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

**Date of Notification (1):** 4-2-14

**Name of Building Owner/Operator (2):** JOHN ROBERTS

**Street Address:** 279 CHIMNEY ROCK ROAD

**City, State, Zip Code:** MARTINSVILLE, NJ 08836

**Name of Contact:** ERIC PLACKIS

**FACILITY INFORMATION**

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

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

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 50

**Current Use (Prior if being demolished):** VACANT HOME

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

**ASCM No.:**

**Name of Abatement Contractor (8):** BRICK INDUSTRIES INC.

**Street Address:** 45 NASHI TR.

**City, State, Zip Code:** BRICK, NJ 08724

**License No.:** 01496

**Telephone No.:** 908-897-7099

**Start Date (10):** 4-4-14

**Scheduled Completion Date (11):** 4-7-14

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

**Scope of Work (Check all that apply):**
- >33 sf or >33 If
- =160 sf or =260 If
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of ACM: (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>THERMAL SYSTEMS INSULATION</td>
<td>80 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:** BRICK INDUSTRIES INC

**NIDEP Waste Handler ID No.:** 21602

**Cubic Yards of Waste:**

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

**City, State:** BRICK, NJ 08724

**Disposal Date:**

**Yes:** ERIC PLACKIS

**Signature:**

**Title:** PRES.

**Completed By:**

**Date:** 4-2-14

*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: April 2, 2014

Name of Building Owner/Operator: Seminole Construction

Street Address: 128 Bartlett Avenue

City, State, Zip Code: West Creek, NJ 08092

Name of Contact: Joyce

FACILITY INFORMATION

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

Square feet: 2000 sf

# of Floors: 1

Bldg. Age: 60

Current Use (Prior to being demolished): Residence

Name of Abatement Contractor: Guardian Contracting, Inc.

Street Address: 1889 Route 9, Unit 61

City, State, Zip Code: Toms River, New Jersey 08755-1271

Telephone Number: 732-349-9932

License Number: 00624

Name of OSHA Monitor: E.M.S.L. Analytical

Street Address: 1056 Stelton Road

City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply):
- >3 sf or >=3 sf
- >=160 sf or >=260 sf
- Renovation
- Demolition
- Other - Describe
- Fall 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

<table>
<thead>
<tr>
<th>Location Normally used 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exterior

Asbestos siding 1800 sf X

Name of Registered Waste Hauler: Guardian Contracting, Inc.

NJ/DEP 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: 4/07/14

City, State: Tullytown, Pennsylvania

Completed by (Print or Type):

Nicholas Fernicola

Title: Project Manager

Signature: ____________

Date: 4/2/2014

*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):** April 2, 2014

**Name of Building Owner/Operator (2):** Seminole Construction

**Street Address:** 128 Bartlett Avenue

**City, State, Zip Code:** West Creek, NJ 08092

**Name of Contact:** Joyce

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

**Type of Notification**
- [ ] Initial Notification
- [ ] Amended Notification
- [X] Emergency (including justification)
- [ ] Cancellation

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

**Street Address:** 1144 Mill Creek Road

**City:** Beach Haven West

**County:** Ocean

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

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

**Type of Abatement (9):** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**Telephone Number:** 732-349-9932

**License Number:** 00624

**Name of OSHA Monitor:** EM.S.L. Analytical

**Street Address:** 1056 Stelton Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Current Use (Prior if being demolished):** Residence

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

**Square Feet (sf):** 800 sf

**# of Floors:** 1

**Bldg. Age:** 60

**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

**Scheduled Start Date (10):** 4/02/14

**Scheduled Completion Date (11):** 4/04/14

**Scope of Work (Check all that apply):**
- [ ] >3 sf or ≥3lf
- [X] ≥160 sf or ≥260lf

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

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff (12):**
- [ ] YES
- [ ] NO
- [X] N/A

**Abatement Type:**
- [X] Demolition

**Amount (Specify SF or LF):** 650 sf

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.

**NJDIP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

**Name of Registered Landfill:** TRRF

**City:** Toms River, New Jersey

**Disposal Date:** 4/07/14

**Completed by (Print or Type):** Nicholas Fenicola

**Title:** Project Manager

**Signature:**

**Date:** 4/2/2014

*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):** April 2, 2014

**Name of Building Owner/Operator (2):** Seminole Construction

**Street Address:** 128 Bartlett Avenue

**City, State, Zip Code:** West Creek, NJ 08092

**Name of Contact:** Joyce

**Telephone Number:**

---

**FACILITY INFORMATION**

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

- **Residence**

**Street Address:** 1229 Jennifer Lane

**City:** Beach Haven West

**County:** Ocean

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

- **ASCM No.:** N/A

**Name of Abatement Contractor (9):** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61

**City:** Toms River

**State:** New Jersey

**Zip Code:** 08755-1271

**Telephone Number:** 732-349-9932

**License Number:** 00624

**Name of OSHA Monitor:** E.M.S.L., Analytical

**Street Address:** 1056 Stetson Road

**City:** Piscataway

**State:** New Jersey

**Zip Code:** 08854

**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

**Scheduled Start Date (10):** 4/02/14

**Scheduled Completion Date (11):** 4/04/14

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

- [ ] >3 sf or ≥3 lf
- [x] ≥160 sf or ≥2600 lf
- [ ] Demolition
- [ ] Renovation

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

- Exterior X Asbestos siding

- [ ] YES
- [ ] NO
- [ ] N/A

**Amount (Specify SF or LF):** 1700 sf

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] 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:** Toms River

**State:** New Jersey

**Disposal Date:** 4/07/14

**City:** Tullytown

**State:** Pennsylvania

**Completed by (Print or Type):** Nicholas Fernandez

**Title:** Project Manager

**Signature:**

---

*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)        April 2, 2014

Agencies Notified
[ x ] EPA                   [ ] Initial Notification
[ ] DEP                     [ ] Amended Notification
[ x ] DOL                   [ ] Emergency (including justification)
[ x ] DOH       [ ] Cancellation

Name of Building Owner/Operator (2)
Lerch Wrecking & Disposal

Street Address
5115 Belmar Blvd.

