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

**Date of Notification (1)**
3-26-2013

**Name of Building Owner/Operator (2)**
Legow Management

**Name of Facility Where Abatement Is Taking Place (3)**
Chilton Towers

**Street Address**
220 W. Jersey Street

**City (5)**
Elizabeth

**County Code (7)**

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**
10,000

**# of Floors**
15

**Bldg. Age**
50+

**Current Use (Prior if being demolished)**
Apartment Building

**Name of Abatement Contractor (9)**
Loznica Management Corporation

**Street Address**
22 Troy Lane

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Telephone No.**
973-706-7950

**License No.**
01193

**Name of OSHA Monitor**
Loznica Management Corporation

**Street Address**
22 Troy Lane

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Scope of Work (Check All That Apply)**

- 250 sf or 250 ft
- 2600 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- 1st through 14th Floor Apt. H
  - Pipe Fittings in Pipe Chases
  - 2 openings
- 1st through 14th Floor Apt. A
  - Pipe Fittings in Pipe Chases
  - Approx. 14

**Name of Registered Waste Hauler**
Loznica Management Corporation

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville PA 19067

**Completed by**
E. Girovic

**Title**
Secretary

**Signature**

**Date**
3/26/2013

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
03/25/13

Agencies Notified

( ) EPA
(X) NJDEP
(X) NJ DOL
(X) DOH
( ) DCA

Type of Notification

( ) Initial Notification
(X) Amended
(X) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)
Simeon Gonzales

Street Address
308 8th Street
City, State, Zip Code
Union City, NJ 07087

Name of Contact
Simeon Gonzales

Type of Facility (4)

( ) School (K-12)
( ) Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet: 2,701 SQFT

# Of Floors: 2
Bldg. Age: 170 years

Current Use (if being demolished):

Name of Contractor (5)
Industrial Safety & Environmental Solutions, Inc.

Street Address
3300 Hudson Avenue
City, State, Zip Code
Union City, NJ 07087

Telephone Number
(201)-325-0055

License Number
01124

Name of OSHA Monitor
ISES, Inc.

Street Address
3300 Hudson Avenue
City, State, Zip Code
Union City, NJ 07087

Occupancy Status During Abatement (Check only one)

( ) Facility Closed/Vacated During Entire Period of
Abatement
( ) Abatement Performed Outside of Normal Facility

Hours -

(X) Other

Work area will be unoccupied during abatement

Source of Work (Check all that apply)

( X ) Demolition

( ) Renovation

( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
(X) Glove-bag Procedure
(X) Non-Exempt (*) 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)

YES
NO
N/A

Description of ACM
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)

Amount
(Specify SF or LF)

Abatement Type

Location
Removal
Repair
Encapsulation
Enclosure

Basement

Pipes TIS
70 LF

Roof

Flat roof
250 SQFT

Name of Reg. Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID #
04509

Cubic Yards of Waste
5

Name of Reg. Landfill
IESI BETHLEHEM LANDFILL

City, State
BETHLEHEM, PA 18015

Disp. Date
04/01/13

Completed by (Print or Type)
David Camacho

Title
Project Supervisor

Signature

Date
03/25/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 3/26/13
Agency Notified □ EPA □ DEP □ SOL □ ADH □ DCA
Type Notification □ Initial □ Amended □ Amendment # □ Emergency (including justification) □ Cancellation
Street Address 544 Elm St.
City, State, Zip Code WESTFIELD N.J. 07090
Name of Building Owner/Operator (2) Colicchio Construction LLC
Name of Contact Mr. Tom Colicchio
FACILITY INFORMATION
Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e., private & commercial buildings, homes, etc.)
Square Feet 2,000
# of Floors 2
Bldg. Age 30
Current Use (Prior to being demolished) RESIDENT HOUSE
Name of Facility Where Abatement Is Taking Place (3) 823 CLARK ST.
City (5) WESTFIELD N.J.
County Code (7) STATE USE ONLY UNION
Name of Monitoring Firm Hired by Building Owner (6) ASCM No.
Name of Abatement Contractor (9) NOVATECH INC
Street Address P.O. Box 814
City, State, Zip Code OLD BRIDGE N.J. 08757
Project Manager for Monitoring Firm:
Telephone No. 732-238-7500
License No. 00 806
Name of OSHA Monitor NOVATECH INC
Street Address P.O. Box 814
City, State, Zip Code OLD BRIDGE N.J. 08757
Start Date (10) 4/04/13
Scheduled Completion Date (11) 5/04/13
Occupy Status During Abatement (Check one only)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe:
Scope of Work (Check all that apply)
□ Renovation □ Demolition □ Full Containment with Negative Pressure
□ Mini-Enclosure □ Glovebox Procedure □ Non-Exempted (X) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>BASEMENT</td>
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<tr>
<td>PIPE INSULATION</td>
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<td>&lt;100 LF</td>
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Name of Registered Waste Hauler NOVATECH INC
NUDEP Waste Hauler ID No. 18501
Cubic Yards of Waste 8
Name of Registered Landfill C.R.O.W.S.
City, State OLD BRIDGE N.J. 08757
Disposal Date 3/26/13
Completed by CARLOS A. CABAJO, P.A.
Title PRESIDENT

* 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)  March 26, 2013

Name of Building Owner/Operator (2)  Sandra Caputo

Agencies Notified
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[ ] DCA

Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Amendment #
[ ] Emergency (including justification)
[ ] Cancellation

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address  1705 Surf Avenue

City  Belmar
County  Monmouth
County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.
N/A

Name of Abatement Contractor (9)  Guardian Contracting, Inc.
Street Address  1889 Route 9, Unit 61
City, State, Zip Code  Toms River, New Jersey 08755-1271

Type of Facility (4)
[ ] School (k-12)
[ ] Subchapter 8 (other than k12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet  1500 sf
# of Floors  1
Bldg. Age  60

Current Use (Prior if being demolished)
Residence

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10)  3/26/13
Scheduled Completion Date (11)  3/27/13

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

Scope of Work (Check all that apply)
[ ] >3 sf or 23 sf
[ ] 160 sf or 260 sf
[X] Demolition
[ ] Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in facility (13)

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
YES NO N/A

Exterior  X
Asbestos siding  1250 sf  X

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  1250 sf

Abatement Type
[X] Removal
[ ] Repair
[ ] Capsule
[ ] Enclosure

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  3/28/13

Completed by (Print or Type)
Nicholas Fernicola  Title  Project Manager

Signature

*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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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-27-13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rob Kwiatkowski</td>
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<tr>
<td>Street Address</td>
<td>16 Robin Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fanwood, NJ 07623</td>
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<tr>
<td>Name of Contact</td>
<td>Rob Kwiatkowski</td>
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</table>

