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

Date of Notification (1):

Name of Building Owner/Operator (2):

Agencies Notified:

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

Street Address:

City (5):

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (6):

ASCM No.:

Name of Abatement Contractor (9):

Klemco Inc.

349 S. Spruce Ave.

MAPLE SHADE, N.J. 08052

Name of Registered Landfill:

C.M.C., M.U.A.

Name of Contact:

JIM

Type of Facility (4):

School (K-12)

Subchapter B (Other than K-12)

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

Square Feet:

1000

Current Use (Prior to being demolished):

VACANT

No. of Floors:

2

Bldg Age:

40+

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (11):

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ Custodial Staff?

YES NO N/A

Removal

Demolition

Description of Asbestos Containing Material (ACM) (i.e., normal systems insulation, surfacing, VUT, or other miscellaneous):

Amount (Specify SF or LF):

1500

Abatement Method:

Removal

Full Containment with Negative Pressure

Non-Enclosure

Glove bag Procedure

Non-Exposed (1) and Non-Transferable Procedure

Name of Registered Waste Handler:

Klemco Inc.

NJDEP Waste Handler No.:

1799

Cubic Yards of Waste:

Disposal Date:

City, State:

MAPLE SHADE, N.J. 08052

Woodbine, N.J.

Name of Contact:

JIM

Signature:

Date:

4/6/15

*Do not use this form for asbestos license exempted activities.*
## Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>4/6/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BRENNIG</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENTIAL |
| Street Address | 2831 WEST AVE |
| City, State, Zip Code | OCEAN CITY |
| County Code (STATE USE ONLY) | COPEY |
| Name of Abatement Contractor | KLEMCO, INC. |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |
| License No. | 856-219-0472 00444 |

| Name of Abatement Contractor | KLEMCO, INC. |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |
| Name of OSHA Monitor | JOSEPH KLEMM, JR. |
| Telephone No | 856-219-0472 |
| License No. | |
| Contract Number | |

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

- [ ] 23 sf or 23 ft
- [ ] 210 sf or 210 ft
- [ ] 2160 sf or 2160 ft
- [ ] Demolition

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

- [ ] Location Normally Used by Maintenance Custodial Staff
- [ ] Description of ACM: Asbestos-Containing Material (ACM) in Building

- [ ] Transite
- [ ] Specified Amount
- [ ] Asbestos-Containing Material (ACM)
- [ ] Specified Location
- [ ] Specified Type
- [ ] Specified Amount

**Name of Registered Waste Hauler**

KLEMCO, INC.

| City, State | MAPLE SHADE N.J. |
| Disposal Date | |
| Name of Registered Landfill | C.M.C.M.U.A |
| City, State | WOODBRIDGE N.J. |

**Completed by**

MICHAEL KLEMM

**Title**

Vice President

**Signature**

[Signature]

**Date**

4/6/15

*Do not use this form for asbestos liensure exempted activities.*
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:16 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 2, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Check # 1971</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOH, DOL</td>
<td>Initial Amended</td>
<td>509 Graisbury Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Haddon Township, NJ 08033</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Deeney</td>
<td></td>
</tr>
</tbody>
</table>

<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>Residence</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500</td>
<td>2</td>
<td>65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Environmental, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>411 Southgate Court, Suite E</td>
<td>856-224-0080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Maple Shade, NJ 08052</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Carney</td>
<td>856-755-0099</td>
<td>00842</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 13, 2015</td>
<td>April 15, 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Laboratories</td>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 23 sq ft or 23 sq ft</td>
<td>Basement XXX Pipe Insulation 11 LF X</td>
</tr>
<tr>
<td>X 160 sq ft or 260 sq ft</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>4/15/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>4/15/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
<td>Operations Manager</td>
<td></td>
<td>4/2/2015</td>
</tr>
</tbody>
</table>

* 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) 9/16/15

Name of Building Owner/Operator (2) Marie Argibay Boccasino

Agencies Notified Type Notification

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
668 Bray Ave

City, State, Zip Code
Port Monmouth, NJ 07758

Name of Contact Eric Piaculis

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.)

Street Address
668 Bray Ave

City (5) Port Monmouth

County Code (6) Monmouth

County (6) Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) Home

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

Name of Abatement Contractor (9) Brick Industries Inc.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

License No.
(732)899-7499
01196

Start Date (10) 9/1/15

Scheduled Completion Date (11) 1/10/15

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

City Address

Telephone No.