City, State, Zip Code
Wall, NJ 07727

Name of Contact
Doug

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

Street Address
310 Trenton Avenue

City
Point Pleasant Beach

County
Ocean

County Code (6)

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

Telephone Number
732-349-9932

License Number
00624

Name of OSUJ Monitor
E.M.S.L. Analytical

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Scheduled Start Date (10)
4/03/14

Scheduled Completion Date (11)
4/07/14

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 If
[ x ] ≥160 sf or ≥260 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mani-Enclosure
[ ] Glovebag Procedure
[ x ] 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)
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
ENCAPsule
ENCLOSURE

Exterior
X Asbestos siding

2200 sf X

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
4/08/14

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
4/2/2014

*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** 4/1/2014

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>x EPA</td>
<td>Initial Notification</td>
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<td>x DOL</td>
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<tr>
<td>x DOH</td>
<td>Cancellation</td>
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<tr>
<td></td>
<td>Amended Notification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Messercola Enterprises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 790</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fernando</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Gregg Drive</td>
<td></td>
</tr>
<tr>
<td>Beach Haven West</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (STATE USE ONLY)</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>School (k-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subchapter 8 (other than k-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1400 sf</td>
<td>1</td>
<td>50</td>
</tr>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
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<tbody>
<tr>
<td>732-349-9932</td>
<td>00624</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
</tr>
<tr>
<td>Asbestos siding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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></td>
<td>1200 sf</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVAL</td>
</tr>
<tr>
<td>REPAIR</td>
</tr>
<tr>
<td>ENCAPSULE</td>
</tr>
<tr>
<td>ENCLOSURE</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River, New Jersey</td>
<td>04/07/2014</td>
<td>Tullytown, Pennsylvania</td>
<td>Nicholas Fanciscono</td>
<td>4/1/2014</td>
</tr>
</tbody>
</table>

*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)**
April 1, 2014

**Name of Building Owner/Operator (2)**
Advantage Site Work

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

**Street Address**
44 West Raritan Drive

**City**
Little Egg Harbor

**County (6)**
Ocean

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

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

**Square feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
60

**Name of Abatement Contractor (9)**
Guardian Contracting, Inc.

**Name of OSHA Monitor**
E.M.S.L. Analytical

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**Type of Work (Check all that apply)**
[ ] Full Containment with Negative Pressure
[ ] MIni Enclosure
[ ] Glovesbag Procedure
[ x ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos siding</th>
<th>1300 sf</th>
<th>X</th>
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**Amount (Specify SF or LF)**

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<thead>
<tr>
<th>DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM)</th>
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</thead>
<tbody>
<tr>
<td>(i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
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**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
T.R.R.F.

**Completed by (Print or Type)**
Nicholas Pernicola

**Title**
Project Manager

**Signature**

**Disposal Date**
4/07/14

**City, State**
Tullytown, Pennsylvania

**Date**
4/1/2014

*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)
April 1, 2014

### Agencies Notified
- [x] EPA
- [ ] DEP
- [x] DOI
- [x] DOH
- [ ] DCA

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

### Name of Building Owner/Operator (2)
Progressive Alternatives

### Street Address
PO Box 5533

### City, State, Zip Code
Clinton, NJ 08809

### Name of Contact
Steve Potter

### Telephone Number

## FACILITY INFORMATION

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

### Street Address
442 Eisenhower Ave

### City
Ortley Beach

### County (6)
Ocean

### County Code (7)
(SATE USE ONLY)

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

### ASCM No.

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

### Square feet
960 sf

### # of Floors
1

### Bldg Age
60

### Current Use (Prior to being demolished)
Residence

### 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

### Telephone Number
732-349-9932

### License Number
00624

### Name of OSP/IA Monitor
E.M.S.I. Analytical

### Street Address
1056 Stelton Road

### City, State, Zip Code
Piscataway, New Jersey 08854

### Scope of Work (Check all that apply)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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<td></td>
</tr>
</tbody>
</table>

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

- Asbestos siding.

#### Amount (Specify SF or LF)
350 sf

### Abatement Type

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Guardian Contracting, Inc.

### NJDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
2

### Name of Registered Landfill
T.R.R.F.

### City, State
Toms River, New Jersey

### Disposal Date
04/04/2014

### City, State
Tullytown, Pennsylvania

### Completed by (Print or Type)
Nicholas Feniocola

### Title
Project Manager

### Signature

### Date
4/1/2014

*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)
April 1st, 2014

Name of Building Owner/Operator (2)
Sea Girt National Guard Joint Training Center

Agencies Notified
☐ EPA
☒ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
100 Camp Drive

City, State, Zip Code
Sea Girt, NJ 08750

Name of Contact
Bill McBride

Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sea Girt National Guard Training Center and Armory

Street Address
100 Camp Drive

City (5)
Sea Girt, NJ 08750

County (6)
OCEAN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)
Training Center

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

Square Feet

# of Floors
0

Bldg. Age
n/a

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
Feb 25/2014

Scheduled Completion Date (11)
June 30/2014

Name of OSHA Monitor
Same as above

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)
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovetag 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)

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
Endorse

Field Training Area designated as
asbestos abatement areas

1, 2, 3 & 4

Clean up transite debris
8,260 cubic yd

Name of Registered Waste Hauler
Clean Venture Inc

NJDEP Waste Hauler ID No.
106755

Cubic Yards of Waste
8,260

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA 19067

Disposal Date
TBD

Completed by
Gina Salvador
Title
Office 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)  

Date of Notification (1)  
4/2/14

Name of Building Owner/Operator (2)  
Caldwell College

Agencies Notified Type Notification  
☐ EPA  ☒ Initial  
□ DEP  ☐ Amended  
□ DOL  ☐ Amendment #  
□ DOH  ☐ Emergency (including  
□ DCA  ☐ Justification)  

Street Address  
120 Bloomfield Ave

City, State, Zip Code  
Caldwell, NJ 07006

Name of Contact  
Al Schnell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Student Center Building

Street Address  
120 Bloomfield Ave

City (5)  
Caldwell

County Code (6)  
Essex  
(State Use Only)

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  
2

Bldg. Age  
40 +

Name of Abatement Contractor (9)  
Loznica Management Corp

Name of OSHA Monitor  
Environmental Consulting Group

Street Address  
22 Troy Ln

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone No.  
973.706.7950

License No.  
01193

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Environmental Consulting Group

Street Address  
PO Box 8466

City, State, Zip Code  
Haledon, NJ 07538

Project Manager for Monitoring Firm  
Fernando Villa

Telephone No.  
973-418-4036

Scheduled Completion Date (11)  
4/14/14

Business Code (12)  
12-12-00-00-00-00-00-00

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  
☐ ≥ 160 sf 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)  

Student Center

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14)  
Yes No N/A

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

Amount (Specify SF or LF)  
16

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure

Name of Registered Waste Hauler  
Loznica Management Corp

Waste Hauler ID No.  
033137

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS North Landfill

City, State  
Lincoln Park, NJ 07035

Disposal Date  
TBD

Completed by  
E. Cirovic

Title  
Secretary

Signature  
E. Cirovic

Date  
4/2/12

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 8:60 and 12:120)

Date of Notification (1)  
4-2-14

Name of Building Owner/Operator (2)  
Pennrose Properties, LLC

Address  
1301 North 31st Street

City, State, Zip Code  
Philadelphia, PA 19121

Name of Contact  

Agencies Notified  
☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA

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

Name of Facility Where Abatement is Taking Place (3)  
15 Washington Street

Street Address  
15 Washington Street

City (5)  
Newark

County Code (7)  
Essex

County (6)  

Square Feet  
150,000

# of Floors  
16

Bldg. Age  
50 yrs.

