# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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## Address Information

- **Date of Notification:** April 25, 2012
- **Name of Building Owner / Operator:** JP Morgan Chase & Co.
- **Street Address:** 387 Passaic Avenue, Fairfield, NJ 07004
- **Name of Contact:** Damiano Albanese

## Facility Information

- **Name of Facility Where Abatement is Taking Place:** JP Morgan Chase Bank
- **Street Address:** 387 Passaic Avenue
- **City:** Fairfield
- **County:** Essex
- **Type of Facility:** Other (i.e., private & commercial buildings, home, etc.)
- **Square Feet:** 3500
- **# of Floors:** 1
- **Bldg. Age:** 60
- **Current Use:** Prior if being demolished
- **Bank:**

## Monitoring Firm Information

- **Name of Monitoring Firm Hired by Building Owner:** Arcadis US Inc.

## Abatement Contractor Information

- **Name of Abatement Contractor:** Synatech, Inc.
- **Street Address:** 829 Radio Road, Little Egg Harbor, NJ 08087
- **Name of OSHA Monitor:** Synatech, Inc.
- **Street Address:**

## Project Details

- **Project Manager for Monitoring Firm:** William Mener
- **Telephone Number:** 908-528-1000
- **Telephone Number:** 609-296-8916
- **License Number:** 00817

## Abatement Status

- **Scheduled Start Date:** May 7, 2012
- **Scheduled Completion Date:** May 8, 2012
- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Hours
  - Other – Describe:

## Scope of Work

- **Scope of Work:**
  - ≥ 3,000 sf or ≥ 50 if
  - ≥ 180 sf or ≥ 280 if
  - Renovation
  - Demolition

## Material Abatement

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
  - Yes
  - No
  - N/A

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

- **Description of Asbestos-Containing Material (ACM):**
  - Insulation, surfacing, VAT, or other miscellaneous

- **Amount (Specify SF or LF):** 150 SF

## Waste Hauler Information

- **Name of Registered Waste Hauler:** Synatech, Inc.
- **Waste Hauler ID No.:** 27429
- **Disposal Date:** May 9, 2012
- **City, State:** Little Egg Harbor, NJ 08087

## Completion Details

- **Completed By:** Diane Aloia
- **Title:** Executive Administrator
- **Signature:**

---

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

Date of Notification (1)
04 / 25 / 12

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

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

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

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, New Jersey 07009

Name of Contact
Renee Taveniere

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
South end School

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

Square Feet
100,000+

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, INC

ASCM No.
0057

Name of Abatement Contractor (9)
New American Restoration INC

Street Address
P.O. Box 385

City, State, Zip Code
Oceanville, New Jersey 08231-0385

Project Manager for Monitoring Firm
John Smoyer
Telephone No.
609-652-1833

License No.
00805

Start Date (10)
5 / 10 / 12

Scheduled Completion Date (11)
11 / 30 / 12

Name of OSHA Monitor
New American Restoration INC

Street Address
421-423 Straight Street

City, State, Zip Code
Paterson, NJ 07501

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥280 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (15)

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

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

Amount (Specify SF or LF)
1800 LF

Abatement Type

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
40Cy

Name of Registered Landfill
G.R.O.W.S., 1513 Bordentown Rd.

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Goran Lazarevic
VP

Date
4/25/12

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

Date of Notification (1)
04 / 25 / 12

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

Name of Facility Where Abatement is Taking Place (3)
North and School

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

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

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

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, New Jersey 07009

Name of Contact
Renee Taveniere

FACILITY INFORMATION

Square Feet
100,000+

# of Floors
1

Bldg. Age
50+

County Code [STATE USE ONLY]

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, INC

ASCM No.
0057

Name of Abatement Contractor (9)
New American Restoration, INC

Street Address
421-423 Straight Street

City, State, Zip Code
Paterson, NJ 07501

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-852-1833

Telephone No.
973-925-1303

License No.
00805

Name of OSHA Monitor
New American Restoration, INC

Start Date (10)
5 / 10 / 12

Scheduled Completion Date (11)
11 / 30 / 12

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

Time of Abatement: ________ AM / ________ PM / ________ AM

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 If
☒ ≥ 160 sf or ≥ 260 If
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Immediate

Extérieur

Window & Door Frame Caulking
1600 LF

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No. 26885

Cubic Yards of Waste
40 Cy

Name of Registered Landfill
G.R.O.W.S., 1513 Bordentown Rd.

