4064

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

RECEIVED
2012 OCT 10 PM 11:25
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-12	Name of Building Owner/Operator: D. MYERS
Agencies Notified: ☐ EPA ☐ DEP ■ DOL ■ DOH ☐ DCA	Type Notification: ■ Initial ☐ Amended Amendment # ☐ Emergency (Including justification) ☐ Cancellation
	Street Address: 33 BOGERT AVENUE
	City, State, Zip Code: WESTWOOD, NJ 07675
	Name of Contact: D. MYERS Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (2): D. MYERS		Type of Facility (4): ☐ School (K-12) ☐ School (Other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 33 BOGERT AVENUE			
City (3): WESTWOOD		Square Feet: 2100	# of Floors: 2	Bldg. Age: 72 YRS
County (5): BERGEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address		Street Address: 450 South River St	
City, State, Zip Code		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 10-12-12	Scheduled Completion Date (11): 10-13-12	Name of OSHA Monitor: Omega Environmental Services	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ■ Other—Describe: 8AM 5PM		Street Address: 280 Huyler St	
		City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply):
■ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
■ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure ■ Mini-Enclosure ☐ Glovebag Procedure ■ Non-Friable (C) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, roofing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT/CRAWL SPACE			X	THERMAL INSULATION	148 LF			X	

Name of Registered Waste Hauler: Best Removal Inc.	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/16 YD	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack, NJ		Disposal Date: 10-13-12	City, State: Waynesburg, OH.

Contractor's Rep: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 9-26-12

ASB-41 (R-02-08)

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

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

4601

RECEIVED
2012 OCT 26 PM 11:25
DIVISION OF FIRE SAFETY & LICENSING

Date of Notification (1): 9-26-12	Name of Building Owner/Operator (2): D. DAUBER
Agencies Notified: ☐ EPA ☐ DEP ☒ DCL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 70 LYDECKER STREET
	City, State, Zip Code: ENGLEWOOD, NJ 07631
	Name of Contact: D. DAUBER
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): D. DAUBER	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 70 LYDECKER STREET	
City (5): ENGLEWOOD	Square Feet: 3500 · # of Floors: 3 · Bldg. Age: 85 YRS
County (6): BERGEN · County Code (7) (STATE USE ONLY):	Current Use (Prior Closing Completed): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8) · ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address	Street Address: 450 South River St
City, State, Zip Code	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm · Telephone No.	Telephone No.: 201-329-7444 · License No.: 00388
Start Date (10): 10-8-12 · Scheduled Completion Date (11): 10-9-12	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM-5PM	Street Address: 280 Huyler St.
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply):
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf · ☒ Renovation ☐ Demolition · ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Friable (C) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT			X	THERMAL INSULATION	118	LF	X			
GARAGE			X	THERMAL INSULATION	7	LF	X			

Name of Registered Waste Hauler: Best Removal Inc. · NJDEP Waste Hauler ID No.: 17109 · Cubic Yards of Waste: 2 YDS · Name of Registered Landfill: Minerva Enterprises Inc			
City, State: Hackensack, NJ · Disposal Date: 10-9-12 · City, State: Waynesburg, OH			
Completed By: R. Veldran · Title: Estimator · Signature: R. Veldran · Date: 9-26-12			

ACM-41 (R-02-08) · *Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:23-8 and 12:120)

4062

RECEIVED
2012 OCT -1 PM 11:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-12	Name of Building Owner/Operator (2): D. Rosen Solomon
Agencies Notified: ☐ EPA ☐ DEP ☒ DCL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 74 BRAYTON STREET
	City, State, Zip Code: ENGLEWOOD, NJ 07631
	Name of Contact: D. Rosen Solomon

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): D. Rosen Solomon		Type of Facility (4): ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 74 BRAYTON STREET			
City (5): ENGLEWOOD		Square Feet: 2800	# of Floors: 3	Bldg. Age: 87 YRS
County (6): BERGEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address:		Street Address: 450 South River St	
City, State, Zip Code:		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 10-10-12	Scheduled Completion Date (11): 10-12-12	Name of OSHA Monitor: Omega Environmental Services	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM - 5PM		Street Address: 280 Huyler St.	
		City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply):
☐ ≥3 of or ≥25 lf
☒ ≥160 sf or ≥260 lf
☒ Removal ☐ Demolition
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Friable (C) 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? (14) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	670	SF	X			

Name of Registered Waste Hauler: Best Removal Inc.	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1 1/2 YD	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack, NJ		Disposal Date: 10-12-12	City, State: Waynesburg, OH.

Certified By: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 9-26-12

ASB-41 (R-05-09)

* Do not use this form for asbestos licensure exemptions and filings.

K
2438

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

RECEIVED
2012 OCT -1 PM 11:22
ASBESTOS CONTROL

Date of Notification (1): 9-24-12	Name of Building Owner/Operator (2): Exelis Inc.
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 77 River Road
	City, State, Zip Code: Clifton, New Jersey 07014
	Name of Contact: Angelo Ridente
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Exelis Inc.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 77 River Road	
City (5): Clifton, New Jersey 07014	Square Feet: 50,000 # of Floors: 2 Bldg. Age: 30+
County (6): Passaic County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): R+D

Name of Monitoring Firm Hired by Building Owner (8): Bureau Veritas	ASCM No.	Name of Abatement Contractor (9): Affiliated Environmental Serv NJ Inc.
Street Address: 10 Field Crest 4th Fl Raritan Plaza I		Street Address: 450 South River Street
City, State, Zip Code: Edison NJ 08837		City, State, Zip Code: Hackensack, New Jersey 07601
Project Manager for Monitoring Firm: Dayana Garrity Telephone No.: 732-225-6040		Telephone No.: 201-931-0313 License No.: 00500
Start Date (10): 10-5-12	Scheduled Completion Date (11): 11-30-12	Name of OSHA Monitor: Omega Environmental Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 280 Huyler Street City, State, Zip Code: South Hackensack, NJ 07601

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CS OPS AREA			✓	Joint Compaind on wall board	840 sf	✓			

Name of Registered Waste Hauler: Global Waste Industries	NJDEP Waste Hauler ID No.: 029171	Cubic Yards of Waste:	Name of Registered Landfill: Minerva Enterprises
City, State: Hackettstown, NJ 07840		Disposal Date: 11/3/12	City, State: Uniontown, Ohio

