State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1201-4440
Check #5156

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/10/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Greenwood Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Jenkintown, PA 19046</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Verizon |
| Street Address | 58 Terrace Avenue |
| City (5) | Toms River |
| County (6) | Ocean |
| County Code (7) |  |
| Name of Monitoring Firm Hired by Building Owner (8) | USA Environmental |
| USA Environmental |
| Street Address | 8436 Enterprise Ave. |
| City, State & Zip Code | Philadelphia, PA 19153 |
| Project Manager for Monitoring Firm | Mark Jenkins |
| Telephone Number | 215-365-5610 |
| Scheduled Start Date (10) | 4/15/13 |
| Scheduled Completion Date (11) | 4/15/13 |
| Occupancy Status During Abatement (Check only one) | Facility Occupied During Abatement |
| Scope of Work (Check all that apply) | ≥3 sf or ≥3 lf |
| Description |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Hallway |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | No |
| Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Pipe Insulation |
| Amount (Specify SF or LF) | 6 LF |

Abatement Type

| Full Containment with Negative Pressure | Mini-Enclosure |
| Glove Bag Procedures | Non-Exempted and Non-Friable Procedure |

Name of Registered Waste Hauler
AbateTech, Inc
City, State | Lumberton, NJ |

Completed By (Print or Type)
Gwen Trumbetti
Title | Opps. Coord. |

Name of Registered Landfill
TRRF Landfill
City, State | Tullytown, PA |

Disposal Date | 4/16/13 |

Date | 4/10/13 |
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 10 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Robbinsville BOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
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<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Sharon ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>234 Sharon Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Robbinsville, NJ 08691</td>
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</table>

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

<table>
<thead>
<tr>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Environmental Connection

**Name of Abatement Contractor (9)**

AbateTech, Inc.

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Ryan Broadwater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-392-4200</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 North Warren Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
</tbody>
</table>

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

**Start Date (10)**

<table>
<thead>
<tr>
<th>5 / 3 / 13</th>
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</thead>
</table>

**Scheduled Completion Date (11)**

<table>
<thead>
<tr>
<th>5 / 5 / 13</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/ Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>&gt;3 sf or &gt;30 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>≥160 sf or ≥260 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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<table>
<thead>
<tr>
<th>Demolition</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mini-Enclosure</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Glovebag Procedure</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Breaching Insulation</th>
<th>288 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Flu Packing</td>
<td>5 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>18750</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>12</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>TRRF Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>4/12/13</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
<table>
<thead>
<tr>
<th>Title</th>
<th>Opp. Coord.</th>
<th>Signature</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Location of Asbestos-Containing Material in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatech, Inc.</td>
<td>Hallway</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Abatement Method</th>
<th>Amount of Asbestos-Containing Material Removed/Converted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Entrance Procedure</td>
<td>10SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure Enclosure</th>
<th>Gloves, PROTECTIVE CLOTHING, AND PERSONAL PROTECTIVE EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>00559</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>No Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCP&amp;L FirstEnergy</td>
<td>101 Edison Place, Building A</td>
</tr>
<tr>
<td>Morristown, NJ 07960</td>
<td>City, State &amp; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5PM</td>
<td>5PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Responsible for Monitoring</th>
<th>Brian Hoovenon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>175 Center Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>4/9/13</th>
</tr>
</thead>
</table>

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Abatech, Inc.

Name of Building Owner/Operator

M. Jones

Name of Abatement Contractor

JCP&L FirstEnergy

Name of Asbestos-Containing Material

Asbestos-Containing Insulation

Name of Facility Where Abatement is Taking Place

JCP&L FirstEnergy

City, State, Zip Code

Morristown, NJ 07960

Name of Registered Waste Hauler

Abatech, Inc.

City, State, Zip Code

Lumberton, NJ 08098

Gwen Trumblatt

Signature

Abatech, Inc.

City, State

Lumberton, NJ
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner / Operator:** Robert Wood Johnson Hospital

**Date of Notification:** 4/11/13

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

**Type Notification**
- [ ] Initial
- [ ] Amended #1
- [ ] Emergency
- [ ] Cancellation

**Street Address:** One Robert Wood Johnson Place

**City, State & Zip Code:** New Brunswick, NJ 08901

**Name of Contact:** Faith Orsini

**Telephone Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Robert Wood Johnson Hospital

**Street Address:** One Robert Wood Johnson Place

**City:** New Brunswick

**County:** Middlesex

**County Code:**

**Type of Facility:**
- [ ] 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):** Hospital

**Name of Abatement Contractor:** AbateTech, Inc.

**Street Address:** PO Box 25

**City, State & Zip Code:** Lumberton, NJ 08048

**Telephone Number:** 609-265-2107

**License Number:** 00529

**Name of OSHA Monitor:** EMSL Analytical

**Street Address:** 108 Haddon Ave.

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

**Telephone Number:**

---

### Project Manager for Monitoring Firm

**Name:** Geiser Fajardo

**Telephone Number:** 201-489-8700

---

### Occupancy Status During Abatement

- [ ] Facility Closed/Located During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [ ] Facility Occupied During Abatement

