

CK#5154

PAID

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

RECEIVED	Print Form
	SEP 12 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9/10/18		Name of Building Owner/Operator (2) Peter Pantaleria									
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address [REDACTED]		City, State, Zip Code Westfield, New Jersey 07090									
Name of Contact Peter		Telephone Number [REDACTED]									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Pantaleria 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 [REDACTED]		Square Feet 2000									
City (5) Westfield		# of Floors 2									
County (6) Union		Bldg. Age 50+									
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.									
Street Address		Name of Abatement Contractor (9) Ace Insulation Co, Inc									
City, State, Zip Code		Street Address 95 Montrose Rd									
Project Manager for Monitoring Firm		City, State, Zip Code Ct Neck NJ 07722									
Telephone No.		Telephone No. 732 2941757									
Start Date (10) 9/19/18		License No. 00029									
Scheduled Completion Date (11) 9/25/18		Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address									
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		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) basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>		Yes	No	N/A			X		
Yes	No	N/A									
		X									
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 400 M									
Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	X					
Removal	Repair	Encapsulate	Enclosure								
X											
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086									
City, State Ct Neck, New Jersey		Cubic Yards of Waste 4									
Disposal Date 9/25/18		Name of Registered Landfill Chriss									
City, State Canton PA		Completed by Bruce McGuire									
Title Secretary/Treasurer		Signature [Signature]									
Date 9/10/18											

Print Form

CK 1861

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

DOL - 10 DAY

Date of Notification (1) 9/6/18		Name of Building Owner/Operator (2) Gold Leaf Designs LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> SEP 6, 2018 WAIVER APPROVED RECEIVED 267.231.3806 </div>					
Agencies Notified	Type Notification	Street Address 14 Lakeview Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ 08003							
		Name of Contact John Kang							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant SFD				Type of Facility (4)					
Street Address 127 Virginia Avenue				<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.)					
City (5) Westmont				Square Feet	# of Floors				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp					
Street Address			Street Address 282 Creek Road						
City, State, Zip Code			City, State, Zip Code Bellmawr, NJ 08031						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.466.6452	License No. 01339					
Start Date (10) ASAP		Scheduled Completion Date (11) 9/10/18		Name of OSHA Monitor Andrew Ricco					
Occupancy Status During Abatement (Check Only One)				Street Address 282 Creek Road					
<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 Bellmawr, NJ 08031					
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 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			X	Transite Siding	1000 SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 3	Name of Registered Landfill Salem County				
City, State Bellmawr, NJ				Disposal Date TBD	City, State Alloway, NJ				
Completed by Andrew Ricco		Title President		Signature		Date 9/6/18			