVIII. I Certify that the Above Information is Correct

Mark Driffen 

(Signature of Owner/Operator)

(Date) 11/09/11