Completed by: Marlene Sabatino	Title: Office Administrator	Signature: Marlene Sabatino	Date: 9/25/12

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

Check #- 8733

RECEIVED
2012 OCT -1 PM 11:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-12		Name of Building Owner/Operator (2): Princeton University	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: E.A. MacMillan Building	
		City, State, Zip Code: Princeton, NJ 08544	
		Name of Contact: Bob Ortega	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment Building		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 135 Bayard Lane			
City (5): Princeton		Square Feet: 4,000	# of Floors: 2 / Bldg. Age: 52yrs.
County (6): Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): apartments	
Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co.,Inc.	
Street Address: 515 Grove Street, Suite 1B		Street Address: 923 Haws Avenue	
City, State, Zip Code: Haddon Heights, NJ 08035		City, State, Zip Code: Norristown, PA 19401	
Project Manager for Monitoring Firm: Alan Lloyd	Telephone No.: 856-547-0505	Telephone No.: 610-239-9920	License No.: 00398
Start Date (10): 10-9-12	Scheduled Completion Date (11): 10-26-12	Name of OSHA Monitor: Plymouth Environmental Co.,Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 923 Haws Avenue	
		City, State, Zip Code: Norristown, PA 19401	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
kitchen-apt #2			x	VAT	110 SF	x			
kitchen-apt. #1			x	VAT	120 SF	x			
exterior windows			x	window caulk	576 LF	x			
crawlspace & pipe chases			x	pipe insulation	400 LF	x			

Name of Registered Waste Hauler: Robinson Waste	NJDEP Waste Hauler ID No.: 17304	Cubic Yards of Waste: 40	Name of Registered Landfill: GROWS, Inc.
City, State: Bellmawr, NJ		Disposal Date: 10-26-12	City, State: Morrisville,PA

Completed by: Timothy E. Bryan	Title: Vice-President	Signature:	Date: 9-26-12

ASB-41 (R-06-08)

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

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

RECEIVED
Check # 5007
2012 OCT -1 PM 11:20
ASBESTOS CONTROL & LICENSING

Date of Notification (1): September 26, 2012	Name of Building Owner/Operator (2): Sylvia Cole
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 312 North 36th Street
	City, State, Zip Code: Pennsauken, NJ 08110
	Name of Contact: Sylvia Cole — Telephone Number:

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) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 3012 North 36th Street	
City (5): Pennsauken	Square Feet: 2400 — # of Floors: 3 — Bldg. Age: 75
County (6): Camden — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341	Street Address: 47 S. Lippincott Ave	
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Bill Weisgarber — Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): October 20, 2012 — Scheduled Completion Date (11): October 29, 2012	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 107 Haddon Ave	
	City, State, Zip Code: Westmont, New Jersey 08108	

Scope of Work (Check All That Apply)

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

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			xxx	Pipe Insulation	180 LF	xxx			
Basement			xxx	Boiler Insulation	45 SF	xxx			

Name of Registered Waste Hauler: Freehold	NJDEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: 5	Name of Registered Landfill: Grows Landfill
City, State: Mount Holly, New Jersey 08060		Disposal Date: 10-29-12	City, State: Tullytown, PA.

Completed by: William Lynch	Title: Owner	Signature: William J. Lynch	Date: Sept. 26, 2012

ASB-41 (R-06-08)

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

Print Form

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

RECEIVED
2012 OCT -1 PM 11:2
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/25/12 Ck# 2275 $200	Name of Building Owner/Operator (2): Township of East Hanover
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 411 Ridgedale Avenue City, State, Zip Code: East Hanover, New Jersey 07936 Name of Contact: Bruce Allen Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Township of East Hanover Pump Station		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: Fairway Drive			
City (5): East Hanover, New Jersey 07936		Square Feet: 200 SF	# of Floors: 1 / Bldg. Age: 55+
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Pump Station	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation	
Street Address		Street Address: 606 McBride Avenue	
City, State, Zip Code		City, State, Zip Code: Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-225-8400	License No.: 01104
Start Date (10): 10/05/12	Scheduled Completion Date (11): 10/19/12	Name of OSHA Monitor: J&S Environmental LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8AM Start		Street Address: 2333 Route 22 West City, State, Zip Code: Union, New Jersey 07083	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Building	X			BlackAsphalticTankInsul&Debris	600 SF	X			
Exterior Building	X			Transite Shingles	330 SF	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 10/22/12	City, State: Morrisville, Pennsylvania
Completed by: Tatiana Kalenikova	Title: Vice President	Signature: [signature]	Date: 09/25/12

ASB-41 (R-06-08)

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

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

RECEIVED
2012 OCT -1 PM 1:19
ASBESTOS CONTROL & LICENSING

CK# 4256

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Horner
(signature)
Date: 9/26/12 Time: 1:56PM

Date of Notification (1): 9-26-2012		Name of Building Owner/Operator (2): Lenow Management Co LLC	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: P O Box 43	
		City, State, Zip Code: Livingston, NJ 07039-0043	
		Name of Contact: John	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Unoccupied Retail Office Unit # C11		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 240 East Palisade Ave.			
City (5): Englewood		Square Feet:	# of Floors:	Bldg. Age: 50+
County (6): Bergen	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Retail Office Space	

Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Jadar Contracting, LLC	
Street Address: n/a		Street Address: 22 Troy Lane	
City, State, Zip Code: n/a		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973-706-7950	License No.: 01088
Start Date (10): 9-27-2012	Scheduled Completion Date (11): 10-1-2012	Name of OSHA Monitor: Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8am - 5pm		Street Address: 22 Troy Lane	
		City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Main & Storage Rooms, Closet			X	VAT & Carpets	300 SF	X			

Name of Registered Waste Hauler: Jadar Contracting, LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville PA 19067

Completed by: Lillie Lazarevich	Title: Secretary	Signature: Lillie Lazarevich	Date: 9-26-2012

ASB-41 (R-06-06)

