

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

State of New Jersey

Check # 10081

Date of Notification (1)		4/13/12	
Agencies Notified		☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA ☐ EMERGENCY ☐ Cancellation	
Name of Building Owner/Operator (2)		Mary Kellogg	
Street Address		36 Olcott Ave	
City, State, Zip Code		Bernardsville, NJ 07924	
Name of Contact		Mary Kellogg	
Telephone Number		[REDACTED]	

Name of Facility Where Abatement is Taking Place (3)		Private	
Street Address		36 Olcott Avenue	
City (5)		Bernardsville	
County (6)		Smerset	
County Code (7)		[REDACTED]	
Square Feet		3500	
# of Floors		3	
Bldg. Age		110	
Type of Facility (4)		☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)	
Current Use (Prior if being demolished)		Residence	

Name of Monitoring Firm hired by Building Owner (8)		N/A	
Street Address		[REDACTED]	
City, State, Zip Code		[REDACTED]	
Project Manager for Monitoring Firm		[REDACTED]	
Telephone Number		[REDACTED]	
Scheduled Start Date (10)		4/22/12	
Month		Day	
Year		4/24/12	
Occupancy Status During Abatement (Check only one)		☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descrip» ☐ Other - Describe: «Other Occupancy Descrip»	
Street Address		[REDACTED]	
City, State, Zip Code		[REDACTED]	
Telephone Number		(973) 744-8800	
Name of OSHA Monitor		N/A	
Street Address		[REDACTED]	
City, State, Zip Code		[REDACTED]	

Scope of Work (Check all that apply)		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		☐ Basement ☐ Attic	
Is Location Normally Used Solely By Main-Tenance/Custodial Staff (12)		☒ Yes ☐ No ☐ N/A	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		☒ Duct Insulation ☒ Duct Insulation	
Amount (Specify SF or LF)		☒ 150 SF ☒ 40 SF	
Abatement Type		☐ R ☐ A ☐ V ☐ O ☐ M ☐ E ☐ R ☐ I ☐ A ☐ P ☐ E ☐ R ☐ U ☐ S ☐ O ☐ L ☐ I ☐ C ☐ N ☐ E	

Name of Registered Waste Hauler		AZTECH MANAGEMENT, INC.	
NJDEP Waste Hauler ID No.		17040	
Cubic Yards of Waste		2.0	
Name of Registered Landfill		G.R.O.W.S.	
City, State		Morrisville, PA 19067	
Disposal Date		4/25/12	
Signature		[REDACTED]	
Title		President	
Completed By (Print or Type)		Constantine Vivian	
Date		4/13/12	

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 4-16-2012		Name of Building Owner/Operator (2) DIAGNOSTIC OF PATERSOLD	
Type Notification		Street Address 1075 WELDON ROAD	
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA		Name of Contact OAK RIDGE, NJ 07438 Telephone Number R. ZAPPIE	

Name of Facility Where Abatement is Taking Place (3) DIAGNOSTIC OF PATERSOLD		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1075 WELDON ROAD City (5) OAK RIDGE County (6) PASSAIC		Square Feet 1700 # of Floors 2 Bldg. Age 62 yrs	

Name of Building Firm Hired by Building Owner (8) PETRAL ASSOCIATES INC		ASCA No. 00012	
Street Address 300 GORDON AVE City, State, Zip Code ENGLISHTOWN, NJ 07631		Project Manager for Monitoring Firm T. VALIANTINE Telephone No. 201 569 6708	
Name of OSMA Monitor Omega Environmental Services Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606		Scheduled Completion Date (11) 4-27-2012 Start Date (10) 4-26-2012	

Scope of Work (Check All That Apply)		☐ 25 or 26 ft ☐ 260 or 260 ft	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 8 AM 5 PM		☐ Renovation ☐ Demolition	
Occupancy Status During Abatement (Check Only One)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes ☐ No ☐ N/A	
Location of Asbestos-Containing Material (ACM) in Facility TO BE ABATED (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LB) 30 LF X	
Abatement Type		Removal Repair Encapsulate Enclosure	

Name of Registered Waste Handler Best Removal Inc.		RDEP Waste Handler ID No. 17109	
City, State Hackensack, NJ		Disposal Date 4-27-2012 City, State Waynesburg, OH	
Name of Registered Labeler Minerva Enterprises Inc.		Date 4-16-2012 Estimator R. Veldran	

