

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

CHECK#23599

Date of Notification (1) 11/11/2013		Name of Building Owner/Operator (2) BURLINGTON COUNTY							
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 Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Rd. City, State, Zip Code Mt. Holly, NJ 0860 Name of Contact DAVID D'ANDREA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BURLINGTON COUNTY AGRICULTURAL CENTER		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)							
Street Address 500 CENTERTON ROAD		Square Feet	# of Floors Bldg. Age						
City (5) MOORESTOWN, NJ									
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
Street Address 318 12th Street		Street Address 15 BLACK FOREST ROAD							
Hammononton, NJ 08037		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm James Proctor	Telephone No. 609-704-8850	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 11/4/2013	Scheduled Completion Date (11) 11/5/2013	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	<input checked="" type="checkbox"/>			PIPE INSULATION	165 L.F.	<input checked="" type="checkbox"/>			
BASEMENT	<input checked="" type="checkbox"/>			ASSOCIATED FITTINGS	5 PCS,	<input checked="" type="checkbox"/>			
BASEMENT	<input checked="" type="checkbox"/>			ASBESTOS DEBRIS/FLOOR	2 SQ. FT.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler JACK ROBINSON WASTE DISPOSAL		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 2YD	Name of Registered Landfill GROWS					
City, State BELLMAN, NJ		Disposal Date 11/15/2013	City, State MORRISVILLE, PA						
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 11/11/2013						

ASB-41

* Do not use this form for asbestos licensure exempted activities

Corrected dates

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

CHECK#23599

Date of Notification (1) 11/11/2013		Name of Building Owner/Operator (2) BURLINGTON COUNTY							
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	Street Address							
	Initial	49 Rancocas Rd.							
	<input checked="" type="checkbox"/> Amended Amendment #	City, State, Zip Code							
	<input checked="" type="checkbox"/> Emergency (including justification)	Mt. Holly, NJ 0860							
	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number						
		DAVID D'ANDREA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BURLINGTON COUNTY AGRICULTURAL CENTER		Type of Facility (4)							
Street Address		<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)							
500 CENTERTON ROAD		Square Feet	# of Floors Bldg. Age						
City (5) MOORESTOWN, NJ									
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.							
Street Address 318 12th Street		Street Address 15 BLACK FOREST ROAD							
		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm James Proctor	Telephone No. 609-704-8850	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 11/13/2013	Scheduled Completion Date (11) 11/14/2013	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT	<input checked="" type="checkbox"/>			PIPE INSULATION	165 L.F.	<input checked="" type="checkbox"/>			
BASEMENT	<input checked="" type="checkbox"/>			ASSOCIATED FITTINGS	5 PCS,	<input checked="" type="checkbox"/>			
BASEMENT	<input checked="" type="checkbox"/>			ASBESTOS DEBRIS/FLOOR	2 SQ. FT.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler JACK ROBINSON WASTE DISPOSAL		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 2YD	Name of Registered Landfill GROWS					
City, State BELLMAWR, NJ		Disposal Date 11/15/2013		City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar <i>David D'Andrea</i>				Date 11/11/2013			

ASB-41

* 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)

Date of Notification (1) <u>11/15/13</u>		Name of Building Owner/Operator (2) <u>Skip Borghese</u>	
Agencies Notified	Type Notification	Street Address <u>171 Pennbrook Road</u>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Far Hills, NJ 07931</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Name of Contact <u>Skip Borghese</u>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Skip Borghese</u>			Type of Facility (4)		
Street Address <u>171 Pennbrook Road</u>			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <u>Far Hills</u>			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
			County (6) <u>SOMERSET</u>		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address _____				<u>D & S RESTORATION, INC.</u>	
				Street Address <u>20 California Ave.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		Telephone Number <u>973-345-8020</u>	
Project Manager for Monitoring Firm		Phone Number		License Number <u>01169</u>	
Start Date (10) <u>11/29/13</u>		Sched. Completion Date (11) <u>12/20/13</u>		Name of OSHA Monitor <u>D & S Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>20 California Avenue</u>			
		City, State, Zip Code _____			
		<u>Paterson, NJ 07503</u>			

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 w/negative pressure			
<input checked="" 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						
ATTIC		<input checked="" type="checkbox"/>		vemiculite attic insulation	1600 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR small attic		<input checked="" type="checkbox"/>		vemiculite attic insulation(100 sq ft under wood floor)	260 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLR crawl sp by stairs		<input checked="" type="checkbox"/>		vemiculite attic insulation	70 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLR bathroom #1		<input checked="" type="checkbox"/>		vemiculite attic insulation	20 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLR bathroom #2		<input checked="" type="checkbox"/>		vemiculite attic insulation	6 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>		Cubic Yards of Waste <u>30 cu yds</u>		Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>12/02/13</u>		City, State <u>TULLYTOWN, PA</u>			

Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature _____		Date <u>11/15/2013</u>	
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>11/14/13</u>		Name of Building Owner/Operator (2) <u>WENDY WARK</u>	
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 <u>545 RICHFIELD AVENUE</u>	
		City, State, Zip Code <u>KENILWORTH, NJ 07033</u>	
		Name of Contact <u>WENDY WARK</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>WENDY WARK</u>			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 <u>545 RICHFIELD AVENUE</u>					
City (5) <u>KENILWORTH</u>	County (6) <u>UNION</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address _____		Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>	
Start Date (10) <u>11/26/13</u>	Sched. Completion Date (11) <u>11/14/13</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
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 <u>20 California Avenue</u>		
		City, State, Zip Code <u>Paterson, NJ 07503</u>		

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 e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	60 SQ 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"/>
						<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 <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 YD</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>11/27/13</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>11/14/2013</u>


* Emergency *

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

CK 3724

Date of Notification (1) 11/18/13		Name of Building Owner/Operator (2) Susan & Stephen Marrone							
Agencies Notified	Type Notification	Street Address 327 Morris Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Stephen	Telephone No. NOV 20 2013						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Susan & Stephen Marrone		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 327 Morris Blvd		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Manahawkin NJ 08050		Current Use (Prior if being demolished) Home							
County (6) Ocean	County Code (7) (STATE USE ONLY)								
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) 11/19/13	Scheduled Completion Date (11) 11/22/13	Name of OSHA Monitor Same							
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							
		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			X	Exterior siding	1200 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 11/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/18/13		

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

Date of Notification (1) 11/18/13		Name of Building Owner/Operator (2) Kathy Cassiere Private Home							
Agencies Notified	Type Notification	Street Address 54 Patty Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Kathy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kathy Cassiere Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 54 Patty Lane		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Manahawkin NJ 08050		County Code (7) (STATE USE ONLY) _____							
County (6) Ocean		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 11/19/13	Scheduled Completion Date (11) 11/22/13	Name of OSHA Monitor Same							
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							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding			x	Exterior siding	1200 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 11/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/18/13		

EDS13-308

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

Check # 1952

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Date of Notification (1) 11-1-2013		Name of Building Owner/Operator (2) SADDLE BROOK PUBLIC SCHOOLS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 355 Mayhill Street							
		City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact Raymond G. Karaty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook High School		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 355 Mayhill Street		Square Feet 184,000+	# of Floors 3						
City (5) Saddle Brook		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 N Church Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800 x 23	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 11-7-2013	Scheduled Completion Date (11) 11-10-2013	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
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 <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
Gymnasium		X		Pipe Insulation	104 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 11-1-2013			

Nov 4 2013 03:32pm

P001/001

EDS13-308

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

Check # 1952

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Date of Notification (1) 11-1-2013		Name of Building Owner/Operator (2) SADDLE BROOK PUBLIC SCHOOLS		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horn</i> (Signature) Date: 11/4/13 Time: 3:32 PM					
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 355 Mayhill Street City, State, Zip Code Saddle Brook, NJ 07663 Name of Contact Raymond G. Karaty Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook High School				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 355 Mayhill Street				Square Feet 184,000+					
City (5) Saddle Brook				# of Floors 3					
County (6) Bergen				Bldg. Age 40+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 1253 N Church Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800 x 23		Telephone No. 201-710-9725					
License No. 01084									
Start Date (10) 11-7-2013		Scheduled Completion Date (11) 11-10-2013		Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium		X		Pipe Insulation	104 LF	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Grows			
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 11-1-2013			

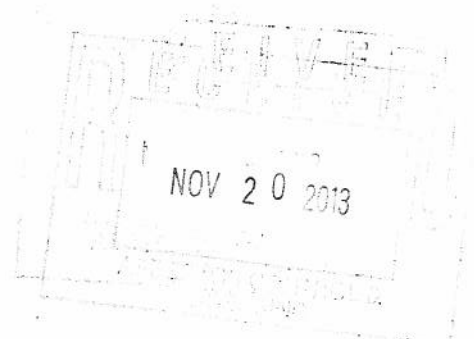


TTI Environmental Incorporated
1253 North Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815

A Service Disabled Veteran
Owned Small Business

November 1, 2013

Mr. Tom Voorhees
New Jersey Department Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd floor
Trenton, NJ 08625-0949



RE: Request for Waiver of 10-Day Notification
Emergency Asbestos Decontamination
Saddle Brook High School- Gymnasium
355 Mayhill Street
Saddle Brook, New Jersey 07663

Dear Mr. Voorhees:

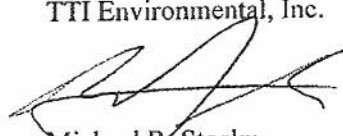
The above referenced project is considered an emergency due to the fact that an existing pipe containing asbestos insulation is leaking within the Saddle Brook High School Gymnasium. The asbestos pipe insulation is saturated and has the potential to fall which could create additional problems within the building. The pipe insulation needs to be removed so the repair can be performed to the damaged pipe.

Material/Building System	Location	Amount
Pipe Insulation	Gymnasium	104 Linear Feet

Accordingly, the existing condition requires the removal of the pipe insulation within the gymnasium. Delaying the abatement activities may negatively impact the health of the affected room and adjacent spaces. The emergency abatement activities are urgently required to provide a safe environment within the building and for all of its occupants.

Thank you for your assistance in this matter and do not hesitate to call me at 609-304-3969 if you have any questions.

Sincerely,
TTI Environmental, Inc.


Michael R. Stocku
Project Manager