License No.

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)

Yes No N/A

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 6

Name of Registered Landfill GROWS

City, State

Disposal Date 4/13/15

City, State PA

Completed by

Eric Piaculis

Title

Signature

Date 9/16/15

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 4/6/15

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

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

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

Street Address
834 Bouline Drive

City, State, Zip Code
Forked River N.J. 08731

Name of Contact
Robert

FACILITY INFORMATION

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

Street Address
834 Bouline Drive

City (5)
Forked River N.J. 08731

County (6)
Ocean

County Code (7) (STATE USE ONLY) _______

Current Use (Prior to being demolished)
House

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.

License No.
856-753-9800 00727

Start Date (10) 4/6/15

Scheduled Completion Date (11) 4/6/15

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)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

- Renovation
- Demolition

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

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

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)
5 units

Abatement Types

Removal

Encapsulate

Endorse

Location of Registered Waste Hauler

NJDPS Waste Hauler ID No. 22459

Cubic Yards of Waste 1

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

City, State
Morristown PA 19067

Disposal Date 4/6/15

Completed by
Anthony T. Perna

Title
President

Signature __________________________

Date 4/6/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
4/6/15

Name of Building Owner/Operator (2)
Brendan L Walsh Private Home

Street Address
94 Barnegat Beach Drive

City, State, Zip Code
Waretown NJ 08758

Name of Contact
Brian

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brendan L Walsh Private Home

Street Address
94 Barnegat Beach Drive

City (5)
Waretown NJ 08758

County (6)
Ocean

County Code (7) (STATE USE ONLY) ______

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

ASCM No. Name of Abatement Contractor (9)
N/A Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
Peter Longo 856-753-9800

License No.
00727

Start Date (10)
4/6/15

Scheduled Completion Date (11)
4/9/15

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)

33 sf or 23 sf
≥100 sf or ≥260 sf

Renovation Demolition

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

(13)

x exterior house only

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

x Exterior Siding 1100 SF

x second floor loft

Floor tile 700 SF

Location 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
4/9/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title President

Signature Date

* Do not use this form for asbestos licensure exempted activitiies.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)
April 6, 2015

Name of Building Owner/Operator (2)
DNA Demolition

Street Address
2156 Camplain Road

City, State, Zip Code
Hillsborough, NJ 08844

Name of Contact
Antonio Dimuzio

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

FACILITY INFORMATION

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

Street Address
33 Crescent Road

City
Madison

County (6)
Morris

County Code (7)
(State USE ONLY)

Square Feet
2000 sf
# of Floors
2
Bldg. Age
80

Current Use (Prior to being demolished)
Residence

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

Occupancy Status During Abatement (Check one only)

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other - Describe

Scope of Work (Check all that apply)

[x] >3 sf or ≥31 ft

[ ] ≥160 sf or ≥160 ft

[x] Demolition

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm
Nicholas Femicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
4/7/15

Scheduled Completion Date (11)
4/8/15

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

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

Amount (Specify SF or LF)
10 sf
X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

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

Title
Project Manager

Signature

*Do not use this form for asbestos licensure exempted activities.
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 04/05/15

Name of Building Owner/Operator: MACY'S CORPORATE SERVICES (FEDERATED)

Street Address: 7 WEST SEVENTH STREET

City, State, Zip Code: CINCINNATI, OHIO 45202

Name of Contact: Lou DeMauro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: MACY'S - LIVINGSTON MALL

Street Address: SOUTH ORANGE AVE & WALNUT STREET

City: LIVINGSTON

County: MIDDLESEX

County Code: State use Only:

Name of Monitoring Firm Hired by Building Owner: Pennoni Associates Inc.

Street Address: 515 Grove Street Ste 1B

City, State, Zip Code: HADDON HEIGHTS, NJ 08035

Name of Abatement Contractor: ACM CONSULTING CORP.

Street Address: 2150 STANLEY TERRACE

City, State, Zip Code: UNION, NJ 07083

TO BE DETERMINED

Scheduled Start Date: 01/13/2015

Scheduled Completion Date: 05/15/2015

Month: 1

Day: 13

Year: 2015

Type of Facility

( ) School (K-12)

( ) Sub-Chapte 8 (Other than K-12)

( X ) Other (i.e. private & Commercial buildings, homes, etc.)