Date of Notification (1) 4/16/12		Name of Building Owner/Operator (2) MR JOSE PLAMENCO		City, State, Zip Code UNION, N.J. 07083		Name of Contact MR PLAMENCO		Telephone Number	
Type of Notification		Initial		Amended		Amendment #		Emergency (including	
Agencies Notified		DCA		DOH		DOL		DPP	
Name of Facility Where Abatement is Taking Place (3)		1397 BROOKSIDE DR		City (5) UNION, N.J. 07083		County (6) UNION		Current Use (7) (Prior if being demolished)	
Type of Facility (4)		School (K-12)		Subchapter S (Other than K-12)		Other (i.e., private & commercial buildings, homes, etc.)		Square Feet 2,200	
Name of Abatement Contractor (8)		NOVA TECH INC		Street Address P.O. Box 814		City, State, Zip Code OLD BRIDGE, N.J. 07087		Telephone No. 732-388-7500	
Name of Monitoring Firm Hired by Building Owner		ASCM No.		Name of OSHA Monitor NOVA TECH INC		Street Address P.O. Box 814		City, State, Zip Code OLD BRIDGE, N.J. 07087	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-388-7500		License No. 60866		Scheduled Completion Date (11) 4/30/12	
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)	
Is Location Normally Used Solely by Custodial Staff? (12)		Yes		No		N/A		☒ Removal ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Wet-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Description of Amount (Specify SF or LF)		Abatement Type		Removal Repair Encapsulate	
Name of Registered Waste Handler NOVA TECH INC		EPA ID No. 18501		City, State, Zip Code OLD BRIDGE, N.J. 07087		Signature of Waste Handler		Date 4/16/12	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

U.S. Mail
4/16/12

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

Name of Building Owner/Operator (2)

Alex M. Thomson and Ninon F. Thomson

Street Address

132 Prospect Place

City, State, Zip Code

West Orange, NJ 07079

Name of Contact

Ninon F. Thomson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address

132 Prospect Place

City (5)

West Orange

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Residence

Current Use (Prior if being demolished)

Square Feet

2630

of Floors

3

Bldg. Age

104

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

Type of Facility (4)

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Name of Monitoring Firm hired by Building

ASCM No. 67

Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

5/3/12

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period

[] Abatement performed Outside of Normal Facility

Hours - Describe: «OffHours Describe»

[] Other - Describe: «Other Occupancy Describe»

Scope of Work (Check all that apply)

[X] 25 sq ft or less if
[] 25 sq ft or more if[X] Renovation
[] Demolition[] Full Containment with Negative Pressure
[] Mini-Enclosure
[X] Glovebag Procedure
[] Non-Frangible ProcedureLocation of
Asbestos-Containing
Material (ACM)
To Be Abated
In Facility
(13)Is
Location
Normally
Used
Solely
By Main-
tenance/
Custodial
Staff (12)
Yes
No
N/ADescription of
Asbestos-Containing
Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous)Amount
(Specify
SF or
LF)Abatement Type
REMOVAL
ENCLOSURE
GLOVEBAG
ISOLATION
OTHER

Basement

Pipe Insulation

120 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste
Hauler ID No.

17040

Cubic Yards
of Waste

1.5

Name of Registered Landfill

G.R.O.W.S.

City, State

Morrisville, PA 19067

City, State

Montclair, NJ 07042

Disposal Date

5/7/12

City, State

Date
4/11/12

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

NOTIFICATION OF ASBESTOS ABATEMENT

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

State of New Jersey

Date of Notification (1) April 16, 2012		Name of Building Owner/Operator (2) Elks Lodge	
Agencies Notified [] EPA [] DEP [] DOL [] DOH [] DCA		Type of Notification [] Initial Notification [] Amended Notification [] Amended Notification # [] Emergency (including justification) [] Cancellation	
Street Address 354 Route 518		City, State, Zip Code Montgomery Twp., NJ 08558	
Name of Contact John Hilllock		Telephone 478 20183	

