**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 9:50 and 12:120)

**Date of Notification (1)**
4-14-2015

**Name of Building Owner/Operator (2)**
Ft. LEE SCHOOL DISTRICT

**Street Address**
2175 Lemoine Avenue

**City, State, Zip Code**
Fort Lee, NJ 07024

**Name of Contact**
Jack DeNichilo

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
LEWIS F. COLE MIDDLE SCHOOL

**Street Address**
467 STILLWELL AVENUE

**City (5)**
FORT LEE

**County Code (7)**
40,000 +

**Current Use (Prior to if being donated)**
School

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

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

**Square Footage**
50+

**# of Floors**
1

**License No.**

**Name of Abatement Contractor (9)**
GL Group, Inc

**Name of OSHA Monitor**
GL Group, Inc

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

**Telephone No.**
610-431-7545

**Telephone No.**
(201) 710-9725

**Project Manager for Monitoring Firm**
Paul F. McCaa

**Street Address**
140 Hamburg Tpke

**City, State, Zip Code**
Bloomfield, NJ 07003

**Start Date (10)**
4-24-2015 at 3:30 pm

**Scheduled Completion Date (11)**
4-27-2015

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

**Facility Description**
Music Store Room

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

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

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

- **Location of Asbestos-Containing Material (ACM)**
  - Pipe Fittings
  - 17 ft

**Name of Registered Waste Hauler**
GL Group, Inc

**Hauler ID No.**
033034

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Hauler**
GROWS

**City, State**
Bloomfield, NJ

**Completed by**
Elena Solakov

**Title**
President

**Signature**

*Do not use this form for asbestos removal, or other exempted activities.*

ASB-41 (R-06-06)
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**  
4-15-15

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

**Street Address**  
39 Alexander Ave.

**City, State, Zip Code**  
Upper Montclair, NJ, 07043

**Name of Contact**  
Jim Pflueger

**Telephone Number**

**FACILITY INFORMATION**

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

**Type of Facility (4)**  
[X] School (K-12)  
[ ] Subchapter C (other state & commercial buildings, etc.)

**Square Feet**

**# of Floors**

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

**Name of Monitoring Firm hired by Building Owner (5)**  
ASCN No.

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)**  
5-1-15  
**Scheduled Completion Date (11)**  
5-4-15

**Occupancy Status During Abatement (Check only one)**  
[X] Facility Closed/Vacated During Entire Period of Abatement

**Yes**  
No  
N/A

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

**Location Normally Used Solely By Maintenance/Custodial Staff (12)**

**Yes**  
No  
N/A

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

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

**Amo (Spf)**

**LB**

**Abatement Type**

**REMOVAL**

**REPAIR**

**ENCLOSURE**

**Pressure**

**FULL Containment with Mega**

**MINI-Enclosure**

**Glovebag Procedure**

**Non-Priable Procedure**

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

**Baseline**

**Name of Registered Waste Hauler**  
AZTECH MANAGEMENT, INC.

**NUDEP Waste Hauler ID No.**  
17040

**Cubic Yards of Waste**

**Name of Registered Waste**

**G.R.O.W.S.**

**City, State**  
Montclair, NJ 07042

**Disposal Date**

**City, State**  
Morrisville, PA 19067

**Completed By (Print or Type)**  
Constantine Vivian  
President

**Signature**

**Check # 15116**

**Telephone Number**

**License Number**  
00371
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
4-20-15

Name of Building Owner/Operator (2)
Virginia Middlemiss

Street Address
285 Valley Road
Montclair, NJ, 07042

Type of Facility (4)
[X] Other (i.e., private homes, etc.)

Square Feet # of Floors Bldg. Age
1900 3 91 (building demolished)

Name of Monitoring Firm hired by Building Owner (5)
ASC No.
N/A

Name of Abatement Contractor (6)
AZTECH MANAGEMENT, Inc

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

License Number
00371

Project Manager for Monitoring Firm
N/A

Telephone Number
(973) 744-8800

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
4-30-15

Sched. Completion Date (11)
5-1-15

Current Use (Prior if different)

OCCUPANCY STATUS DURING ABATEMENT
[X] Facility Closed/Vacated During Entire Period of Abatement

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

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

Amo. (Sf)
150

Abatement Type
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

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

Pipe Insulation

Location
Basement

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste
1.5

Name of Registered Waste Hauler
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
5-4-15

G.R.O.W.S.

City, State
Morrisville, PA 19067

Completed By
Constantine Vivian
Title
President

Date
4-20-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 2487

Date of Notification (1)
4/20/2015

Name of Building Owner/Operator (2)
JOSEPH SCHAEFER

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

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

Street Address
108 MONTEREY DRIVE
City, State, Zip Code
BRICK, NJ 08723

Name of Contact
JOSEPH SCHAEFER

FACILITY INFORMATION

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

Street Address
8 SANTIAGO DRIVE
City (5)
BRICK, NJ 08723

County
Ocean
County Code (7) (STATE USE ONLY)
AIRPORT

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

ASCM No.
CREAM RIDGE ENVIRONMENTAL

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL

Street Address
15 BLACK FOREST ROAD
City, State, Zip Code
HAMILTON, NJ 08691

Telephone No.
609-890-7110

License No.
00676

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
5/4/2015

Scheduled Completion Date (11)
5/4/2015

Name of OSHA Monitor
AMERITECH SERVICES

Street Address
259 Drum Point Road, Suite 7
City, State, Zip Code
Brick, NJ 08723

EXTERIOR WORK

Facility Closed/Vacated During Entire Period of Abatement (Check only one)
☐ Abatement performed outside of working hours

Scope of Work (Check all that apply)
☐ 3 sf or ≥ 3 lf
☐ 160 sf or ≥ 280 lf

☐ Renovation
☐ Demolition

Full Containment
Mini-Enclos
Glovebag P
Non-Exempt

(*) & 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 LF)
900 S.F.