**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
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<tr>
<td>Street Address</td>
<td>16 Robin Road</td>
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<tr>
<td>City (5)</td>
<td>Fanwood</td>
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<td>County (6)</td>
<td>Union</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>EPC Technologies</th>
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<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<th>Start Date (10)</th>
<th>4-10-13</th>
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<td>Scheduled Completion Date (11)</td>
<td>4-10-13</td>
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<th>Occupancy Status During Abatement (Check Only One)</th>
<th>☑ Facility Closed/Vacated During Entire Period of Abatement</th>
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| Scope of Work (Check All That Apply) | ☑ 23 sf or 23 If  
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<tr>
<td></td>
<td>☑ Renovation</td>
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<tr>
<td></td>
<td>☑ Demolition</td>
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</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Basement  
|------------------------------------------------------------|-------------|
| In Facility (13) | Yes  
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous) | Floor Tile  
|-----------------------------------------------------------------------------------------------------------------|-------------|
| Amount (Specify SF or LF) | 300 SF  
| Abatement Type | ☑ Full Containment with Negative Pressure  
| Removal |  
| Repair |  
| Encapsulate |  
| Endorse |  

Name of Registered Waste Hauler | EPC Technologies  
<table>
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<tbody>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
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</tbody>
</table>

| Name of Registered Landfill | Waste Management of PA  
|------------------------------|-----------------|
| City, State | Manassasville, PA  
| Disposal Date | 4-11-13 |

Completed by | Steve Schenken  
| Title | President  
| Signature |  
| Date | 3-27-13 |

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:53 and 12:12A)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/25/13</th>
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<tbody>
<tr>
<td>Agency Notified</td>
<td>N.J.A.</td>
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<tr>
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<td>D.O.R.</td>
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<td>DOH</td>
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<td>DCA</td>
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<tr>
<td>Name of Building Owner/opera (2)</td>
<td>H.S. WILTAE LE</td>
</tr>
<tr>
<td>Address</td>
<td>352 FIRST ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 07601</td>
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<tr>
<td>Name of Contractor</td>
<td>H.L. LEE</td>
</tr>
</tbody>
</table>

| Name of Facility Where Abatement Is Taking Place (3) | H.S. LEE |
| Street Address         | 352 FIRST ST |
| City                   | HACKENSACK  |
| County Code            | GOLGUN |

| County (4) | GOLGUN |
| Name of Monitoring Firm Head or Building Owner | ACEAL No. |
| Address    | 450 S. River St. |
| City, State, Zip Code | HACKENSACK, N.J. 07601 |

| Name of Abatement Contractor (5) | Best Removal Inc |
| Street Address                  | 280 Huyler St. |
| City, State, Zip Code           | SOUTH HACKENSACK, N.J. 07606 |

| Start Date (10) | 3/27/13 |
| Scheduled Completion Date (11) | 3/28/13 |

| Occurrence Before During Abatement (Check only one) |
| Facilities Closed/Utilize During Entire Period of Abatement |
| Abatement Performed Outside Normal Facility Hours |
| Owner - Describing Plan to SPH |

| Location of Asbestos-Containing Material (AACM) |
| Location Normally Used Safety by Maintenance/Continued Use (12) |
| Description of Asbestos-Containing Material (AACM) |
| Amount Specified (SP) or L.F. |
| Asbestos Abatement Type |

| Baseline | |
| THERMAL INSULATION | 500 |

| Name of Registered/Licensed Hauler | Best Removal Inc |
| ID No. | 17109 |
| Cubic Yards of Yeilds | 1,467 |
| Name of Registered Limtied | Minerva Enterprises |
| City, State | WAYNESBURG, OH |

| Completed by | J. Massero |
| Estimator | |
| Date | 3/25/13 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  3-26-13
Name of Building Owner/Operator (2)  M. HONEA

Agency Notified  DOH
Type Notification  Partial

Street Address  645 LINCOLN AVENUE
City, State, Zip Code  Maywood, NJ 07606

Name of Facility Where Abatement is Taking Place (3)  M. HONEA

Street Address  645 LINCOLN AVENUE
City (5)  Maywood
County (6)  BERGEN

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (9)  Best Removal Inc

Telephone No.  201-329-7444
License No.  00388

Start Date (10)  4-5-13
Scheduled Completion Date (11)  4-6-13

Scope of Work (Check all that apply)

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility

<table>
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<tr>
<th>Location</th>
<th>Usage</th>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>BASEMENT</td>
<td>X</td>
<td>THERMAL INSULATION</td>
<td>105 LF</td>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility

Name of Registered Waste Hauler  Best Removal Inc
ID No.  17109

Cubic Yards of Waste  1/6 YD
Disposal Date  4-6-13

Name of Registered Landfill  Minerva Enterprises
City, State  Hackensack, N. J. 07601

Completed by  J. Maiorano
Title  Estimator
Signature  R. Vendramin
Date  3-26-13

ASB-41
* Do not use this form for asbestos licensure exempted activities.
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<tr>
<th>Name of Registered Master Horse</th>
<th>Quantity of Material (Wt.)</th>
<th>Location of Material (Wt.)</th>
<th>Location of Material (Wt.)</th>
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<td>J. Matorno</td>
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<td>CARLSTADT, BERGEN</td>
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<tr>
<td>Name of Contact</td>
<td>A. MONTERISI</td>
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<td>Square Feet</td>
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<td>No. of Floors</td>
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<td>Bldg. Age</td>
<td>74 Years</td>
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<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>Best Removal Inc</td>
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<td>Street Address</td>
<td>450 S.River St</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
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<td>Project Manager for Monitoring Firm</td>
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<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
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<td>Start Date (10)</td>
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<td>Occupancy Status During Abatement</td>
<td>Residence</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td>8AM 5PM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>≥ 3 of or ≥ 3 If</td>
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<tr>
<td>≥ 160 sf or ≥ 260 If</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>In Location Normally Used Solely by Maintenance/Custodial Staffs</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation,</td>
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<tr>
<td>surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Mineria Enterprises</td>
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<td>Disposal Date</td>
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<tr>
<td>City, State</td>
<td>Waynesburg, Oh</td>
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<tr>
<td>Completed by</td>
<td>J. MAIORANO</td>
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<tr>
<td>Title</td>
<td>Estimator</td>
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<tr>
<td>Signature</td>
<td>R. VALDRUM</td>
<td></td>
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<td>Date</td>
<td>3-25-2013</td>
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*Do not use this form for asbestos liscensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
03/25/13

Name of Building Owner/Operator (2)
Newark Public Schools

Agencies Notified

[X] EPA
[X] DEP
[X] DOH

Type Notification

[X] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Ivy Hill Elementary School

107 Ivy Street
Newark, NJ 07106

County (5)
Essex

County Code (7)
0010

Type of Facility (4)

[X] School (K-12)

Square Feet
45000

# of Floors
3

Bldg. Age
80 years

Current Use (Prior to being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Whitman Companies, Inc.

ASCM No. 00110

Street Address
116 Tiscas Lane, Unit B-1

City, State, Zip Code
East Brunswick, NJ 08816

Project Manager for Monitoring Firm
Kevin Lovely 732-390-5888

Scheduled Start Date (10) 03/28/13

Sched. Completion Date (11) 11/13

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

Hours - Describe:

Other - Describe:

Scope of Work (Check all that apply)

[ ] Demolition
[ ] Renovation

Location of Asbestos-Containing Material (ACM)
Room 207 and Room 213

Location Normally Used Solely by Maintenance/Custodial Staff

[ ] N/A

Room Description of Asbestos-Containing Material (ACM)
Floor Tiles and Mastic

Amount (Specify SF or LF)
1310 SF

Abatement Type
Full Containment with Negative Pressure

Name of Registered Waste Hauler
Four Strong Builders, Inc.