Name of Facility Where Abatement is Taking Place (3) Elks Lodge		Street Address 1889 Rte. 9, Unit 61		City, State, Zip Code Toms River, NJ 08755	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City Montgomery Twp		County (6) Somerset		County Code (7) (STATE USE ONLY)	
Square Feet 7,000 sf		# of Floors 1		Bldg. Age 60	
Current Use (Prior if being demolished) Elks Lodge		Name of OSHA Monitor E.M.S.L. Analytical		Telephone Number 732-349-9932	
License Number 00624		City, State, Zip Code Toms River, New Jersey 08755-1271		Street Address 1056 Stelton Road	
City, State, Zip Code Piscataway, New Jersey 08854		Scope of Work (Check all that apply) [] > 3 sf or ≥ 3 If [] > 160 sf or ≥ 260 If [] Demolition [] Renovation [] Full Containment with Negative Pressure [] Min-Enclosure [] Glovebag Procedure [] Non-Exempted (*) and Non-Frangible Procedure		Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe	

Abatement Type E N C L O S U R E R E P A R E M E N T L A B O R A T O R Y O T H E R		Amount (Specify SF or L ³) 1350 sf		X		Main room	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Is Location Normally used Solely by Maintenance/Custodial Staff YES NO N/A		X		Asbestos transite panels	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4		Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 4/19/12		City, State Tullytown, Pennsylvania		Signature Nicholas Fernicola	
Completed by (Print or Type) Nicholas Fernicola		Project Manager Title		Date 4/16/12		*Do not use this form for asbestos licensure exempted activities.	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

CHECK # 2286

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Name of Contact SAUL E. BUDNIT City, State, Zip Code SEA ISLE CITY, N.J. 08243 Telephone Number 777-7411	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 18 GREENBAY ROAD City (5) OCEAN CITY County (6) Cape May Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Abatement Contractor (9) KLEMM INC. Street Address 369 S. SPURCE AVE. City, State, Zip Code SEA ISLE CITY, N.J. 08243 Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)			
County Code (7) (STATE USE ONLY) 08243 Current Use (Prior to being demolished) VACANT		Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Telephone No. License No. 856-779-0472 00444	
Start Date (10) 5/2/12 Scheduled Completion Date (11) 5/9/12 Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Min. Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) (13) IN Facility TO BE ABATED Custodial Staff? (12) ☒ Yes ☐ No ☐ N/A Used Solely by Maintenance/Normally Is Location		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE Amount (Specify SF or LF) 2800sf Abatement Type ☐ Enclosure ☐ Encapsulate ☐ Repair ☒ Removal	
Name of Registered Waste Hauler KLEMM INC. NJDEP Waste Hauler ID No. 17904 Cubic Yards of Waste Name of Registered Landfill C.M.C.M.V.A.		City, State MAPLE SHADE, N.J. Disposal Date City, State WOODBRIDGE, N.J.	
Completed By JOSEPH KLEMM Title V/P Signature Joseph Klemm Date 2/16/12		ASB-41 Do not use this form for asbestos licensure exempted activities.	

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

Print Form

Date of Notification (1) 4/17/12		Name of Building Owner/Operator (2) Jeff Debasos / residence	
Agencies Notified		Type Notification	
☒ EPA	☒ Initial		
☒ DEP	☒ Amended		
☒ DOL	☒ Amendment #		
☒ DOH	☒ Emergency (including		
☒ DCA	☒ justification)		
		Name of Contact Jeff	
		City, State, Zip Code Manahawken NJ 08050	
		Street Address 388 Morris Blvd	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Jeff Debasos / residence		☒ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Manahawken NJ 08050		Square Feet 1000 +	
County (6) Ocean		# of Floors 1	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Bldg. Age 35+	
Street Address		Current Use (Prior if being demolished)	
PO Box 329			
City, State, Zip Code West Berlin NJ 08091			
Name of Abatement Contractor (9) Pernaco Inc			
Street Address			
PO Box 329			
City, State, Zip Code West Berlin NJ 08091			
Telephone No.		Telephone No. 856-753-9800	
Project Manager for Monitoring Firm		License No. 00727	
Start Date (10) 4/26/12		Scheduled Completion Date (11) 5/2/12	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Pernaco Inc	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address PO Box 329	
Scope of Work (Check All That Apply)		City, State, Zip Code West Berlin NJ 08091	