Name of Monitoring Firm Hired by Building Owner (8)  
BHS Environmental, Inc.

ASCM No.  

Name of Abatement Contractor (9)  
Plymouth Environmental Co., Inc.

Street Address  
411 Southgate Court, Suite E

City, State, Zip Code  
Mickleton, NJ 08056

Telephone No.  
856-224-0080

License No.  
00398

Project Manager for Monitoring Firm  
Jack Carney

Telephone No.  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

Start Date (10)  
4-2-14

Scheduled Completion Date (11)  
4-3-14

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 sf or 23 ft

☐ 2160 sf or 2260 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)  

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

☐ Yes  ☑ No  N/A

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

Amount (Specify $F or LF)  
60 LF

Abatement Type  

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste  
5

Name of Registered Landfill  
Waste Management

Disposal Date  
4-3-14

City, State  
Coraopolis, PA

Completed by  
James Kelly

Title  
President

Signature  

Date  
4-2-14

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)
4/1/14

Name of Building Owner/Operator (2)
Anthony Nicosia

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type of Notification
☐ Initial
☐ Amended
☐ Emergency (Including Justification)
☐ Amendment #
☐ Cancellation

Street Address
36 Hackensack Avenue

City, State, Zip Code
South Kearny, NJ 07032

Name of Contact
Anthony Nicosia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
30 Linden Place

City (5)
Nutley

County (6)
Essex

County Code (7) (STATE USE ONLY) ________

Square Feet
2100

# of Floors
2

Bldg. Age
55

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.

973-583-8500

703

Start Date (10)
4/10/14

Scheduled Completion Date (11)
4/24/14

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 lf
☐ ±160 sf or ±260 lf
☐ 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

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

Amount (Specify SF or LF)
160 LF

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
4/1/14

* Do not use this form for asbestos licensure exempted activities.
The form contains information related to the notification of asbestos abatement. The data includes:

- **Date of Notification**: 4/12/14
- **Agencies Notified**: EPA, DEP, DOL, DOH, DOA
- **School (K-12)**: 444 Linwood Ave, Ridgewood, N.J.
- **County**: Bergen
- **Facility Information**:
  - **Special Facility**: School (K-12)
  - **Asbestos Removal**: Yes
  - **Location of Asbestos-Containing Material (ACM)**: Basement
  - **Description of ACM**: Pipe Insulation
  - **Amount**: 72 ft

Additional details include:

- **Name of Registered Waste Hauler**: None listed
- **Other Information**: Date: 4/3/14

The form is part of the notification process for asbestos abatement, ensuring compliance with regulations.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
4/2/14

Name of Building Owner/Operator (2)
Linda & Ed Conklin Private Home

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

Type Notification

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

Street Address
15 Lynn Ann lane

City, State, Zip Code
Manahawkin NJ 08091

Name of Contact
Ed

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Linda & Ed Conklin Private Home

Street Address
15 Lynn Ann lane

City (5)
Manahawkin NJ 08091

County (6)

County Code (7)

[STATE USE ONLY]

Ocean

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

Street Address

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
4/3/14

Scheduled Completion Date (11)
4/7/14

Occuany 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 ft

[ ] ± 180 sf or ≥ 260 ft

[ ] Demolition

[ ] Renovation

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (15)

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

[ ] Yes
[ ] No
[ ] N/A

Description of Asbestos-Containing Material (ACM)

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

Amount

(Specify SF or LF)

Abatement Type

Removal

[ ] Repair

[ ] Encapsulate

[ ] Enclose

[ ] Full Containment with Negative Pressure

[ ] Min-Enclosure

[ ] Glovebag Procedure

[ ] Non-Exempted (*) and Non-Friable Procedure

Exterior Siding

Exterior Siding

1400 SF

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Name of Registered Landfill

G.R.O.W.S.

City, State
Elm NJ

Disposal Date
4/7/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signatures

Date
4/3/14

* 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)
4/2/14

Agency Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Name of Building Owner/Operator (2)
Agatha Szucs Private Home

Street Address
971 Capstan

City, State, Zip Code
Forked River NJ 08731

Name of Contact
Agatha

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Agatha Szucs Private Home

Street Address
971 Capstan

City (6)
Forked River NJ 08731

County (6)
Ocean

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior to being demolished)
House & Shed

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)
4/2/14

Scheduled Completion Date (11)
4/7/14

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 sf
□ ≤ 160 sf or ≥ 260 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (O) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

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

Amount
1400 SF

Abatement Type

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
3

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

Disposal Date
4/7/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
4/3/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/23/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VIC: VICTOR &amp; GABRIELA CENUSA T3</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>DEPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>SCDEN</td>
<td>Amendment #</td>
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<td>NOON</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>36 VICTORY COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>KETTLEH N.J.</td>
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<tr>
<td>Name of Contact</td>
<td>CENUSA</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Type of Facility (4)</td>
<td></td>
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<tr>
<td>School (K-12)</td>
<td></td>
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<tr>
<td>Subchapter G (Other than K-12)</td>
<td></td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Status of Abatement (Check only one):</td>
<td></td>
</tr>
<tr>
<td>Abatement Completed Inside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/21/14</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>NOVATECH, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE N.J. 08857</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-238-7500</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>NOVATECH, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE N.J. 08857</td>
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<tr>
<td>Scopes of Work (Check all that apply):</td>
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<tr>
<td>Demolition</td>
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<tr>
<td>Remodeling</td>
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<td>Abatement Type</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility (13)</td>
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<tr>
<td>Used Solely by Maintenance/Custodial Staff? (12)</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., chrysolite-laden, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Annual (Specify SF or LF)</td>
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<td>Exhaust</td>
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<tr>
<td>Encapsulated</td>
<td></td>
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<tr>
<td>Removed</td>
<td></td>
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<tr>
<td>Name of Registered Waste Handler</td>
<td>NOVATECH, INC</td>
</tr>
<tr>
<td>NJDEP Waste Handler ID No.</td>
<td>18501</td>
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<tr>
<td>Cubic Yards of Wastes</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.P.O.W.S.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/21/14</td>
</tr>
<tr>
<td>City, State</td>
<td>KNOXVILLE, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>CARLOS ALEIDA</td>
</tr>
<tr>
<td>Title</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>Date</td>
<td>4/23/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-2-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Sandor Excavating, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>301, Sussex Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Gal</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>-</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling (Vacant) |
| Street Address | 155 Union Road |
| City | Kingwood, NJ |
| County | Hunterdon |