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

Print Form

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

RECEIVED 2012

2012 OCT -1 PM 11:10

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-2012	Name of Building Owner/Operator (2): Pella Windows and Doors
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4 Dedrick Place
	City, State, Zip Code: West Caldwell, NJ 07006
	Name of Contact: David — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Warren Campus	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 540 Rt. 57 East	
City (5): Port Murray	Square Feet: 5,000 SF — # of Floors: 1 — Bldg. Age: 50+
County (6): Warren — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Educational
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection — ASCM No.: 00030	Name of Abatement Contractor (9): Jadar Contracting LLC
Street Address: 120 N. Warren Street	Street Address: 22 Troy Lane
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: Brian — Telephone No.: 609-462-3218	Telephone No.: 973-706-7950 — License No.: 01088
Start Date (10): 10-6-2012 — Scheduled Completion Date (11): 10-31-2012	Name of OSHA Monitor: Jadar Contracting, LLC
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9am - 4pm	Street Address: 22 Troy Lane — City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			X	Windows	26 windows	X			

Name of Registered Waste Hauler: Jadar Contracting, LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville PA 19067
Completed by: Lillie Lazarevich	Title: Secretary	Signature: Lillie Lazarevich	Date: 9-26-2012

ASB-41 (R-06-08)

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

CHECK #
2446

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

RECEIVED
2012 OCT -1 PM 11:17
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/12

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

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

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

Street Address: 1507 STATE ST.

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

Name of Contact: SAME

Telephone Number:

FACILITY INFORMATION

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

Street Address: 69 SOUTHAMPTON DRIVE

City (5): WILLINGBORO

County (6): BURLINGTON

County Code (7) (STATE USE ONLY):

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

Square Feet: 1000 | No. of Floors: 1 | Bldg Age: 40+

Current Use (Prior to being demolished): VACANT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE

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

Telephone No: 856-779-0472

License No: 00444

Start Date (10): 10/8/12

Scheduled Completion Date (11): 10/15/12

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE

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

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

Scope of Work (Check all that apply)
[ ] 260 sq. ft. or 30 lf
[X] 2160 sq. ft. or 2260 lf
[ ] Renovation
[X] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] NJDEP Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

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

City, State: MAPLE SHADE, N.J.

City, State: MORRISVILLE PA.

Completed By: JOE KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 9/26/12

ASB-1

* Do not use this form for asbestos licensure exempted activities

CHECK # 2446

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:120)

RECEIVED
2012 OCT 16 PM 1:17
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/12

Name of Building Owner/Operator (2): GARDEN STATE DREDGING

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

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

Street Address: P.O. BOX 782 210 CHELSEA DR.

City, State, Zip Code: RIO GRANDE

Name of Contact: JIM NEMINGWAY

Telephone Number:

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) ☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 118 E. 13TH ST.

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

City (5): NORTH WILDWOOD

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior to being demolished): VACANT

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

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address:

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code:

City, State, Zip Code: MAPLE SHADE, NJ 08052

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 856-779-0422 License No.: 00444

Start Date (10): 10/12/12 Scheduled Completion Date (11): 10/19/12

Name of OSHA Monitor: JOSEPH KLEMM

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

Street Address: 369 S. SPRUCE AVE.

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED On-Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
SIDING				TRANSITE	1200 SF	X			

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

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

Disposal Date:

City, State: WOODBINE, N.J.

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

Completed By: JOSEPH KLEMM Title: OWNER Signature: Joseph Klemm Date: 9/26/12

AS8-1

* Do not use this form for asbestos licensure exempted activities

CK 1011

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED
2012 OCT -1 PM 11:13
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/24/12		Name of Building Owner/Operator (2): Metro Industrial Wrecking and Environmental Contractor, Inc.	
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☐ Initial ☑ Amended Amendment#: ☐ Emergency (including justification) ☐ Cancellation	Street Address: 273 Walt Whitman Road	
		City, State, Zip Code: Huntington, NJ 11746	
		Name of Contact: Anthony Larosa	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 170 Tabor Road			Square Feet: 2,000,000 # of Floors: Bldg. Age: 75 Current Use : Abandoned
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950	

Name of Monitoring Firm Hired by Building Owner: DVD Environmental, Inc.	ASCM No.:	Name of Abatement Contractor (9): **Danison, Inc**	
Street Address: P. O. Box 2125		Street Address: **358 Broadway**	
City, State, Zip Code: Cliffside Park, NJ 07010		City, State, Zip Code: **Newark, NJ 07104**	
Project Manager for Monitoring Firm: Tim Donahue	Telephone No.: **(212)-260-9818**	Telephone No.: **(973) 732-6225**	License No.: **01184**

Start Date (10): 09/18/12	Scheduled Completion Date (11): 11/30/12	Name of OSHA Monitor: AmeriSci.
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: DEMOLITION		Street Address: **117 East 30th Street** City, State, Zip Code: **New York, New York, 10016**

Scope of Work (Check all that apply):

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulat	Enclosure
Roof		X		**Roof Flashing**	8000 SF	X			
Roof		X		**Roof Membrane**	3000 SF	X			
Underground		X		**Underground Transite Electric Banks**	500 SF	X			
Underground		X		**Underground Piping**	1200 LF	X			
Roof		X		**Roof Flashing Interior Perimeter**	3000 SF	X			
Roof		X		**Tar Pitch & Parapet Wall Tar**	5000 SF	X			
Front 1st, 2nd & 3rd		X		**Window Caulk**	1000 LF	X			
Roof		X		**Tar & Paper Water Proofing**	8000 SF	X			
1st, 2nd & 3rd		X		**Pipes**	4300 LF	X			
1955 & 1962 wings 1-3		X		**Fireproofing**	15000 SF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility
City, State: Newark NJ 07102 / Newark Carton	Disposal Date:	City, State: Newark, NJ	
Completed By: Tony Daniels	Title: Project Manager	Signature: Tony Daniels	Date: 09/24/12

CK
1012

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED
2012 OCT -1 PM 11:13
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/24/12		Name of Building Owner/Operator (2): Metro Industrial Wrecking and Environmental Contractor, Inc.	
Agencies Notified: ☑ EPA ☑ DEP ☐ DOL ☑ DOH ☐ DCA	Type Notification: ☐ Initial ☑ Amended Amendment#: ☐ Emergency (including justification) ☐ Cancellation	Street Address: 273 Walt Whitman Road	
		City, State, Zip Code: Huntington, NJ 11746	
		Name of Contact: Anthony Larosa	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e , private & commercial buildings, homes, etc.)
Street Address: 182 Tabor Road			Square Feet: 2,000,000 # of Floors: Bldg. Age: 75 Current Use : Abandoned
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950	