☒ ≥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) In Facility (13) TO BE ABATED		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes ☐ No ☐ N/A ☒		Amount (Specify SF or LF) 2000 sf	
Exterior Siding X		exterior siding	
Endorsement Encapsulate Repair Removal		Abatement Type	

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature		Date 4/17/12	

ASB-41 (R-06-08)

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

NOTIFICATION OF ASBESTOS ABATEMENT
State of New Jersey

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

Date of Notification (1)		04 / 16 / 2012	
Agencies Notified		[X] EPA [X] DEP [X] DOL [X] DOH [] DCA	
Type of Notification		[X] Initial [] Amended [] Emergency (including Justification) [] Cancellation	
Name of Building Owner/Operator (2)		Mr. Greg Zabriske	
Street Address		1 Falstrom Court	
City, State, Zip Code		Passaic, NJ 07055	
Name of Contact		Mr. Greg Zabriske	
Telephone Number		973-777-0013	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		1 Falstrom Court	
Street Address		1 Falstrom Court	
City (5)		Passaic	
County (6)		Passaic	
County Code (7)		(STATE USE ONLY)	
Square Feet		# of Floors	
Type of Facility (4)		School (K-12) [] Subchapter S (Other than K-12) [] Other (i.e., private & commercial buildings, homes, etc.) [X]	
Current Use (Prior if being demolished)		Bldg. Age	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM	
Name of Abatement Contractor (9)		J.R. Contracting & Environmental Consulting, Inc.	
Street Address		1141 Route 23	
City, State, Zip Code		Wayne NJ 07470	
Telephone Number		973 628-9500	
License No.		00408	
Name of OSHA Monitor		Enviro Vision Consultants, Inc.	
Street Address		20-21 Wagaw Road, Bldg. #34A	
City, State, Zip Code		Fairlawn NJ 07410	
Project Manager for Monitoring Firm		Willie Morales	
Scheduled State Date (10)		Month / Day / Year 04 / 16 / 2012	
Occupancy Status During Abatement (Check only one)		[X] Facility Closed/Vacated During Entire Period [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe:	
Scope of Work (Check all that apply)		[X] Renovation [] Demolition [] Full Containment With Negative Pressure [] Mini-Enclosure [X] Glovebag Procedure [] Non-Exempt (*) and Non-Friable Procedure	

Warehouse		X		Pipe insulation		20 LF		X	
Location of Asbestos - (Containing Material (ACM) TO BE ABATED in Facility (13)		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	
Is		Yes / No / N/A						R / E M / C O / N P / L A / U V / S A / S I / O R / E	

Name of Registered Waste Hauler		J.R. Contracting & Environmental Consulting, Inc.	
NJDEP Waste Handler ID No.		17819	
City, State		Wayne NJ 07470	
Completed by (Print or Type)		Title	
Signature		Project Manager	
City, State		Morrisville PA	
Date		4/16/2012	

* Do not use this form for asbestos licensure exempted activities

Date of Notification (1) 04/16/12		Name of Building Owner/operator (2) Lincoln Park BOE		Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☒ Amended # ☐ Emergency (including ☐ justification) ☐ Cancellation		Street Address 92 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Henry Hernandez Telephone Number		Name of Facility Where Abatement is Taking Place (3) Lincoln Park Elementary School Street Address 274 Pinebrook Road City (5) Lincoln Park County (6) Passaic				Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental Services Inc ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC				Street Address 72 Brookside Rd City, State, Zip Code Randolph, NJ 07869 Telephone No. 973-933-2550 License No. 01133				Project Manager for Monitoring Firm Michael Berta Telephone No. 973-920-9061 Scheduled Completion Date (11) 04/30/12 Name of OSHA Monitor J&S Environmental Street Address 2333 Rt 22 W City, State, Zip Code Union, NJ 07083				Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Scope of Work (Check all that apply) ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure				Location of Asbestos -Containing Material (ACM) IN Facility TO BE ABATED (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) Less than 10 SF X Abatement Type Removal Repair Encapsulate Enclosure				Boiler Room cementitious insulation less than 10 SF X				Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 0033782 Cubic Yards of Waste TBD Name of Registered Landfill G.R.O.W.S. City, State Tullytown, PA Disposal Date TBD City, State Tullytown, PA				Completed By Elvira Mirda Title President Signature Elvira Mirda Date 04/16/12			
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