**Type of Facility (4)**

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

**Square Feet**

- # of Floors: 1
- Bldg. Age: 75 yrs

**Current Use (Prior to being demolished)**

- Single Family Dwelling

**EPC Technologies Inc.**

| Name of Abatement Contractor (9) | EPC Technologies Inc. |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Telephone No. | 609-758-3365 |
| License No. | 00394 |

**Project Manager for Vendor**

- Steve Schenker

**Start Date (10)**

- 4-14-14

**Scheduled Completion Date (11)**

- 4-14-14

**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)**

- ☑ 53 sf or 53 if
- ☑ 2160 sf or 2260 sf
- ☑ 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 Porch Wall
- ☑ Siding, Shingles
- 400 SF

**Name of Registered Waste Hauler**

- EPC Technologies

**UDEN Waste Hauler ID No.**

- 17400

**Cubic Yards of Waste**

- 1

**Name of Registered Landfill**

- Waste Management of PA

**City, State**

- New Egypt, NJ

**Disposal Date**

- 4-15-14

**City, State**

- Monearsville, PA

**Date**

- 4-2-14

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
03/31/2014

Name of Building Owner/Operator (2)
Steven Coscia (SCS Contracting, Inc.)

Street Address
87 Shady Side Rd.
City, State, Zip Code
Ramsey, NJ 07446

Name of Contractor
Steven Coscia

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

Sq. Feet: 10,000 # of Floors 3
Bldg. Age ~ 60

Current Use (if being demolished): 100% damaged by fire

Name of Contractor (9)
Industrial Safety & Environmental Solutions, Inc.

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

License Number
01124

Name of OSHA Monitor
ISES, Inc.

Name of Project Manager
N/A

Telephone Number
(201)325-0055

Location of Asbestos-Containing Material (ACM)
To be Abated in Facility (13)

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown ACM materials, VAT, miscellaneous (demolished materials); machine will remove demolition materials with supervision by ISES, Inc. Any remaining materials not removed by machine will require quantification and authorization (new proposal) by building representative for removal with additional amounts notified to NJDOH.</td>
<td>~ 400 Cubic yards</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Req. Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
400

Name of Req. Landfill
BETHLEHEM LANDFILL

Disp. Date
4/1/2014-4/12/2014

City, State
BETHLEHEM, PA 18015

Completed by (Print or Type)
David Camacho

Title
Project Supervisor

Signature
Date
3/31/2014
# Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lynn England</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>III Morris Ave</td>
<td>EHT N. J.</td>
<td>1,000</td>
<td>1</td>
<td>50 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>South Shore Contractors LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>III Morris Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>III Morris Ave</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td></td>
</tr>
<tr>
<td>Hours - Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>III Morris Ave</td>
</tr>
<tr>
<td>Large Project (&gt; 160 SF or &gt; 260 LF ACM)</td>
<td></td>
</tr>
<tr>
<td>Small Project (&gt; 25 &lt; 160 SF or &gt; 260 LF ACM)</td>
<td></td>
</tr>
<tr>
<td>Minor Project (&lt; 25 SF or &lt; 10 LF ACM)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No. 18952</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg Harbor, NJ</td>
<td>3/1/14</td>
<td>Egg Harbor Twp, NJ</td>
<td>3/1/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paul Weikel</td>
<td></td>
</tr>
</tbody>
</table>
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 3/10/14  
**Name of Building Owner/Operator:** Roess Weiss (Homeowner)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>2 N Brunswick Ave</td>
<td>Margate, N.J.</td>
</tr>
<tr>
<td>DEP</td>
<td>Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Home</td>
<td>( ) School (K-12)</td>
</tr>
<tr>
<td></td>
<td>( ) Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>( ) Other (i.e., private &amp; commercial buildings)</td>
</tr>
</tbody>
</table>

**Square Feet:** 1,000  
**# of Floors:** 2  
**Building Age:** 50 yrs

**Current Use (Prior to being demolished):**

- Project Manager for Monitoring Firm
  - Telephone Number: 609 653 5853  
  - License Number: 0646 6300  
  - Street Address: 2 North Brunswick Ave

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

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

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

- ( ) Demolition
- ( ) Large Project (> 160 SF or > 260 LF ACM)
- ( ) Small Project (> 25 < 160 SF or > 260 LF ACM)
- ( ) Minor Project (< 25 SF or < 10 LF ACM)

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

<table>
<thead>
<tr>
<th>Is Location Normally 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Transportation Firms:**

- NJDEP Waste Hauler ID No.: 18452  
- Cubic Yards of Waste:  
- Name of Registered Landfill:

**City, State:** Egg Harbor, NJ  
**Disposal Date:**
State of New Jersey
NOTIFICATION OF ASAPETOS ABATEMENT
(Permits to NJAC 8:68 and 12:129)

Date of Notification (1): 4-2-14
Name of Building Owner/Operator (2): [Redacted]
Agency Notified: [Redacted]
Type Notification: [Redacted]
Street Address: 81 South Ridge St
City, State, Zip Code: Glassboro, NJ 08025
Name of Contact: [Redacted]
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Church
Street Address: 83 W Maple St
City: Glassboro, NJ
County: [Redacted]
County Code: [Redacted]
Name of Monitoring Firm: [Redacted]
AICID No.: [Redacted]
Name of Abatement Contractor (9): AMJF LLC
Street Address: 1210 Easton Ave
City, State, Zip Code: Glassboro, NJ 08025
License No.: [Redacted]
Telephone No.: [Redacted]

Start Date (10): 4-12-14
Scheduled Completion Date (11): 1-31-14
Occupancy Status During Abatement (Check only one)
Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - [Redacted]

Scope of Work (Check all that apply)
≥ 50 sf or ≥ 500 sf
≥ 600 sf or ≥ 2500 sf
Removal
Cancellation

Location of Asbestos-Containing Material (ACMs) TO BE ABATED IN Facility (12)

Is Location Normally Used Solely by Maintenance/ Custodial Staff? [Redacted]
Location Description of ACM (specify SF or LF)

Amount (specify SF or LF)
Abatement Type
Endorse

Amount of Waste (specify SF or LF)
Disposal Date
City, State

Completed By: [Redacted]
Title: VP
Signature: [Redacted]
Date: 4-2-14

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
3/27/2014

**Name of Building Owner / Operator (2)**
Lurch Demolition

**Agencies Notified**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address**
PO Box 42

**City, State & Zip Code**
Avon by the Sea, NJ 07717

**Name of Contact**
Frank Lurch

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
22 Poole Ave

**City** (5)
Avon

**County** (6)
Monmouth

**County Code** (7)

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
80

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

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

**Name of Abatement Contractor (9)**
Alpha Environmental Services

**Street Address**
20 Canary Way

**City, State & Zip Code**
Trenton, NJ 08690

**Telephone Number**
609-847-2956

**License Number**
01222

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
107 Haddon Ave.