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Envelope
☐ Landfill

Date
4/20/2015

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
35149

Cubic Yards of Waste
40 YDS

Name of Registrant
Name of Registrant

Disposal Date
CITY, STATE
Morrisville, PA

5/5/2015

City, State
ALLENTOWN, NJ

Completed By
DAVID D’ANDREA
Title
PRESIDENT

Signature

* Do not use this form for asbestos licensure exempted activities
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
4-21-15

Name of Building Owner/Operator (2)
Cheryl Stephan

Street Address
85 N. Fulton Street

City, State, Zip Code
Bloomfield, NJ, 07003

Name of Contact
Cheryl Stephan

FACILITY INFORMATION

Same as above

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

Square Feet # of Storys Bldg. Age
1800 2 96

Current Use (Prior to being demolished)

Name of Monitoring Firm hired by Building Owner N/A

A BCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

License Number
00371

Telephone Number
(973) 744-8800

Name of OSHA Monitor N/A

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descriptive

[X] Other - Describe: Other Occupancy Descriptive

Scope of Work (Check all that apply)
[X] >3 sf or >3 lf
[X] Renovation

[X] >160 sf or >260 lf
[X] Demolition

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

Amo:

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Yes No N/A

In Facility

Location Normally Used

Solely By Maintenance/Custodial Staff (12)

Abatement Type

REMOVAL

ENCLOSURE

REPAIR

ENCAPSULATION

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
5-14-15

City, State
Morrisville, PA 19067

Completed By
Constantine Vivian

Title
President

Signature

Date
4-21-15
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Facility Information</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/22/15</td>
<td>The Green At Bloomfield</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Name of Building Owner/Operator**: The Green At Bloomfield
- **Street Address**: 16 Microlab Road
- **City, State, Zip Code**: Livingston, NJ 07039
- **Name of Contact**: Tino Calinda
- **Vacant Space (Law Office Retail Spaces)**
- **Square Feet**: 23,000
- **Current Use (Prior to being Vacant Space)**
- **Type of Facility**: Commercial buildings, homes

**FACILITY INFORMATION**

- **County**: Essex
- **County Code**: (STATE USE ONLY)
- **Name of Monitoring Firm Hired by Building Owner**: ASCM No.
- **Name of Abatement Contractor**: ecoservices, LLC.
- **Street Address**: 407 W. Lincoln Highway
- **City, State, Zip Code**: Exton, PA. 19341
- **Telephone No.**: 484-872-8884
- **Name of OSHA Monitor**: Emsf
- **Street Address**: 200 Route 130 N
- **City, State, Zip Code**: Cinninominon, NJ 08077
- **Occupancy Status During Abatement (Check Only One)**
- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**
- **Other – Describe:**
- **Scope of Work (Check All That Apply)**
- **23 sf or ≥23 if**
- **≥160 sf or ≥260 if**
- **Renovation**
- **Demolition**
- **Full Containment with Mini-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted (*) and in-Frangible Procedure**
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- **In Facility (13)**
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- **Yes**
- **No**
- **N/A**
- **Description of Asbestos Containing Material (ACM)**
- **(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- **Arint. (SF. F)**
- **Abatement Type**
- **Encapsulate**
- **Endose**
- **Repair**
- **Endose**

- **Name of Registered Waste Hauler**
- **Waste Management**
- **NJDEP Waste Hauler ID No.**
- **Cubic Yards of Waste**
- **66**
- **Name of Registered Grower**
- **Grows (aWM)**
- **Landfill**
- **Endosefill**

- **Completed by**: Tom Joiner
- **Title**: Project Manager
- **Signature**: [Signature]

**Date of Receipt**

- **Date**: 4/22/15

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

Date of Notification (1):

Name of Building Owner/Operator (2):
The Green At Bloomfield

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

Type Notification:
- Initial
- Amended

Street Address:
16 Microlab Road
Livingston NJ 07039

City: State: Zip Code:
Bloomfield

Name of Contact:
Tino Celinda

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Vacant Space (Law Office Retail Spaces)

Street Address:
56 Broad Street
Bloomfield

County:
Essex

County Code (7) (STATE USE ONLY):

Square Feet:
3,500

Current Use (Prior to being Vacant Space):

Name of Abatement Contractor (9):
ecoservices, LLC.

Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other)
- Commercial buildings, homes, etc.

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

Telephone No.:
484-872-8884

Start Date (10):
04/20/2015

Completed Date (11):
06/26/2015

Name of OSHA Monitor:

Email:

Use No.:

Scope of Work (Check All That Apply):
- 23 st sf or 23 LF
- 160 sf or 260 LF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Encapsulated (**) Procedure
- Encapsulated

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>BSMT/First Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First &amp; Second Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSMT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ACM (Spec)</th>
<th>Amc</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF or F</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

City, State:
Newark, NJ

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Inspector:

Endorsement:

Indemnity:

Completed by:
Tom Joiner

Title:
Project Manager

Signature:

Date:
4/22/15

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

Date of Notification (1)  
4/22/15  

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

Name of Building Owner/Operator (2)  
The Green At Bloomfield  

Street Address  
16 Microlab Road  
City State Zip Code  
Livingston NJ 07039  

Name of Contact  
Tino Calinda  
Phone Number  

Facility Information  
Name of Facility Where Abatement is Taking Place (3)  
Vacant Space (Former Doctors Office)  

