
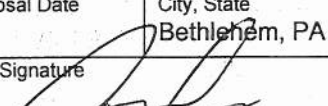


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/28/2013		Name of Building Owner/Operator (2) Township of Little Falls		OCT 29 2013					
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 225 Main Street City, State, Zip Code Little Falls, NJ 07424 Name of Contact Phillip H. Simone, C.P.W.M					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 166 William Street			Square Feet 1600						
City (5) Little Falls			# of Floors 2		Bldg. Age 55 +				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) None					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. NA		Name of Abatement Contractor (9) ALKAT Construction LLC					
Street Address NA		Street Address 1017 McBride Avenue # 603							
City, State, Zip Code NA		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm NA		Telephone No. NA		Telephone No. 973.89307005					
Start Date (10) 10/06/2013		Scheduled Completion Date (11) 10/08/2013		License No. 01097					
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 checked="" type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor Mile Batic						
Street Address 72 Plum Street			City, State, Zip Code Paterson, NJ 07503						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Siding			X	Siding	2400	X			
Name of Registered Waste Hauler ATLANTIC Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 30		Name of Registered Landfill IESI PA BETHLEHEM CORPORATION			
City, State 1141 Route 23 Wayne, NJ				Disposal Date		City, State Bethlehem, PA 18015			
Completed by Uros Spasic		Title Owner		Signature 		Date 09/28/2013			

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

Date of Notification (1) 09/30/13		Name of Building Owner/Operator (2) Township of Little Falls							
Agencies Notified	Type Notification	Street Address 225 Main Street							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Phillip H. Simone, C.P.W.M.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address 82 William Street		<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) Little Falls		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. NA	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address NA		Street Address 1017 McBride Avenue # 603							
City, State, Zip Code NA		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm NA		Telephone No. NA	License No. 01097						
Start Date (10) 10/01/13	Scheduled Completion Date (11) 10/03/13	Name of OSHA Monitor Mile Batic							
Occupancy Status During Abatement (Check Only One)		Street Address 72 Plum Street							
<input 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 Paterson, NJ 07503							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
ACM Siding			X	Siding	1800 SF	X			
Name of Registered Waste Hauler ATLANTIC Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESI PA BETHLEHEM CORPORATION					
City, State 1141 Route 23 Wayne, NJ			Disposal Date	City, State Bethlehem, PA 18015					
Completed by Uros Spasic		Title Owner	Signature 			Date 9/30/13			

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

Date of Notification (1) 09/30/13		Name of Building Owner/Operator (2) Township of Little Falls							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 225 Main Street		City, State, Zip Code Little Falls, NJ 07424							
Name of Contact Phillip H. Simone, C.P.W.M.		Telephone No.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 120 William Street		Square Feet	# of Floors						
City (5) Little Falls		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. NA	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address NA		Street Address 1017 McBride Avenue # 603							
City, State, Zip Code NA		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm NA		Telephone No. NA	License No. 01097						
Start Date (10) 10/03/13	Scheduled Completion Date (11) 10/06/13	Name of OSHA Monitor Mile Batic							
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 type="checkbox"/> Other - Describe:		Street Address 72 Plum Street							
		City, State, Zip Code Paterson, NJ 07503							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
ACM Siding			X	Siding	2850 SF	X			
Name of Registered Waste Hauler ATLANTIC Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESI PA BETHLEHEM CORPORATION					
City, State 1141 Route 23 Wayne, NJ			Disposal Date	City, State Bethlehem, PA 18015					
Completed by Uros Spasic		Title Owner	Signature	Date 9/30/13					

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:12)

B & G proj. #: 2013-213

Check # 6217

2013 OCT 29 AM 2:16

Date of Notification (1) 11/01/2013		Name of Building Owner/Operator (2) Tom McNally	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 253 Kingsland Terrace		City, State, Zip Code South Orange, NJ 07079	
Name of Contact Tom McNally		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tom McNally			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 253 Kingland Terrace			Square Feet # of Floors Bldg. Age		
City (5) South Orange, NJ 07079	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Sched. Start Date (10) 11/6/13		Sched. Completion Date (11) 11/7/13	License Number 0378		
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 type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure

- ☐ wrap & cut
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			X	pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage			X	pipe insulation	2 lf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/7/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/25/2013

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED

B & G proj. #: 2013-212

Check #6216

2013 OCT 29 AM 2:04

Date of Notification (1) 10/25/13		Name of Building Owner/Operator (2) Mike Celentano	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 516 81st Street		City, State, Zip Code North Bergen, NJ 07047	
Name of Contact Mike Celentano			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mike Celentano			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 516 81st Street			Square Feet # of Floors Bldg. Age		
City (5) N Bergen	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/5/13		Sched. Completion Date (11) 11/6/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure ☐ wrap & cut

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	70 lf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035	Disposal Date 11/6/2013	City, State Tullytown, PA		Date 10/25/2013
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna		

B & G proj. #: 2013-216

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED
Check #6215

2013 OCT 29 AM 1:53

Date of Notification (1) 10/25/13		Name of Building Owner/Operator (2) Delores Keller	
Agencies Notified	Type Notification	Street Address 52 Park Lane	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Essex Fells, NJ 07021	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Delores Keller	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Delores Keller			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 52 Park Lane			Square Feet		
City (5) Essex Fells			County (6) Essex		County Code (7) (State use only)
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-696-6869	
				License Number 0378	
Scheduled Start Date (10) 11/04/13		Sched. Completion Date (11) 11/05/13		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 105 Ryerson Road	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code Lincoln Park, NJ 07035	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input type="checkbox"/> Other-Describe:					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
- ☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

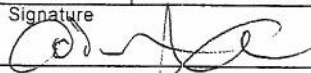
- ☐ Full Containment w/negative pressure
- ☒ Mini-enclosure

- ☐ wrap & cut
- ☒ Glovebag procedure
- ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement boiler room			X	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			X	contaminated fiberglass insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			X	pipe insulation	18 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			X	contaminated fiberglass insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/05/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/25/2013

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

Date of Notification (1) 10/25/2013		Name of Building Owner/Operator (2) Ms. Christine Di M							
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 970 Valley Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Mr. Gary Kraft							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 512 Broadway		Square Feet 2000 SF	# of Floors 2						
City (5) Passaic		Bldg. Age 60+							
County (6) Passaic County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.							
Street Address		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 11/09/2013	Scheduled Completion Date (11) 11/10/2013	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> >160 sf or >260 If		<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"/> Govebag 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
Basement of the building			X	Pipe/Elbow Insulation	120 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/10/2013		City, State Waynesburg, OH 44688					
Completed By Milan Njezic	Title Vice President		Signature 			Date 10/25/2013			

ASB41

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