**City, State & Zip Code**
Westmont, NJ 08108

**Scheduled Start Date (10)**
4/4/2014

**Scheduled Completion Date (11)**
4/7/2014

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm

**Describe:**

**Scope of Work (Check all that apply)**
- [ ] ≥ 3 sf or ≥ 3 if
- [x] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

**Name of Registered Waste Hauler**

**ALPHA ENVIRONMENTAL**

**City, State**
Trenton, NJ

**Completed By (Print or Type)**
Rod Richardson

**Name of Registered Landfill**
Grows Landfill

**Cubic Yards of Waste**
4

**Disposal Date**

**Various**
Morrisville, PA

**Date**
3/27/2014
State of New Jersey
NOTIFICATION OF ABSTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

2 / 4 / 14

Name of Building Owner/Operator (2)
New Jersey Department of Transportation

Name of Facility Where Abatement is Taking Place (3)
Parcel M-56 - Former Dynamic Trucking

Street Address
177 Pennsylvania Avenue

City (5)
Kearny, NJ

County (6)
Hudson

Name of Monitoring Firm Hired by Building Owner (8)
Shaw Environmental Inc

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental Inc

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

Square Feet
32,800

# of Floors
2

Bldg. Age
30+

Current Use (Prior to being demolished)
Former Warehouse Distribution Center

FACILITY INFORMATION

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Project Manager for Monitoring Firm
Gary Wywara

Telephone No.
732-839-3707

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

Scope of Work (Check all that apply)

■ ≥3 sf or ≥3 If
≥160 sf 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)

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

Yes No N/A

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

Abatement Type

Removal
Encapsulate
Endotribe

Name of Registered Waste Hauler
NjDep Waste Hauler ID No. SW1724

Name of Registered Landfill
GROWS North Landfill

Disposal Date
City, State

Morrville, PA
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator (2):** New Jersey Department of Transportation

**Date of Notification (1):**

| 2 | 4 | 14 |

**Agencies Notified:**
- [x] EPA
- [x] DOLWD
- [ ] DOH
- [x] DCA (NJAC 5:23-8)

**Type Notification:**
- [ ] Initial
- [x] Amended
- [ ] Amendment #1, 2, 3, 4, 5, 6
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Facility Where Abatement is Taking Place (3):**
**Parcel M-56 - Former Dynamic Trucking**

**Street Address:**
177 Pennsylvania Avenue
Kearney, NJ
County (6):
Hudson

**Name of Monitoring Firm Hired by Building Owner (6):** Shaw Environmental Inc
**ASCM No.:**

**Name of Abatement Contractor (9):**
Bristol Environmental Inc
**Street Address:**
128 S. Tryon Street - Interstate Tower
Charlotte, NC 28202

**Project Manager for Monitoring Firm:**
Gary Wywra
**Telephone No.:** 732-939-3707

**Scheduled Completion Date (11):**

**Type of Facility (4):**
- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet: 38400**
**# of Floors:** 2
**Bldg. Age:** 30+

**Current Use (Prior if being demolished):**
Former Warehouse Distribution Center

**Occupancy Status During Abatement (Check only one):**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM

**Start Date (10):** ON HOLD

**Name of OSHA Monitor:** Shaw Environmental Inc

**Scope of Work (Check all that apply):**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Throughout</th>
<th>Exterior of Structure</th>
<th>Along Elevated Loading Docks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[x] No</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[x] N/A</td>
<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)

**Amount (Specify SF or LF):**
- [ ] 4200 SF
- [ ] 270 LF
- [ ] 254 LF

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12):**
- [x] No

**Cubic Yards of Waste:**

**Disposal Date:**

**Name of Registered Waste Hauler:**
**Waste Management GROWS North Landfill**
Grows Waste Hauler ID No. SW1724

**Name of Registered Landfill:**

**City, State:**
Camden, NJ

**Completed By (Print or Type):**
Patrick T. DeCaro
**Title:** Estimator
**Signature:**

**Date:** 21/01/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
Agencies Notified
☐ EPA 2
☐ DOLWD 4
☐ DOH 14
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2-3/15/14
☐ Emergency (including justifica-
ration)
☐ Cancellation

Name of Building Owner/Operator (2)
New Jersey Department of Transportation

Street Address
PO Box 600

City, State, Zip Code
Trenton, NJ 08625-0600

Name of Contact
Andrew Yorke

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Parcel M-56 - Former Dynamic Trucking

Street Address
177 Pennsylvania Avenue

City (5)
Kearny, NJ

County (6)
Hudson

Square Feet
38400

# of Floors
2

Bldg. Age
30+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Former Warehouse Distribution Center

Name of Monitoring Firm Hired by Building Owner (8)
Shaw Environmental Inc

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental Inc

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Telephone No.
732-537-3707

License No.
215-788-6540

00509

Telephone No.

Start Date (10)
3 / 17 / 14

Scheduled Completion Date (11)
3 / 31 / 14

Name of OSHA Monitor
Shaw Environmental Inc

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)
☐ 3+ sf or >3 if
☐ 160+ sf 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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
(12)
Yes No N/A

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

Amount
(Specify SF or LF)

Abatement Type

Judgment
Removal
Repair
Encapsulate
Endicature

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
SW1724

Cubic Yards of Waste

Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ

Disposal Date

City, State
Morrisville, PA

Completed By (Print or Type)
Patrick T. DeCaro

Title
Estimator

Signature

Date
3/15/14

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

Name of Building Owner/Operator (2)
New Jersey Department of Transportation

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #3-3/31/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
PO Box 600

City, State, Zip Code
Trenton, NJ 08625-0600

Name of Contact
Andrew Yorke

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Parcel M-56 - Former Dynamic Trucking