City, State
Morristown, PA 19067

Disposal Date

Completed By (Print or Type)
Goran Lazarevic

Title
VP

Signature

Date
4/25/12

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

Date of Notification (1)
04 / 25 / 12

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

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

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

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove NJ 07009

Name of Contact
Renee Tavaniere

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cedar Grove High School

Street Address
90 Rugby Road

City (5)
Cedar Grove

County Code (7)/STATE USE ONLY
Essex

Project Manager for Monitoring Firm
John Smoyer

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

Start Date (10)
5 / 10 / 12

Scheduled Completion Date (11)
11 / 30 / 12

Name of Abatement Contractor (9)
New American Restoration INC

Name of OSHA Monitor
New American Restoration INC

License No.
00805

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
Atlantic Carting

Cubic Yards of Waste
40Cy

Name of Registered Landfill
G.R.O.W.S., 1513 Bordentown Rd.

Completed By (Print or Type)
Goran Lazarevic

Disposal Date
City, State
Maysville, PA 19067

Date 04/25/12

* Do not use this form for asbestos licensure exempted activities.
# ASBESTOS ABLATION FORM

**Date of Notification (1):** April 28, 2012  
**Name of Building Owner/Operator (2):** SL Michael's Parish

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Quaramba Hall  
**Street Address:** 10 N. Mississippi Ave  
**City:** Atlantic City

**County Code:** 09401  
**County Name:** Atlantic

**Name of Monitoring Firm Hired by Building Owner (5):** MDG Environmental  
**Name of Abatement Contractor (5):** Shade Environmental, LLC

**Street Address:** 1000 Maplewood Drive Suite 207  
**City:** Maple Shade, NJ  
**State:** NJ  
**Zip Code:** 08052

**License No.:** 08842  
**Telephone No.:** 856-756-3300

**Start Date (10):** April 28, 2012  
**Scheduled Completion Date (11):** April 29, 2012

### SCOPE OF WORK

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

### ABATEMENT

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>La Location Normally Used Solely by Maintenance Custodial Staff (17)</th>
<th>Description of ACM Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other missed)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floored Tile</td>
<td>xxx</td>
<td>3000 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Freehold Carriage  
**Hauler ID No.:** 22253  
**Disposal Date:** Tullytown, PA.

**Name of Registered Landfill:** Grows Landfill  
**Disposal Date:** Tullytown, PA.

*Do not use this form for asbestos inspection exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**  
April 26, 2012

**Name of Building Owner/Operator (2)**  
St. Michael's Parish

**Check #**  
4634

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

**Street Address**  
10 N. Mississippi Ave

**City, State, Zip Code**  
Atlantic City, NJ 08401

**FACILITY INFORMATION**

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

- **Street Address**  
1000 Maplewood Drive Suite 207

- **City, State, Zip Code**  
Maple Shade, NJ 08052

- **Project Manager for Monitoring Firm**  
Tony Esposito

- **Telephone No.**  
856-755-9300

- **Name of Abatement Contractor (9)**  
Shade Environmental, LLC

- **Street Address**  
47 S. Lippincott Ave

- **City, State, Zip Code**  
Maple Shade, NJ 08052

- **Telephone No.**  
866-755-0099

- **License No.**  
00842

- **Name of OSHA Monitor**  
EMLS

- **Street Address**  
107 Haddon Ave

- **City, State, Zip Code**  
Westmont, New Jersey 08108

**Start Date (10)**  
April 28, 2012

**Scheduled Completion Date (11)**  
April 29, 2012

**Occupy 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)**
- [ ] ≥3 sf or ≥3 ft
- [x] ≥100 sf or ≥260 ft
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (C) and Non-Friable Procedure