Name of Monitoring Firm Hired by Building Owner: DVD Environmental, Inc.	ASCM No.:	Name of Abatement Contractor (9): **Danison, Inc**	
Street Address: P. O. Box 2125		Street Address: **358 Broadway**	
City, State, Zip Code: Cliffside Park, NJ 07010		City, State, Zip Code: **Newark, NJ 07104**	
Project Manager for Monitoring Firm: Tim Donahue	Telephone No.: **(212)-260-9818**	Telephone No.: **(973) 732-6225**	License No.: **01184**
Start Date (10): 09/18/12	Scheduled Completion Date (11): 11/30/12	Name of OSHA Monitor: AmeriSci.	
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: demolition		Street Address: **117 East 30th Street** City, State, Zip Code: **New York, New York, 10016**	

Scope of Work (Check all that apply):

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulat	Enclosure
1st, & 2nd Floor		X		**Window Caulk**	2500 LF	X			
1st, & 2nd Floor		X		**Lab Counter Tops**	6000 SF	X			
1st Floor		X		**Pipe Insulation /Elbows**	170 LF	X			
Roof		X		**Exterior Roof Flashing**	11000 SF	X			
Roof		X		**Interior Roof Flashing Mat Assoc. with Roof Expansion Joints**	1800 SF	X			
Roof		X		**Pitch Pockets**	50 SF	X			
Roof		X		**Roof Membrane**	27000 SF	X			
1st & 2nd Floor		X		**Floor Mastic**	126000 SF	X			
1st Floor		X		**Floor Tile**	3500 SF	X			

Roof		X		**Tar on Parapet Walls**	3500 SF	X			
1st Floor		X		**Back tile sealant on inside of exterior wall**	1200 SF	X			
1st Floor		X		**Transite Hood**	1600 SF	X			
1st Floor		X		**Radiator Paper**	500 SF	X			
1st Floor				**Plaster Ceiling**	200 SF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility
City, State: Newark NJ 07102 / Newark Carton	Disposal Date:	City, State: Newark, NJ	
Completed By: Tony Daniels	Title: Project Manager	Signature: Tony Daniels	Date: 09/24/12

MD
20106770624

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

RECEIVED
2012 OCT -1 PM 11:11
ASBESTOS CONTROL & LICENSURE

Date of Notification (1): 9/14/12	Name of Building Owner/Operator (2): Heather McClanahan
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 135 High Street
	City, State, Zip Code: Randolph, NJ 07869
	Name of Contact: Heather McClanahan — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 135 High Street	
City (5): Randolph	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Morris; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A; ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address	Street Address: 11 Rosengren Avenue
City, State, Zip Code	City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm; Telephone No.	Telephone No.: 973-345-8685; License No.: #00675
Start Date (10): 9/26/12; Scheduled Completion Date (11): 9/27/12	Name of OSHA Monitor: D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: Occupied	Street Address: 11 Rosengren Avenue; City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Deanna Brkusanin	Title: Project Manager	Signature: Deanna Brkusanin	Date: 9/14/12

ASB-41 (R-06-08)

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

CHECK # 2445

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

RECEIVED
2012 OCT -1 PM 11:11
ASBESTOS CONTROL & LIC

Date of Notification (1): 9/26/12

Name of Building Owner/Operator (2): SMITH TECH CONTRACTING

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

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

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, NJ 08230

Name of Contact: BRUCE BRENNIG

FACILITY INFORMATION

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

Street Address: 150 106TH. ST.

City (5): STONE HARBOR

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40 YR

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone No.: 856-779-0422 License No.: 00444

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

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

Start Date (10): 10/8/12 Scheduled Completion Date (11): 10/15/12

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Renew	Encapsulation	Enclosure
SIDING				TRANSITE	1500 #	X			

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C, M, C, M, U, S,

City, State: WOODBINE, N.J.

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

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 9/26/12

SS8-41

* Do not use this form for asbestos licensure exempted activities

CHECK # 2444

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

RECEIVED
2012 OCT -1 AM 11:10
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/12

Name of Building Owner/Operator (2): JONATHON [illegible] EXCAVATING

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

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

Street Address: P.O. BOX 198

City, State, Zip Code: CAPE MAY COURT HOUSE

Name of Contact: SAME

Telephone Number:

FACILITY INFORMATION

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

Street Address: 8301 1ST AVE.

City (5): STONE HARBOR

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

County (6): CAMDEN

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 856-779-0422 License No.: 00444

Start Date (10): 10/8/12

Scheduled Completion Date (11): 10/15/12

Name of OSHA Monitor: JOSEPH KLEMM

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

Street Address: 369 S. SPRUCE AVE.

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

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

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

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

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

Disposal Date:

City, State: WOODBINE, N.J.

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

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 9/26/12

AS8-1

* Do not use this form for asbestos licensure exempted activities

State of New Jersey

Check # 10314

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

RECEIVED
2012 OCT -1 PM 11:10
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/26/12	Alana Fredericks

Agencies Notified	Type Notification	Street Address
[x]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	18 Adams Avenue
		City, State, Zip Code: Cranford, NJ
		Name of Contact: Alana Fredericks
		Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	Square Feet / # of Floors / Bldg. Age
City (5) / County (6) Essex / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973)744-8800 / License Number: 00371
Scheduled Start Date (10): 10-10-12 (Month 10 Day 10 Year 2012)	Sched. Completion Date (11): 10-11-12 (Month 10 Day 11 Year 2012)	Name of OSHA Monitor: N/A

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

Street Address:
City, State, Zip Code:

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	pipe	6 LF	X			
"			X	Floor tile	500 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	1.5	G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 10/12/2012	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		9-26-12

State of New Jersey

Check # <Check10276 No>

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

Date of Notification (1)
9-26-12

Name of Building Owner/Operator (2)
Barbara Siciliano

RECEIVED
2012 OCT -1 PM 11:09
ASBESTOS CONTROL & LICENSING

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

Type Notification
[X]Initial Notification
[ ]Amended Notification
[ ]EMERGENCY
[ ]Cancellation

Street Address
51 Farrandale Ave.