---

### Scope of Work

- [ ] ≥ 3 sf or ≥ 13 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition

---

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

**TO BE ABATED in Facility:**

- [ ] Rapid Admit Area
- [ ] Bathroom
- [ ] Office

---

### Is Location Normally Used Solely by Maintenance or Custodial Staff?

- [ ] Yes
- [ ] No
- [ ] N/A

---

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

- [ ] Floor tile, Linoleum & Mastic
- [ ] Floor tile, Linoleum & Mastic
- [ ] Floor tile & Mastic

---

### Amount (Specify SF or LF)

- 900 SF
- 140 SF
- 20 SF

---

### Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation

---

### Name of Registered Waste Hauler

**Name:** AbateTech, Inc.

**Street Address:**

**City, State:** Lumberton, NJ

**Waste Hauler ID No.:** 18750

**Cubic Yards of Waste:** 14

**Name of Registered Landfill:** TRRF Landfill

**Disposal Date:** 4/15/13

**City, State:** Tullytown, PA

---

### Completed By (Print or Type)

**Name:** Gwen Trumbetti

**Title:** Office Coord.

**Signature:**

---

**Date:** 4/11/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/11/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>JCP&amp;L/FirstEnergy Company</td>
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</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>Wayne Jones</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended #</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency</td>
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<td>DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>JCP&amp;L/FirstEnergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>150 Ridgedale Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>East Hanover</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></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>1 Source Safety &amp; Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Hovendon</td>
<td>610-524-5525</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/15/13</td>
<td>4/16/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours –</td>
</tr>
<tr>
<td>Describe: 5PM Start</td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>≥160 sf ≥260 lf</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<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 (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relay Department Crew area</td>
<td>Yes</td>
</tr>
<tr>
<td>Floor tile</td>
<td>168 SF</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location 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>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>8</td>
<td>TRRF Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumberton, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gwen Trumbetti</td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<th>Title</th>
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<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Opps. Coord.</td>
<td></td>
<td>4/11/13</td>
</tr>
</tbody>
</table>
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 7:26-2.12)

**Date of Notification:** April 12, 2013

**Name of Building Owner/Operator:** BP Products North America, Inc

**Address:**
- **Street Address:** 150 West Warrenville Road
- **City, State, Zip Code:** Naperville, IL 60563

**Name of Facility Where Abatement is Taking Place:**
- **Name:** BP Products North America, Inc
- **Street Address:** 760 Roosevelt Ave, Carteret, Middlesex

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

**Square Feet:** 4,788

**Building Age:** 50+ years

**Current Use (prior if being demolished):** Refinery

**Name of Contractor:** Brandenburg Industrial Service Company

**Address:**
- **Street Address:** 2217 Spillman Drive
- **City, State, Zip Code:** Bethlehem, Pennsylvania 18015

**Name of OSHA Monitor:**
- **Street Address:**
- **City, State, Zip Code:**

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

**Location of Asbestos-Containing Material (ACM) in Facility:**
- **Location Normally Used Solely by Maint./Custodial Staff?** YES

**Description of ACM:**
- (i.e. thermal systems insulation, facing, VAT, or other miscell.)

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

**Abatement Type:**
- Rem.
- Reg.
- Encap
- Enclose

**Name of Reg. Waste Hauler:**
- **ID #:**

**Cubic Yards of Waste:**

**Name of Reg. Landfill:**

**Completed by (Print or Type):**
- **Title:** Contract Administrator
- **Signature:**
- **Date:** April 12, 2013

**Mail to:**
- **Address:** NJDEP-DSHW-BRRTP
- **Telephone:** 609-984-5620
- **City, State:** Trenton, NJ 08625-0414
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
10/14/11 12/1/13  

Name of Building Owner/Operator (2)  
Andrew Schwab  

Agencies Notified  
☐ EPA  ☑ DOL  ☑ DOH  ☑ DCA  
Type Notification  
☒ Initial  ☑ Amendment  ☑ Cancellation  

Street Address  
50 Winding Way  

City, State, Zip Code  
West Orange, NJ 07052  

Name of Contact  
Andrew Schwab  

Telephone Number  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Andrew Schwab  

Street Address  
50 Winding Way  

City (5)  
West Orange  

County (6)  
Bergen  

County Code (7)  
N/A  

State use only)  

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

ASCM No.  
Name of Abatement Contractor (9)  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Telephone Number  
(973)666-6669  

License Number  
00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Scheduled Start Date (10)  
4/24/2013  

Sched. Completion Date (11)  
4/25/2013  

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  
☐ Full Containment w/negative pressure  
☒ Glovebag procedure  
☐ >2 sf or >3 ft  
☐ ≥160 sf or ≥260 lf  
☐ Mini-enclosure  
☐ Non-filable procedure  

Yes  
No  
N/A  

Location of asbestos-containing material 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)  
pipe insulation  

Amount (Specify SF or LF)  
85 lf  

Other Description  

Registered Waste Hauler  
B & G Restoration, Inc.  