SF of Bldg.: 1 MILLION +SF

# Floor: 3

Age of Bldg.: 50+

Current Use (prior if being demolished): TO BE DETERMINED

License Number: 00575

Name of OSHA Monitor: EMSL ANALYTICAL

Street Address: 307 WEST 38TH STREET

City, State, Zip Code: NEW YORK, NY 10118

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Outside Normal Facility Hours

Other - Describe: 9:00PM TO 6:30AM

Abatement Method

X Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

Location of ACM Facility

3rd Floor Sales Floor Phase 2

Is Location Normally Used by Custodial Staff: Yes

N/A

No

Description of ACM to be Removed: Spray-on Fireproofing 14000SF

Pipe insulation 500LF

Amount to be Removed (Specify SF/LF):

Abatement Type:


Name of Registered Waste Hauler: NJDEP Waste ID No.

SWI1866

Cubic Yds waste: TBD

Name of Registered Landfill: MINERVA ENTERPRISES, INC

City, State: WAYNESBURG, OHIO

Disposal Date: TBD

Completed By (Print or Type): TIMOTHY RYAN

Title: GENERAL MANAGER

Signature: [Signature]

Date: 4/6/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
04 / 06 / 15
Name of Building Owner/Operator (2)
Benjamin Cohen

Agent(s) Notified
☐ EPA
☐ DOH
☐ DOHSS
☐ DCA
☐ NJAC 5:23-6
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation
Street Address
32 Hillcrest Avenue
City, State, Zip Code
Cranford, NJ 07016
Name of Contact
Benjamin Cohen
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private house
32 Hillcrest Avenue
Cranford, NJ 07016
County (8)
County Code (7) (STATE USE ONLY)

Union
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
License No.
973-638-1777
01127

Project Manager for Monitoring Firm

Telephone No.
Name of OSHA Monitor
Envirosight Consultants, Inc

Start Date (10)
04 / 15 / 15
Scheduled Completion Date (11)
04 / 16 / 15

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 ft
☐ > 150 sf or > 250 ft
☐ Renovation
☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Pipe insulation
95 LF

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
0033785

Name of Registered Landfill
TBD

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature
04/06/2015

*Do not use this form for asbestos license or amended activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
4 / 6 / 15

Name of Building Owner/Operator (2)
NJTA Contract T300.311 Job #1501-4865 Check #7126

Agency Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA
(NJAC 5:23-8)

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

Street Address
PO Box 5050

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Dan Crum

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Millions Inc Building

Street Address
15 Pulaski Street

City (5)
Bayonne

County (6)
Hudson

County Code (?/STATE USE ONLY) 0

Current Use (Prior if being demolished)
Building

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

ASCM No. 0

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
344 West State Street

City, State, Zip Code
Trenton, NJ 08618

License No. 00529

Project Manager for Monitoring Firm
John Duggan

Telephone No. 609-666-8101

[License No. 609-265-2107]

EMSL Analytical

Start Date (10)
4 / 20 / 15

Scheduled Completion Date (11)
6 / 30 / 15

Name of OSHA Monitor

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)
☐ 2 or more stories
☐ 1 story or less
☐ 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) Condensate Tank Insulation 32 SF

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Encapsulate
☐ Dismantle

End Date of Contract

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15639

Cubic Yards of Waste 6

Name of Registered Landfill
Advanced Western Berks Landfill

City, State
Freehold, NJ

Disposal Date 6/30/15

City, State
Birdsboro, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title Operations Coordinator

Signature

Date 4/10/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

4 / 6 / 15

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

NJTA Contract T300.311 / Job #1501-4865 / Check #7033

**Agencies Notified**

- [x] EPA
- [x] DOLWD
- [x] DHSS (NJAC 5:23-8)
- [ ] DCA
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

PO Box 5050

City, State, Zip Code

Woodbridge, NJ 07095

**Name of Contact**

Dan Crum

**Telephone Number**

**FACILITY INFORMATION**

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

Toll Plaza - Toll Collection Building

**Street Address**

Intersection of 53rd Ave & Avenue E

City (5)

Bayonne

County (6)