**Description of Asbestos-Containing Material (ACM)**
- **Location of Asbestos-Containing Material (ACM)**
  - **Quaramba Hall**
  - **Floor Tile**
  - **3000 SF**

**Amount (Specify SF or LF)**  
3000 SF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Dispose

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

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
22253

**Cubic Yards of Waste**

**Name of Registered Landfill**
Grows Landfill

**City, State**
Mount Holly, New Jersey 08060

**Disposal Date**

**Completed by**  
William Lynch

**Title**  
Owner

**Signature**  
[Signature]

**Date**  
April 26, 2012

---

*Do not use this form for asbestos licensure exempted activities.*
**REMEMBER – MAIL IN HARD COPY**

**Date of Notification:** April 28, 2012

**EPA, DEP, DOL, DOH, DCA:**

- **Name of Building/Operator:** Ramapo College of New Jersey
- **Street Address:** 505 Ramapo Valley Road
- **City, State, Zip Code:** Mahwah, NJ 07430
- **Date of Notice:** April 28, 2012
- **Waiver Approved:**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Ramapo College G-Wing – Penthouse
- **Street Address:** 505 Ramapo Valley Road
- **City:** Mahwah
- **County Code:** Bergen
- **Phone:** 609-743-0493
- **Date of Notice:** April 28, 2012
- **Scheduled Completion Date:** May 1, 2012

**Square Feet:** 24,000
**# of Floors:** 3
**Bldg Age:** 75

**Name of Abatement Contractor:** Shadel Environmental, LLC
- **Street Address:** 47 S. Uppercut Ave
- **City, State, Zip Code:** Maple Shade, NJ 08052

**Name of Monitoring Firm:** ASCM No.

**Telephone No.:** 856-755-0089

**License No.:** 00842

**Name of OSHA Monitor:** ENSL
- **Street Address:** 107 Heddon Ave
- **City, State, Zip Code:** Westmont, New Jersey 08108

**Work Scope:**
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** G-Wing Penthouse
- **Procedure:** Full Containment with Negative Pressure
- **Cubical Yards of Waste:**

**Attestation:**

- **Date:** April 28, 2012
- **Signature:**

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

**Date of Notification (1)**
April 26, 2012

**Name of Building Owner/Operator (2)**
Ramapo College of New Jersey

**Street Address**
505 Ramapo Valley Road

**City, State, Zip Code**
Mahwah, NJ 07430

**Name of Contact**
Tom McCann

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ramapo College G-Wing - Penthouse

**Street Address**
505 Ramapo Valley Road

**Square Feet**
24,000

**# of Floors**
3

**Bldg. Age**
75

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

**Name of Monitoring Firm Hired by Building Owner (6)**
USA Environmental

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
344 West State Street

**City, State, Zip Code**
Trenton, NJ 08618

**Telephone No.**
609-743-0493

**Telephone No.**
856-755-0099

**License No.**
00842

**Name of OSHA Monitor**
EMSL

**Street Address**
107 Haddon Ave

**City, State, Zip Code**
Westmont, New Jersey 08108

**Project Manager for Monitoring Firm**
Bill Weisgerber

**Scheduling Completion Date (11)**
May 1, 2012

**Start Date (10)**
April 27, 2012

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

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

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

- 23 sf or 23 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**In Facility**

<table>
<thead>
<tr>
<th>Academic Bldg. G Wing Penthouse</th>
<th>XXX</th>
<th>White Painted Duct Sealant</th>
<th>920 SF</th>
<th>XXX</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
22253