NJDEP Hauler ID#  
19563  

Cubic Yards of Waste  
1  

Name of Registered Landfill  
Tullytown Resource & Recovery Center  

City, State  
Lincoln Park, NJ  

Disposal Date  
04/25/2013  

Completed by (Print or Type)  
Gordana Luna  

Title  
Secretary/Treasurer  

Signature  
Gordana Luna  

Date  
04/12/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 5861

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<td>Susan Hornecker</td>
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<th>Name of Contact</th>
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<td>Glen Rock, NJ 07452</td>
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<td>Amendment</td>
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**FACILITY INFORMATION**

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<th>Name of facility where abatement is taking place (3)</th>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
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<th># of Floors</th>
<th>Bidg. Age</th>
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<th>Street Address</th>
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<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>(973)696-6869</td>
<td>00378</td>
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<th>Cubic Yards of Waste</th>
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<td>1</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<td>04/24/2013</td>
<td>Tullytown Resource &amp; Recovery Center</td>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Gordana Luna</td>
<td>Secretary/Treasurer</td>
<td>Gordana Luna</td>
<td>04/12/2013</td>
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State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 5860

**Date of Notification (1)**  
10/14/11

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

**Street Address**  
80 Linden Street

**City, State, Zip Code**  
Millburn, NJ 07041

**Name of Contact**  
Yi Zhang

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
Yi Zhang

**Street Address**  
80 Linden Street

**City (6)**  
Millburn

**County (5)**  
Essex

**Type of Facility (4)**  
- [ ] School (K - 12)  
- [X] Subchapter 8 (Other than K-12)  
- [X] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (5)**  
- B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

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

**Telephone Number**  
(973)696-6869

**License Number**  
00378

**Name of CSHA Monitor**  
- B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

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

**Occupancy Status During Abatement (Check only one)**  
- [X] Facility closed/vacated during entire period of abatement.  
- [ ] Abatement performed outside of normal facility hours- 
Describe:

**Scope of Work (check all that apply)**  
- [X] Renovation  
- [X] Full Containment w/negative pressure  
- [X] Glovebag procedure  
- [ ] Non-flammable procedure

**Location of asbestos-containing material to be abated in facility (13)**  
- boiler & laundry rooms  
  - pipe insulation

**Amount (Specify SF or LF)**  
45 lf

**Registered Waste Hauler**  
- B & G Restoration, Inc.

**NJDTP Hauler ID#**  
19563

**Cubic Yards of Waste**  
1/2

**Name of Registered Landfill**  
Tullytown Resource & Recovery Center

**City, State**  
Lincoln Park, NJ

**Disposal Date**  
04/23/2013

**Completed by (Print or Type)**  
Gordana Luna

**Title**  
Secretary/Treasurer

**Signature**  
Gordana Luna

**Date**  
04/12/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification: 4/15/13

Name of Building Owner/Operator: JC Penney Corporation Inc.

Street Address: 6501 Legacy Drive
City, State, Zip Code: Plano, TX 75024

Name of Contact: Soy Thomas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Woodbridge Center-JC Penney

Street Address: 428 Woodbridge Center
City: Woodbridge NJ
County: Middlesex

Name of Monitoring Firm Hired by Building Owner: Hillmann Consulting LLC

ASCN No.: 62252

Name of Abatement Contractor: JVN Restoration Inc.

Street Address: 1600 Route 22 East
City, State, Zip Code: Union NJ 07083

Project Manager for Monitoring Firm: Tom Rubino

Telephone No.: 908-956-1233

Current Use (Prior if being demolished):

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

Square Feet: 150000
# of Floors: 2
Bldg. Age: 75

Name of OSHA Monitor: Testor Tech

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 10:00 PM - 6:00 AM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 sf

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

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

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

Amount (Specify SF or LF): 14,670 SF

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

2nd Level Home Street Dept.:

VAT/MASTIC

1st Level Joe Fresh Dept.:

VAT/MASTIC

Name of Registered Waste Hauler:

Global Waste Industries, Inc.

NJDEP Waste Hauler ID No.: NJ-22147

Cubic Yards of Waste: 40

City, State: Morrisville, PA

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

Completed By (Print or Type):

John Tardy

Title: Senior Project Manager

Signature:

4/15/13

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

ASB-41
MAY 11

RECEIVED
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
04/15/2013

Name of Building Owner/Operator (2)
Nancy Dallison

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

Type of Notification
- Initial
- Amended
- Amendment # __
- Emergency (Including justication)
- Cancellation

Street Address
162 College Place

City, State, Zip Code
South Orange NJ 07079

Name of Contact
Nancy Dallison

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
162 College Place

City (5)
South Orange

County (6)
Essex

Square Feet
850

# of Floors
2

Bldg. Age
79

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)

Asbestos Management Inc.

Turningpoint Contacting Corporation

ASCM No.