City, State, Zip Code
Bloomfield, NJ

Name of Contact
Barbara Siciliano

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Addres

City (5

County (6) Essex

County Code (7) (STATE USE ONLY)

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

Square Feet	# of Floors	Bldg. Age
1800	2	85

Current Use (Prior if being demolished)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number
N/A

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
10-9-12
Month 10 Day 9 Year 12

Sched. Completion Date (11)
10-10-12
Month 10 Day 10 Year 12

Name of OSHA Monitor
N/A

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

[X]Renovation
[ ]Demolition

[x]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Boiler	18sf	X			
Basement			X	Piping	80lf	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.5

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

City, State
Montclair, NJ 07042

Disposal Date
10-11-12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
9-26-12

State of New Jersey - Notification of Asbestos Abatement

CK# 2602

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED
2012 OCT -1 PM 1:07
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **September 25, 2012**			Name of Building Owner/Operator (2) **Ms. Eileen Keefe** **C/o Insurance Restoration Specialists Inc.**
Agencies Notified EPA DCA x DOL X DEP x DOH	Notification Type ☒ Initial Notification ☐ Amended Certification ☒ Emergency (including justification) ☐ Cancelled		Street Address **1022 Burnt Tavern Road** City, State, Zip Code **Point Pleasant , NJ 08742**
		Name of Contact **c/o Mr. Bill Blake – IRS Inc.**	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Private Residence**			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address **1022 Burnt Tavern Road**			Sq. Feet: **Unknown** # of Floors: 2 Bldg. Age: 60 **years** Current Use (prior if being demolished):
City (5) **Point Pleasant**	County (6) **Ocean**	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) **EnviroVision Consultants inc.**		ASCM No. **00079**	Name of Contractor (9) **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address **20-21 Wagaraw Road, Bldg # 34A**			Street Address **268 MAIN STREET**
City, State, Zip Code **Fairlawn, NJ 07410**			City State, ZipCode **Butler, NJ 07405**
Project Manager for Monitoring Firm **Fred Larson**	Telephone Number **973-636-9145**		Telephone Number **973-492-0477** / License Number **00840**
Scheduled Start Date (10) **September 26, 2012**	Scheduled Completion Date (11) **September 27, 2012**		Name of OSHA Monitor **EMSL inc.**
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe : **Abatement performed during day shift** Other – Describe:			Street Address **1056 Stelton Road** City, State, Zip Code **Piscataway, NJ 08854**

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf	Renovation	Full Containment with Negative Pressure
☐ ≥ 160 sf or ≥ 260	Demolition	Mini-Enclosure
		Glovebag Procedure
		x Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Basement			☒	**VAT & Mastic**	**195 sf**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below	3	**Meadowfill Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 **NJ DEP # 12561** **Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551**	Disposal Date **September 27, 2012**	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	**SENIOR PROJECT MANAGER**	*Marin Graure*	**September 25, 2012**

GAC # 2012-352

From:

RECEIVED
2012 OCT -1 PM 11:08
ASBESTOS CONTROL & LICENSING

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 9/25/12 Time: 10:53AM

Date of Notification (1) September 25, 2012	Name of Building Owner/Operator (2) Ms. Eileen Keefe C/o Insurance Restoration Specialists Inc.
Agencies Notified EPA DCA x DOL x DEP x DOH	Notification Type ☒ Initial Notification ☐ Amended Certification ☒ Emergency (including justification) ☐ Cancelled
	Street Address 1022 Burnt Tavern Road
	City, State, Zip Code Point Pleasant, NJ 08742
	Name of Contact c/o Mr. Bill Blake – IRS Inc. Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residence	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 1022 Burnt Tavern Road	Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years
City (5): Point Pleasant; County (6): Ocean; County Code (7) (State Use Only)	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A	Street Address 268 MAIN STREET
City, State, Zip Code Fairlawn, NJ 07410	City, State, ZipCode Butler, NJ 07405
Project Manager for Monitoring Firm Fred Larson Telephone Number 973-636-9145	Telephone Number 973-492-0477 License Number 00840
Scheduled Start Date (10) September 26, 2012 Scheduled Completion Date (11) September 27, 2012	Name of OSHA Monitor EMSL inc.
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe : Abatement performed during day shift Other – Describe:	Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
x Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Basement			☒	VAT & Mastic	195 sf	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below	3	Meadowfill Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date: September 27, 2012

City, State: Route 2, Box 68 Bridgeport, WVA 304-842-2784

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	SENIOR PROJECT MANAGER	Marin Graure	September 25, 2012

GAC # 2012-352

REMEMBER – MAIL IN HARD COPY

RECEIVED 2012 OCT -1 PM 11:08

ASBESTOS CONTROL & LICENSING

DOL – 10 DAY

SEP 27 2012

WAIVER APPROVED

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) September 25, 2012	Name of Building Owner/Operator (2) Ms. Eileen Keefe C/o Insurance Restoration Specialists Inc
Agencies Notified EPA DCA x DOL X DEP x DOH	Notification Type ☒ Initial Notification ☐ Amended Certification ☒ Emergency (including justification) ☐ Cancelled
	Street Address 1022 Burnt Tavern Road
	City, State, Zip Code Point Pleasant , NJ 08742
	Name of Contact c/o Mr. Bill Blake – IRS Inc.
	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Residence	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age 60 years
Street Address 1022 Burnt Tavern Road	
City (5): Point Pleasant County (6): Ocean County Code (7) (State Use Only)	Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A	Street Address 268 MAIN STREET
City, State, Zip Code Fairlawn, NJ 07410	City State, ZipCode Butler, NJ 07405
Project Manager for Monitoring Firm Fred Larson Telephone Number 973-636-9145	Telephone Number 973-492-0477 License Number 00840
Scheduled Start Date (10) September 26, 2012 Scheduled Completion Date (11) September 27, 2012	Name of OSHA Monitor EMSL Inc.
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe : Abatement performed during day shift Other - Describe	Street Address 1066 Stelton Road City, State, Zip Code Piscataway, NJ 08854

Source of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260
Renovation
Demolition
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
x Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap.	Enclose
Basement			☒	VAT & Mastic	195 sf	☒			