Street Address
177 Pennsylvania Avenue

City (5)
Kearny, NJ

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

Square Feet
38400

# of Floors
2

Bldg. Age
30+

Current Use (Prior if being demolished)
Former Warehouse Distribution Center

Name of Monoring Firm Hired by Building Owner (8)
Shaw Environmental Inc

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental Inc

Street Address
1123 Beaver Street

City, State, Zip Code
Bristol, PA 19007

License No.
00509

Name of OSHA Monitor
Shaw Environmental Inc

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Start Date (10)
3/17/14

Scheduled Completion Date (11)
ON HOLD

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥3 if
☐ ≥160 sf 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)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Repart
Encapulate
Enclose

Throughout
☐ ☐ ☒ Floor Tile & Mastic
4200 SF

Exterior of Structure
☐ ☐ ☒ Ext. Caulking & Roof Tar Flashing
270 SF

Along Elevated Loading Docks
☐ ☐ ☒ Ext. Expansion Joint Material
254 LF

Name of Registered Waste Haulier

Waste Management
NJDEP Waste Hauler ID No. SW1724

Cubic Yards of Waste

Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ

Disposal Date

City, State
Morrisville, PA

Completed By (Print or Type)
Patrick T. DeCaro

Title Estimator

Signature

Date 3/1/14

* 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)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended Amendment#</td>
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<tr>
<td>[ ] DOL</td>
<td>Emergency (including justification)</td>
</tr>
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<td>[ ] OOM</td>
<td>Cancellation</td>
</tr>
<tr>
<td>[ ] OCA</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Earthmover Contracting</th>
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</table>

**Street Address**

<table>
<thead>
<tr>
<th>155 ROUTE 50</th>
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</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Greenfield, N.J. 08020</th>
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</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Bruce Brown</th>
</tr>
</thead>
</table>

**Telephone Number**

<p>| |</p>
<table>
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**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>RESIDENCE</th>
</tr>
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</table>

**Street Address**

<table>
<thead>
<tr>
<th>428 Simpson Ave</th>
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**City (5)**

<table>
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<tr>
<th>Ocean City</th>
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**County (6)**

<table>
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<tr>
<th>Cape May</th>
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**County Code (7) (STATE USE ONLY)**

<p>| |</p>
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**Current Use (Prior to being demolished)**

<table>
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<tr>
<th>VACANT</th>
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</table>

**Name of Abatement Contractor (8)**

<table>
<thead>
<tr>
<th>Kleenco Inc.</th>
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</table>

**Street Address**

<table>
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<tr>
<th>369 S. Spruce Ave.</th>
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**City, State, Zip Code**

<table>
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<tr>
<th>Maple Shade, N.J. 08052</th>
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</table>

**Telephone No**

<table>
<thead>
<tr>
<th>856-779-0422 0044</th>
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</table>

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>Joseph Klemm</th>
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</thead>
</table>

**Street Address**

<table>
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<tr>
<th>369 S. Spruce Ave.</th>
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</thead>
</table>

**City, State, Zip Code**

<table>
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<th>Maple Shade, N.J. 08052</th>
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**Scheduled Completion Date (11)**

<table>
<thead>
<tr>
<th>4/21/14</th>
</tr>
</thead>
</table>

**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] Remodeling
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>SIDING</th>
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**Description of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>TRASH</th>
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</table>

<table>
<thead>
<tr>
<th>C.M.C., M.U.A.</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Kleenco Inc.</th>
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</table>

**NDEP Waste Hauler ID No.**

<table>
<thead>
<tr>
<th>710474</th>
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**Date of Disposal**

<table>
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**Completed By**

<table>
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<tr>
<th>Joseph Klemm</th>
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**Title**

<table>
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<th>OWNER</th>
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**Signature**

<table>
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<tr>
<th>Joseph Klemm</th>
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**Date**

<table>
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<th>4/1/14</th>
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</table>

*Do not use this form for asbestos licensure exempted activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1)
3-31-14

Name of Building Owner/Operator (2)
Lockheed Martin, Inc.

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☒ Amended
☐ Amended # 2
☐ Emergency (including
Justification)
☐ Cancellation

Street Address
199 Borton Landing Road

Name of Contact
Paul Kim

City, State, Zip Code
Moorestown, NJ  08057

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lockheed Martin

Street Address
199 Borton Landing Road

City (6)
Moorestown

County (6)
Burlington

County Code (7)
(State Use Only)

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

Square Feet
530,000

# of Floors
1

Bldg. Age
51 yrs.

Current Use (Prior to being demolished)
offices

Name of Monitoring Firm Hired by Building Owner (8)
Harvard Environmental

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
760 Pulaski Highway

City, State, Zip Code
Bear, DE 19701

Telephone No.
302-326-2333

Name of GSHA Monitor
Plymouth Environmental Co., Inc.

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

License No.
00398

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

Start Date (10)
2-18-13

End Date (11)
12-31-14

Scope of Work (Check All That Apply)
☐ 23 sf or 23 ft
☒ 2190 sf or 2260 ft
☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM)

Building 101

Building 105

Building 108

Building 127

VAT & mastic
VAT & Mastic
pipe insulation
fireproofing

Amount (Specify SF or LF)
2,000SF
2,000SF
500LF
5,000SF

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

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

Name of Registered Waste Hauler
Waste Management of Camden, NJ

NJ DEP Waste Hauler ID No.
39126

Cubic Yards of Waste
30

Name of Registered Landfill
TRRF

Completed by
James M. Kelly

Title
Vice-President

Signature

Date
3-31-14

Disposal Date
various

City, State
Camden, NJ
Tullytown, PA

* 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)
4-1-14

Name of Building Owner/Operator (2)
Pennrose Properties, LLC

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

Type Notification
- Initial

Directions Address
1301 North 31st Street

City, State, Zip Code
Philadelphia, PA 19121

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
15 Washington Street

Street Address
15 Washington Street

City (5)
Newark

County (6)
Essex

Square Feet
150,000

# of Floors
16

Bldg. Age
50 yrs.

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner (8)
EHS Environmental Inc.

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
411 Southgate Court, Suite E

City, State, Zip Code
Mickleton, NJ, 08056

Telephone No.
856-224-0080

License No.
00398

Start Date (10)
4-15-14

Scheduled Completion Date (11)
4-15-15

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)

- as of or b 20 if
- as of or b 260 if

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>throughout building</td>
<td>x</td>
<td>window glazing</td>
<td>980 each</td>
<td>x</td>
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<tr>
<td>throughout building</td>
<td>x</td>
<td>VAT</td>
<td>2,000 SF</td>
<td>x</td>
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<tr>
<td>throughout building</td>
<td>x</td>
<td>pipe insulation</td>
<td>600 LF</td>
<td>x</td>
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<tr>
<td>throughout building</td>
<td>x</td>
<td>black mastic</td>
<td>1,000 SF</td>
<td></td>
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Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste
100

Name of Registered Landfill
IESI Bethlehem

City, State
Bethlehem, PA

Disposal Date
4-15-15

City, State
Newark, NJ

Completed by
James Kelly

Title
President

Signature

ASA-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 8:60 and 12:120)

Date of Notification (1) 4/11/14

Name of Building Owner/Operator (2)
TRANSFORMATION ENTERPRISES

 Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

type Notification
☒ Initial
☐ Amended
☒ Amendment 
☐ Emergency (including Justification)
☐ Cancellation

Street Address
601 W. CLARK LANDING ROAD

City, State, Zip Code
EAST NORRITON, PA. 19403

Name of Contact:
Barbara

FACILITY INFORMATION

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 6 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet:

# of Floors:
1

Bidg. Age:
40

Current Use (Prior if being demolished):
VACANT

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

Street Address
100 E. 6TH ST.