Name of Abatement Contractor (9)
Danison Inc

Street Address
358 Broadway

City, State, Zip Code
Newark NJ 07104

Project Manager for Monitoring Firm
Emeka Okike

Telephone No.
973-372-2177

Scheduled Completion Date (11)
04/28/2013

Name of OSHA Monitor
JLC Environmental Inc

Street Address
30 West 25th Street

City, State, Zip Code
NYC, NY 10007

Start Date (10)
04/27/2013

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

Scope of Work (Check All That Apply)
- ≤35 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)

Basement

Pipe Insulation

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

Amount (Specify SF or LF)
70 LF

Abatement Type
X

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Re-facility

City, State
City, Tullytown, PA

Disposal Date

Completed by
Nkeiruka Onwukaife

Title
Secretary

Signature

Date
04/15/2013

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

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>4/10/13</td>
<td>Greg Vandervort</td>
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</tbody>
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- **Agencies Notified**
  - [ ] EPA
  - [ ] DEP
  - [ ] DOL
  - [x] DOH
  - [ ] DCA
- **Type Notification**
  - [x] Initial
  - [ ] Amended
  - [ ] Amendment #: [ ]
  - [ ] Emergency (including justification)
  - [ ] Cancellation
- **Street Address**
  - 726 Harding Street
- **City, State, Zip Code**
  - Westfield, NJ 07090

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - House
- **Type of Facility (4)**
  - [ ] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [x] Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet**
  - 2000
- **# of Floors**
  - 2
- **Bldg. Age**
  - 50
- **Name of Contact**
  - Gregg Vandervort
- **Telephone Number**

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

- **Name of Facility Where Abatement is Taking Place (3)**
  - House
- **Street Address**
  - 726 Harding Street
- **City**
  - Westfield
- **County Code**
  - Union

**Type of Facility (4)**

- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet**
  - 2000
- **# of Floors**
  - 2
- **Bldg. Age**
  - 50
- **Name of Contact**
  - Gregg Vandervort
- **Telephone Number**

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

- ASCM No.

**Name of Abatement Contractor (9)**

- ABS Environmental Services, LLC
- Street Address
  - 4 E Gate Drive, PO Box 483
- City, State, Zip Code
  - Glenwood, NJ 07418
- **Telephone No.**
  - 973-583-8500
- **License No.**
  - 703

**Project Manager for Monitoring Firm**

- Street Address
- City, State, Zip Code

**Start Date (10)**

- 4/19/13

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

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

**Scheduled Completion Date (11)**

- 4/28/13

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

- [ ] ≥2 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] 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**

<table>
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<tr>
<th>To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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<tr>
<td>basement</td>
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<tr>
<td>pipe insulation</td>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Removal</td>
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<td>Repair</td>
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<td>Encapsulate</td>
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**Name of Registered Waste Hauler**

- Tri State Transfer
- NJDEP Waste Hauler ID No. 02325
- Cubic Yards of Waste 10
- Name of Registered Landfill
  - Minerva Enterprises
- Disposal Date TBD
- City, State
  - Waynesburg OH

**Completed by**

- Andrew Scott Higgins
- Title: President

**Signature**

- [Signature]

**Date**

- 4/10/13

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

**Date of Notification (1)**
4/11/13

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

**Street Address**
740 Park Avenue

**City, State, Zip Code**
Hoboken, NJ

**Name of Contact**
Eddie Brauer

**Date of Notification (1)**
4/11/13

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

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

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

**Street Address**
740 Park Avenue

**City (5)**
Hoboken

**County (6)**
Hudson

**County Code (7)**
(State USE ONLY)

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

**ASCM No.**

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

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Telephone No.**
973-583-8500

**License No.**
703

**Start Date (10)**
4/22/13

**Scheduled Completion Date (11)**
4/29/13

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

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

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

**TO BE ABATED**
- In Facility (19)

**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

**Name of Registered Waste Hauler**

**Tri State Transfer**

**Cubic Yards of Waste**

**Name of Registered Landfill**
Minerva Enterprises

**Disposal Date**
TBD

**City, State**
Waynesburg, OH

**Completed by**
Andrew Scott Higgins

**Title**
President

**Signature**

**Date**
4/11/13

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

Date of Notification (1): 4/10/2013

Name of Building Owner/Operator (2): CONGREGATION B'NAI JESHERUN

Agencies Notified: EPA, DEP, DOL, DOH

Type Notification: Initial

Street Address: 1025 SOUTH ORANGE AVENUE

City, State, Zip Code: SHORT HILLS, NJ 07078

Name of Contact: ALICE LUTWAK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TEMPLE B'NAI JESHERUN

Street Address: 1025 SOUTH ORANGE AVENUE

City: SHORT HILLS

County: ESSEX

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONNECTION, INC.

ASCM No.: 212-952-7300

Name of Abatement Contractor (9): TWO BROTHERS CONTRACTING

Street Address: 250 RUTHERFORD BLVD.