Name of Req. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below	3	Meadowfill Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date: September 27, 2012

City, State: Route 2, Box 66, Bridgeport, WVA, 304-842-2784

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	SENIOR PROJECT MANAGER	Marin Graure	September 25, 2012

GAC # 2012-352

Check# 1485

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

RECEIVED
2012 OCT -1 PM 11:07
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 26 / 12	Betty Taborelli

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	2506 Beech Street	Point Pleasant, NJ 08742	Betty Taborelli	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 2506 Beech Street	
City (5): Point Pleasant, NJ 08742	Square Feet / # cf Floors / Bldg. Age
County (6): Ocean	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)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 973-638-1777 / License No.: 01127
Start Date (10): 10 / 05 / 12	Scheduled Completion Date (11): 10 / 06 / 12	Name of OSHA Monitor: Envirovision Consultants,Inc
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 20-21 Wagaraw Road, Bldg .# 34A City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥ 160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S F or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☒	Pipe insulation	100 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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

Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner		09/26/2012

ASB-41
MAY 11

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

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

4063

RECEIVED
2012 OCT 10 PM 11:06
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-2012	Name of Building Owner/Operator (2): W. MARIC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 657 NORTHUMBERLAND ROAD
	City, State, Zip Code: TEANECK, NJ 07666
	Name of Contact: W. MARIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): W. MARIC		Type of Facility (4): ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 657 NORTHUMBERLAND ROAD			
City (5): TEANECK	Square Feet: 1875	# of Floors: 2	Bldg. Age: 77 YRS
County (6): BERGEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address		Street Address: 450 South River St	
City, State, Zip Code		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 10-9-12	Scheduled Completion Date (11): 10-10-12	Name of OSHA Monitor: Omega Environmental Services	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM 5PM		Street Address: 280 Huyler St.	
		City, State, Zip Code: South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply):
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☒ Removal ☐ Demolition
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Friable (ACM) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. fireproof system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		Abatement Type: Removal	Encap.	Enclosure	Glovebag
BASEMENT			X	THERMAL INSULATION	55	SF	X			
BASEMENT			X	THERMAL INSULATION	30	LF	X			

Name of Registered Waste Hauler: Best Removal Inc.	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1 1/2 YD	Name of Registered Landfill: Minerva Enterprises Inc
City, State: Hackensack, NJ		Disposal Date: 10-10-12	City, State: Waynesburg, OH.

Completed By: R. Veldran	Title: Estimator	Signature: R. Veldran	Date: 9-26-12

AGB-41 (R-05-08)

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
2012 OCT -1 PM 11:03
ASBESTOS CONTROL & LICENSING

Date of Notification (1): September 26, 2012	Name of Building Owner/Operator (2): Janice Johnson 07704
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA Type of Notification: [x] Initial Notification; [ ] Amended Notification (Explain)_____; [ ] Emergency (including justification); [ ] Cancellation	Street Address: 311 Lawrence Avenue City, State, Zip Code: Highland Park, NJ 08904 Name of Contact: Janice Johnson Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 311 Lawrence Avenue			
City: Highland Park	County (6): Middlesex	County Code (7) (STATE USE ONLY):	Square feet: 2000 sf; # of Floors: 2; Bldg. Age: 60
			Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone Number: 732-349-9932		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 10/10/12	Scheduled Completion Date (11): 10/11/12		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____			Street Address: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Basement		X		Asbestos pipe insulation	200lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	T.R.R.F.

City, State	Disposal Date	City, State
Toms River, New Jersey	10/12/12	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	Nichol Fer	9/26/2012

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

CR # 1629

RECEIVED

2012 OCT -1 PM 11:03

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-27-12

Building Owner/Operator (2): FOLEY SQUARE AT MURRAY HILL LLC

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

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

Street Address: P.O. BOX 745

City, State, Zip Code: SUMMIT NJ 07901

Telephone Number:

Name of Contact: HARRING CONSTRUCTION

FACILITY INFORMATION

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

Street Address: 335 SOUTH STREET

City (5): NEW PROVIDENCE (MURRAY HILL)

County (6): UNION

County Code (7) (STATE USE ONLY):

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

Square Feet: 2800 # of Floors: 2 Bldg. Age: 80

Current Use (Prior if being demolished): HOUSE

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

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

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1252 License No.: 00024

Start Date (10): 10-8-12

Scheduled Completion Date (11): 10-18-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT				PIPE	60 LF	✓			
1ST FL BEDROOM				TILE	200	✓			
2ND FL BED RM E&W				PLASTER CEILING	2445F	✓			
1ST FL S.WALL FRT RM				PLASTER WALL	500	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 8

Name of Registered Landfill: IESI

City, State: COLTS NECK NJ 07722

Disposal Date: 10-18-12

City, State: BETHLEHAM PA

Completed By: JACK GALL

Title: OPS MGR

Signature: Jack Gall

Date: 9-27-12

ASD-41

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

CK 1629

RECEIVED

2012 OCT -1 PM 11:03

ASBESTOS CONTROL & LICENSING

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

Date of Notification: 9-27-12

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

Type Notification
- [X] Initial
- [ ] Amended
- [ ] Amendment # ____
- [ ] Emergency (including notification)
- [ ] Cancellation

Name of Building Owner/Operator (2): FOLEY SQUARE AT MURRAY HILL LLC

Street Address: P.O. BOX 745

City, State, Zip Code: SUMMIT NJ 07901

Telephone Number:

Name of Contact: HARRING CONSTRUCTION

FACILITY INFORMATION

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

Street Address: 341 SOUTH STREET

City (5): NEW PROVIDENCE (MURRAY HILL)

County (6): UNION

County Code (7) STATE USE ONLY:

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

Square Feet: 2200 | # of Floors: 2 | Bldg. Age: 75

Current Use (Prior if being demolished): HOUSE

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

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

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-577-1757 | License No.: 000025

Start Date (10): 10-8-12 | Scheduled Completion Date (11): 10-18-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., Basement systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Repair	Encapsulate	Encase
1st Fl Living Room				WINDOW GLAZE	30 SF		✓		
BASEMENT				9x9 FLOOR TILE	100 SF		✓		

Name of Registered Waste Hauler: ACE INSULATION CO INC | NJDEP Waste Hauler ID No.: 12086 | Cubic Yards of Waste: 1 | Name of Registered Landfill: CHRINS LANDFILL

City, State: COLTS NECK NJ 07722 | Disposal Date: 10-18-12 | City, State: EASTON PA

Completed By: JACK GALL | Title: OPS MGR | Signature: Jack Gall | Date: 9-27-

ASD-41

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

CIR 1629

RECEIVED

2012 OCT -1 PM 11:03

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)

Name of Building Owner/Operator (2)
FOLEY SQUARE AT MURRAY HILL LLC

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

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

Street Address
P.O. Box 745

City, State, Zip Code
SUMMIT NJ 07901

Name of Contact
HARRING CONSTRUCTION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FOLEY SQUARE

Street Address
339 SOUTH ST.