Street Address  
252 Liberty Street  
City (6)  
Bloomfield  
County (6)  
Essex  
County Code (7)  
STATE USE ONLY  

Square Feet  
4,750  

Current Use (Prior to being Vacant Space)  

Type of Facility (4)  
- School (K-12)  
- Subchapter 8 (Oth)  
- Other (i.e. private etc)  

Han K-12) Commercial buildings, homes, offices  

Demolition  

Census No.  
1161  

Project Manager for Monitoring Firm  
Name of Abatement Contractor  
tects, LLC.  
Street Address  
407 W. Lincoln Highway  
City, State, Zip Code  
Exton, PA. 19341  
Telephone No.  
484-872-8884  

Name of OSHA Monitor  
Emsl  
Street Address  
200 Route 130 N  
City, State, Zip Code  
Cinnaminson, NJ 08077  

Scope of Work (Check All That Apply)  
- ≥3,000 sf or ≥33 ft  
- ≥160 sf or ≥260 ft  
- Renovation  
- Demolition  
- Full Containment with Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*)  

Inhale Pressure  
On-Fire 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)  

Location of Asbestos-Containing Material (ACM)  

Asbestos-Containing Material (ACM)  

Alumina  
S  
SF  

Removal  
Encapsulate  
Endorse  

Landfill  
ndfill)  

Disposal Date  
TBD  
City, State  
Morrisville PA  

Completed by  
Tom Joiner  
Title  
Project Manager  
Signature  

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

Date of Notification (1): 4/22/15

Agencies Notified: 
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA
- [ ] Initial
- [ ] Amendment # __
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2): The Green At Bloomfield

Street Address: 16 Microlab Road
City, State, Zip Code: Livingston NJ, 07039
Name of Contact: Tino Calinda
Phone Number: _

Facility Information

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Vacant Space (Former Doctors Office)

Street Address: 256 Liberty Street
City (5): Bloomfield
County (6): Essex
County Code (7) (STATE USE ONLY) _

Name of Monitoring Firm Hired by Building Owner (8): TBD
ASCM No: 
Name of Abatement Contractor: ecoservices, LLC

Street Address: 407 W. Lincoln Highway
City, State, Zip Code: Exton, PA, 19341

Project Manager for Monitoring Firm: 
Telephone No: 484-872-8854

License No: 1161

Start Date (10): 04/20/2015
Scheduled Completion Date (11): 06/26/2015

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

Scope of Work (Check All That Apply):
- [x] 23 sf or 23 ft
- [x] 160 sf or 220 sf
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Sistive Procedure
- [ ] Non-Encounted (*) by on-Friable Procedure

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

First Floor

Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12):

Yes [ ] No [x] N/A [ ]

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

Floor Tile

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

Abatement Type:

Unit (in Lf)

Removal [ ] Repair [ ] Encapsulation [ ] Endorsement [ ]

Location of Registered Waste Hauler

Waste Management

City, State: Newark, NJ

Waste Hauler ID No: 
Cubic Yards of Waste: 31
Name of Registered Waste Hauler: 
Disposal Date: TBD
City, State: Morrisville PA

Completed by: Tom Joiner
Title: Project Manager
Signature: 

Date: 4/22/15

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

Date of Notification (1):
[4/22/15]

Name of Building Owner/Operator (2):
The Green At Bloomfield

Address:

Street Address:
16 Microlab Road

City, State, Zip Code:
Livingston NJ 07039

Name of Contact:
Tino Calinda

FACILITY INFORMATION

Type of Facility (4):
-

Vacant Space (Former Karate studio/retail space)

Square Feet:
3,300

Current Use (Prior to be Vacant Space):
-

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- 23 sf or 23 If
- 2160 sf or 2280 If
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Flashing</td>
</tr>
<tr>
<td>Second Floor</td>
<td></td>
<td>Floor Tile</td>
</tr>
<tr>
<td>First &amp; Second Floor</td>
<td>X</td>
<td>Plaster</td>
</tr>
</tbody>
</table>

Waste Management

Name of Registered Waste Hauler:

Waste Management

City, State:
Newark, NJ

Completed by:
Tom Joiner

Title:
Project Manager

Special Notes:

* Do not use this form for asbestos exempted activities.

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

Date of Notification (1)
4/22/15

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

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

Name of Building Owner/Operator (2)
The Green At Bloomfield

Street Address
16 Microlab Road

City State Zip Code
Livingston NJ 07039

Name of Contact
Tino Calinda

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Vacant Space (Former print shop / Apartment)

Street Address
266 Liberty Street

City (5)
Bloomfield

County Code (6)
Essex

County (6)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Ot)
☐ Other (i.e. private etc.)
☒ Commercial buildings, homes, other buildings

Square Feet
6000

# of Stories
2

Current Use (Prior to being Vacant Space)

Name of Abatement Contractor
ecoservices, LLC.

Street Address
407 W. Lincoln Highway

City, State, Zip Code
Exton, PA 19341

Telephone No.
484-872-8884

Name of OSHA Monitor

Street Address
200 Route 130 N

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
04/20/2015

Scheduled Completion Date (11)
06/26/2015

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☒ 1600 sf or 2600 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Negative Pressure
☐ on-Frangible Procedure

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

in Facility

Roof
First & Second Floor

Yes No N/A
X
X

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)

Roof Flashing 1
Floor Tile 1

Name of Registered Waste Hauler
Waste Management

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste
11

Name of Registered Grows (aWM)

Disposal Date
TBD

City, State
Morrisville PA

Completed by
Tom Joiner

Title
Project Manager

Signature

Date
4/22/15

Abatement Type

Landfill

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

Date of Notification (1)
4-21-2015

Name of Building Owner/Operator (3)
CJUF II Harrison Holdings LLC

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
50 Washington Street

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact

<table>
<thead>
<tr>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Abandoned Building for Demo

Street Address
207-213 NJ Railroad Ave.