City, State, Zip Code: CLIFTON, NJ 07014

Start Date (10): 4/22/2013

Scheduled Completion Date (11): 4/26/2013

Occupancy Status During Abatement: Full Containment with Negative Pressure

Scope of Work (Check All That Apply): Full Containment with Negative Pressure

Notes: Full Containment with Negative Pressure

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

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

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

Amount (Specify SF or LF): 3,150 SF

Abatement Type: Removal

Name of Registered Waste Hauler: NUDEP Waste Hauler (O&M)

City, State: CLIFTON, NJ

Completion Date: 4/10/2013

Name of Registered Landfill: WASTE MANAGEMENT G.R.O.W.S.

City, State: MORRISVILLE, PA

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION of ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1):
4-11-13

Name of Building Owner/Operator (2):
T. Nicosia

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

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

Street Address:
35 MOUNTAIN ROAD

City, State, Zip Code:
VERONA, N.J. 07044

Name of Contact:
T. Nicosia

FACILITY INFORMATION

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

Street Address:
35 MOUNTAIN ROAD

City (5):
VERONA

County Code (6) (STATE USE ONLY):
ESSEX

Name of Monitoring Firm Hired by Building Owner (8):
Best Removal Inc

ASCM No.:

Name of Abatement Contractor (9):
Best Removal Inc

Street Address:
450 S. River St

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

Telephone No.:
201-329-7444

License No.:
00388

Start Date (10):
4-22-13

Scheduled Completion Date (11):
4-23-13

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

Scope of Work (Check all that apply):
- Thermal Insulation

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, gaskets etc.,):
- Thermal Insulation
- Other (Specify):

Amount (Specify):
190 LF

Abatement Type:
- Full Encapsulation with Negative Pressure
- Other (Specify):

Endorsements:
- Removal
- Repair
- Replacement
- Encapsulate
- Employee

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

- Basement/Crawl Space
- Garage

Yes No N/A

Name of Registered Waste Hauler:
Best Removal Inc

ID No.:
17109

Cubic Yards of Waste:
2 Yd

Disposal Date:
4-23-13

Name of Registered Landfill:
Minerva Enterprises

City, State:
Hackensack, N.J. 07601

Completed by:
J. Maiorano
Title: Estimator

Signature:
R. Veldran
Date: 4-11-13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/02/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Labib Riachi</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>320 Woodland Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westfield, NJ 07090</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Labib Riachi</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>1-201-456-7890</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>320 Woodland Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Westfield</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>house</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>#00675</td>
</tr>
</tbody>
</table>

| Start Date (10) | 4/19/13 |
| Scheduled Completion Date (11) | 4/20/13 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</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>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>crawl space</td>
<td>Yes</td>
<td>pipes &amp; pipe fittings</td>
<td>157 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>D&amp;S Abatement, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>#20996</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>Disposal Site</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
</tbody>
</table>

Completed by Deanna Brikusam | Project Manager | Signature | Date | 4/02/13 |

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

Date of Notification (1)
4/05/13

Name of Building Owner/Operator (2)
Dwayne Beckford

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

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

Street Address
747 East 26th Street

City, State, Zip Code
Paterson, NJ 07501

Name of Contact
Dwayne Beckford

FACILITY INFORMATION

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

Street Address
747 East 26th Street

City (5)
Paterson

County (6)
Passaic

County Code (7)
N/A

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
4/29/13

Scheduled Completion Date (11)
4/30/13

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE)

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

Scope of Work (Check All That Apply)

☒ ≥20 sf or ≥30 sq ft
☒ ≥160 sq ft or ≥260 sq ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

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

Specified

SF or LF

Abatement Type

☐ Removal
☐ Encapsulate
☐ Enclose

Endorse

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

Location of Registered Waste Hauler

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

NJDEP Waste Hauler ID No.
#20996

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 Brkusianin

Title
Project Manager

Signature

4/04/13

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

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<tbody>
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<td>Name of Building Owner/Operator (2)</td>
<td>Macario &amp; Adela Fojas</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>x</td>
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<td>DEP</td>
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<tr>
<td>DOH</td>
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<td>DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
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</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>house</td>
</tr>
<tr>
<td>Street Address</td>
<td>262 East Main Street</td>
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<tr>
<td>City (5)</td>
<td>Rockaway</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
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<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
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<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-345-8685</td>
</tr>
<tr>
<td>License No.</td>
<td>#00675</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4/29/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/30/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe: Occupied</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥300 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥150 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipes &amp; pipe fittings 295 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Endorsement</td>
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<tr>
<td>Removal</td>
<td>Repair</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>#20996</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Deanna Brikusnin</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4/02/13</td>
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</tbody>
</table>

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

Date of Notification (1)
4/08/13

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

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

Name of Building Owner/Operator (2)
Alexandra Tkacz

Street Address
84 Midland Boulevard

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Alexandra Tkacz

FACILITY INFORMATION

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

Square Feet
N/A

County Code (7) (STATE USE ONLY)
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

Telephone No.
973-345-8685

ASCM No.
N/A

License No.
#00675

D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
4/26/13

Scheduled Completion Date (11)
4/27/13

Project Manager for Monitoring Firm
D&S Abatement, Inc.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Amount (Specify SF or LF)
188 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

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

NJ DEP Waste Hauler ID No.
#20996

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 Brkusac

Title
Project Manager

Signed Date
4/08/13

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

Date of Notification (1)
04 / 09 / 13

Name of Building Owner/Operator (2)
Reva Luce

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address
707 Main Street

City, State, Zip Code
Riverton, NJ

Name of Contact
Reva Luce

FACILITY INFORMATION

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

Street Address
707 Main Street

City (5)
Riverton

County (6)
Burlington

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

ASCM No.