Name of Registered Landfill
G.R.O.W.S., Inc.

City, State
Clifton, NJ

Disposal Date

City, State

Completed By

Title

Signature

Date

Biyana Kulakowska Office Administrator

3/25/13

AGS-41 JUN 93
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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<tr>
<th>Date of Notification (1)</th>
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<td>Street Address:</td>
<td>90 Church Street</td>
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<tr>
<td>City, State, Zip Code:</td>
<td>Rockaway, NJ 07866</td>
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<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>St. Cecilia Church</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Tanya</td>
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**FACILITY INFORMATION**

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<td># of Floors:</td>
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<td>Bidg. Age:</td>
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<td>ASCM No.:</td>
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<td>Name of Abatement Contractor (9):</td>
<td>ABS Environmental Services, LLC</td>
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<tr>
<td>Street Address:</td>
<td>4 E Gate Drive, PO Box 483</td>
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<tr>
<td>City, State, Zip Code:</td>
<td>Glenwood NJ 07418</td>
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<tr>
<td>Telephone No.:</td>
<td>973-583-8500</td>
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<tr>
<td>License No.:</td>
<td>703</td>
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<tr>
<td>Name of OSHA Monitor:</td>
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<td>Street Address:</td>
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<td>City, State, Zip Code:</td>
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**Scope of Work (Check All That Apply):**

- [ ] 23 sf or 23 if
- [X] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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<thead>
<tr>
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<tr>
<td>In Facility (13):</td>
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<tr>
<td>Basement:</td>
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<td>Pipe fittings:</td>
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<td>Description of Asbestos Containing Material (ACM): (2):</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):</td>
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<td>Yes:  No:  N/A</td>
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<td>Location Used in Other Miscellaneous (14):</td>
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<td>Abatement Type:</td>
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<td>Removal:  Repair:  Encapsulate:  Endorse:</td>
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| Name of Registered Waste Hauler:                          |
| NJDEP Waste Hauler ID No.:                                |
| Cubic Yards of Waste:                                    |
| Name of Registered Landfill:                              |
| City, State:                                              |
| Disposal Date:                                            |
| Completed by:                                            |
| Andrew Scott Higgins:                                     |
| Title: President:                                         |
| Signature:                                                |
| Date: 3/25/13:                                            |

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator**

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<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>03/25/2013</td>
<td>Executive of Estate Roseann Fasigatti</td>
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**Agency Notified**

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**Type of Notification**

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**FACILITY INFORMATION**

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<tr>
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<th>Type of Facility</th>
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<tr>
<td>Residence</td>
<td>School (K-12)</td>
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<td>Subchapter 9 (Other than K-12)</td>
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<tr>
<td>58 Gates Avenue</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<td>City, State, Zip Code</td>
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<td>New Jersey City, NJ</td>
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<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>Name of Abatement Contractor</td>
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<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
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<td>Project Manager for Monitoring Firm</td>
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<td>Month / Day / Year</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>[X] Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED in Facility (15)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used</td>
<td></td>
</tr>
<tr>
<td>Safely by Maintenance / Custodial</td>
<td></td>
</tr>
<tr>
<td>Staff (12)</td>
<td></td>
</tr>
<tr>
<td>Yes No N/A</td>
<td></td>
</tr>
<tr>
<td>Basement - Boiler</td>
<td>X Flue Patch</td>
</tr>
<tr>
<td>Roof</td>
<td>X Roofing</td>
</tr>
<tr>
<td>Exterior</td>
<td>X Caulking</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Wayne NJ 07470</td>
<td></td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td></td>
</tr>
<tr>
<td>Jerry Vileonic</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00408</td>
</tr>
</tbody>
</table>

**ASBESTOS CONTROL & LICENSING**

**Name of OSHA Monitor**

Enviro Vision Consultants, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21 Wagawaw Road, Blvd. #34A</td>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>Fair Lawn NJ 07410</td>
<td></td>
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</table>

**CURRENT USE (Prior if being demolished)**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJ.A.C. 7:26-2.12)

Date of Notification (1)
March 25, 2013

Name of Building Owner/Operator (2)
NESTLES USA

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
61 JERSEYVILLE AVE
FREEHOLD, NJ

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc)

Name of Contact
Larry Brandlein

Sq. Feet_ 1,000000 # of Floors 10

Name of Contractor (9)
Abolut Ace Inc.

Name of Monitoring Firm Hired by Bldg. Owner (8)
NA

Street Address
PO BOX 295

Bldg. Age 70

City, State, Zip Code
FREEHOLD, NJ 07728

Current Use (prior if being demolished) FACTORY

City State Zip Code
FLORHAM PARK, NJ 07932

Name of OSHA Monitor
MECS

Project Manager for Monitoring Firm

Telephone Number
(973) 410-9217

License Number
00225

Scheduled Start Date (10)
JUNE 1, 2013

Street Address
5 Linwood Ct

Scheduled Completion Date (11)
MAY 31, 2015

City, State, Zip Code
Hamilton, NJ 08690

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Large Proj. (>180 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

Other - Describe- PLANT IS OPEN

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.)
Boiler, pipe insulation, Roofing, Tilt

Amount (Specify SF or LF)
25,000 square feet

Abatement Type
X X X X

Name of Reg. Waste Hauler BY OWNER
NJDEP Waste Hauler ID #

Name of Reg. Landfill
Cubic Yards of Waste
200

Disp. Date
City State

Completed by (Print or Type)
Title
Signature
Date

ROBERT GROGAN
VP

3/25/13
**NOVAIRIS - EAST HANOVER**

**Name of Facility Where Abatement Is Taking Place (3)**

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>EAST HANOVER</td>
<td>MORRIS</td>
<td>(STATE USE ONLY)</td>
</tr>
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</table>

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

HILLMAN ENVIRONMENTAL

ASCM No. 17

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

1600 ROUTE 22 EAST

UNION, NEW JERSEY 07083

**City, State, Zip Code**

313 SPOOK ROCK ROAD

SUFEKIN, NEW YORK 10901

**Telephone Number**

845-369-7500

**License Number**

460

**Street Address**

163 ELIZABETH STREET

WAPPIGERS FALLS, NEW YORK 10016

**Expected State Date (10)**

5 / 13

**Sched. Completion Date (11)**

9 / 13

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:

**Scope of Work (Check all that apply)**

- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclos.
- Glovebag Procedure
- Non-Friable Procedure

**Amount (Specify SF or LF)**

30 SF

**Abatement Type**

- REMOVAL
- REPAIR
- ENCLOSURE

**Location of Asbestos-containing Material (ACM)**

- TO BE ABATED in Facility (13)

**Description of Asbestos-Containing Material (ACM)**

- Insulation, surfacing, VAT, or other miscellaneous

**Name of Registered Waste Hauler**

GLOBAL WASTE INDUSTRIES INC.

