


CK 6059

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

RECEIVED

Date of Notification (1) <b>September 29, 2015</b>		Job #: <b>9549.1</b>		Name of Building Owner/Operator (2) <b>Stockton Seaview Hotel &amp; Golf Club</b>		OCT 2 2015	
Agencies Notified		Notification Type		Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>401 S. New York Road</b> City, State, Zip Code <b>Galloway, NJ 08205</b>			
				Name of Contact		Telephone Number	
				<b>Keith F. Vreeland Jr.</b>			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>Stockton Seaview Hotel &amp; Golf Club</b>				Type of Facility (4)			
Street Address <b>401 S. New York Road</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)			
City (5) <b>Galloway</b>				Square Feet <b>5,000</b>		# of Floors <b>3</b>	
County (6) <b>Atlantic County</b>				County Code (7) (STATE USE ONLY)		Bldg. Age <b>40 years</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Indoor Environmental Concepts</b>				ASCM No.		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>	
Street Address <b>286 Sunset Road</b>				Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b>			
City, State, Zip Code <b>Barrington NJ 08007</b>				City, State, Zip Code <b>Bensalem, PA 19020</b>			
Project Manager for Monitoring Firm <b>Michael Menz</b>		Telephone Number <b>856-628-6020</b>		Telephone Number <b>215-533-3503</b>		License Number <b>00858</b>	
Scheduled Start Date (10) <b>October 9, 2015</b>		Scheduled Completion (11) <b>December 9, 2015</b>		Name of OSHA Monitor <b>Indoor Environmental Concepts</b>			
Occupancy Status During Abatement (Check only one)				Street Address <b>286 Sunset Road</b>			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code <b>Barrington NJ 08007</b>			
Source of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
<b>1<sup>st</sup> Floor, Room 112</b>		<b>X</b>		<b>VAT</b>	<b>350 SF</b>	<b>X</b>	
<b>1<sup>st</sup> Floor, Room 149</b>		<b>X</b>		<b>VAT</b>	<b>350 SF</b>	<b>X</b>	
<b>1<sup>st</sup> Floor, Room 156</b>		<b>X</b>		<b>VAT</b>	<b>350 SF</b>	<b>X</b>	
Name of Reg. Waste Hauler <b>The Prime Group Remediation</b>		NJDEP Waste Hauler ID # <b>19272</b>		Cubic Yards of Waste	Name of Reg. Landfill <b>Western Berks Community Landfill (DEP#100739)</b>		
City, State <b>Bensalem, PA</b>		Disposal Date <b>12/30/15</b>		City, State <b>Birdsboro, PA</b>			
Completed by <b>Vincent Primavera</b>	Title <b>Project Manager</b>			Signature 		Date <b>September 29, 2015</b>	

ASB-41

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

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

Check # 10187

Date of Notification (1) <b>September 29, 2015</b>		Name of Building Owner / Operator (2) <b>John D. Pittenger Builder, Inc.</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>2260 State Highway 33</b>  City, State & Zip Code <b>Neptune, NJ 07753</b>	
		Name of Contact <b>James Pittenger</b>	Telephone Number

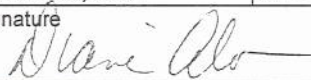
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address <b>235 Melody Lane</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Lavallette</b>		Square Feet <b>1,140</b>	# of Floors <b>1</b>
		Bldg. Age <b>50 years</b>	
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Residence</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>October 9, 2015</b>	Scheduled Completion Date (11) <b>October 29, 2015</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior – around air conditioner		X		Exterior Caulk	8 LF	X			

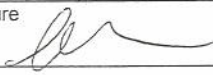
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>&lt;1</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>October 30, 2015</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>September 29, 2015</b>

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



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

*Check 14325*  
**OCT 2 2015**

Date of Notification (1) 9/29/15		Name of Building Owner/Operator (2) Ron Wiley							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact Ron	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 104 State Street		Square Feet 2700	# of Floors 2						
City (5) Union Beach		Bldg. Age 68							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 10/7/15	Scheduled Completion Date (11) 10/31/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: exterior		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	exterior siding	288 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/29/15			