City (5)
Harrison

County (6)
Essex

County Code (7)

<table>
<thead>
<tr>
<th>STATE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

Name of Abatement Contractor (9)
Loznica Management Corp

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Start Date (10)
4-24-2015

Scheduled Completion Date (11)
5-30-2015

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

Other – Describe: 9 am - 4 pm

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Neg Pressure</th>
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</thead>
<tbody>
<tr>
<td>x</td>
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</table>

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

<table>
<thead>
<tr>
<th>Exterior - Windows</th>
<th>Roof</th>
<th>Roof Skylights</th>
<th>2nd Fl. Hall Foyer + Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Exterior - Windows</th>
<th>Roof</th>
<th>Roof Skylights</th>
<th>2nd Fl. Hall Foyer + Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
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<td>x</td>
<td>x</td>
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</table>

Amoun (Speed SF or L)

<table>
<thead>
<tr>
<th>Exterior - Windows</th>
<th>Roof</th>
<th>Roof Skylights</th>
<th>2nd Fl. Hall Foyer + Kitchen</th>
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</thead>
<tbody>
<tr>
<td>x</td>
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<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>940 S</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

Rovic Transport

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverdale, NJ</td>
<td>TBD</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

Completed by
E. Cirovic

<table>
<thead>
<tr>
<th>Title</th>
<th>Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

Signature

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>4-21-2015</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:120)

Date of Notification (1):
4-21-2015

Name of Building Owner/Operator (2):
CJUF II Harrison Holdings LLC

Street Address:
50 Washington St

Name of Contact:

City, State, Zip Code:
Hoboken, NJ 07030

Telephone:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Abandoned Building for Demo

Street Address:
219 NJ RailRoad Ave

City:
Harrison

County:
Essex

County Code (7) (STATE USE ONLY):

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

n/a

n/a

ASCM No.

n/a

Name of Abatement Contractor (9):
Loznica Management Corp

Street Address:
22 Troy Lane

Lincoln Park NJ 07035

City, State, Zip Code:

Telephone No.:
9737067950

License No.:
011

Start Date (10):
4-18-2015

Scheduled Completion Date (11):
5-30-2015

Occupy 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 - 4 pm

Scope of Work (Check All That Apply):

Renovation

Demolition

Full Containment with Negi

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Exempted (**) and Non

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

In Facility (13):

Yes

No

N/A

Main Roof

x

Flashing

450 S

Upper Roof

x

Flashing

100 S

Name of Registered Waste Hauler:
Rovic Transport

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
GROWS Landfill

Disposal Date:
TBD

City, State:
Riverdale, NJ

Morrisville PA

Completed by:
E. Cirovic

Title:
Secretary

Signature:

* Do not use this form for asbestos li

sure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58-6 and 12:120)

State of New Jersey

Date of Notification (1)
4-21-2015

Name of Building Owner/Operator (2)
CJUF II Harrison Holdings LLC

Type Notification

Agencies Notified

□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

□ Initial
□ Amended
□ Amendment #1
□ Emergency (including justification)
□ Cancellation

Street Address
50 Washington Street
City, State, Zip Code
Hoboken, NJ 07030

Type of Facility (4)
□ School (K-12)
□ Subchapter B (Other than K-12, such as: private & comp
□ Abandoned buildings, homes, etc.)
□ Other - (specify)

County Code (7)
(STATE USE ONLY)

Bldg. Age
50+

Current Use (Prior to being demo)
Abandoned Building

FACILITY INFORMATION

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

Square Feet
5000

# of Floors
2

County
Essex

City
Harrison

County Code

City, State, Zip Code
Lincoln Park NJ 07035

Street Address
22 Troy Lane

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

Telephone No.
973-706-7950

Name of Abatement Contractor (9)
Loznica Management Corp

Name of ASCM No.
n/a

Street Address
22 Troy Lane

Name of OSHA Monitor
Loznica Management Corp

City, State, Zip Code
Lincoln Park NJ 07035

Project Manager for Monitoring Firm
n/a

Telefon No.
973-706-7950

Name of OSHA Monitor
Loznica Management Corp

No.
3

Start Date (10)
4-20-2015

Name of OSHA Monitor
Loznica Management Corp

Scheduled Completion Date (11)
5-30-2015

Street Address
22 Troy Lane

Occupy 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 - 4 pm

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

□ 93 sf or 93 if
□ 160 sf or 260 if

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM) To Be Abated

□ Exterior - 1 Window
□ Main Roof
□ Lower Roof
□ Lower Roof

□ Yes
□ No
□ N/A

□ Caulking
□ Tar
□ Roof Membrane + Flashing
□ Mastic

Cubic Yards of Waste
TBD

Asbestos Containing Material (ACM)

□ Yes
□ No
□ N/A

□ (Specify SF or Area)

Name of Registered Waste Hauler
Rovic Transport

Name of Registered Waste Hauler
GROWS Landfill

City, State
Riverdale, NJ

Disposal Date
TBD

City, State
Morrisville PA

Completed by
E. Cirovic

Title
Secretary

Endorsement

Abatement Type
□ Removal
□ Repair
□ Encapsulation

Endorsement Date
4-21-2015

Signature

* Do not use this form for asbestos exempted activities.