City (5)
NEW PROVIDENCE (MURRAY HILL)

County (6)
UNION

County Code (7) (STATE USE ONLY)

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

Square Feet: 2000
# of Floors: 2
Bldg. Age: 80

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

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

Street Address
95 MONTROSE RD

City, State, Zip Code
COLTS NECK NJ 07722

Telephone No.
732-431-1752

License No.
00029

Start Date (10)
10-8-12

Scheduled Completion Date (11)
10-18-12

Name of OSHA Monitor
ACE INSULATION CO INC

Street Address
95 MONTROSE RD

City, State, Zip Code
COLTS NECK NJ 07722

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

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure
1ST FL MASTER BED RM				JOINT COMPOUND	120 SF	✓		

Name of Registered Waste Hauler
ACE INSULATION CO INC

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste
3

Disposal Site
IESI

City, State
BETHLEHAM PA

Disposal Date
10-18-12

City, State
COLTS NECK NJ 07722

Completed By
JACK GALL

Title
OPS MGR

Signature

Date
9-27-12

ASD-41

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

CK 1629

RECEIVED

2012 OCT -1 PM 11:02

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-27-12

Name of Building Owner/Operator (2): Foley Square at Murray Hill LLC

Agencies Notified: [X] EPA [X] DEP [X] DOH [X] DOH [ ] LCA

Type Notification: [X] Initial [ ] Superseded [ ] Amendment # [ ] Emergency (including ratification) [ ] Cancellation

Street Address: P.O. Box 745

City, State, Zip Code: Summit NJ 07901

Name of Contact: Harrin Construction

Telephone Number:

FACILITY INFORMATION

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

Street Address: 21 South Gate Dr

City (5): New Providence (Murray Hill)

County (6): Union

County Code (7) (STATE USE ONLY)

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

Square Feet: 2400 # of Floors: 1 Bldg. Age: 72

Current Use (Prior if being demolished): House

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

ASCM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE Insulation Co. Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Telephone No.: 732-431-1752 License No.: 00029

Start Date (10): 10-8-12 Scheduled Completion Date (11): 10-18-12

Name of OSHA Monitor: ACE Insulation Co Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Demolition	Enclosure
Main Floor				Floor Tile	1500 sf	X			
				Ceiling Glue Dots	500 sf	X			

Name of Registered Waste Hauler: ACE Insulation Co Inc

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 3

Name of Registered Landfill: Chrins Landfill

City, State: Colts Neck NJ 07722

Disposal Date: 10-18-12

City, State: Easton PA

Completed By: Jack Gall

Title: Ops Mgr

Signature: Jack Gall

Date: 9-27-12

ASD-41

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

RECEIVED

2012 OCT -1 PM 11:02

ASBESTOS CONTROL & LICENSING

CK 1629

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

(1) Date of Notification: 9-27-12

(2) Name of Building Owner/Operator: FOLEY SQUARE AT MURRAY HILL LLC

Street Address: P.O. BOX 745

City, State, Zip Code: SUMMIT NJ 07901

Name of Contact: HARRING CONSTRUCTION

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

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

FACILITY INFORMATION

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

Street Address: 27 SOUTH GATE DR

City (5): NEW PROVIDENCE (MURRAY HILL)

County (6): UNION

County Code (7) STATE USE ONLY:

(4) Type of Facility: [ ] School (K-12) [ ] Subchapter 6 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 1800

# of Floors: 2

Bldg. Age: 77

Current Use (Prior if being demolished): HOUSE

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Telephone No.

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

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-577-1252 License No: 00029

(10) Start Date: 10-8-12

(11) Scheduled Completion Date: 10-18-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[X] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 lf

[X] ≥160 sf or ≥260 lf

[X] Renovation [ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Exempted (*) and Non-Friable Procedure

(12) Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure	Demolition
2ND FL KITCHEN				FLOOR TILE	500 SF	✓			
BASEMENT				9x9					

Name of Registered Waste Hauler: ACE INSULATION CO INC

NJDEP Waste Hauler ID No.: 12086

City, State: COLTS NECK NJ 07722

Cubic Yards of Waste: 2

Disposal Date: 10-18-12

Name of Registered Landfill: CHRINS LANDFILL

City, State: EASTON PA

Completed By: JACK GALL

Title: OPS MGR

Signature: Jack Gall

Date: 9-27-12

A50-41

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

CR
1629

RECEIVED
2012 OCT -1 PM 11:02
ASBESTOS CONTROL & LICENSING

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

Date of Notification: 9-28-12

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

- [ ] Amended Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2): FOLEY SQUARE AT MURRAY HILL LLC
Street Address: P.O. BOX 745
City, State, Zip Code: SUMMIT NJ 07901
Telephone Number:
Name of Contact: HARRING CONSTRUCTION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FOLEY SQUARE
Street Address: 12 WESTERLY AVE
City (5): NEW PROVIDENCE (MURRAY HILL)
County (6): UNION
County Code (7) (STATE USE ONLY)

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

Square Feet: 1500
# of Floors: 1
Bldg. Age: 80
Current Use (Prior if being demolished): HOUSE

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732-294-1752
License No.: 00029
Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Start Date (10): 10-8-12
Scheduled Completion Date (11): 10-18-12

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

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

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

Name of Registered Waste Hauler: ACE INSULATION CO INC
NJDEP Waste Hauler ID No.: 12086
Cubic Yards of Waste: 1
Name of Registered Landfill: IESI
City, State: COLTS NECK NJ 07722
Disposal Date: 10-18-12
City, State: BETHLEHEM PA