Name of Abatement Contractor (9)
Graham-Tech Environmental Service, LLC.

Street Address
204 E. Germantown Pike

City, State, Zip Code
Norrilton, P.A. 19401

Project Manager for Monitoring Firm
Raymond J. Giodano

Telephone No.
856-229-5369

Start Date (10)
04 / 18 / 13

Scheduled Completion Date (11)
04 / 26 / 13

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: 8AM-4:30PM/5PM-6AM

Scope of Work (Check all that apply)
- ≥ 2,500 sf or ≥ 2,500 ft²
- ≥ 1,600 sf or ≥ 1,600 ft²
- 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?
Yes
No
N/A

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

Amount (Specify SF or LF)
1200 sf

Abatement Type

Name of Registered Waste Hauler
Graham-Tech Environmental Service, LLC.

NJDEP Waste Hauler ID No.
0034500

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W. North Landfill & Tullytown

City, State
14 Read Drive Sicklerville, NJ 08081

Disposal Date
1513 Brodento Rd. Morrisville, PA

Completed By (Print or Type)

Vernice Graham
Title
President

Signature
Date 4-9-13

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

**Date of Notification (1)**  
4 / 11 / 13

**Name of Building Owner/Operator (2)**  
Modern Store Equipment

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

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

**Street Address**  
2045 Route 130 North

**City, State, Zip Code**  
Burlington NJ, 08016

**Name of Contact**  
David Dunigan

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
19 Ann Street

**City (5)**  
Bordentown

**County (6)**  
Burlington County

**Square Feet**  
40,000

**# of Floors**  
3

**Bldg. Age**  
50

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Services Inc.

**AsCM No.**

**Name of Abatement Contractor (9)**  
Luzon Inc.

**Street Address**  
8451 Executive Ave.

**City, State, Zip Code**  
Philadelphia, Pa. 19153

**Project Manager for Monitoring Firm**  
Jim Proctor

**Telephone No.**  
609-704-8850

**Start Date (10)**  
4 / 22 / 13

**Scheduled Completion Date (11)**  
4 / 24 / 13

**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: 7:00AM - 4:00PM**

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

- [ ] >=3 sf or >=3 lf  
- [ ] >=160 sf or >=260 lf  
- [ ] 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>Exterior Siding</th>
<th>Asbestos Shingles</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

**Name of Registered Waste Hauler Service Transport Inc.**

**NUDEP Waste Hauler ID No.**

**Cubic Yards of Waste**  
5 CYS.

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburg, OH

**Completed By (Print or Type)**  
Pius Patel

**Title**  
Program Manager

**Signature**

**Date**  
4-11-13

---

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

Date of Notification (1)  
4-12-2013  

Name of Building Owner/Operator (2)  
Legow Management  

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

Street Address  
160 S. Livingston Ave.  

City, State, Zip Code  
Livingston, NJ 07039  

Name of Contact  
☐ John  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Spring Manor Apartments Unit 1921 K  

Street Address  
1921 Greve Ave.  

City (5)  
Spring Lake Heights  

County (6)  
Monmouth  

County Code (7) (STATE USE ONLY)  

Current Use (Prior to if being demolished)  
Apartment Unit  

Name of Monitoring Firm Hired by Building Owner (8)  
n/a  

ASCM No.  
n/a  

Name of Abatement Contractor (9)  
Loznica Management Corporation  

Street Address  
22 Troy Lane  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Project Manager for Monitoring Firm  
n/a  

Telephone No.  
n/a  

License No.  
973-706-7950  
01193  

Start Date (10)  
4/22/2013  

Scheduled Completion Date (11)  
4/28/2013  

Name of OSHA Monitor  
Loznica Management Corp.  

Street Address  
22 Troy Lane  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: 9 am - 5 pm  

Scope of Work (Check All That Apply)  
☐ 23 sf or 23 if  
☒ 2160 sf or 2600 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)  

<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>VAT</td>
<td>96 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>☒</td>
<td>VAT</td>
<td>96 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Loznica Management Corporation  