ASB-41 (R-06-08)
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of State Authority</th>
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<tbody>
<tr>
<td>4/21/15</td>
<td>Glen Eden State DA Office</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Amended Amendment</td>
<td>4208 CLEMONT</td>
<td>GLENSPT, NJ 08021</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** RESIDENCE
- **Street Address:** 4207 Yme Ave.
- **City:** Cape May Point
- **County:** Cape May
- **County Code:** T12
- **Current Use:** Vacant

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Klemco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>856-779-0472</td>
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<table>
<thead>
<tr>
<th>San Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>5/4/15</td>
<td>5/10/15</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed/Abated During Entire Period of Abatement</td>
<td>Joseph Klemm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

- Location: TRANSITE

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maple Shade, NJ</td>
<td>Klemco Inc.</td>
</tr>
</tbody>
</table>

**Waste Hauler # or No.:** 2924

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>5/10/15</td>
<td>Maple Shade, NJ 08021</td>
</tr>
</tbody>
</table>

**Abatement Type:** Transite

**Signature:** Joseph Klemm

**Date:** 4/21/15

---

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

Date of Notification (1) 4/7/15

Name of Building Owner/Operator (2) Verizon

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

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

Street Address 133 Prospect Street
City, State, Zip Code Passaic, NJ 07055
Name of Contact Alex Baylor
Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon
Street Address 133 Prospect Street
City (6) Passaic
County (6) Passaic
Square Feet 10,000

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental
Name of Abatement Contractor (9) JVN Restoration Inc

ASCM No.

Street Address 8436 Enterprise Avenue
City, State, Zip Code Philadelphia, PA 19153

Project Manager for Monitoring Firm Mark Jenkins
Telephone No. 215-365-5870

Start Date (10) 04/27/15
Scheduled Completion Date (11) 12/30/15

Name of OSHA Monitor Testor Tech

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 5:00 PM 2:30AM

Scope of Work (Check all that apply)
- ≥2 sf or ≥3 if
- ≥160 sf or ≥260 if

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)

Property Address 1059 Jackson Avenue
City, State, Zip Code LIC NY 11101

Location

- Basement
- Floor Tile and Mastic 2865

Name of Registered Waste Hauler Newark Carting
NJDEP Waste Hauler ID No. NJ-556
Cubic Yards of Waste 20
Name of Registered Land G.R.O.W.S., Inc.
City, State Hackettstown, NJ
Disposal Date 3/16/15
City, State Morrisville, PA
Completed By (Print or Type) Ralph Barnhardt
Title Project Manager
Signature

Abatement Type End Cap
- Repair
- Encapsulation
- Removal

Date 03-10-2015

* 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
4 / 7 / 15

## Name of Building Owner/Operator
Verizon

## Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)
- Type Notification
  - Initial
  - Amended

## Street Address
133 Prospect Street

## City, State, Zip Code
Passaic, NJ 07055

## Name of Contact
Alex Baylor

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
Verizon

### Street Address
133 Prospect Street

### City
Passaic

### County
Passaic

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

### Square Feet
10,000

### # of
2

### Current Use (Prior if building is demolished)
50

### Type of Facility
- School (K-12)
- Subchapter 8 (Other)
- Other (i.e., private apartments, homes, etc.)

### Street Address
8436 Enterprise Avenue

### City, State, Zip Code
Philadelphia, PA 19153

### Street Address
47 Foster Road

### City, State, Zip Code
Staten Island NY 10309

### Project Manager for Monitoring Firm
Mark Jenkins

### Telephone No.
215-365-5870

### Lice No.
718-605-6256

### Name of OSHA Monitor
Testor Tech

### Start Date
04 / 12 / 15

### Start Date
04 / 12 / 15

### Scheduled Completion Date
27 / 30 / 15

### Name of Abatement Contractor
JVN Restoration Inc

### ASCM No.
USA Environmental

### Name of Abatement Contractor
JVN Restoration Inc

### Telephone No.
718-605-6256

### Telephone No.
215-365-5870

### Street Address
1059 Jackson Avenue

### City, State, Zip Code
LIC NY 11101

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 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, VAC, or other miscellaneous)

### Abatement Type
- Unit
- Cubic Yards

### Encasement
- SF
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

### Disposal Date
3/16/15

### Name of Registered Waste Hauler
Newark Carting

### NJDEP Waste Hauler ID No.
NJ-556

### Cubic Yards of Waste
20

### Name of Registered Lessor
G.R.O.W.S., Inc.

### City, State
Morrisville, PA

### Completed By (Print or Type)
Ralph Barnhardt

### Title
Project Manager

### Signature

### Date
04-07-15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 20, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Fair Haven Fire Company</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>645 River Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Haven, NJ 07704</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Perrotto</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Fair Haven Fire Company</td>
</tr>
<tr>
<td>Street Address</td>
<td>645 River Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Fair Haven</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Management &amp; Enviro. Consulting Services</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weissgerber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>May 1, 2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>May 2, 2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Laboratories</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage</td>
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<td>Track</td>
<td>02265</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/2/2015</td>
</tr>
<tr>
<td>City, State</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
4-20-2015

Name of Building/Operator (2)  
Mount Vernon Baptist Church CDC  
2015 APR 24

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA

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

Street Address  
709 Clinton Ave  
Newark NJ 07108

City, State, Zip Code  
Newark & LIC

Name of Contact  
Shante

FACILITY INFORMATION

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

Street Address  
882 S. 14th Str

City (5)  
Newark

County (6)  
Essex

County Code (7)  

Current Use (Prior to being der

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

Square Feet  
1500

# of Floor  
2

Bldg. Age  
50+

Name of Monitoring Firm Hired by Building Owner (8)  
Loznica Management Corp

ASCM No.  
n/a

Name of Abatement Contractor (9)  
Loznica Management Corp

Telephone No.  
9737067950

License No.  
011

City, State, Zip Code  
Lincoln Park NJ 07035

Street Address  
22 Troy Lane

Project Manager for Monitoring Firm  
n/a

Telephone No.  