Sep 25 2015 01:06pm

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

Date of Notification (1) <b>9/25/15</b>		Name of Building Owner/Operator (2) <b>SACRED HEART CHURCH CONVENT</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>76 BROAD ST</b>	City, State, Zip Code <b>BLOOMFIELD, N.J. 07003</b>			
		Name of Contact <b>FR. JIM BROWN</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>SACRED HEART CHURCH CONVENT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <b>76 BROAD ST</b>		Square Feet <b>8500</b>	# of Floors <b>3</b>			
City (5) <b>BLOOMFIELD</b>		Bldg. Age <b>1902</b>				
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>CONVENT / CHURCH</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)				
Street Address <b>Dept. of Health &amp; Senior Services</b>	<b>APPROVED</b>	Street Address <b>Best Removal Inc</b>				
City, State, Zip Code <b>Hackensack, N.J. 07601</b>	Date: <b>9/25/15</b> Time: <b>1:00 PM</b>	City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>9/29/15</b>	Scheduled Completion Date (11) <b>9/30/15</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\leq 3$ sf or $\leq 3$ ft <input type="checkbox"/> $\geq 160$ sf or $\geq 280$ ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fixable Procedure		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Location of Asbestos-Containing Material (ACM) TO BE ABATED (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	Enclosure
<b>CONDENSATE BOWSER ROOM</b>		<b>THERMAL SURFACING</b>	<b>30 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2.7</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9/30/15</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>9/25/15</b>			

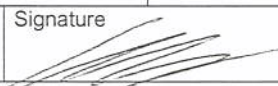
ASB-41

\* Do not use this form for asbestos licensed exempted activities.



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

*Check # 12104*

Date of Notification (1) <b>9 / 28 / 15</b>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Human Services OCT 2 2015</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>222 South Warren Street</b> City, State, Zip Code <b>Trenton, NJ 08625-0700</b> Name of Contact <b>Joe DeAngelo</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Woodbine Developmental Center - The Galley &amp; Hospital Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1175 DeHirsh Avenue</b>		Square Feet <b>50,000</b>							
City (5) <b>Woodbine</b>		# of Floors <b>1</b>	Bldg. Age <b>65</b>						
County (6) <b>Cape May County</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>institutional/hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co. Inc.</b>							
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>923 Haws Ave</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 390-5858</b>	License No. <b>00398</b>						
Start Date (10) <b>10 / 13 / 15</b>	Scheduled Completion Date (11) <b>10 / 30 / 15</b>	Name of OSHA Monitor <b>EHS Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-5:00PM/ PM-2:00AM</b>		Street Address <b>411 Southgate Court</b> City, State, Zip Code <b>Mickleton, NJ 08056</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Galley Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>vibration collar</b>	<b>4SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospital closets/corridors</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>pipe fittings</b>	<b>10LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>1CY</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>10/30/15</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 		Date <b>9/28/15</b>			



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

U.S. MAIL  
 ch# 1136  
 OCT 2 2015

Date of Notification (1) <b>9/29/15</b>		Name of Building Owner/Operator (2) <b>MRS BARBARA SANTAMARIA</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>178 High St</b>					
		City, State, Zip Code <b>Perth Amboy NJ 08861-4711</b>					
		Name of Contact <b>MRS SANTAMARIA</b>					
Telephone Number <b>1101-4711</b>							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>178 High St</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>178 High St</b>		Square Feet <b>2,800</b>	# of Floors <b>2</b>				
City (5) <b>Perth Amboy NJ</b>		Bldg. Age <b>75</b>					
County (6) <b>Hiddlesex</b>		Current Use (Prior if being demolished) <b>HOUSE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>NOVATECH INC</b>					
City, State, Zip Code		Street Address <b>P.O. Box 814</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>Old Bridge NJ 08857</b>					
Telephone No.		Telephone No. <b>732 238-7500</b>					
Start Date (10) <b>10/08/15</b>		License No. <b>00806</b>					
Scheduled Completion Date (11) <b>11/08/15</b>		Name of OSHA Monitor <b>NOVATECH INC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code <b>Old Bridge NJ 08857</b>					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Stovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	Prohibit
<b>BASEMENT</b>	<b>X</b>	<b>PIPE INSULATION</b>	<b>2150 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>			
City, State <b>Old Bridge NJ 08857</b>		Disposal Date <b>11/09/15</b>	City, State <b>Perth Amboy NJ</b>		Date <b>9/29/15</b>		
Completed by <b>Carlos Almeida</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>9/29/15</b>	

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