**Amount (Specify SF or LF)**

**Name of Registered Landfill**
Grows Landfill

**Disposal Date**

**City, State**
Mount Holly, New Jersey 08060

**Completed by**
William Lynch

**Title**
Owner

**Signature**

**Date**
April 26, 2012

---

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

**State of New Jersey**

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

**Name of Facility Whose Abatement Is Taking Place**
- J. HUDSON

**Address**
- 3G WEBSTER AVENUE
- RIDGEFIELD PARK, N.J. 07660

**Name of Building Owner/Operator**
- J. HUDSON

**Type of Notification**
- Initial

**Date of Notification**
- 4-26-2012

**EPA Notified**
- Yes

**DEP Notified**
- Yes

**DOL Notified**
- Yes

**DON Notified**
- Yes

**DOA Notified**
- Yes

**City, State, Zip Code**
- Ridgefield Park, NJ 07660

**County Code (for USE ONLY)**
- BERGEN

**Name of Abatement Contractor**
- Best Removal Inc

**Name of Abatement Site**
- 450 South River St
- Hackensack, N.J. 07601

**Project Manager for Monitoring Firm**
- Omega Environmental Services

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

**License No.**
- 00388

**Other - Description**
- AM & PM

**Scope of Work**
- Renovation/Demolition

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

**Location Normally Used Solely by Maintenance/Contractor Staff**
- Yes

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

**Amount of ACM (Specialty, SF or LF)**
- 30 LF

**Abatement Type**
- Removal

**Name of Registered Waste Handler**
- Best Removal Inc

**Waste Handler ID No.**
- 17109

**Amount of Waste**
- 12 YO

**Name of Registered Landfill**
- Minerva Enterprises

**City, State**
- Hackensack, NJ

**Disposal Date**
- 5-15-12

**Waynesburg, OH**

**Completion Date**
- 4-26-12

**Name**
- R. Veldran

**Title**
- Estimator

---

*Do not use this form for asbestos removal excepted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT

(Provision of NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Type of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/25/12</td>
<td>Emergency Notification</td>
<td>Nick Kouroupas</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>X EPA</td>
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<tr>
<td>X DEP</td>
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<td>X DOL</td>
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<td>X DOH</td>
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<td>X DCA</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Commercial/Residence</th>
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<tbody>
<tr>
<td>150 Elmora Ave</td>
<td>Commercial/Residence</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Union</th>
</tr>
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<tbody>
<tr>
<td>Elizabeth</td>
<td>County</td>
<td>Union</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
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</thead>
<tbody>
<tr>
<td>X School (K-12)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>5000</td>
<td>3</td>
<td>60</td>
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<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Residential/Commercial</th>
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<tr>
<td></td>
<td>Commercial</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Tactics, Inc</td>
<td>ASCM No.</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
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<tbody>
<tr>
<td>64 Broad Street</td>
<td>732-290-2217</td>
<td>00714</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5/12</td>
<td>5/6/12</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe:</td>
<td>Area Isolated During Abatement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>X Renovation</td>
<td>X Glovebag Procedure</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>N/A</th>
<th>Pipe Insulation</th>
<th>12 LF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>18693</td>
<td>3</td>
<td>TRRF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>5/7/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominick Tringali</td>
<td>Pres.</td>
<td>Dominick Tringali</td>
<td>4/25/12</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-27-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>American Dredge</td>
</tr>
</tbody>
</table>

**Agency Notified**
- EPA
- DOB
- DOH
- DOA

**FACILITY INFORMATION**
- Name of Facility: Desident
- 604 Cornwall Ave
- Vineton Heights, Atlantic, NJ
- County Code: 40, Current Use: 40-20-

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASDM No.</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANI JOE LLC</td>
<td>1212 Burlington Ave</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1212 Burlington Ave</td>
<td>856 824 0971</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>01070</td>
<td>SAME</td>
</tr>
</tbody>
</table>

**Start Date (10): 5-6-12**
**Scheduled Completion Date (11): 5-15-12**
**Scope of Work (Check all that apply):**
- Exterior Abatement with Negative Pressure
- Plumbing and Electrical Work
- Sealing Procedure
- New and Expanded (*) and Non-Permitted Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN Facility</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>J Robinson Waste</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N.J.D.E.P. Wastes Hauler ID No.</th>
<th>16357</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>7BD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>WM of PA</td>
</tr>
</tbody>
</table>