City (5)
OCEAN CITY

County (6)
CAPE MAY

County Code (7) (STATE USE ONLY):

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

ASCM No.

Name of Abatement Contractor (9)
ICEMCO INC

Street Address
369 S. SPRUCE AVE.

City, State, Zip Code
MAPLE SHIRE, PA. 08362

Telephone No.
908-779-6422

License No.
06444

Name of OSHA Monitor:
N/A

Project Manager for Monitoring Firm
N/A

Telephone No.

Start Date (10)
4/11/14

Scheduled Completion Date (11)
4/18/14

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 ft
☒ 2160 sf or ≥2600 sf
☒ Renovation
☒ Demolition

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

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

Amount (Square Feet of LF)
1500

Abatement Type
Enclosure

Name of Registered Waste Hauler
ICEMCO INC

NUDEP Waste Hauler ID No.
17904

Cubic Yards of Waste

Name of Registered Landfill
CMCMU

Disposal Date

City, State
WOODBINE, N.J.

Completed By
JOSSEY H"VEAM

Title
OWNER

Signature

Date 4/11/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:126)

Date of Notification (1)
3-31-2014

Name of Building Owner/Operator (2)
Joseph LaBarbera

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
32 Allison Road

City, State, Zip Code
Alpine, NJ 07620

Name of Contact
Joseph LaBarbera

Telephone Number

FACILITY INFORMATION

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

Street Address
32 Allison Road

City (5)
Alpine, NJ 07620

County (6)
Bergen

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)
Green Environmental Services, LLC

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

TelephoneNumber

License No.
201-333-8855
01174

Start Date (10)
3-31-2014

Scheduled Completion Date (11)
4-1-2014

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
☒ ≥ 300 sq ft or ≥37 ft
☒ ≥100 sq ft or ≥2600 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)

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
Endorse

Basement
x
VAT
255 SF
x

Sun-room
x
VAT
200 SF
x

Kitchen
x
Linoleum
300 SF
x

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
0034899

Cubic Yards of Waste
4

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

City, State
Coraopolis, P.A.

Completed by
Lilianna Serrano.

Title
Office Manager

Signature

Date
3-31-2014

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>03/11/2014</th>
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</table>

**Name of Building Owner/Operator**

KATHY TERRENTS

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

FAIR LAWN, BERGEN

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

ASCM

**Type of Facility**

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

**Residential Information**

- Street Address: 0-56 BLUE HILL AVENUE
- City: FAIR LAWN, NJ 07410
- County Code: STATE USE ONLY
- County: BERGEN
- Name of Abatement Contractor: J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.
- Street Address: 1141 ROUTE 23
- City, State, Zip: WAYNE, NJ 07470
- Telephone Number: 973 628-9500
- License Number: 00408
- Name of OSHA Monitor: J&S ENVIRONMENTAL LABORATORIES, LLC
- Street Address: 2333 ROUTE 22 WEST
- City, State, Zip: UNION, NJ 07083

**Scheduled State Date**

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<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
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<td>11</td>
<td>2014</td>
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**Scheduled Completion Date**

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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>04</td>
<td>11</td>
<td>2014</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Hours - Describe: 7:00 a.m. - 5:30 p.m.

**Scope of Work**

- Demolition
- Renovation

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

- Closets - 2nd Floor
- Basement

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

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

- Insulation, surfacing, VTV, or other miscellaneous

**Amount (Opacity SF or LF)**

- Closets - 2nd Floor: 140 SF
- Basement: 100 LF

**Cubic Yards of Waste**

- J.R. Contracting & Environmental Consulting, Inc.
-一部

**Cubic Yards of Waste**

- NJDEP Waste Hauler ID No. 17819
- G.R.O.W.S
- Morrisville PA

**Compliance Date**

- 03/31/2014
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**  
3-31-2014

**Name of Building Owner/Operator (2)**  
Bryant Enterprises, LLC

**Street Address**  
AFR 1 2014

**City, State, Zip Code**  
East Orange, NJ 07017

**Name of Contact**  
Rick Doggett

**FACILITY INFORMATION**

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

**Street Address**  
530 North Grove Street

**City (5)**  
East Orange, NJ 07017

**County (6)**  
Essex

**County Code (7)**  
(State Use Only)

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.

**Name of Abatement Contractor (9)**  
Green Environmental Services, LLC

**Street Address**  
235 Virginia Avenue

**City, State, Zip Code**  
Jersey City, NJ 07304

**Project Manager for Monitoring Firm**  

**Telephone No.**  

**Start Date (10)**  
4-1-2014

**Scheduled Completion Date (11)**  
4-1-2014

**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)**  
- ≥ 3 sf or ≥ 3 lf
- ≤ 160 sf or ≤ 260 lf
- Renovation
- Demolition

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

**TO BE ABATED**  
In Facility

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

**Yes**

**No**

**N/A**

**Basement**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**

**Repair**

**Encapsulate**

**Enclosure**

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

**Waste Management**

**Name of Registered Waste Hauler**

**City, State**

**Coraopolis, P.A.**

**Completed by**

**Liliana Serrano.**

**Title**

**Office Manager**

**Signature**

**Date**

3-31-2014

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

Date of Notification (1): 03/31/2014

Name of Building Owner/Operator (2): Englewood Hospital

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

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

Street Address: 350 Engle Street

City, State, Zip Code: Englewood, NJ 07631

Name of Contact: Harry Hahn

FACILITY INFORMATION

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

City (5):
Englewood, NJ 07631

County (6):
Bergen

Name of Monitoring Firm Hired by Building Owner (8):
Hillmann Consulting, LLC

ASCM No. (STATE USE ONLY): N/A

Name of Abatement Contractor (9):
P&L Environmental Services

Street Address:
11-02 Queens Plaza South

City, State, Zip Code:
Long Island City, NY 11101

Square Feet (10):
100,000

# of Floors (11):
3

Bldg. Age (12):
50 Years +

Current Use (Prior if being demolished):
Hospital

Name of OSHA Monitor:
Martin Morea

Project Manager for Monitoring Firm:
Michael Nehlsen

Telephone No. (9):
908-688-7800

Telephone No. (10):
718-349-0900

License No. (11):
28675

Start Date (10):
04/14/2014

Scheduled Completion Date (11):
06/14/2014

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
- Glovebag Procedure
- Non-Exempted (*) and Non-Fifstable Procedure