Completed By: JACK GALL
Title: OPS MGR
Signature: Jack Gall
Date: 9-27-12

ASB-41

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

CK
1026

VIA U.S. MAIL
RECEIVED

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

2012 OCT -1 PM 11:02
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/12		Name of Building Owner/Operator (2): Ms MARILYN Kallaredo	
Agency Notified: ☒ EPA ☐ DEP ☒ DOL ☒ OOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 12 WINDSOR RD	
		City, State, Zip Code: MONTVALE N.J.	
		Name of Contact: Ms MARILYN	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 2 Windsor Rd.		Square Feet: 3,500	# of Floors: 2
City (5): Montvale, N.J.			Bldg. Age: 100
County (6): Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENT	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): NOVATECH INC	
Street Address		Street Address: P.O. Box 814	
City, State, Zip Code		City, State, Zip Code: OLD BRIDGE NJ	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732 238x7500	License No.: 00806
Start Date (10): 10/5/12	Scheduled Completion Date (11): 11/5/12	Name of OSHA Monitor: NOVATECH INC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: P.O. Box 814	
		City, State, Zip Code: OLD BRIDGE NJ. 08857	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CANOPY (D) SIDE OF HOUSE			X	ROOF MATERIAL	200 S/F	X			

Name of Registered Waste Hauler: NOVATECH INC	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S.
City, State: OLD BRIDGE N.J. 08857		Disposal Date: 10/6/12	City, State: Morrisville PA.
Completed by: CARLOS ALMEIDA	Title: PRESIDENT	Signature: [signature]	Date: 9/26/12

ASB-41

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

CHECK # 2448

RECEIVED
2012 OCT -1 PM 11:01
BUREAU OF ASBESTOS CONTROL

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

Date of Notification (1): 9/27/12

Name of Building Owner/Operator (2): SMITH TECH CONTRACTING

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

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

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, N.J. 08330

Name of Contact: BRUCE BRENNIG

& Telephone Number

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) ☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 251 109TH ST.

Square Feet: 1000 | # of Floors: 2 | Bldg Age: 40+

City (5): STONE HARBOR

County (6): CAPE MAY

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): VACANT

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

ASCM No.

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Project Manager for Monitoring Firm

Telephone No.

Telephone No.: 856-779-0422 | License No.: 00444

Start Date (10): 10/8/12 | Scheduled Completion Date (11): 10/15/12

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

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

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation
SIDING				TRANSITE	1200 ft	X		

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C,M,C, M.U.S.

City, State: WOODBINE, N.J.

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

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 9/27/12

SB-41

* Do not use this form for asbestos licensure exempted activities

No Check

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

RECEIVED
2012 OCT -1 PM 10:59
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-26-12		Name of Building Owner/Operator (2): Princeton Theological Seminary	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 64 Mercer Street	
		City, State, Zip Code: Princeton, NJ 08546	
		Name of Contact: German Martienez	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton Theological Seminary-West Windsor Campus		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: Farber Road and Loetscher Place			
City (5): Princeton		Square Feet: 120,000	# of Floors: 2 / Bldg. Age: 60yrs.
County (6): Mercer	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): apartment complex	
Name of Monitoring Firm Hired by Building Owner (8): Harvard Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co.,Inc.	
Street Address: 760 Pulaski Highway		Street Address: 923 Haws Avenue	
City, State, Zip Code: Bear, DE 19701		City, State, Zip Code: Norristown, PA 19401	
Project Manager for Monitoring Firm: Duane Reese	Telephone No.: 302-326-2333	Telephone No.: 610-239-9920	License No.: 00398
Start Date (10): 7-23-12	Scheduled Completion Date (11): 10-12-13	Name of OSHA Monitor: Plymouth Environmental Co.,Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 923 Haws Avenue	
		City, State, Zip Code: Norristown,PA 19401	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st & 2nd floors		x		drywall joint compound	480,000 SF	x			
exterior		x		roofing	3,200 SF	x			
exterior		x		window caulk	3,500 SF	x			
1st floor		x		floor adhesive	10,000 sf	x			

Name of Registered Waste Hauler: Robinson Waste Disposal	NJDEP Waste Hauler ID No.: 17304	Cubic Yards of Waste: 8,000	Name of Registered Landfill: GROWS Landfill
City, State: Bellmawr, NJ		Disposal Date: 10-12-13	City, State: Morrisville,PA
Completed by: James M. Kelly	Title: Project Manager	Signature:	Date: 9-26-12

ASB-41 (R-06-08)

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

CK
1007

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

RECEIVED
2012 OCT -1 PM 10:4*
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/12	Name of Building Owner/Operator (2): L&L Park 80, LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 250 Pehle Avenue
	City, State, Zip Code: Saddle Brook, NJ 07663
	Name of Contact: Roseann Smith — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Park 80 West, Plaza 1	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 250 Pehle Avenue	
City (5): Saddle Brook	Square Feet: 260,800 — # of Floors: 8 — Bldg. Age: 20+
County (6): Bergen — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): CTSI	ASCM No.	Name of Abatement Contractor (9): Global Safety Contracting Corp.	
Street Address: 237 West 35th, Suite 805		Street Address: 4 Beaver Brook Road, Suite 110	
City, State, Zip Code: NY, NY 10001		City, State, Zip Code: Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm: Farhood Selamie	Telephone No.: (212) 971-7018	Telephone No.: 973-685-6625	License No.: 01038
Start Date (10): 10/9/12	Scheduled Completion Date (11): 12/9/12	Name of OSHA Monitor: Global Safety Contracting Corp.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 4 Beaver Brook Road, Suite 110	
		City, State, Zip Code: Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Penthouse			X	ACM Fireproofing and debris	6000SF	X			

Name of Registered Waste Hauler: Global Safety Contracting Corp.	NJDEP Waste Hauler ID No.: 32604	Cubic Yards of Waste	Name of Registered Landfill: T.R.R.F.
City, State: Lincoln Park, NJ		Disposal Date	City, State: Tullytown, PA

Completed by: Jean Patti	Title: Clerical	Signature: Jean Patti	Date: 9/26/12

ASB-41 (R-06-08)

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