NJ/DEP Waste Hauler ID No.  
0033137  

Cubic Yards of Waste  
TBD  

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

Disposal Date  
TBD  

City, State  
Morrisville PA 19067  

Completed by  
E. Cirovic  

Title  
Secretary  

Signature  

Date  
4-12-2013  

* 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)  
4-12-2013

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Morris Habitat for Humanity

Street Address  
274 S. Salem Street

City, State, Zip Code  
Randolph, NJ 07869

Name of Contact  
David Sang

Telephone Number

FACILITY INFORMATION

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

Street Address  
29 Hazel Street

City (5)  
Morristown

County (6)  
Morris

County Code (7)  
(STATE USE ONLY) n/a

Square Feet  
3000

# of Floors  
3

Bldg. Age  
50+

Current Use (Prior if being demolished)  
House

Name of Monitoring Firm Hired by Building Owner (8)  
n/a

ASCM No.  
n/a

Name of Abatement Contractor (9)  
Loznica Management Corporation

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
n/a

Telephone No.  
n/a

License No.  
01193

Start Date (10)  
3-25-2013

Scheduled Completion Date (11)  
5-31-2013

Occuancy 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 ≥25 sf

☒ ≥160 sf or ≥280 sf

☐ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Gluvobag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>☒</td>
<td>Asbestos Siding</td>
<td>2,000 SF</td>
<td>☒</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Loznica Management Corporation

NUDEP Waste Hauler ID No.  
0033137

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS Landfill

City, State  
Lincoln Park, NJ 07035

Disposal Date  
TBD

City, State  
Morrisville PA 19067

Completed by  
E. Cirovic

Title  
Secretary

Signature  
Cirovic

Data  
4-12-2013

ASB-41 (R-06-08)  
* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
4-12-2013

Name of Building Owner/Operator (2)  
Branislavka Lukic

FACILITY INFORMATION

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

Street Address  
52 Addison Ave.

City (5)  
Rutherford, NJ

County (6)  
Bergen

County Code (7)  
(State Use Only)

Square Feet  
3000

# of Floors  
2

Bldg. Age  
50+

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

Name of Abatement Contractor (9)  
Loznica Management Corporation

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
n/a

Telephone No.  
973-706-7950

License No.  
01193

Start Date (10)  
4/22/2013

Scheduled Completion Date (11)  
4/23/2013

Name of OSHA Monitor  
Loznica Management Corporation

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check Only One)  

Barrier Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:  

Scope of Work (Check All That Apply)  

23 ft or 23 sf

±150 sf or ±260 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)

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

Enclosure

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS Landfill

Disposal Date  
TBD

City, State  
Morrisville, PA 19067

Completed by  
E. Cirovic

Title  
Secretary

Signature  
Cirovic

Date  
4-12-2013

* 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**: 3/22/2013  
**Check#**: 2387  
**Name of Building Owner/Operator**: Saint Aloysius Rectory

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Rev Joseph D'Amico</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place**:  
St Aloysius Rectory

**Street Address**:  
721 West Side Avenue  
Jersey City, NJ 07304

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

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

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

**Square Feet**: 40,000  
**# of Floors**: 3  
**Bldg. Age**: 75+

**Current Use (Prior to Demolishing)**:  
Rectory (Office)

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

**Name of Abatement Contractor**: EA Services Corporation

**Street Address**:  
464 Valley Brook Avenue  
Lyndhurst, NJ 07071

**City, State, Zip Code**:  
Lyndhurst, NJ 07071

**Project Manager for Monitoring Firm**: Jim Ruff

**Telephone No.**: 201-384-2746

**Start Date**:  
4/12/2013  
**Scheduled Completion Date**: 4/15/2013

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

**Scope of Work (Check All That Apply)**:  
- 23 sf or 23 if  
- 2160 sf or >2600 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**:  
- Rectory - Boiler Room  
- Rectory Boiler Room

**Description of Asbestos Containing Material (ACM)**:  
- Wrap & repair boiler ins.  
- Pipe ins

**Amount (Specify SF or LF)**:  
- 200 SF  
- 80 LF

**Name of Registered Waste Hauler**: Freehold Carting

**Cubic Yards of Waste**: TBD

**Disposal Date**: TBD

**Name of Registered Landfill**:  
Waste Management

**City, State**: Po Box 5010

**Completed by**: Gina Salvador  
**Title**: Office Manager  
**Signature**:  
**Date**: 3/22/2013

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1):**
4-11-13

**Agency Notified:**
- EPA
- DEP
- FDOL
- FDHOH
- DCA

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

**Name of Building Owner/Operator:**
A. DEPASQUAL

**Telephone Number:**
201-329-7444

**Name of Abatement Contractor:**
Best Removal, Inc.

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

**Square Foot:**
3900

**City:**
Newark, N.J.

**State:**
N.J.

**Zip Code:**
07101

**Street Address:**
70 Berkeley Avenue

**County Code (7):**
07

**County:**
Essex

**Current Use:**
Residence

**Name of Contractor:**
Omega Environmental Inc

**Project Manager:**
Hackensack, N.J. 07601

**License No.:**
00388

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

**Start Date:**
4-23-13

**Scheduled Completion Date:**
4-25-13

**Occupancy Status During Abatement:**
- Yes
- No

**Scope of Work:**
- Renovation
- Demolition

**Location:**
Ground Floor Room/Hallway

**Location Normally Used Solely by Maintenance/ Custodial Staff:**
- Yes
- No

**Location:**
Linoleum Flooring

**Cubic Yards of Waste:**
2/4/05

**Name of Registered Landfill:**
Minerva Enterprises

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

**ID No.:**
17109

**Disposal Date:**
4-25-13

**City:**
Hackensack, N.J. 07601

**State:**
N.J.

**Date:**
4-11-13

---

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

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

## Date of Notification (1)

| 04 | 12 | 13 |

## Name of Building Owner/Operator (2)

| David Gurley |

## Address Information

| Street Address | 198 Herman Street |
| City, State, Zip Code | Hackensack, NJ 07601 |

