

OK 7000892

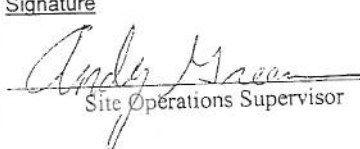
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

2014 OCT -3 PM 1:23

4-11-14
ASBESTOS CONTROL
& LICENSE

Tel Number

Date of Notification (1) 9/29/14		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
		Name of Contact Ravi Jarecha	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 98	Name of Contractor (9) K A Industrial Services LLC
Street Address 3 Terri Lane		Street Address 800 Billingsport Rd	
Burlington, NJ 08016		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 10/13/14	Scheduled Completion Date (11) 11/10/14	Name of OSHA Monitor K A Industrial Services, 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 - Removal within restricted work area in outside areas		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type			
Coker Unit - Combination Tower	X	Vessel Insulation	Approx 750 SF
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste ~ 20 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ	Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KA Industrial Services	Signature  Site Operations Supervisor	Date 9/29/14

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

ch# 25288

Date of Notification (1) September 30, 2014		Name of Building Owner/Operator (2) Dainius Daugela	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	41 Willow Ct	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Waretown, NJ 08758	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Dainius Daugela	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1960 Seaman Ct			<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 Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1518 sf	# of Floors 1	Bldg. Age 45
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 10/01/2014		Scheduled Completion Date (11) 10/02/2014	Name of OSHA Monitor E.M.S.L. Analytical		
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		
			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)]					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1050 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 10/03/2014		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 9/30/14		

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

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

Date of Notification (1) September 30, 2014		Name of Building Owner/Operator (2) William Horvath	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1813 Lookout Drive	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact William Horvath	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1813 Lookout Drive			Square feet 2000 sf		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/1/14		Scheduled Completion Date (11) 10/2/14		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/3/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/30/14

*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

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) ADATH YISROEL		2014 OCT -3 PM 1:53					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 565 BROADWAY AVENUE City, State, Zip Code PASSAIC, NJ 07055 Name of Contact MR. SCHWARTZ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ADATH YISROEL			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 565 BROADWAY AVENUE			Square Feet						
City (5) PASSAIC, NJ			# of Floors 3		Bldg. Age				
County (6) PASSAIC COUNTY		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SYNAGOGUE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078					
Start Date (10) 10/23/14		Scheduled Completion Date (11) 10/26/14		License No. 1200					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor AAA LEAD PROFESSIONALS						
			Street Address 6 WHITE DOVE COURT						
			City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR		X		MASTIC	3,000 SF	X			
FIRST FLOOR		X		FLOOR TILE	1,500 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 10/26/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 9/9/14			

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

RECEIVED # 024694


Date of Notification (1) 09 / 29 / 14		Name of Building Owner/Operator (2) NOUVELLE ASSOCIATES LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA		Street Address P.O. BOX 853	
Type of Notification <input checked="" type="checkbox"/> Initial Notification		City, State, Zip Code FRANKLIN LAKES, NJ 07417	
<input checked="" type="checkbox"/> DOL		Name of Contact MR. LUCIANO BRUNI	
<input type="checkbox"/> Amended Notification Amendment		Telephone Number 4	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> Cancellation			
<input type="checkbox"/> DCA		<input type="checkbox"/> Emergency	

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			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 33 PASCACK ROAD			Square Feet		
City (5) WESTWOOD			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) ASCM		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.	
Street Address		Street Address 1141 ROUTE 23	
		City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm		Telephone Number 973 628-9500	
Telephone Number		License Number 00408	
Scheduled State Date (10) 10 / 09 / 14		Name of OSHA Monitor ENVIRO VISION CONSULTANTS INC.	
Scheduled Completion Date (11) 11 / 07 / 14		Street Address 20-21 WAGARAW ROAD, BLDG. #34A	
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 <input checked="" type="checkbox"/> Hours - Describe: 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe:		FAIR LAWN NJ 07410	

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		<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment With Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non Exempted (*) and Non-Friable Procedure	
--	--	---	--	---	--


Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
KITCHEN			X	TEXTURED CEILING	200 SF	X				
KITCHEN			X	VAT	200 SF	X				
1ST FLOOR - THROUGHOUT			X	JOINT COMPOUND	2,000 SF	X				
2ND FLOOR - EXTERIOR			X	TRANSITE SHINGLES	800 SF	X				
ROOF			X	ROOFING TAR/FLASHING	800 SF	X				

Name of Registered Waste Hauler Weigle Trucking Company		NJDEP Waste Hauler ID No. SW2912		Cubic Yards of Waste 150		Name of Registered Landfill Minerva Landfill	
City, State Linden, PA		Disposal Date		City, State Wayneburg, Ohio		Date 09/29/14	
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature 		Date 09/29/14	

Emergency

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

CK 4416

Date of Notification (1) 10/1/14		Name of Building Owner/Operator (2) Dan Wolaniuk Private Home							
Agencies Notified	Type Notification	Street Address 53 South Spinnaker Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Dan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dan Wolaniuk Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 53 South Spinnaker Drive		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	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) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/2/14	Scheduled Completion Date (11) 10/3/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
on slab			x	floor tile	unknown	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 10/1/14	

Emergency


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

CK 4415

2014 OCT -3 PM 1:40

ASBESTOS CONTROL

LICENSE

Date of Notification (1) 10/1/14		Name of Building Owner/Operator (2) Lawrence Kiely Private Home							
Agencies Notified	Type Notification	Street Address 205 West 18th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Lawrence							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence Kiely Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 West 18th Street		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/2/14	Scheduled Completion Date (11) 10/6/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 10/1/14	

Emergency

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

CK 4410


Date of Notification (1) 9/30/14		Name of Building Owner/Operator (2) Marharet Horvath Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 Bud Dr.		City, State, Zip Code Manahawkin NJ 08050							
Name of Contact Marharet		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marharet Horvath Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 Bud Dr.		Square Feet 1000+							
City (5) Manahawkin NJ 08050		# of Floors 1							
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 10/1/14		License No. 00727							
Scheduled Completion Date (11) 10/3/14		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 10/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 9/30/14		

CK 4409

2014 OCT -3 PM 1:39

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

CK 4417

Date of Notification (1) 10/1/14		Name of Building Owner/Operator (2) Joe Caslena Private Home							
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 9 Prescott		City, State, Zip Code Strathmere NJ 08248							
Name of Contact Joe		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Caslena Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Prescott		Square Feet 1000+	# of Floors 1						
City (5) Strathmere NJ 08248		Bldg. Age 35+							
County (6) Cape May	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/14/14	Scheduled Completion Date (11) 10/20/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/20/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/1/14		

Check # 11228

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 423-14

<u>Date of Notification (1)</u> September 29, 2014		<u>Name of Building Owner/Operator (2)</u> CRANFORD TOWNSHIP	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 8 SPRINGFIELD AVENUE	
		<u>City, State, Zip Code</u> CRANFORD, NJ 07016	
		<u>Name of Contact</u> MS. JENNIFER KOBLISKA - Asst. to Town Administrator	<u>Telephone Number</u> -
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CRANFORD TOWNSHIP		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> MUNICIPAL BUILDING - 8 SPRINGFIELD AVENUE		<u>Sq. Feet:</u> ~30,000SF <u># of Floors:</u> 2 <u>Bldg. Age:</u> ~60+ years	
<u>City (5)</u> CRANFORD	<u>County (6)</u> UNION	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> MUNICIPAL OFFICES
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<u>ASCM No.</u> 0090	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 401 ST. JAMES AVENUE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> PHILLIPSBURG, NJ 08865		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JON GILBERT	<u>Telephone Number</u> 908-454-6316	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 10/10/2013	<u>Scheduled Completion Date (11)</u> 10/14/2014	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours FRI 3PM - TUES 5AM (24 Hours as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Main Floor Data Room	<input checked="" type="checkbox"/>	VAT	210 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 28969		<u>Disposal Date</u> 10/14/2014	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509</u> NJDEP # 4509			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> September 29, 2014