Start Date (10)  
4/30/2015

Scheduled Completion Date (11)  
5/1/2015

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 - 4 pm

Scope of Work (Check All That Apply)  
□ ≥3 sf or ≥3 if
□ ≥150 sf or ≥220 sf
□ Renovation
□ Demolition
□ Full Containment with Negi
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non

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

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

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

Amount (Specif  
SF or LF)

Basement  
Asbestos Pipe Insulation  
100 LF

Name of Registered Waste Hauler  
Loznica Management Corp

NJDEP Waste  
Hauler ID No.  

Cubic Yards  
Name of Registered Land  
of Waste  
TBD

GROWS Landfill

Disposal Date  
TBD

City, State  
Lincoln Park, NJ 07035

Completed by  
E. Cirotic  
Title  
Secretary

Signature  

Date  
4/20/2015

* Do not use this form for asbestos li
mited or exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 21, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EP,D, DEP, DOL, DOH, DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>South Jersey Gas</td>
</tr>
<tr>
<td>Street Address</td>
<td>1648 12th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Folsom, New Jersey 08037</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Castellani</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Former Swedesboro MGP Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>98 Bridgeport Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Woolwich</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>GEl</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Slavco Construction Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>18000 Horizon Way Suite 200</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mount Laurel, New Jersey 08054</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Dave O'Donnell</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-608-8680</td>
</tr>
</tbody>
</table>

| Start Date (10)                                      | May 4th, 2015 |
| Scheduled Completion Date (11)                       | May 30, 2015 |
| Occupancy Status During Abatement (Check Only One)   |                |
| Facility Closed/Vacated During Entire Period of Abatement |                |
| Abatement Performed Outside of Normal Facility Hours |                |
| Other – Describe: Monday-Friday 7:00am-3:30pm        |                |

| Scope of Work (Check All That Apply)                  |                |
| Renovation                                           |                |
| Demolition                                           |                |
| Full Containment with Negative Pressure              |                |
| Mini-Enclosure                                        |                |
| Glovebag Procedure                                   |                |
| Non-Exempted (*1)                                    |                |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) |                |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                |
| Basement                                               |                |
| First Floor Bedroom next to Bathroom                  |                |
| First Floor Kitchen                                    |                |
| Second Floor Kitchen                                   |                |

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

| Cubic Yards of Waste Material                         |                |
| Name of Registered Waste Hauler                       | NJDEP Waste Hauler ID No. 18508 |
| Disposal Date                                         | TBD |
| City, State                                          | Clifton, New Jersey 07011-1802 |
| Name of Registereed Waste Hauler                      | G.R.O.W.S. Lar |

**Completed by**

| Vivian D. Jurcevic |
| Office Manager |

**Signature**

| Date          | 4/21/15 |

* Do not use this form for asbestos exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Flr. Kitchen</td>
<td>X</td>
<td>Brown &amp; Black Covebase Glue</td>
<td>40LF</td>
</tr>
<tr>
<td>2nd Flr. Bedroom Next to Bathroom</td>
<td>X</td>
<td>Black Covebase Material</td>
<td>32LF</td>
</tr>
<tr>
<td>2nd Flr. Living Room closet</td>
<td>X</td>
<td>Brown &amp; Black Covebase Glue</td>
<td>8LF</td>
</tr>
</tbody>
</table>

Abatement Type:

ENCLOURE
REPAIR
REPLACE

d signed by:

[Signature]

Date:

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

Date of Notification (1) To be determined

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

Name of Building Owner/Operator (2)
State of New Jersey DPMC

Street Address
P O Box 034
City, State, Zip Code
Asbestos & Lice
Trenton, NJ 08625
Name of Contact
John Tisa
Telephonumber

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AC Wagner Youth Facility

Street Address
500 Ward Avenue
City
Bordentown
County (6)
Burlington
County Code (7)
(STATE USE ONLY)

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

Type of Facility (4)
[ ] Schoc
[ ] Subcl
[ x ] Other (private & commercial buildings, c.)

Square feet
50,000 sf
# of yrs
60
Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
1889 Route 9
City, State, Zip Code
Toms River, NJ 08755-1271

Name of OSHA Monitor
E.M.S.L. Ana

Telephone Number
732-349-9932

Abatement Type

Scope of Work (Check all that apply)

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

Expiration
6/30/15

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
40

Name of Registered Landfill

City, State
Toms River, New Jersey

Disposal Date
7/1/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

*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):** 4/20/15
- **Name of Building Owner/Operator (2):** Gall & Robert Feliciano Private Home
- **Agency Notified:**
  - [X] EPA
  - [X] DEP
  - [X] DOL
  - [X] DOH
  - [ ] DCA
- **Type Notification:**
  - [ ] Initial
  - [ ] Amended
  - [X] Emergency (including justification)
- **Street Address:** 163 Flamingo Rd.
- **City, State, Zip Code:** Tuckerton NJ 08087
- **Name of Contact:** Gall
- **Phone Number:** __________

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3):** Gall & Robert Feliciano Private Home
- **Type of Facility (4):**
  - [ ] School (K-12)
  - [X] Subchapter 8 (Other i.e. private & commercial buildings, homes, etc.)
- **Square Feet:** 1000+
- **# of Stories: 1**

### Type of Asbestos
- [ ] Asbestos-containing Insulation
- [X] Asbestos-containing Wallboard
- [ ] Asbestos-containing Floor Finish
- [ ] Asbestos-containing Gland
- [ ] Asbestos-containing Sprayed-On Fireproofing
- [ ] Asbestos-containing Reconditioned
- [ ] Asbestos-containing Textile
- [ ] Asbestos-containing Ceramタイト
- [ ] Asbestos-containing Non-Friable Procedure