**Hauler ID No.**

22147

**Cubic Yards of Waste**

5

**Name of Registered Landfill**

MINERVA ENTERPRISES LLC

8955 MINERVA ROAD S.E.

**Disposal Date**

3/29/13-6/13/13

**Date**

3-25-13
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-27-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John Whitaker</td>
</tr>
<tr>
<td>Facility Information</td>
<td>23 Patrick Drive, Manahawkin, NJ 08050</td>
</tr>
<tr>
<td>Type of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address (3)</td>
<td>23 Patrick Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Manahawkin, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
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<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>000394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4-11-13</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>4-12-13</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>1000 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler:</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4-13-13</td>
</tr>
<tr>
<td>City, State</td>
<td>Moonachie, PA</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Date</td>
<td>3-27-13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)
2/27/13

Agency Involved:
**EPA**
**DEP**
**DOCD**
**DOH**
**DCA**

Type of Notification:
**EPA**
**DEP**
**DOCD**
**DOH**
**DCA**

Name of Building Owner/Operator:
**MR. SAMUEL KENY**
**M. R. KNIGHT**
**NEAK**

Street Address:
**41A GIBAUD AVE**

City, State, Zip Code:
**EAST ORANGE, NJ, 07018**

Name of Contractor:
**Best Removal Inc**

Type of Facility (4):
**3rd**

County Code (5):
**ESSEX**

Name of Abatement Contractor (9):
**Best Removal Inc**

Address:
**450 S. River St, Hackensack, N.J. 07601**

City, State, Zip Code:
**Hackensack, N.J. 07601**

Project Manager for Monitoring Plan:
**J. MAIORANO**

Telephone No.:
**201-329-7444**

Location:
**3/29/13**

Contractor:
**Omega Environmental Inc**

Telephone No.:
**00388**

City, State, Zip Code:
**South Hackensack, N.J. 07606**

**U.S.D.A.**

Type of Work:
**EPA**

Location of Asbestos-Containing Material (including)

**TO BE SIFIED**

Location:
**3/29/13**

Amount:
**Sole**

Abatement Type:
**EPA**

Name of Registered Waste Handler:
**Best Removal Inc**

DEP/Waste Handler ID No.:
**17409**

Company:
**Minerva Enterprises**

City, State:
**Waynesburg, OH**

Compliance:
**90%**

Signature:
**J. MAIORANO**

Date:
**3/27/13**

**Do not use this form for abatement survey or assessment reports.**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 3/27/13

Name of Building Owner/Operator (2) Ms. Lois Miller

Street Address 106 MAIN ST

City, State, Zip Code Scotch River, N.J. 08857

Name of Contractor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 106 MAIN ST

Square Feet 4,000

County Code (7) [STATE USE ONLY] MIDDLESEX

Current Use (Prior if being demolished) RESIDENT

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

License No.

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check all that apply)

Location of Asbestos-Containing Material (ACM) TO BE ABATED

IN Facility

Location Normally Used Solely by Maintenance/Custodial Staff

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)

Endoabatement Capable

Endoabatement Repairable

Name and Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

Signature

Title

* Do not use this form for asbestos licensed exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(State of New Jersey)

**FACILITY INFORMATION**

- **Name of Building Owner/Operator:** BAS Y
  - **Street Address:** 25 MIDDLESEX TRL
  - **City:** ISELIN
  - **County Code:** (7) STATE: ONLY
  - **Square Feet:** 100,000
  - **Current Use:** R.O. (Office, Lab)

- **Name of Abatement Contractor:** Best Removal Inc
  - **Address:** 450 S. River St, Hackensack, N.J. 07601
  - **License No.:** 00388

- **Name of Certified Abatement Contractor:** Omega Environmental Inc
  - **Address:** 280 Byuler St, South Hackensack, N.J. 07606

**Project Information**

- **Street Address:** 25 MIDDLESEX TRL
- **City:** ISELIN
- **County Code:** (7) STATE: ONLY

**Description of Asbestos-Containing Material (ACM)**

- **Location of ACM:** WALLS, CEILING TILES, MAJOR FACILITY ASBESTOS INSULATION, OTHER

**Amount:** 130 SF

**Name of Registered Waste Handler:** Best Removal Inc
- **EDI No.:** 17109
- **Name of Registered Landfill:** Minerva Enterprises
- **City, State:** Hackensack, N.J. 07601

**Date of Notification:** 3/27/13

**Date of Completion:** 3/30/13

**Precautions:**

- **Dust Control:** Ventilation
- **Demolition:** No

**Signatures:**

- **Estimator:** J. Malorano
- **Date:** 3/27/13

**Notes:**

- **Not to be reproduced for subcontractors or other purposes.**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60-10.120)

State of New Jersey

Name of Building Owner/Operator (1):
Prism Construction Management, LLC

56 Lawrence Avenue
Bloomfield, NJ 07003

Street Address

Type Notification:
Amended

Name of Abatement Contractor (6):
The MACK Group, LLC

County Code (7):
021

Telephone No:
(973) 769 - 5000

License No:
00781

Other - Describe:

Occupancy Status During Abatement (Check Only One):
Facility Closed/Vacated During Entire Period of Abatement

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

In Facility:

Yes
No
N/A

Description of Asbestos-Containing Material (ACM):
Pipe Insulation Debris

Amount (Square Feet or Linear Feet):
TBD

Abatement Type:
Full Containment with Negative Pressure

Minic-Enclosure

Glueless Procedure

Exemptions

Location of Registered Waste Hauler:
NJ DEP Waste Hauler ID No:
4509

Cubic Yards of Waste:
TDB

Disposal Date:
12/31/13

Newark / Freehold / American Waste / Rovlo
City State:
Cumberland County / ESI Bethlehem

Completed by:
Mike Cooper
Title:
President

* Do not use this form for asbestos licensure exempted activities
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 6:86 and 12:120)

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Residence
- **Address:** 26 Battersea Road, Ocean City, Cape May, NJ 08230
- **County:** Cape May
- **Type of Facility:** Vacant
- **Occupancy Status During Abatement:** Vacant

**Scope of Work (Check all that apply):**
- [X] Demolition
- [ ] Renovation

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY:**

- **Label:** Siding
- **Amount:** 1500 sq ft

**Asbestos-Containing Material (ACM) Considered:**
- [X] Normal systems insulation
- [ ] Surface V, A, M, or other miscellaneous

**Name of Registered Waste Hauler:** Kiemco Inc.

**Name of Registered Landfill:**

**Complied by:**

**Signature:**

**Date:** 5/27/13

---

**Do not use this form for asbestos licensure exempted activities.**
Date of Notification (1) 3-27-2013

Name of Building Owner/Operator (2) Margaret Holloway

Agencies Notified
- [X] EPA
- [ ] DOL
- [ ] DOH
- [ ] DCA

Type of Notification
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

Street Address
35 Elmwood Ave

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Margaret Holloway

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address

City (5) County (6) Essex County Code (7) [STATE USE ONLY]
2300

Name of Monitoring Firm hired by Building N/A ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

License Number
00371

Square Feet # of Floors Bldg. Age
2300 3 65

Current Use (Prior if being demolished)