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

Check # 9156

Date of Notification (1) September 30, 2014 September 12, 2014		Name of Building Owner / Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified	Type Notification	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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	Atlantic City International Airport City, State & Zip Code Pomona, NJ 08405 Name of Contact Nicole Saiauskie	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FAA WJH Technical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address Atlantic City International Airport, Bldg. 245		Square Feet 1,500	# of Floors 1
City (5) Pomona		Bldg. Age 60 years	
County (6) Atlantic		Current Use (Prior if being demolished) Government Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	
Street Address 15 West Elizabeth Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Linden, NJ 07036		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kelly Walton		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-862-4301		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 2, 2014	Scheduled Completion Date (11) October 22, 2014	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/ <u>Vacated</u> 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		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Storeroom		X		Braided Rope Packing	50 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 24, 2014		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>		Date October 2, 2014 September 12, 2014	

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

RECEIVED Check # 9156

Date of Notification (1) September 25, 2014 September 12, 2014		Name of Building Owner / Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	Street Address Atlantic City International Airport	
		City, State & Zip Code Pomona, NJ 08405	
		Name of Contact Nicole Saiauskie	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FAA WJH Technical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address Atlantic City International Airport, Bldg. 245		Square Feet 1,500	# of Floors 1
City (5) Pomona		Bldg. Age 60 years	
County (6) Atlantic		Current Use (Prior if being demolished) Government Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	License Number 00817
Scheduled Start Date (10) September 30, 2014	Scheduled Completion Date (11) October 22, 2014	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other -- Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Storeroom		X		Braided Rope Packing	50 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 24, 2014		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>		Date September 25, 2014 September 12, 2014	

NO CK

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

RECEIVED Check # 9156

Date of Notification (1) September 19, 2014 September 12, 2014		Name of Building Owner / Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified	Type Notification	Street Address	2014 OCT -3 PM 1:26
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Atlantic City International Airport	ASBESTOS CONTROL & LICENSING
		City, State & Zip Code	Pomona, NJ 08405
		Name of Contact	Telephone Number
		Nicole Saiauskie	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FAA WJH Technical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address Atlantic City International Airport, Bldg. 245		Square Feet 1,500	# of Floors 1
City (5) Pomona		Bldg. Age 60 years	
County (6) Atlantic		Current Use (Prior if being demolished) Government Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-296-6916
Scheduled Start Date (10) September 25, 2014		Scheduled Completion Date (11) October 22, 2014	License Number 00817
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Storeroom		X		Braided Rope Packing	50 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 24, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date September 19, 2014 September 12, 2014

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

RECEIVED
Check # 9156

Date of Notification (1) September 12, 2014		Name of Building Owner / Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified	Type Notification	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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Atlantic City International Airport City, State & Zip Code Pomona, NJ 08405	
		Name of Contact Nicole Saiauskie	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FAA WJH Technical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address Atlantic City International Airport, Bldg. 245		Square Feet 1,500	# of Floors 1
City (5) Pomona		Bldg. Age 60 years	
County (6) Atlantic		Current Use (Prior if being demolished) Government Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-296-6916
Scheduled Start Date (10) September 22, 2014		Scheduled Completion Date (11) October 22, 2014	License Number 00817
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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)
	Yes No N/A		
Storeroom	X	Braided Rope Packing	50 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 24, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date September 12, 2014

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

NO CK

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

Date of Notification (1) 9 / 29 / 14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL	
Agencies Notified		Street Address 444 LAKE ROAD	
Type Notification		City, State, Zip Code WYCKOFF, NJ 07481	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact RICHARD STEIMEL	

RECEIVED

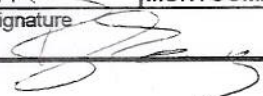
2014 OCT -3 PM 1:30

ASBESTOS CONTAINING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)
Street Address 444 LAKE ROAD		Square Feet 1,776	# of Floors 1
City (5) WYCKOFF		County (6) BERGEN	Bldg. Age 68
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) CTSI		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 622 GEORGES ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State Date (10) 10 / 6 / 14 Month Day Year		Sched. Completion Date (11) 10 / 17 / 14 Month Day Year	License Number 460
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Street Address 1376 ROUTE 9 W	
City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
BASEMENT			X	BOILER INSULATION	60 SF	X		
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X		