### Scope of Work (Check All That Apply)
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Glovebag Procedure or Non-Exempted (*) and Min Enclosure
- [ ] N-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- **Exterior Siding:** Yes
- **Exterior Siding:** 120 SF

### Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff
- **Exterior Siding:** Yes

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

### Name of Registered Waste Hauler
- **United Containers**
- **NJDEP Waste Hauler ID No.:** 22459
- **Cubic Yards of Waste:** 3

### City, State
- **Elm NJ**
- **Disposal Date:** 4/25/15
- **City, State:** Morrisville PA
- **Disposal Date:** 067

### Completed by
- **Anthony T Perna**
- **Title:** President
- **Signature:** __________

---

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

Date of Notification (1)  
April 20, 2015  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
<td>Clayton Concrete</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td>Street Address 194 Chestnut Street</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[X] Emergency (including justification)</td>
<td>City, State, Zip Code Toms River, NJ 08753</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[ ] Cancellation</td>
<td>Name of Contact Bill</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td>Telephone number</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Building:  
1125 East Veterans Highway  

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Square feet 2400 sf</th>
<th># of Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1125 East Veterans Highway</td>
<td>Ocean</td>
<td>2400 sf</td>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Telephone Number | [ ] School |
| [ ] Subd |
| [X] Other |
| [ ] Private & Commercial Buildings |

<table>
<thead>
<tr>
<th>Building</th>
<th>Square feet</th>
<th># of Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1125 East Veterans Highway</td>
<td>2400 sf</td>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Abatement Contractor (9)  
Guardian Contracting, Inc.  
Street Address 1889 Route 9 Unit 61  
Toms River, NJ 08755  

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-349-9932</td>
<td>E.M.S.L. Analytical, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1056 Stelton</td>
<td>Toms River, NJ 08755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 3+ sf or 2+ If</td>
</tr>
<tr>
<td>[X] 1600 sf or 2600 sf</td>
</tr>
<tr>
<td>[X] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*1) and N</td>
</tr>
<tr>
<td>[ ] Full Containment with No</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>Abatement Type</th>
<th>A (Sp y SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES  NO  N/A</td>
<td>Asbestos roofing 240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Window caulking 201</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Trianite ceiling panels 240</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Asbestos roofing 240</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Trianite ceiling panels 240</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Window caulking 201</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Trianite ceiling panels 240</td>
<td>REPAIR</td>
<td>X</td>
</tr>
<tr>
<td>X  X  N/A</td>
<td>Window caulking 201</td>
<td>REPAIR</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Guardian Contracting, Inc.  
NJDEP Waste Hauler ID No. 20223  
Cubic Yards of Waste 3  
Name of Registered Landfill T.R.R.F.  

City, State  
Toms River, New Jersey  
Disposal Date 4/29/15  
City, State  
Tullytown, Pennsylvania  
Completed by (Print or Type)  
Nicholas Fernicola  
Title  
Project Manager  

Signature  

Date 4/20/15  

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 4-21-15

Name of Building Owner/Operator (2): Patty Jaeger

Street Address: 148 Midland Ave
City, State, Zip Code: Glen Ridge, NJ

Name of Contact: Patty Jaeger

Agencies Notified:
- [ ] EPA
- [ ] DOL
- [ ] DCA
- [X] DEP
- [X] DOH
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

FACILITY INFORMATION

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

City (5) Country (6) Base (7) County Code (7) (STATE USE ONLY):

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

Name of Abatement Contractor (9): AZTECH MANAGEMENT, INC

Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800

License Number: 00371

Project Manager for Monitoring Firm: N/A

Telephone Number: N/A

Scheduled Start Date (10): 5-2-15
Scheduled Completion Date (11): 5-4-15

Month Day Year: N/A

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

Scope of Work (Check all that apply):

- [X] ≥3 sq ft or ≥3 l.f.
- [ ] ≥60 sq ft or ≥260 l.f.

Type of Abatement:
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] glovebag procedure
- [ ] Non-Fissile Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td></td>
<td>45 1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC

Waste Hauler ID No.: 17040

Cubic Yards of Waste: 1.5

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

City, State: Montclair, NJ 07042

Disposal Date: 5-5-15

City, State: Morrisville, PA 19067

Completed By: Constantine Vivian

Title: President

Signature:

Date: 4-21-15
**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notification (1):**

10/14/12, 11/1/15

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

Kevin Smith

**Street Address:**

46 Condict Street

**City, State, Zip Code:**

Jersey City, NJ 07306

**Name of Contact:**

Kevin Smith

---

**FACILITY INFORMATION**

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

Kevin Smith

**Street Address:**

46 Condict Street

**City (5):**

Jersey City

**County (6):**

Hudson

**County Code (7):**

(Not used)

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

n/a

**ASCM No.:**

n/a

**Type of Facility (4):**

School (K-12)

**Square Feet (9):**

n/a

**# of Floors:**

n/a

**Bldg. Age:**

n/a

**Prior if being demolished:**

n/a

---

**Type of Fact (4):**

School (K-12)

**Type of Building (Other than K-12):**

Private/Commercial/Residential, etc.

**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)696-8869

**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):**

05/11/2015

**Sched. Completion Date (11):**

05/12/2015

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

- [X] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other-Describe:

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

- [X] Renovation
- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Non-ferrous procedure

---

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amol. (Spec. LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>112 ft</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler:**

B & G Restoration, Inc.