Name of Monitoring Firm for Monitoring Firm Telephone Number N/A

Scheduled Start Date (10) Sched. Completion Date (11)
4-8-2013 4-9-2013

Month Day Year Month Day Year

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

Scope of Work (Check all that apply)
- [X] Renovation
- [ ] Demolition
- [X] Pull Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X/ Basement Removed pipe insulated. And apply lock Dn.</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>120 LF</td>
<td>X</td>
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</tbody>
</table>

yes no N/A

Basement X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No. 17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date 4-10-2013

City, State
Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Check # 10495

Signature
3-27-2013
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:1I:)

**State of New Jersey**

**Name of Building Owner/Operator:**

**Address:** 155 Mt. So.

**City, State, Zip Code:** Greenfield, N.J. 07025

**Name of Contact:**

**Contact Information:**

**Name of Facility Where Abatement is Taking Place:**

**Type of Abatement:**

**Residence**

**Street Address:** 144 West Ave.

**City:** Ocean City

**County:** Cape May

**Name of Monitoring Firm Hired by Building Owner:**

**Project Manager for Monitoring Firm:**

**Name of Abatement Contractor:**

**Address:** 369 S. Spruce Ave.

**City, State, Zip Code:** Maple Shade, N.J. 08052

**Telephone No.:** 856-779-0422

**License No.:** 00444

**Name of OSHA Monitor:**

**Address:** 369 S. Spruce Ave.

**City, State, Zip Code:** Maple Shade, N.J. 08052

**Date of Notification:** 5/27/13

**Date of Monitoring:** 4/8/13

**Scheduled Completion Date:** 4/15/13

**Occupancy Status During Abatement:**

**Facility Closed/Vacated During Entire Period of Abatement:**

**Abatement Performed Outside of Normal Facility Hours:**

**Type of Facility:**

**School (K-12):**

**Subchapter B (Other than K-12):**

**Other (i.e., private & commercial buildings, homes, etc.):**

**Square Feet:**

**Number of Floors:**

**Bid Date:**

**Type of Work:**

**Demolition**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

**Is Location Normally Used Solely by Maintenance/Custodial Staff:**

**Description of Asbestos-Containing Material (ACM):**

**Amount (SF or LF):**

**Asbestos Type:**

**Name of Registered Waste Hauler:**

**Name of Registered Landfill:**

**Name of Registered Landfill:**

**City, State:** Woodbine, N.J.

**Date:** 3/27/13

---

**Do not use this form for asbestos license exempted activities.**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-27-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Paul Dressler</td>
</tr>
<tr>
<td>Street Address</td>
<td>28 Mohawk</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Branchburg, NJ 08876</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Geoffrey O'Kane</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Shore House (Damaged by Sandy)</td>
</tr>
<tr>
<td>Street Address</td>
<td>177 West Bayview Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08755</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>900</td>
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<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75+</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Summer Shore Home</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<td>License No.</td>
<td>00394</td>
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<td>Start Date (10)</td>
<td>April 8, 2013</td>
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<td>Scheduled Completion Date (11)</td>
<td>April 8, 2013</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Siding Shingles: 650 SF x 250 SF

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Enclosure

Endorsement

Name of Registered Waste Hauler | EPC Technologies |
| City, State | New Egypt, NJ 08533 |
| NJDEP Waste Hauler ID No. | 17000 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | Waste Management of PA |
| City, State | Moonville, PA |
| Disposal Date | 4-9-13 |
| Completed by | Steve Schenken |
| Date | 3-27-13 |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1) 3-26-13
Name of Building Owner/Operator (2) P. Hamernick

Agency Notified
☐ EPA
☐ DEP
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
508 Sherwood Road
Hohokus, NJ 07423

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

City (5)
Hohokus

County Code (7) [STATE USE ONLY]
BERGEN

Name of Facility Where Abatement is Taking Place (3)
P. Hamernick

County (6)
BERGEN

Current Use (Prior to being demolished)
RESIDENCE

Name of Monitoring Firm Hired by Building Owner (9)

ASCM No.

Name of Abatement Contractor (5)
Best Removal Inc

Street Address
450 S. River St
Hacksensack, N.J. 07601

License No.
00388

Telephone No.
201-329-7444

Name of OSHA Monitor
Omega Environmental Inc

City, State, Zip Code
Hacksensack, N.J. 07601

Project Manager for Monitoring Firm

Telephone No.

Name of Registered Waste Hauler (14)
Best Removal Inc

City, State, Zip Code
Hacksensack, N.J. 07601

ID No.
17109

Disposal Date
4-16-13

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, Oh

Completed by
J. Maiorano

Title
Estimator

Signature

Date
3-26-13

ASB-41

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/27/13</th>
</tr>
</thead>
</table>
| Name of Building Owner/Operator (2) |...
| Company: Contracting |
| Street Address | 155 Kt. St. |
| City, State, Zip Code | Ocean City, N.J. 08230 |
| Name of Contact | Bruce Malenic |
| FACILITY INFORMATION |
| Name of Facility Where Abatement is Taking Place (3) | Residence |
| Street Address | 3060 Asbury Ave. |
| City (5) | Ocean City |
| County Code (6) | Cape May |
| Name of Abatement Contractor (9) | Klemco Inc. |
| Street Address | 369 S. Spruce Ave. |
| City, State, Zip Code | Maple Shade, N.J. 08052 |
| Name of OSHA Monitor | Joseph Klemm |
| Street Address | 369 S. Spruce Ave. |
| City, State, Zip Code | Maple Shade, N.J. 08052 |
| Date of Abatement (10) | 4/8/13 |
| Scheduled Completion Date (11) | 4/15/13 |
| Scope of Work (Check all that apply) | Demolition |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12):

| Name of Registered Waste Hauler | Klemco Inc. |
| NDDW Waste Hauler No. | 12907 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | C.M.C.M.U.A. |

Project Manager for Monitoring Firm | Telephone No. |

Facility Closed/Vacated During Entire Period of Abatement |
Abatement Performed Outside of Normal Facility Hours |
Other - Describe |

Abatement Type |

05C - Remove |

Date of Abatement | 3/27/13 |

*Do not use this form for asbestos license exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification**: 2/27/13

**Name of Building Owner/Operator**: EarthTech Inc.
**Street Address**: 155 R. J. S.
**City, State, Zip Code**: Greenfield, NJ 07025

**Name of Contact**: Vincent C. DeYoung
**Telephone Number**: [Telephone Number]

**Type of Facility**: Residence
**Current Use**: Vacant

**Location of Facility Where Abatement is Taking Place**: Residence
**Street Address**: 8403 Amherst Ave.
**City, State, Zip Code**: Mariano, N.J. 06440

**County**: Atlantic

**Name of Monitoring Firm Hired by Building Owner**: N/A
**Name of Abatement Contractor**: Klemco Inc.
**Street Address**: 369 S. Spruce Ave.
**City, State, Zip Code**: Maple Shade, N.J. 08052

**Date of Plan**: 4/18/13
**Scheduled Completion Date**: 4/15/13

**License No.**: 00444
**Name of OSHA Monitor**: Joseph Klemm
**Street Address**: 369 S. Spruce Ave.
**City, State, Zip Code**: Maple Shade, N.J. 08052