**Disposed At**
- Tallytown, PA

**Written by**
- J. Hill
- Title: VP

*Do not use this form for asbestos licence-exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>4/27/12</td>
</tr>
<tr>
<td>Name of Facility</td>
<td>Resident</td>
</tr>
<tr>
<td>Address</td>
<td>3301 Minnowth Ave</td>
</tr>
<tr>
<td>City</td>
<td>Longport</td>
</tr>
<tr>
<td>County</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Name of Aherence Contractor</td>
<td>PMAC LLC</td>
</tr>
<tr>
<td>Address</td>
<td>12/12 Burlington Ave</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-824-0971</td>
</tr>
<tr>
<td>Sheet Date (0)</td>
<td>4/5/12</td>
</tr>
<tr>
<td>Scheduled Completion Date (1)</td>
<td>5/15/12</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Outside Home/yard</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABERED</td>
<td>Outside Home/yard</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>J. Johnson</td>
</tr>
<tr>
<td>City, State</td>
<td>Belleville, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Joe H.</td>
</tr>
</tbody>
</table>

---

**Note:** The document contains information about asbestos removal and other environmental compliance details. The table details the address, contact information, and regulatory compliance notes for the facility.
**NOTIFICATION OF ASBESTOS ABATEMENT**

*State of New Jersey*

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

---

**Date of Notification (1):** 4-27-2012  
**Name of Building Owner/Operator (2):** Legow Management  
**Address:** 160 S. Livingston Ave.  
**City, State, Zip Code:** Livingston, NJ 07039  
**Name of Contact:** John

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Chilton Towers  
- **Street Address:** 220 W. Jersey Street  
- **City (5):** Elizabeth  
- **County (6):** Union  
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No. N/A  
- **Name of Abatement Contractor (9):** Jadarc Contracting, LLC  
- **Street Address:** 22 Troy Lane  
- **City, State, Zip Code:** Lincoln Park, NJ 07035  
- **Project Manager for Monitoring Firm:** n/a  
- **Telephone No.:** n/a  
- **Telephone No.:** 973-706-7950  
- **License No.:** 01088  
- **Start Date (10):** 5/17/2012  
- **Scheduled Completion Date (11):** 6/11/2012  
- **Occupancy Status During Abatement (Check Only One):**  
  - Facility Closed/Vacated During Entire Period of Abatement  
  - Abatement Performed Outside of Normal Facility Hours  
  - Other:  
    -  
- **Scope of Work (Check All That Apply):**  
  - ≥1 sf or ≥3 If  
  - ≥160 sf or ≥260 If  
  - Renovation  
  - Demolition  
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
  - In Facility (13): 1st through 14th Floor Apt. K  
  - 1st through 14th Floor Apt. L

---

**Abatement Type**

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

---

**Name of Registered Waste Hauler:** Jadarc Contracting, LLC  
**NDEP Waste Hauler ID No.:** 0033137  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** GROWS Landfill  
**City, State:** Morrisville PA 19067  
**Disposal Date:** TBD  
**Completed by:** Lillie Lazarevich  
**Title:** Secretary  
**Signature:**  
**Date:** 4/27/2012

---

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

Date of Notification (1) - 04 / 23 / 12

Name of Building Owner/Operator (2) United States Air Force

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #001
☐ Emergency (Including justification)
☐ Cancellation

Street Address
2403 Vandenberg Avenue
City, State, Zip Code
McGuire AFB, NJ 08641

Name of Contact
Kobie Langevine

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
McGuire AFB

Street Address
Building B1907
City (5)
McGuire AFB, NJ

County (6)
Burlington

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

ASCM No.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street
City, State, Zip Code
West Chester, PA 129382

Project Manager for Monitoring Firm
David Turolsey

Telephone No.
(609) 704-8850

License No.
00508

Start Date (10) 04 / 19 / 12 Scheduled Completion Date (11) 04 / 25 / 12

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: 7AM - 3:30PM - AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 150 sf or ≥ 260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</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>Space 115</td>
<td>✗</td>
<td>No</td>
<td>VAT</td>
<td>1800 SF</td>
</tr>
<tr>
<td>Space B19</td>
<td>✗</td>
<td>No</td>
<td>VAT</td>
<td>1000 SF</td>
</tr>
<tr>
<td>Spaces 109,110,111,113,114</td>
<td>✗</td>
<td>No</td>
<td>VAT</td>
<td>2000</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
N.E.T.S.