* Only finish date is amended

CR# 1136

Print Form

Date of Notification (1) 4-17-2012		Name of Building Owner/Operator (2) Newark Housing Authority		Agencies Notified		Type Notification		Initial		Amended		Amendment #		Emergency (including justification)		Cancellation			
57 Sussex Ave.		Street Address		500 Broad St		Street Address		Newark, NJ 07102		City, State, Zip Code		Newark, NJ 07102		City, State, Zip Code		Name of Contact			
James Baxter Terrace - Unoccupied Bldg. # 9		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.)		15,000		Square Feet		3		# of Floors	
Newark, NJ 07102		City (5)		Newark, NJ 07102		County (6)		Essex		County Code (7)		Unoccupied Bldg - Scheduled for Demo		Current Use (Prior if being demolished)		Unoccupied Bldg - Scheduled for Demo		Name of Abatement Contractor (9)	
Lewis Consulting Group		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		n/a		Street Address		22 Troy Lane		City, State, Zip Code		Lincoln Park, NJ 07035		Telephone No.		973-706-7950	
Leon		Project Manager for Monitoring Firm		Telephone No.		973-706-7950		License No.		01088		Name of OSHA Monitor		Jadar Contracting LLC		Street Address		22 Troy Ln	
5-1-2012		Start Date (10)		12-31-2012		Scheduled Completion Date (11)		Name of OSHA Monitor		Jadar Contracting LLC		City, State, Zip Code		Lincoln Park, NJ 07035		Other - Describe: Unoccupied Property Scheduled for Demo		Abatement Performed Outside of Normal Facility Hours	
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe: Unoccupied Property Scheduled for Demo		City, State, Zip Code		Lincoln Park, NJ 07035		Scope of Work (Check All That Apply)		Full Containment with Negative Pressure		Mini-Enclosure		Glovebag Procedure	
☐ ≥ 3 sf or ≥ 3 ft ☒ ≥ 160 sf or ≥ 260 ft ☐ Demolition ☒ Renovation		☐ Is Location Normally Used Solely by Maintenance/Custodial Staff? ☐ (12) ☐ N/A		☐ Location of Asbestos-Containing Material (ACM) ☐ In Facility ☐ (13)		☐ Interior of Bldg. ☐ Roof ☐ Exterior Windows ☐ Below Brick Veneer		☐ VAT & Mastic ☐ Asbestos Roofing Material ☐ Caulking ☐ Vapor Barrier Mastic		☐ Amount (Specify SF or LF) ☐ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure		☐ 6,000 SF ☐ 5,375 SF ☐ 166 Windows ☐ 740 SF		Name of Registered Waste Hauler Global Waste Services Hauler ID No. 22171 Cubic Yards of Waste TBD Disposal Date TBD City, State Melville, NY 11704		City, State Hackensack, NJ Completed by Lillie Lazarevich Title Secretary Signature <i>[Signature]</i> Date 4-17-2012			

*Only finish date is amended

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

Print Form

Date of Notification (1) 4-17-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
Agencies Notified		Street Address 500 Broad St	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Name of Contact Joe Giannetti City, State, Zip Code Newark, NJ 07102	
☒ Initial ☐ Amended ☐ Emergency (including Cancellation Justification)		Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 1 Street Address 57 Sussex Ave. City (5) Newark, NJ 07102 County (6) Essex	

FACILITY INFORMATION

Name of Facility (4) Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group City, State, Zip Code Newark, NJ 07102 Project Manager for Monitoring Firm Leon Start Date (10) 5-1-2012 Scheduled Completion Date (11) 12-31-2012	
Name of Abatement Contractor (9) Jadar Contracting LLC Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. 973-706-7950 License No. 01088		Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Unoccupied Property Scheduled for Demo	

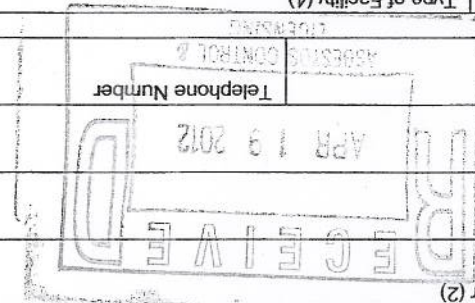
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 If ☒ ≥ 160 sf or ≥ 260 If ☐ Renovation ☒ Demolition		Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED Custodial Staff? (12) Used Solely by Normally Maintenance/ (12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure	

