

CK 3918

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

RECORDED
 2015 OCT 28 AM 8:59
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/25/15		Name of Building Owner/Operator (2) FRAN HOLIDAY					
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 1021 HELENE PL				
	City, State, Zip Code RARITAN NJ		Name of Contact				
		Telephone Number 908-391-3916					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					
Street Address 1021 HELENE PL		<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) RARITAN		Square Feet 1500	# of Floors 2				
County (6) SOMERSET		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME				
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				
			License No. 1200				
Start Date (10) 11/08/15	Scheduled Completion Date (11) 11/08/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS				
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT					
<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 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 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) <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			
				Removal	Repair	Encapsulate	Enclosure
BASEMENT		MISC	400SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 11/09/15	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 9/9/14		

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