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 10/06-10/17/14		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 		Date 9/29/14

Typographical
Error

NO CK

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

Date of Notification (1) 3 / 14 /14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 444 LAKE ROAD City, State, Zip Code WYCKOFF, NJ 07481 Name of Contact RICHARD STEIMEL Telephone Number	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)	
Street Address 444 LAKE ROAD		Square Feet 1,776	# of Floors 1
City (5) WYCKOFF		County (6) BERGEN	Bldg. Age 68
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) CTSI		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 622 GEORGES ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	Telephone Number 845-369-7500
License Number 460			
Expected State Date (10) 10 / 6 /14 Month Day Year		Sched. Completion Date (11) 10 / 17 /14 Month Day Year	
Name of OSHA Monitor QUALITY ENVIRONMENTAL			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM		Street Address 1376 ROUTE 9 W	
City, State, Zip Code WAPPINGERS FALLS, NY 12590			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
BASEMENT			X	BOILER INSULATION	60 SF	X		
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X		

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 10/06-10/17/14	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9-26-14

NO CR

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

Date of Notification (1) 2014 OCT 10 / 14		Name of Building Owner/Operator (2) EARTITECH CONTRACTING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08230	
Name of Contact BRUCE BREUNIG		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 237 BEACH ROAD		Square Feet 1000	# of Floors 2
City (5) OLEON CITY		Bldg. Age 40+	
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		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 10/13/14	Scheduled Completion Date (11) 10/20/14	Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SITING	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) TRANSITE	Amount (Specify SF or LF) 1500 LF
			Abatement Type Removal Enclose Full enclosure
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5
City, State MAPLE SHADE, N.J. 08052		Disposal Date	Name of Registered Landfill C.M.C. M.U.A.
			City, State WOODBINE, N.J.
Completed By JOSEPH KLEMM	Title OWNER	Signature Joseph Klemm	Date 10/11/14

NO CK

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)

Date of Notification (1) 2014 OCT -3 PM 10:11/64		Name of Building Owner/Operator (2) AMERICAN CONTRACTORS SERVICES	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2547 FIRE ROAD - UNIT A-1	
City, State, Zip Code Galloway Twp. N.J. 08234		Name of Contact Downs	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address 1500 ATLANTIC AVE.		Square Feet 1000 #	
City, State, Zip Code LONGPORT		Floor 2	
County Code (1) / STATE USE ONLY ATLANTIC		Block Age 40 Y	
Name of Monitoring Firm Hired by Building Owner N/A		Current Use (Prior to being demolished) VACANT	
ASCM No.		Name of Abatement Contractor (8) Klemm Inc.	
Address		Street Address 369 S. SPRING AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No.		Telephone No. 856-774-0422	
License No.		License No. 000744	
Name of OSHA Monitor Joseph Klemm		Address 369 S. SPRING AVE	
City, State, Zip Code MAPLE SHADE, N.J. 08052		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scheduled Completion Date (11) 10/20/14		Name of OSHA Monitor Joseph Klemm	
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		Address 369 S. SPRING AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Is Location Normally Used Solely by Maintenance/Custodial Staff (12) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, YAL, or other miscellaneous)	
Location of Asbestos Containing Material (ACM) TO BE ABATED IN FACILITY (13) BUILDING		Amount (Spec. SF or LF) 2500 #	
Is Location Normally Used Solely by Maintenance/Custodial Staff (12) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, YAL, or other miscellaneous) TRANSITE	
Amount (Spec. SF or LF) 2500 #		Name of Registered Contractor ACVA	
City, State, Zip Code MAPLE SHADE, N.J.		City, State, Zip Code PLANTVILLE, N.J.	
Signature Joseph Klemm		Signature Klemm	
Title V/P		Title V/P	
Date 10/11/14		Date 10/11/14	