Interior of Bldg. Roof Exterior Windows Below Brick Veneer		Name of Registered Waste Hauler Global Waste Services Hauler ID No. 22171 NJDEP Waste of Waste TBD Disposal Date TBD City, State Melville, NY 11704	
Vapor Barrier Mastic Caulking Asbestos Roofing Material VAT & Mastic		Name of Registered Landfill 110 Sand Co. City, State Melville, NY 11704	

Completed by Lillie Lazarevich Title Secretary Signature Lillie Lazarevich Date 4-17-2012		City, State Hackensack, NJ Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 1 Street Address 40 Clinton Str., 6th Floor Suite 101 City, State, Zip Code Newark, NJ 07102 Project Manager for Monitoring Firm Leon Start Date (10) 5-1-2012 Scheduled Completion Date (11) 12-31-2012	
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

*Only finish date is amended



Date of Notification (1) 4-17-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
Agencies Notified		Type Notification	
☐ EPA	☒ Initial	Street Address 500 Broad St	
☐ DEP	☐ Amended	City, State, Zip Code Newark, NJ 07102	
☒ DOL	☐ Emergency (including	Name of Contact Joe Giannetti	
☒ DOH	☐ Justification)	Telephone Number	
☐ DCA	☐ Cancellation		

Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 3			
Street Address 57 Sussex Ave.			
City (5) Newark, NJ 07102			
County (6) Essex			
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	
Street Address 40 Clinton Str., 6th Floor Suite 101			
City, State, Zip Code Newark, NJ 07102			
Project Manager for Monitoring Firm Leon			
Start Date (10) 5-1-2012		Scheduled Completion Date (11) 12-31-2012	
Name of OSHA Monitor Jadar Contracting LLC			
Street Address 22 Troy Lane			
City, State, Zip Code Lincoln Park, NJ 07035			
Telephone No.		Telephone No.	
973-706-7950		01088	
Name of Abatement Contractor (9) Jadar Contracting LLC			
Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo			
County Code (7) (STATE USE ONLY)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Square Feet 15,000		# of Floors 3	
Bldg. Age 50 +			

Occupancy Status During Abatement (Check Only One)			
☐ Facility Closed/Vacated During Entire Period of Abatement			
☐ Abatement Performed Outside of Normal Facility Hours			
☒ Other - Describe: Unoccupied Property Scheduled for Demo			
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-Frangible Procedure			

Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Removal		Repair	
Encapsulate		Enclosure	
Abatement Type			
Interior of Bldg.		1,200 SF	
Roof		4,500 SF	
Exterior Windows		168 Windows	
Below Brick Veneer		850 SF	

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	
City, State Hackensack, NJ		Disposal Date TBD	
City, State Melville, NY 11704		Cubic Yards of Waste TBD	
Name of Registered Landfill 110 Sand Co.		Signature <i>[Signature]</i>	
Completed by Lillie Lazarevich		Title Secretary	
Date 4-17-2012			

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

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Date of Notification (1) 4/17/12		Name of Building Owner/Operator (2) NJ Transit		Type Notification NJ Transit		Agencies Notified EPA, DEP, DOL, DOH, DCA	
Name of Facility Where Abatement is Taking Place (3) Immigrant Building / Hoboken Hill Yard		Type of Facility (4) School (K-12)		Name of Facility (4) School (K-12)		Type of Facility (4) School (K-12)	
City (5) Hoboken NJ 07030		County (6) Hudson		County (6) Hudson		County (6) Hudson	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc		Name of Abatement Contractor (9) Pernaco Inc	
Street Address Marin Blvd & 18th Street		City, State, Zip Code Hoboken NJ 07030		City, State, Zip Code Hoboken NJ 07030		City, State, Zip Code Hoboken NJ 07030	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		Telephone No.	
Start Date (10) 4/28/12		Scheduled Completion Date (11) 4/29/12		Name of OSHA Monitor Pernaco Inc		Name of OSHA Monitor Pernaco Inc	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code West Berlin NJ 08091	
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-Frangible Procedure		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility (12) Used Solely by Normally Custodial Staff? (12) Is Location Normally Used Solely by Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.A.T., or other miscellaneous)		Amount (Specify SF or LF) 6 LF		Abatement Type Encapsulation Repair Removal	
United Containers Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste .2 Disposal Date 5/2/12 City, State Morrisville PA 19067		City, State Elm NJ		Completed by Anthony T Perna Title President Signature Date 4/17/12		City, State Elm NJ	