## Name of Contact

| David Gurley |

### FACILITY INFORMATION

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

| Street Address | 198 Herman Street |
| City, State, Zip Code | Hackensack, NJ 07601 |

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

| County | Bergen |

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

| Firm Name | ASCM No. |
| Gr Tech LLC | |

## Project Manager for Monitoring Firm

| Telephone No. |

## Start Date (10)

| 04 | 21 | 13 |

## Scheduled Completion Date (11)

| 04 | 23 | 13 |

## Occupation Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement

## Time of Abatement

| AM | PM | PM | AM |

## Scope of Work (Check all that apply)

- Cleaning and decontamination
- 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)

| Location | Is Location Normally Used Solely by Maintenance/Custodial Staff? | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Basement | Yes | Pipe insulation |
| Basement | No | 220 LF |

## Name of Registered Waste Hauler

| Name of Registered Landfill |
| Gr Tech LLC | T.R.R.F. Inc |

## Cubic Yards of Waste

| Disposal Date | TBD |
| City, State | Tullytown, PA |

## Completed By (Print or Type)

| Title | Signature |
| Owner | Levere Kendall |

## Date

| 04/12/2013 |

* 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)

**Check # 5858**

**Date of Notification (1)**
[0 14/11/11] [11/13]

**Name of Building Owner/Operator (2)**
Estate of Josephine Krusinsky

**Street Address**
376 River Road

**City, State, Zip Code**
Garfield, NJ 07026

**Name of Contact**
Diane Weber

---

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**
Estate of Josephine Krusinsky

**Street Address**
376 River Road

**City**
Garfield, NJ 07026

**County**
Bergen

---

**Name of Abatement Contractor (9)**

**Street Address**
105 Ryerson Road

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

**Telephone Number**
(973)898-6869

**License Number**
00378

---

**Location of asbestos-containing material to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td>X</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>entire 1st floor</td>
<td></td>
<td>X</td>
<td></td>
<td>hepa vac., wet, paint, floors &amp; walls</td>
</tr>
</tbody>
</table>

---

**Disposal Date**
04/12/2013

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**City, State**
Tullytown, PA

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
04/11/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Check #5840

Date of Notification (1)  
10/14/2013  10/11/2013  10/12/2013

Name of Building Owner/Operator (2)  
Estate of Josephine Krusinsky

Street Address  
376 River Road

City, State, Zip Code  
Garfield, NJ 07026

Name of Contact  
Diane Weber

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Estate of Josephine Krusinsky

Street Address  
376 River Road

City (5)  
Garfield, NJ 07026

County (6)  
Bergen

County Code (7)  
(State use only)  
N/A

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  
(residential)

Current Use (Prior to being demolished)  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-0389

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
4/11/2013

Scheduled Completion Date (11)  
4/12/2013

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  
☐ Full Containment w/negative pressure  
☒ Glovebag procedure  
☐ Non-friable procedure  

Location of asbestos-containing material to be abated in facility (13)  

Description of asbestos-containing material (ACM)  

Amount (Specify SF or LF)  

Removal  
Repair  
Encapsulation  

basement  

Yes  
No  
N/A  

pipe insulation  

186 LF

1st floor (risers 5 locations)  

Yes  
No  
N/A  

pipe insulation  

55 LF

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
3 yards

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
04/12/2013

City, State  
Tullytown, PA

Date  
04/01/2013

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

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

Date of Notification (1) 4/12/13

Name of Building Owner/Operator (2) Ed Fox TruValue Hardware

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

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

Street Address
721 Auburn Rd

City, State, Zip Code
Sweedesboro, NJ

Name of Contact
Ed Fox

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
TruValue Hardware

Square Feet
1200

# of Floors
2

Bldg Age
50+

Current Use (Prior to being demolished)
Retail

County Code (7)/STATE USE ONLY

Country (6)
Gloucester

County Name

ASCM No.
N/A

Name of Abatement Contractor (8)
eco services

Phone No.
484-872-8884

License No.
01161

Start Date (10)
5/18/13

Date of Completion (11)
5/18/13

Name of OSHA Monitor
EMS L

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: 8 PM: 4 AM

Scope of Work (Check all that apply)
☐ 33 sf or 33 sf
☐ 216 sf or 226 sf
☐ Demolition

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

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

Name of Registered Waste Hauler
eco services, LLC

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Minerva

Disposal Date
TBD

City, State
Waynesburg, PA

Completed By (Print or Type)
Jack Ball

Title
Sr. PM

Signature

Date
4/12/13

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