**Scope of Work** (Check all that apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mov-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable (A)

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
</tr>
<tr>
<td>Transite</td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**: 1,500 sf

**Name of Registered Waste Hauler**: Klemco Inc.
**NJDEP Waste Hauler ID No.**: 17994
**Cubic Yards of Waste**: A.C.U.N.
**Name of Registered Landfill**: Pleasantville, N.J.
**Disposal Date**: 3/27/13

**Company B**: Joseph Klemm
**Signature**: [Signature]

*Do not use this form for asbestos licensure exempted activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator (2):** Timothy McAllindin / Private Home

**Street Address:** 6 East Florida Avenue

**City, State, Zip Code:** Beach Haven Park NJ 08008

**Name of Contact:** Timothy

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Timothy McAllindin / Private Home

**Street Address:** 6 East Florida Avenue

**City (5):** Beach Haven Park NJ 08008

**County (6):** Ocean

**Square Feet:** 1000+

**# of Floors:** 2

**Bldg. Age:** 35+

**Current Use (Prior if being demolished):** House & Garage

---

**Name of Monitoring Firm Hired by Building Owner (8):** N/A

**Name of Abatement Contractor (9):** Pernaco Inc

**Street Address:** PO Box 329

**City, State, Zip Code:** West Berlin NJ 08091

---

**Start Date (10):** 3/28/13

**Scheduled Completion Date (11):** 4/1/13

**Occupancy Status During Abatement (Check Only One):**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

**Scope of Work (Check All That Apply):**

- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**

- Exterior Siding

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**

- No

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**

- Exterior Siding

**Amount (Specify SF or LF):** 3800 SF

**Abatement Type:**

- Removal
- Repair
- Encapsulate
- Endose

---

**Name of Registered Waste Hauler:** United Containers

**NUDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** G.R.O.W.S.

**City, State:** Morrisville PA 19067

---

**City, State:** Elm NJ

**Disposal Date:** 4/1/13

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 3/27/13

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1):** 3/27/13

**Name of Building Owner/Operator (2):** PINELANDS CONSTRUCTION

**Address:**
- **Street Address:** 300 77TH ST.
- **City, State, Zip Code:** SEA ISLE CITY, N.J., 08243

**Name of Contact:** FRED EDUARDI

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** RESIDENCE
- **Street Address:** 60 CHANNEL DRIVE
- **City (5):** AVALON MONDE
- **County Code (6):** COPE MAY
- **Current Use (Prior or being demolished):** VACANT
- **Name of Monitoring Firm Hired by Building Owner (9):** N/A

**Type of Facility (4):**
- Other (i.e., private & commercial buildings, homes, etc.)

**Start Date (10):** 4/18/13

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

**Scope of Work (Check all that apply):**
- 33 sf or 331
- 160 sf or 260 sf
- Demolition

**Amount (Specify SF or LF):** 1600

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1600 SF</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM):**

| Location Normally Used Solely by Maintenance/Custodial Staff? |
|-------------------------------------------------------------|--------|
| Siding                                                      | X      |

**Name of Registered Waste Hauler:** KLEEMCO INC.

**Disposal Date:**
- **Cubic Yards of Waste:**
- **Name of Registered Landfill:** WOODBINE, N.J.

**Completed By:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>V/P</td>
<td>JOHN KLEEM</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 3/12/13

Name of Building Owner/Operator (9): ASHIT GUHAD

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): GUHAD

Street Address: 328 SPRINGFIELD AVE

City: HASKELL

County: BERGEN

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

Square Foot: 1250

# of Floors: 2

Type of Abatement (Check Only One):
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>TO BE ABATED</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>PIPE INSULATION</td>
<td>GOF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NUDEC Waste

Name of Registered Landfill Corp: IESI PA Bethlehem Landfill Corp

Cubic Yards of Waste: 1

Disposal Date: 3/13/13

Name of Contact: ASHIT GUHAD

Telephone Number: 105 Lowell Road

License No.: 00116

Completed by: JOSEPH VOCATURO

Signature: 3/12/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 3-26-2013
Name of Building Owner/Operator (2): Gail Walter
Street Address: 25 Woodland Ave.
City, State, Zip Code: Glen Ridge, NJ, 07028
Name of Contact: Gail Walter

F ACIL ITY INFORMATION
Name of Facility Where Abatement is Taking Place (3):
Same as above
Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 3 (Other than K-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 3200
# of Floors: 3
Bldg. Age: 100
Current Use (Prior if being demolished):

Name of Monitoring Firm hired by Building Owner (8): N/A
ASCM No.
Name of Abatement Contractor (9):
AZTECH MANAGEMENT, INC.
Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800
License Number: 00371

Project Manager for Monitoring Firm: N/A
Telephone Number: N/A

Scheduled Start Date (10): 4-5-2013
Sched. Completion Date (11): 4-8-2013

Name of OSHA Monitor: N/A

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

Scope of Work (Check all that apply):
[X] >3 sf or >3 lf
[ ] ≥60 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Location Normally Used by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulating, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X Pipe Insulation</td>
<td>75 lf</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.
NUDEP Waste No.: 17040
Cubic Yards of Waste: 1
Name of Registered Landfill:
G.R.O.W.S.
City, State:
Montclair, NJ 07042
Disposal Date: 4-9-2013
City, State:
Morrisville, PA 19067

Completed by (Print or Type): Constantine Vivian
Title: President
Signature: [Signature]
Date: 3-26-2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3-26-2013

Name of Building Owner/Operator (2)
Renee Bogert

Street Address
28 Vernon Terrace

Name of Contact
Renee Bogert

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

City (5)

County (6)Essex

County Code (7) (STATE USE ONLY)

1800

# of Floors
2

Bldg. Age
72

Type of Facilities ([ ]School (K-12)

[ ]Subchapter 6 (Other than K-12)

[X]Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

Current Use (Prior if being demolished)

Type of Asbestos ([ ]Full Containment with Negative Pressure

[X]Mini-Enclosure

[X]Glovebag Procedure

[ ]Non-Friable Procedure

Name of Monitoring Firm hired by Building Owner (8)
N/A

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm
N/A

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
4-4-2013

Scheduled Completion Date (11)
4-5-2013

Occupancy Status During Abatement (Check only one)

[X]Facility Closed/Vacated During Entire Period of Abatement

[ ]Abatement Performed Outside of Normal Facility Hours - Describe:

[ ]Other - Describe:

Scope of Work (Check all that apply)

[X]3 sf or >3 lf

[X]Renovation

[ ]Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

Location Normally Used

Location Normally Used Solely By Maintenance/Custodial Staff

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

[X]Removal

[X]Repair

[X]Closure

Type

Re

En

Rem

App

S

UL

Pipe Insulation

35 LF

X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Material
NJDEP Waste

Hauler ID No.
17040

Cubic Yards

of Waste

Name of Registered Landfill
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
4-8-2013

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
3-26-2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/22/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/Notification Type</td>
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</tr>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
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</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
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<tr>
<td>Amended</td>
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<tr>
<td>Emergency (Including Justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MC Fadden</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 High St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>A.MAC Contracting Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Services Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>105 Laurel Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, NJ 07452</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-292-5841</td>
</tr>
<tr>
<td>License No.</td>
<td>00156</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3/22/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/2/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>2.25 sq. or 25 sq. ft.</td>
<td></td>
</tr>
<tr>
<td>1/12 sq. or 225 sq. ft.</td>
<td></td>
</tr>
<tr>
<td>23 sq. or 25 sq. ft.</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td>Mint-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>No.</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VART, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Revco Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>NADEP Waste Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackenside, NJ 07601</td>
</tr>
</tbody>
</table>

**Disposal Date**

| Disposal Date | 3/22/13 |

**Signatures**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Vocaturo</td>
<td>3/22/13</td>
</tr>
</tbody>
</table>

*For use when data forms for asbestos farmers, exempted asbestos.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/27/13

Name of Building Owner/Operator (2) Robert Ford / Private Home

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
56 Andrew Dr.