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Floor</td>
<td>Floor Tile &amp; Mastic</td>
<td>260 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
ATC

NJ/DEP Waste Hauler ID No. (14):
24310

Cubic Yards of Waste (15):
30

Name of Registered Landfill:
Minerva Enterprises

Disposal Date (16):
04/21/2014

City, State, Zip Code:
Waynesburg, OH 44686

Completed by:
Ann A. Ali

Title: NA

Signature:

Date:
03-31-2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/26/14</td>
<td>APR 7, 2014</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address**
559 Winsor Street

**City, State, Zip Code**
Bound Brook, NJ 08805

**Name of Contact**
Debbie Pikulin

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**County Code (7) (STATE USE ONLY)**
Somerset

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

**Street Address**
11 Rosengren Avenue

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

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

**Telephone No.**
973-345-8685

**License No.**
#00675

**Project Manager for Monitoring Firm**

**Start Date (10)**
3/26/14

**Scheduled Completion Date (11)**
3/27/14

**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: Occupied

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [ ] Demolition
- [x] 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)

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [x] 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)**
156 SF

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

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

**Waste Management of PA**
Waste Management of PA

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Deanna Brkusin

**Title**
Project Manager

**Signature**

**Date**
3/26/14

*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)
3/26/14

Agency Notified

EPA

Initial

Name of Building Owner/Operator (2)
Estate of Witkowski

DEP

Amended

Street Address
663 Broad Street

DOL

Amendment #
City, State, Zip Code
Clifton, NJ 07013

DOH

Emergency (including justication)
Name of Contact
Kevin Witkowski

DCA

Cancellation
Telephone Number

FACILITY INFORMATION

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

Street Address
663 Broad Street

City (6)
Clifton

County Code (7)
 Passaic

County Code (7)
(STATE USE ONLY)

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

License No.
973-345-6885

#00675

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

License No.

Scope of Work (Check All That Apply)

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Abatement Type

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

basement

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

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

NJ Wtse Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

Disposal Date
TBD

City, State
Totowa, NJ

Completed by
Deanna Brkusanin
Title
Project Manager

Signature

Date 3/26/14

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
3/26/14

Name of Building Owner/Operator (2)  
Colleen Pannome

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

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

Street Address  
40 Park Avenue

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Colleen Pannome

FACILITY INFORMATION

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

City (5)  
Maplewood

County Code (7)  
Essex

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

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

Square Feet  
N/A

Current Use (Prior if being demolished)  
House

# of Floors  
N/A

Bldg. Age  
N/A

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

Project Manager for Monitoring Firm  

Telephone No.  
N/A

Telephone No.  
973-345-8685

License No.  
#00675

Name of OSHA Monitor  
D&S Abatement, Inc.

Start Date (10)  
4/09/14

Scheduled Completion Date (11)  
4/10/14

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

Scope of Work (Check All That Apply)  
- ≥23 sf or ≥3 lf  
- ≥160 sf or ≥260 lf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Failable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>18 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>boiler insulation</td>
<td>16 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

NJ/DEP Waste Hauler ID No.  
#20958

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 Brkusani

Title  
Project Manager

Signature  

Date  
3/26/14

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 8:56 and 12:120)

Date of Notification (1)
April 1, 2014

Agency/ies Notified

Type Notification

Name of Building Owner/Operator (2)
West New York School District

Street Address
6200 Broadway

City, State, Zip Code
West New York, N.J. 07093

Name of Contact
Robert Reiman, Assistant Principal

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Harry L. Bain Elementary School

Street Address
6200 Broadway

City (5)
West New York

County (6)

County Code (7)

[STATE USE ONLY]

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

Square Feet
50,000

# of Floors
3

Bldg. Age
70

Current Use (Prior to if being demolished)
School

Name of Abatement Contractor (9)
Academy Construction, Inc

Street Address
205 Rt 46W, Suite 14

City, State, Zip Code
Totowa, N.J. 07512

License No.
01155

Name of OSHA Monitor
Academy Construction, Inc

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

Start Date (10)
April 11, 2014

Scheduled Completion Date (11)
May 11, 2014

Scope of Work (Check All That Apply)

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulate
Endcap

Name of Registered Waste Hauler
Academy Construction, Inc

NJ DEP Waste Hauler ID No.
0034422

Cubic Yards of Waste
6

Name of Registered Landfill
GROWS North

City, State
Totowa, NJ

Disposal Date
May 11, 2014

City, State
Morrisville, PA 19067

Completed by
Frank Marino
Title
VP of Operations

Signature

Date
April 1, 2014

* 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) April 1, 2014

Agencies Notified
✓ EPA
✓ DEP
✓ DOL
✓ DOH
✓ DCA

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

Name of Building Owner/Operator (2)
West New York School District

Name of Contact
Robert Reiman, Assistant Principal

Street Address
6200 Broadway

City, State, Zip Code
West New York, N. J. 07093

Type of Facility (4)
✓ School (K-12)
✓ Subchapter B (Other than K-12)
✓ Other (i.e. office buildings, homes, etc.)

Square Feet
50,000

# of Floors
3

Bldg. Age
70

Current Use (Prior if being demolished)
School

Name of Facility Where Abatement is Taking Place (3)
Harry L. Bain Elementary School

City (6)
West New York

County Code (7)
Lyndhurst, N. J. 07071

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services

ASCM No.
000118

Name of Abatement Contractor (9)
Academy Construction, Inc

Street Address
464 Valley Brook Ave.

Name of OSHA Monitor
Academy Construction, Inc

Telephone No.
201-438-4839

City, State, Zip Code
Lyndhurst, N. J. 07071

City, State, Zip Code
Totowa, N. J. 07512

License No.
973-832-4244

Name of Registered Waste Hauler
Academy Construction, Inc.

Disposal Date
May 11, 2014

Name of Registered Landfill
GROWS North

Cubic Yards of Waste

Disposal Date
May 11, 2014

City, State
Totowa, NJ

Cubic Yards of Waste

Name of Registered Landfill
GROWS North

City, State
Morrisville, PA 19067

Completed by
Frank Marino

Title
VP of Operations

Signature

Date
April 1, 2014

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