**NJDEP Hauler ID #:**

19663

**Cubic Yards of Waste:**

2

**Name of Registered Landfill:**

Tullytown Resource Recovery Center

**City, State:**

Tullytown, PA

**Disposal Date:**

05/12/2015

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

Gordana Luna

**Title:**

Secretary/Treasurer

**Signature:**

Gordana Luna

**Date:**

04/21/2015
Date of Notification (1):
10/14/2015

Name of Building Owner/Operator (2):
Ann Jacobsen

Street Address:
32 Hepburn Road

City, State, Zip Code:
Clifton, NJ 07012

Name of Contact:
Ann Jacobsen

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Ann Jacobsen

Street Address:
32 Hepburn Road

City (5):
Clifton

County (5):
Passaic

County Code (7):

Type of Facilities:
- School
- Office
- Other (Private/Commercial)

Square Feet: # of Floors:

Current Use:

Prior if being demolished:

Name of Monitoring Firm Hired by Bldg. Owner (8):
n/a

ASCM No.:

B & G Restoration Contractor (9):

Street Address:
105 Ryerson Road

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

Telephone Number:
(973)696-6669

License Number:
00378

Location of asbestos-containing material to be abated:

| Basement | X | Pipe insulation | 140 lf |

Registered Waste Hauler:
B & G Restoration, Inc.
NJDEP Hauler ID:
19563
Cubic Yards of Waste:
2½

Name of Registered Landfill:
Tullytown Resource & Recovery Center

Completed by (Print or Type):
Gordana Luna
Title:
Secretary/Treasurer
Signature:

Date:
04/21/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-74

Date of Notification (1)

Name of Building Owner/Operator (2)
Grace Pierre-Louis

Street Address
15 Linden Avenue

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Grace Pierre-Louis

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Grace Pierre-Louis

Street Address
15 Linden Avenue

City (5)
Bloomfield, NJ 07003

County (6)
Essex

County Code (7) (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)696-8869

License Number
00378

Type of Facility (4)

Level Of Abatement (5) (Other than K-12)
Chapter 8 (Private/Commercial)
Homes, etc.

Square Feet

# of Floors

Bldg. Age

Current Use (6)

Prior if being demolished

Occupancy Status During Abatement (Check one only)

X Facility closed/vacated during entire period of abatement.

X Abatement performed outside of normal facility hours.
Describe:

Other-Describe:

Scope of Work (check all that apply)

X Demolition

Renovation

Full Containment w/negative pressure

X Mini-enclosure

Non-frangible procedure

Glovebag procedure

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

Location
basement
basement

Is location normally used solely by maintenance/custodial staff?(12)
Yes

No
N/A

Description of asbestos-containing material (ACM)
pipe insulation
pipe insulation

Amout (Spec L/F)
8 lf
27 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
½

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
05/04/2015

City, State
Tullytown, PA

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

Date
04/21/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

Date of Notification (1)  
April 22, 2015

Name of Building Owner / Operator (2)  
Rational Real Estate XVIII, LLC.

Agencies Notified  
☒ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA  
☐ Type Notification  
☒ Initial  ☐ Amended  ☐ Emergency  ☐ Cancellation

Street Address  
1 Jericho Plaza

City, State & Zip Code  
Jericho, New York 11753

Name of Contact  
Mitchel Baffa

FACILITY INFORMATION

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

Street Address  
168 Bloomfield Avenue

City (5)  
Bloomfield

County (6)  
Essex

County Code (7)  

Square Feet  
5,000

# of Floors  
None

Bldg. Age  
+40 years

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

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

Name of Abatement Contractor  
Enterprise Network Resolutions Contracting, LLC.

Street Address  
874 Piney Hollow Road, P.O. Box 70

City, State & Zip Code  
Winslow, New Jersey 08095

Telephone Number  
609-567-0600

Name of OSHA Monitor  
EMSL Analytical

Street Address  
107 Haddon Ave.

City, State & Zip Code  
Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:  
Facility Occupied During Abatement

Scope of Work (Check all that apply)  

☒ ≥3 sf or ≥3 lf  ☐ ≥160 sf ≥260 lf  ☒ Demolition

Renovation  

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

in Facility (13)

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)  

Abatement Type  

Endosorb

Endoseal

Endosnap

Full Containment with Negative Pressure

Mini Enclosure

Non-Exempt and Non-Friable Procedure

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 21435

Cubic Yards of Waste  
20 CY

Name of Registered Landfill  
Salem County Landfill

City, State  
Berlin, New Jersey

Disposal Date  
5-6-15

Completed By (Print or Type)  
Theodore S. Budzynski

Title  
President

Signature  

Date  
4-22-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 4 / 21 / 15
Name of Building Owner/Operator (2): New Jersey CVS Pharmacy, LLC

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Highland Park
City, State, Zip Code
Cumberland, RI 02864
Name of Contact
Damon Kozul

FACILITY INFORMATION

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 3 (Other I, commercial buildings,
☐ Other (i.e., private any homes, etc.)

Square Feet
# of Floors
Bidg. Age

County Code (7)/STATE USE ONLY

County (6)
Monmouth

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224
City, State, Zip Code
Union, NJ
Garfield, NJ 07026
Telephone No. 973-494-3762

License No.

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

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

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

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 (Sp f y)

Roof ☐ ☐ ☒ Black Mastic sealant 50

Roof ☐ ☐ ☐ Modified Bitumen 980

Roof ☐ ☒ ☐ Wall Flashing 110

Roof ☐ ☐ ☐ Chimney Flashing 8

Name of Registered Waste Hauler
Future Sanitation
NJ/DEP Waste Hauler ID No. 220501
Disposal Date TBD
City, State
Farmingdale, NJ
Tullytown, PA

Completed By (Print or Type)
Allan Monchik
Title Project Manager
Signature

Date 4/21/15

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