Middlesex

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

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

Toll Plaza

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

USA Environmental

**ASCM No.**

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

30 Maple Ave, PO Box 25

**City, State, Zip Code**

Lumberton, NJ 08048

**Name of Project Manager for Monitoring Firm**

John Duggan

**Telephone No.**

609-666-8101

**License No.**

00529

**Street Address**

200 Route 130 North

**City, State, Zip Code**

Ginaminson, NJ 08077

**Name of EMSL Monitor**

EMSL Analytical

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement: ___AM-___PM/___PM-___AM**

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

- [ ] ≥ 3 square feet
- [ ] ≥ 160 square feet or ≥260 linear feet
- [ ] 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)**

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Glazing</td>
<td>120 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Window Caulk</td>
<td>65 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Freehold Cartage

**NJDEP Waste Hauler ID No.**

15939

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

Advanced Western Berks Landfill

**City, State**

Freehold, NJ

**Disposal Date**

6/30/15

**City, State**

Birdsboro, PA

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

**Date**

4/6/15

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  4 / 6 / 15  
Name of Building Owner/Operator (2)  NJTA Contract T300.0311 /Job #1501-4865 Check #7128

Agencies Notified  
☐ EPA  ☑ DOLWD  ☑ DHSS  ☑ DCA  
☐ NJACT 5:23-8  
Type Notification  
☑ Initial  ☐ Amended  
☐ Amendment #  ☑ Emergency (including justification)  ☐ Cancellation

Street Address  
PO Box 5050  
City, State, Zip Code  
Woodbridge, NJ 07095

Name of Contact  Dan Crum  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Daibes Gas Station  
Street Address  
800 Ave E  
City (5)  Bayonne  
County (6)  Hudson  
County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  USA Environmental  
Name of Abatement Contractor (9)  AbateTech, Inc.

Street Address  
344 West State Street  
City, State, Zip Code  Trenton, NJ 08618

Project Manager for Monitoring Firm  John Duggan  
Telephone No.  609-655-8101

Street Address  
30 Maple Ave. PO Box 25  
City, State, Zip Code  Lumberton, NJ 08048

Telephone No.  609-265-2107  
License No.  00529

Start Date (10)  4 / 20 / 15  
Scheduled Completion Date (11)  6 / 30 / 15

Name of OSHA Monitor  EMSL Analytical

Occupancy Status During Abatement  
☐ 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 ft²  ☑ ≥100 sf or ≥260 ft²  ☑ Renovation  ☑ Demolition  ☑ Full Containment with Negative Pressure  ☐ Mini-Enclosure  ☐ Glovebag Procedure  ☑ Non-Exempted (*) and Non-Friable Procedure

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

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

Daibes Gas Station  
Imitation Brick Face  150 SF  
Window Caulk & Glaze  325 LF

Name of Registered Waste Hauler  Freehold Cartage  
Name of Registered Landfill  Advanced Western Berks Landfill

City, State  Freehold, NJ  
Disposal Date  6/30/15  
City, State  Birdsboro, PA

Completed By (Print or Type)  Gwendolyn Trumbetti  
Title  Operations Coordinator  
Signature  [Signature]  Date  4/6/15

* Do not use this form for asbestos licensure-exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/11/2015

Name of Building Owner/Operator (2)
Verizon Wireless

Street Address
141 Industrial Parkway

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Mark Fahy-Skinner & Cook

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Street Address
19 Lyons Avenue

City (6) County (6) County Code (7) (State use only)
Newark Essex

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Scheduled Start Date (10) 03/16/2015 Sched. Completion Date (11) 03/18/2015

Occupancy Status During Abatement (Check only one)
☑ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours-
Describe: 
□ Other-Describe: 

Scope of Work (check all that apply)
□ Demolition ☑ Renovation
□ > 3 sf or > 3 if
□ > 160 sf or > 260 If
□ Full Containment w/negative pressure ☑ Glovebag procedure
□ Mini-enclosure ☑ Non-frangible procedure

Location of asbestos-containing material 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)
roof ☑ roofing material 90 sf

Amount (Specify SF or LF)
Removal Repair Encapsulation Mini-enclosure Non-Friable

Registered Waste Hauler

B & G Restoration, Inc.