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Robert

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Ford / Private Home

Street Address
56 Andrew Dr.

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)
(State Use Only)

Current Use (Prior to being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
4/9/13

Scheduled Completion Date (11)
4/15/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)
- Facility Closed / Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
Other - Describe: 

Scope of Work (Check All That Apply)
- ≥ 36 sq ft or ≥ 36 ft
- ≥ 160 sq ft or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

(13)

Is Location, Normally Used Solely by Maintenance/Custodial Staff?
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
Enclose

Exterior Siding

1000 SF

Cubic Yards of Waste
2

Name of Registered Landfill
G.R.O.W.S.

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Disposal Date
4/15/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date 3/27/13

* 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)**
3-26-13

**Name of Building Owner/Operator (2)**
Keven Inskip

**Street Address**
456 Caverly Dr

**City, State, Zip Code**
Brigantine NJ 08203

**Name of Contact**
Kev

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Resident

**Type of Abatement (4)**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
2800

**# of Floors**
3

**Bldg. Age**
65

**Current Use (Prior if being demolished)**
Resident

**Name of Monitoring Firm Hired by Building Owner (5)**

**ASCM No.**

**Name of Abatement Contractor (9)**
Ani & Joe LLC

**Street Address**
1212 Burlington Ave

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

**Telephone No.**
866-824-0971

**License No.**
07010

**Name of OSHA Monitor**

**Street Address**

**City, State, Zip Code**

**Start Date (10)**
4-5-13

**Scheduled Completion Date (11)**
4-10-13

**Occupancy Status During Abatement (Check Only One)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

**Scope of Work (Check All That Apply)**

- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>outside</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**

i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
29000

**Abatement Type**

- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>J Robinson Waste</td>
<td>28368</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
1

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm of Pa</td>
<td>Tullytown Pa</td>
</tr>
</tbody>
</table>

**Disposal Date**
TBD

**City, State**

**Completed by**

<table>
<thead>
<tr>
<th>Joseph T Hill</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VP</td>
</tr>
</tbody>
</table>

**Signature**

**Date**
3-26-13

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** March 26, 2013

- **Agency Notified:**
  - [X] EPA
  - [X] DEP
  - [X] DOL
  - [X] DOH
  - [X] DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

- **Name of Building Owner/Operator (2):** East Rutherford Board of Education

- **Street Address:** 106 Uhlman Street
- **City, State, Zip Code:** East Rutherford, NJ 07073

- **Name of Contact:** Anthony Juskiewicz

- **Telephone Number:**

#### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place (3):** Alfred Faust Intermediate School
- **Street Address:** 106 Uhlman Street
- **City (5):** East Rutherford
- **County Code (7):** Bergen

- **Square Feet:** 60,000
- **# of Floors:** 3
- **Bldg. Age:** 60

- **Current Use (Prior if being demolished):** Middle School

- **Type of Facility (4):** School (K-12)

- **County Code (7):** (STATE USE ONLY)

- **Name of Monitoring Firm Hired by Building Owner (6):** RK Occupational & Environmental Analysis, Inc.
  - **ASCM No.:** 090

- **Name of Abatement Contractor (8):** D&S Abatement, Inc.

- **Street Address:**
  - **City, State, Zip Code:** Phillipsburg, NJ 08865
  - **City, State, Zip Code:** Totowa, NJ 07512

- **Telephone No.:**
  - **Telephone No.:** 908-454-6316
  - **Telephone No.:** 973-345-6865

- **License No.:** #00675

- **Start Date (10):** 04/06/2013
  - **Scheduled Completion Date (11):** 07/15/2013

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other – Describe:</td>
</tr>
</tbody>
</table>

- **Scope of Work (Check All That Apply):**
  - [X] ≥3 sf or ≥3 if
  - [X] ≥160 sf or ≥260 if

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

- **Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

- **Disposal Date:** TBD
- **City, State:** Totowa, NJ

- **Completed by:** Deanna Birkusnin
- **Title:** Project Manager

- **Signature:**

- **Date:** 3/28/13

**ASB-41 (R-06-08)**

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
March 28, 2013

Name of Building Owner/Operator (2)
East Rutherford Board of Education

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
106 Uhland Street

City, State, Zip Code
East Rutherford, NJ 07073

Name of Contact
Anthony Juszkiewicz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Alfred Faust Intermediate School

Street Address
106 Uhland Street

City (5)
East Rutherford

County (6)
Bergen

County Code (7)

Current Use (Prior if being demolished)
Middle School

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis, Inc.

ASCM No.
090

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
403 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Jonathan Gilbert

Telephone No.
908-454-6316

License No.
#00675

Start Date (10)
4/09/2013

Scheduled Completion Date (11)
07/15/2013

Name of OSHA Monitor
D&S Abatement, Inc.

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check All That Apply)
- ≥30 ft² or ≥3 If
- ≥160 ft² or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)

Yes No N/A

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 - Storage Room 105</td>
<td>X</td>
<td>2'x4' Ceiling Tiles</td>
<td>200 SF</td>
</tr>
<tr>
<td>Phase 2 - CST Office 1</td>
<td>X</td>
<td>2'x4' Ceiling Tiles</td>
<td>400 SF</td>
</tr>
<tr>
<td>Phase 2 - CST Office 2</td>
<td>X</td>
<td>2'x4' Ceiling Tiles</td>
<td>280 SF</td>
</tr>
<tr>
<td>Phase 2 - Main Office Closet</td>
<td>X</td>
<td>2'x4' Ceiling Tiles</td>
<td>80 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

Disposal Date
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Brkusacin

Title
Project Manager

Signature

Date
3/28/13

* 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)**
March 28, 2013

**Name of Building Owner/Operator (2)**
East Rutherford Board of Education

**Agencies Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

**Street Address**
106 Uhland Street

**City, State, Zip Code**
East Rutherford, NJ 07073

**Name of Contact**
Anthony Juskiewicz

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
Alfred Faust Intermediate School