NO CK

RECEIVED

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

2014 OCT-3 Notification 10/1/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DOL <input 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 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08230	
Name of Contact BRUCE BREUNIG		Telephone #	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 233 BEACH ROAD		Square Feet 1000	# of Floors 2
City (5) OLEON CITY		Bldg. Age 40 Y	
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) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 10/13/14	Scheduled Completion Date (11) 10/20/14	Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM): TO BE ABATED IN Facility (12) SIDING	Is Location Normally Used Solely by Maintenance Custodian? (13) Yes No N/A	Description of Asbestos Containing Material (ACM): i.e. thermal systems insulation, surfacing VAT, or other miscellaneous TRANSITE	Amount: (Specify SF or LF) 1500 SF
Name of Registered Waste Hauler KLEMMCO INC.	Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.
City, State MAPLE SHADE, N.J. 08052	Disposal Date	City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM	Title OWNER	Signature Joseph Klemm	Date 10/1/14

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


No Check

Date of Notification (1) 10 / 2 /14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 444 LAKE ROAD	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WYCKOFF, NJ 07481	
		Name of Contact RICHARD STEIMEL	

OCT - 3 2014


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)		
Street Address 444 LAKE ROAD			Square Feet 1,776	# of Floors 1	Bldg. Age 68
City (5) WYCKOFF	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8) CTSI			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 622 GEORGES ROAD			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 10 / 6 /14		Sched. Completion Date (11) 10 / 17 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM			Street Address 1376 ROUTE 9 W		
			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
BASEMENT			X	BOILER INSULATION	60 SF	X		
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X		
Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL MORRISVILLE, PA					
City, State KEARNEY, NEW JERSEY		Disposal Date 10/06-10/17/14	City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/2/14				

No Check

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

Date of Notification (1) 9 / 29 /14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 444 LAKE ROAD City, State, Zip Code WYCKOFF, NJ 07481 Name of Contact RICHARD STEIMEL					
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)					
Street Address 444 LAKE ROAD		Square Feet 1,776	# of Floors 1				
City (5) WYCKOFF		Bldg. Age 68					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) CTSI		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION				
Street Address 622 GEORGES ROAD		Street Address 313 SPOOK ROCK ROAD					
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902		City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	License Number 460				
Expected State Date (10) 10 / 6 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL					
Sched. Completion Date (11) 10 / 17 /14		Street Address 1376 ROUTE 9 W					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM		City, State, Zip Code WAPPINGERS FALLS, NY 12590					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	REMOVAL	REPAIR
BASEMENT			X	BOILER INSULATION	60 SF	X	
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 9/29/14			

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

Date of Notification (1)

3 / 14 /14

Name of Building Owner/Operator (2)

RICHARD AND LISA STEIMEL

Street Address

444 LAKE ROAD

City, State, Zip Code

WYCKOFF, NJ 07481

Name of Contact
RICHARD STEIMEL

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

444 LAKE ROAD, WYCKOFF, NJ 07481

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. Private/Commcl. bldgs., homes, etc.)

Street Address

444 LAKE ROAD

Square Feet

1,776

of Floors

1

Bldg. Age

68

City (5)

WYCKOFF

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

PRIVATE RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)

CTSI

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

622 GEORGES ROAD

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NORTH BRUNSWICK, NEW JERSEY 08902

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

KYLE KRUGE

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

10 / 6 /14
Month Day Year

Sched. Completion Date (11)

10 / 17 /14
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: 8AM to 4:30 PM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF

☐ Renovation

☐ Full Containment with Negative Pressure

☒ Mini-Enclos.