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

Date of Notification (1) 04/17/12		Name of Building Owner/Operator (2) Bill Scuniorzo	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including Cancellation) ☐ Justification	
Street Address 4 Brooklyn Ave		City, State, Zip Code Lavalite, NJ 08735	
Name of Contact Bill Scuniorzo		Telephone No. (Area Code) [Redacted]	

Name of Facility Where Abatement is Taking Place (3)			
Residence 4 Brooklyn Ave			
City (5) Lavalite, NJ 08735			
County (6) Ocean			
County Code (7) (STATE)		Name of Abatement Contractor (9) Blavor, Inc.	
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		Square Feet 2000 # of Floors 2 Bldg. Age 20+	
Current Use (Prior if being demolished) Residential Property		Name of Monitoring Firm Hired by Building Owner (8) n/a	

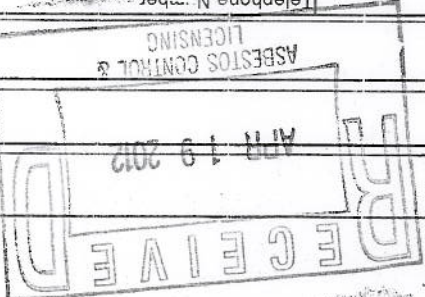
Street Address 1 Mountain Ave		City, State, Zip Code Montville, NJ 07045	
Telephone No. 973-265-4165		Name of OSHA Monitor Blavor, Inc.	
Telephone No. n/a		Sched. Completion Date (11) 05/09/12	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 9:00 am - 9:00 pm			
Scope of Work (Check all that apply) ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure			

Location of Asbestos-Containing Material (ACM) (13) IN FACILITY TO BE ABATED		Is Location Normally Used Solely by 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)	
Asbestos Duct Insulation		100 SF	
Abatement Type ☐ Enclosure ☐ Encapsulate ☐ Repair ☒ Removal		Throughput	

Name of Registered Waste Hauler Blavor, Inc.		Hauler ID No. 01780	
City, State Montville, NJ 07045		Disposal Date TBD	
Name of Registered Landfill G.R.O.W.S. Landfill		City, State Morrisville, PA 19067	
Completed By Ray Nedic		Title President	
Signature		Date 04/17/12	

ASB-41

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



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

***Only finish date is amended**

Date of Notification (1) 4-17-2012		Name of Building Owner/Operator (2) Newark Housing Authority		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including Justification) ☐ Cancellation		Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	
City (5) Newark, NJ 07102		Square Feet 15,000		County Code (7) (STATE USE ONLY)		Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 2	
Street Address 57 Sussex Ave.		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo		Name of Monitoring Firm Hired by Building Owner (8) ASCAM No. n/a	
Street Address 40 Clinton Str., 6th Floor Suite 101		City, State, Zip Code Newark, NJ 07102		Project Manager for Monitoring Firm Leon		Start Date (10) 5-1-2012 Scheduled Completion Date (11) 12-31-2012	
Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035		Telephone No. 973-706-7950		Name of OSHA Monitor Jadar Contracting LLC	
Street Address 22 Troy Ln		City, State, Zip Code Lincoln Park, NJ 07035		Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Unoccupied Property Scheduled for Demo		Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Unoccupied Property Scheduled for Demo	
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 23 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Min-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, other miscellaneous) Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure	
Interior of Bldg.		X		VAT & Mastic		12,000 SF	
Roof		X		Asbestos Roofing Material		5,000 SF	
Exterior Windows		X		Caulking		179 Windows	
Below Brick Veneer		X		Vapor Barrier Mastic		950 SF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill	
Global Waste Services		22171		TBD		110 Sand Co.	
City, State		Disposal Date		City, State		Completed by	
Hackensack, NJ		TBD		Melville, NY 11704		Lillie Lazarevich	
Title		Signature		Date		Secretary	
				4-17-2012			

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

ASB-41 (R-06-08)