**Street Address**
106 Uhland Street

**City (6)**
East Rutherford

**County Code (7)**
Bergen

**County (6)**

**Square Feet**
60,000

**Current Use (Prior if being demolished)**
Middle School

**Name of Monitoring Firm Hired by Building Owner (8)**
RK Occupational & Environmental Analysis, Inc.

**ASCM No.**
090

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
403 St. James Avenue

**City, State, Zip Code**
Phillipsburg, NJ 08865

**Project Manager for Monitoring Firm**
Jonathan Gilbert

**Telephone No.**
908-454-6316

**Name of OSHA Monitor**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Start Date (10)**
4/06/2013

**Scheduled Completion Date (11)**
07/15/2013

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Use</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2 - 1st Fl Stairs (Grove Ave)</td>
<td>X</td>
<td>Yes</td>
<td>2'x4' Ceiling Tiles</td>
<td>400 SF</td>
</tr>
<tr>
<td>Phase 3 - Room 108</td>
<td>X</td>
<td>Yes</td>
<td>2'x4' Ceiling Tiles</td>
<td>800 SF</td>
</tr>
<tr>
<td>Phase 3 - Room 109</td>
<td>X</td>
<td>Yes</td>
<td>2'x4' Ceiling Tiles</td>
<td>800 SF</td>
</tr>
<tr>
<td>Phase 3 - 1st Fl Stairs (Grove St)</td>
<td>X</td>
<td>Yes</td>
<td>2'x4' Ceiling Tiles</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Completed by**
Deanna Britsmanin

**Title**
Project Manager

**Signature**

**Date**
3/28/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: March 28, 2013

Name of Building Owner/Operator: East Rutherford Board of Education

Street Address: 106 Uhland Street

City, State, Zip Code: East Rutherford, NJ 07073

Name of Contact: Anthony Juskiewicz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Alfred Feust Intermediate School

Street Address: 106 Uhland Street

City: East Rutherford

County: Bergen

County Code: 00

STOP USE ONLY

Type of Facility: School (K-12)

Square Feet: 60,000

# of Floors: 3

Bldg. Age: 60

Current Use (Prior to being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner: RK Occupational & Environmental Analysis, Inc.

ASCM No.: 90

Name of Abatement Contractor: D&S Abatement, Inc.

Street Address: 11 Rosengren Avenue

City, State, Zip Code: Totowa, NJ 07512

Project Manager for Monitoring Firm: Jonathan Gilbert

Telephone No.: 908-454-6316

License No.: #00675

Name of OSHA Monitor: D&S Abatement, Inc.

Street Address: 11 Rosengren Avenue

City, State, Zip Code: Totowa, NJ 07512

Start Date: 4/06/2013

Scheduled/Completion Date: 07/15/2013

OCCUPANCY STATUS DURING ABATEMENT:

☐ Facility Closed/Enclosed During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 

SCOPE OF WORK (Check All That Apply):

☐ ≥2 sf or ≥3 ft
☐ ≤160 sf or ≤260 ft

☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

LOCATION OF asbestos-containing material (ACM) TO BE ABATED:

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 4 - Room 200</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 4 - Room 201</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 4 - Closet Room 222</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 4 - Rm 201 Stairs (Grove St)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cubic Yards of Waste: TBD

Waste Management of PA

Disposal Date: TBD

City, State: Totowa, NJ

Completed by: Deanna Bkuszin

Title: Project Manager

Signature: [Signature]

Date: 3/28/13

* 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)
March 28, 2013

Name of Building Owner/Operator (2)
East Rutherford Board of Education

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment 
DOL Emergency (Including
DOH justication)
DCA Cancellation

Street Address
106 Ulhland Street

City, State, Zip Code
East Rutherford, NJ 07073

Name of Contact
Anthony Juskiewicz

Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Alfred Faust Intermediate School

Street Address
106 Ulhland Street

City (5)
East Rutherford

County (8)
Bergen

County Code (7) (STATE USE ONLY)

Square Feet
60,000

# of Floors
3

Bldg. Age
60

Current Use (Prior to being demolished)
Middle School

Name of Monitoring Firm Hired by Building Owner (9)
RK Occupational & Environmental Analysis, Inc.

ASCM No.
090

Name of Abatement Contractor (10)
D&S Abatement, Inc.

Street Address
403 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Jonathan Gilbert

Telephone No.
908-454-6316

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
4/6/2013

Scheduled Completion Date (11)
07/15/2013

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: ________

Scope of Work (Check All That Apply)

X ≥3 sf or ≥3 if

X ≥160 sf or ≥2260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Encapsulate

Glovebag 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)

Location

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

Endoscope

Phase 4 - Storage Room 226

X

2'x4' Ceiling Tiles

200 SF

X

Phase 4 - 2nd Floor Hall

X

2'x4' Ceiling Tiles

2000 SF

X

Phase 4 - Library Room 202

X

2'x4' Ceiling Tiles

1200 SF

X

Phase 4 - Library Stairs (Grove St)

X

2'x4' Ceiling Tiles

500 SF

X

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20999

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanne Brkuscin

Title
Project Manager

Signature

Date
3/28/13

* 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): March 28, 2013  
Name of Building Owner/Operator (2): East Rutherford Board of Education

- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Type Notification:  
- Initial  
- Amended  
- Amendment #  
- Emergency (including justification)  
- Cancellation

Street Address:  
106 Uhland Street  
City, State, Zip Code:  
East Rutherford, NJ 07073

Name of Contact: Anthony Juskiewicz  
Telephant Number:

Name of Facility Where Abatement is Taking Place (3):  
Alfred Faust Intermediate School

Street Address:  
106 Uhland Street  
City: East Rutherford

County (8): Bergen  
County Code (7): (STATE USE ONLY)

Square Feet: 60,000  
# of Floors: 3  
Bldg. Age: 60

Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis, Inc.  
ASCM No. 090  
Name of Abatement Contractor (9): D&S Abatement, Inc.

Street Address:  
403 St. James Avenue  
City, State, Zip Code: Phillipsburg, NJ 08865

Project Manager for Monitoring Firm: Jonathan Gilbert  
Telephone No. 908-454-6316  
Telephone No. 973-345-8685  
License No. #00675

Start Date (10): 4/06/2013  
Completed Completion Date (11): 07/15/2013  
Name of OSHA Monitor: D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One):  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply):  
- 23 or 23 if  
- 160 sf or 2260 sf  

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):  
- 2'x4' Ceiling Tiles

Amount (Specify SF or LF):  
- 900 SF

Abatement Type:  
- Removal  
- Repair  
- Encapsulate  
- Endure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 4 - Art Room 213</td>
<td>2'x4' Ceiling Tiles</td>
<td>900 SF</td>
<td>x</td>
</tr>
<tr>
<td>Phase 4 - Room 212</td>
<td>2'x4' Ceiling Tiles</td>
<td>600 SF</td>
<td>x</td>
</tr>
<tr>
<td>Phase 4-3rd Fl Stairs(Paterson Ave)</td>
<td>2'x4' Ceiling Tiles</td>
<td>200SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: D&S Abatement, Inc.  
NJ/DEP Waste Hauler ID No. #20696  
Cubic Yards of Waste: TBD  
Name of Registered Landfill: Waste Management of PA

City, State: Totowa, NJ  
Disposal Date: TBD  
City, State: Tullytown, PA

Completed by: Deanna Bruskanin  
Title: Project Manager  
Signature:  
Date: 3/28/13

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