

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

RECEIVED

Date of Notification (1) <u>9 / 22 / 12</u>		Name of Building Owner/Operator (2) <u>Res. Home CHRIS GRANTZ</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>116 Cooper Hill Road</u>	
		City, State, Zip Code <u>Ringoes NJ 08551</u>	
		Name of Contact <u>CHRIS KRETCH</u>	Telephone Number <u>[REDACTED]</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Res. Home</u>		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 and commercial buildings, homes, etc.)	
Street Address <u>116 COOPER HILL ROAD</u>		Square Feet <u>+ 500</u>	# of Floors <u>2</u>
City (5) <u>Ringoes</u>		Bldg. Age <u>+ 25</u>	County (6) <u>HUNTERDON</u>
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Home</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>K+A ENVIRONMENTAL CONTRACTORS</u>		ASCM No.	Name of Abatement Contractor (9) <u>K+A ENVIRONMENTAL CONTRACTORS</u>	
Street Address <u>20 LAUCK ROAD</u>		Street Address <u>20 LAUCK ROAD</u>		
City, State, Zip Code <u>MOHNTON PA 19540</u>		City, State, Zip Code <u>MOHNTON PA 19540</u>		
Project Manager for Monitoring Firm <u>MIKE KARL</u>		Telephone No. <u>610-856-7700</u>	Telephone No. <u>610-856-7700</u>	License No. <u>01102</u>

Start Date (10) <u>9 / 14 / 12</u>	Scheduled Completion Date (11) <u>9 / 17 / 12</u>	Name of OSHA Monitor <u>K+A ENVIRONMENTAL CONTRACTORS</u>		
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 - Describe Time of Abatement: <u>AM- PM/ PM- AM</u>		Street Address <u>20 LAUCK ROAD</u>		
		City, State, Zip Code <u>MOHNTON PA 19540</u>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
<u>Basement Area</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Thermal System Insulation</u>	<u>36 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <u>K+A ENVIRONMENTAL CONTRACTORS</u>		NJDEP Waste Hauler ID No. <u>16373</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>Imperial Landfill</u>	
City, State <u>Imperial, PA</u>		Disposal Date <u>10-30-12</u>	City, State <u>Imperial PA</u>		
Completed By (Print or Type) <u>ANTHONY SANTARELLI</u>	Title <u>OPERATION</u>	Signature <u>Anthony Santarelli</u>	Date <u>8-22-12</u>		

* 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)

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ASBESTOS CONTROL
LICENSING

Date of Notification (1) **8-31-12**

Name of Building Owner/Operator (2) **BOND 2 SEP Clayton**

Agency Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Emergency (including justification), Cancellation

Street Address: **Clayton NJ**

City, State, Zip Code: **Clayton NJ**

Name of Contact: **ELIIM**

Telephone Number: **[REDACTED]**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **MARY and BARBS BAR**

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

Street Address: **Intersection of DELSEA + Academy**

City (5): **Clayton NJ**

Square Feet: **3000sq**, # of Floors: **3**, Bldg. Age: **70**

County (6): **Gloucester**, County Code (7) (STATE USE ONLY): **[REDACTED]**, Current Use (Prior if being demolished): **BAR**

Name of Monitoring Firm Hired by Building Owner (8) **AN JOE Abatement**

ASCM No. **[REDACTED]**, Name of Abatement Contractor (9) **AN JOE Abatement**

Street Address: **1212 Burlington Ave**

City, State, Zip Code: **Delanco NJ 08075**

Project Manager for Monitoring Firm: **Delanco NJ 08075**

Telephone No. **6092460916**, License No. **01070**

Start Date (10): **[REDACTED]**, Scheduled Completion Date (11): **[REDACTED]**, Name of OSHA Monitor: **Self**

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

Street Address: **[REDACTED]**, City, State, Zip Code: **[REDACTED]**

Scope of Work (Check all that apply): ≥ 160 sf or ≥ 2 3 if, ≥ 160 sf or ≥ 280 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Cleverbag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Encapsulation
First Floor ON SITE during DEMO.				FLOOR tile TWO MAN-	3000sq	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler: **[REDACTED]**, NJDEP Waste Hauler ID No.: **[REDACTED]**, Cubic Yards of Waste: **[REDACTED]**, Name of Registered Landfill: **WM of PA**

City, State: **[REDACTED]**, Disposal Date: **[REDACTED]**, City, State: **FULLTOWN PA**

Completed by: **Joseph Hill**, Title: **VP**, Signature: **[Signature]**, Date: **8-31-12**

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

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RECEIVED

2012 SEP -6 AM 4:29

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) September 04, 2012		Name of Building Owner/Operator (2) Pfizer, Inc						
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 US Highway 206						
		City, State, Zip Code Peapack, NJ						
		Name of Contact Project Manager	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) American Cyanamid Superfund Site		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 Polhemus Lane		Square Feet	# of Floors					
City (5) Bridgewater		Bldg. Age						
County (6) Somerset	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Superfund Site						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. License No. (973) 759 - 5000 00781					
Start Date (10) September 21, 2012	Scheduled Completion Date (11) October 26, 2012	Name of OSHA Monitor The MACK Group, LLC.						
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 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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	Removal	Repair	Encapsulate
see attached		<input checked="" type="checkbox"/>	see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill				
City, State Newark / Riverdale, NJ		Disposal Date October 26, 2012	City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 		Date 9/4/12			