☐ Glovebag Procedure

☐ Non-Friable Procedure

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSUL

BASEMENT

BOILER INSULATION

60 SF

X

BASEMENT

PIPE FITTING INSULATION

10 LF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
10

Disposal Date

10/06-10/17/14

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Title
DIRECTOR OF OPERATIONS

Signature

Date

9/26/14

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

No Check

Date of Notification (1) 10 / 2 / 14		Name of Building Owner/Operator (2) MERCK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2000 GALLOPING HILL ROAD	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code KENILWORTH, NJ 07033	
		Name of Contact Telephone Number JERRY PETTI	

Name of Facility Where Abatement is Taking Place (3) MERCK K5			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 2000 GALLOPING HILL RD			Square Feet 100,000		# of Floors 4
City (5) KENILWORTH			County (6) UNION		Bldg. Age 30+
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) LABORATORY		
Name of Monitoring Firm Hired by Building Owner (8) ATLANTIC ENVIRONMENTAL INC.			ASCM No. 17		
Street Address 2 EAST BLACKWELL STREET			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code DOVER, NEW JERSEY 07801			Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm RAY PIRNAT			Telephone Number 973-534-6763		License Number 460
Expected State Date (10) 10 / 14 / 14		Sched. Completion Date (11) 12 / 14 / 14		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT -THROUGHOUT BLDG. K-5			X	PIPE INSULATION/FITTINGS	90 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 10/14-12/14/14		Signature 		Date 10/2/14			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS					

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

No Check

Date of Notification (1) 10 / 2 /14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 444 LAKE ROAD City, State, Zip Code WYCKOFF, NJ 07481	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact RICHARD STEIMEL	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)		
Street Address 444 LAKE ROAD			Square Feet 1,776	# of Floors 1	Bldg. Age 68
City (5) WYCKOFF	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8) CTSI			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 622 GEORGES ROAD			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 10 / 6 /14		Sched. Completion Date (11) 10 / 17 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM			Street Address 1376 ROUTE 9 W		
			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
<input type="checkbox"/> Renovation					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
BASEMENT			X	BOILER INSULATION	60 SF	X		
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X		

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL MORRISVILLE, PA
City, State KEARNEY, NEW JERSEY	Disposal Date 10/06-10/17/14	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 10/2/14

CK 26629

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

Date of Notification (1) <div style="text-align: center;">10 / 2 /14</div>		Name of Building Owner/Operator (2) MERCK Street Address 2000 GALLOPING HILL ROAD City, State, Zip Code KENILWORTH, NJ 07033 Name of Contact JERRY PETTI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Telephone Number <div style="text-align: right; font-size: 1.2em;">OCT - 3 2014</div>	

Name of Facility Where Abatement is Taking Place (3) MERCK K5 Street Address 2000 GALLOPING HILL RD City (5) KENILWORTH County (6) UNION County Code (7) (STATE USE ONLY)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <table style="width: 100%;"> <tr> <td style="width: 33%;">Square Feet 100,000</td> <td style="width: 33%;"># of Floors 4</td> <td style="width: 33%;">Bldg. Age 30+</td> </tr> </table> Current Use (Prior if being demolished) LABORATORY				Square Feet 100,000	# of Floors 4	Bldg. Age 30+
Square Feet 100,000	# of Floors 4	Bldg. Age 30+								
Name of Monitoring Firm Hired by Building Owner (8) ATLANTIC ENVIRONMENTAL INC. Street Address 2 EAST BLACKWELL STREET City, State, Zip Code DOVER, NEW JERSEY 07801				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm RAY PIRNAT		Telephone Number 973-534-6763		Telephone Number 845-369-7500		License Number 460				
Expected State Date (10) 10 / 14 /14 Month Day Year		Sched. Completion Date (11) 12 / 14 14 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovator <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
BASEMENT -THROUGHOUT BLDG. K-5			X	PIPE INSULATION/FITTINGS	90 LF	X				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10 Disposal Date 10/14-12/14/14		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			Signature 		Date 10/28/14			

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

2014 OCT -3 PM 1:00 9/29/14

Date of Notification (1) <u>9/29/14</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified (3) <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>820 SEASIDE ROAD</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>
		License No. <u>00444</u>

Start Date (10) <u>10/12/14</u>	Scheduled Completion Date (11) <u>10/19/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
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 <u>369 S. SPRUCE AVE.</u>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply) <input type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3000 LF</u>	<u>X</u>	

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NUEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>9/29/14</u>