Cubic Yards of Waste
2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Completed by (Print or Type) Cordana Luna
Title Secretary/Treasurer

Signature

Date}

Date 04/06/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/8/15

Name of Building Owner/Operator (2)
Dentree Associates

Agencies Notified
Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

Street Address
145 Central Park West

City, State, Zip Code
New York, NY 10025

Name of Contact Operator

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Federal Pacific Electric Company (Royce Associates Site)

Street Address
207-215 Avenue L

City (5)
Newark, NJ 07105

County (6)
Essex County

County Code (7)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US

ASCM No.

Name of Abatement Contractor (9)

Street Address
6723 Tow Path Rd Box 66

City, State, Zip Code
Syracuse, NY 13214

Project Manager for Monitoring Firm
Richard Price

Telephone No.
315-247-3244

Scheduled Completion Date (11)
5/22/15

Start Date (10)
3/25/15

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)

- ≥3sf or ≥3lf
- ≥160sf or ≥260lf
- 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)

Office
X

Yes
No
N/A

Surfacing material on walls & Cig
3044 sf

Boiler Room
X

Surfacing material on walls & Cig
3044 sf

Roofing and Siding
X

Thermal System Insulation
750 sf

Miscellaneous
X

Miscellaneous
20000 sf

Name of Registered Waste Hauler Service Transport Group
NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste
560

Name of Registered Landfill
Minerva Enterprises

City, State
New Castle, DE 19720

Disposal Date as needed

City, State
Waynesburg, OH

Completed by
Paul Redding

Title
Project Manager

Signature

Date
3/10/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
04/08/2015  
Name of Building Owner/Operator (2)  
VIRTUA-WEST JERSEY HEALTH SYSTEMS, INC.  
Agencies Notified Type Notification  
[X] EPA Initial  
[X] DEP Amended  
[X] DOL Amendment #  
[X] DOH Emergency (Including Justification)  
[X] DCA Cancellation  
Street Address  
50 LAKE CENTER-401 ROUTE 73 NORTH-STE. 401  
City, State, Zip Code  
MARLTON, NJ 08053  
Name of Contact  
TOM PITUCCI  
Telephone Number  

Name of Facility Where Abatement Is Taking Place (3)  
FORMER VIRTUA HOSPITAL AT MEDFORD PLAZA  
Street Address  
128 ROUTE 70  
City (5)  
MEDFORD TOWNSHIP  
County (6)  
BURLINGTON  
County Code (7)  
(LAST USE ONLY)  
Type of Facility (4)  
[X] Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet  
23,000  
# of Floors  
1  
Bldg. Age  
+/ - 100  
Current Use (Prior to being demolished)  
VACANT  

Name of Monitoring Firm Hired by Building Owner (8)  
SYNERTECH ENVIRONMENTAL CONSULTING  
ASCM No.  
Name of Abatement Contractor (9)  
PEPPER ENVIRONMENTAL SERVICES, INC.  
Street Address  
2251 FRALEY STREET  
City, State, Zip Code  
PHILADELPHIA, PA 19148  
Project Manager for Monitoring Firm  
ANDREW MCMAHON  
Telephone No.  
(215) 755-2305  
License No.  
(215) 533-5155  
01166  
Name of OSHA Monitor  
SYNERTECH ENVIRONMENTAL CONSULTING  
Street Address  
228 MOORE STREET  
City, State, Zip Code  
PHILADELPHIA, PA 19148  
Start Date (10)  
04/21/2015  
Scheduled Completion Date (11)  
05/08/2015  
Occupancy Status During Abatement (Check Only One)  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
Other – Describe:  

Scope of Work (Check All That Apply)  
[ ] 33 ft or ±3 ft  
[ ] 200 ft or ±200 ft  
[ ] Renovation Demolition  
*PRIOR TO DEMO*  
[ ] Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  
Yes No N/A  
SOUTHWEST REGION  
12 X 12 FLOOR TILE UNDER CARPET ALSO BELOW OTHER 12 X 12 FLOOR TILE  
5400 SF  
X  
EXTERIOR FACADE  
WINDOW CAULK  
75 SF  
X  

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  
MINERVA LANDFILL  
City, State  
NEW CASTLE, DE  
Disposal Date  
City, State  
WAYNESBURG, OH  
Completed by  
DENISE M. NIVEN  
Title  
ADMINISTRATIVE ASSISTANT  
Signature  
Date  
04/08/2015  

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