NJDEP Waste Hauler ID No.
18947

Cubic Yards of Waste
20

Name of Registered Landfill
BFI Imperial

Disposal Date
TBD

City, State
Hazelton, PA
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date 4/23/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 04 / 04 / 12

Name of Building Owner/Operator (2)
United States Air Force

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
☐ NJAC 5:23-8

Type Notification
☒ Initial
☐ Amended
☒ Amendment #1
☐ Emergency (Including justification)
☐ Cancellation

Street Address
2403 Vandenberg Avenue

City, State, Zip Code
McGuire AFB, NJ 08541

Name of Contact
Kobie Langevine

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
McGuire AFB

Building B1907

City (5)
McGuire AFB, NJ

County (6)
Burlington

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
David Turcotte

Telephone No.
(609) 704-8850

Telephone No.
610-701-9000

License No.
00508

Start Date (10)
04 / 19 / 12

Scheduled Completion Date (11)
04 / 24 / 12

Name of OSHA Monitor
AET

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: ZAM - PM 3:30 AM

Scope of Work (Check all that apply)
☒ 33 ft or >33 ft
☒ >160 sq ft or >260 sq ft
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

Space 115

☐ ☐ ☐ VAT and Mastic

☒ ☐ ☐ VAT and Mastic

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

Space 115

☐ ☐ ☐ VAT and Mastic

☒ ☐ ☐ VAT and Mastic

Amount (Specify SF or LF)
1800 SF

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

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

Space 115

☑ ☐ ☐ VAT and Mastic

☒ ☐ ☐ VAT and Mastic

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

Amount (Specify SF or LF)
1800 SF

Abatement Type
Removal
Repair
Encapsulate

Name of Registered Waste Hauler
N.E.T.S.

NJ DEP Waste Hauler ID No. 18947

Cubic Yards of Waste
20

Name of Registered Landfill
BFI Imperial

City, State
Hazen, PA

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date 2/4/12

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

**Date of Notification (1)**
April 24, 2012

**Name of Building Owner/Operator (2)**
Century 21 JJ Lauer

**Street Address**
309 Raritan Avenue
Highland Park, NJ 08904

**Name of Contact**
Connell Hutkin

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

**Street Address**
213 Felton Street
Highland Park

**County (6)**
MIDDLESEX

**Name of Monitoring Firm Hired by Building Owner (8)**
Guardian Contracting, Inc.

**ASCN No.**

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

**Street Address**
1889 Route 9, Unit 61
Toms River, NJ 08755

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stetson Road
Piscataway, New Jersey 08854

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

**Occupancy Status During Abatement (Check only)**
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check all that apply)**
[ ] >3 sf or ≥3 lF
[ ] ≥160 sf or ≥260 lF

[ ] Renovation
[ ] Demolition

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

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

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

**Amount (Specify SF or Lf)**

**Abatement Type**

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

### Date of Notification (1)
4-24-12

### Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

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

### Name of Building Owner/Operator (2)
QUAIL RUN APPTS.

### Street Address
91 BLACKWOOD CLEMONTON RD.

### City, State, Zip Code
LINDENWOLD, NJ 08021

### Name of Contact
PAUL MAYO

### FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
QUAIL RUN APPTS. UNIT # 513

### Street Address
91 BLACKWOOD CLEMONTON RD.

### City (5)
LINDENWOLD

### County (6)
BURLINGTON

### Current Use (Prior if being demolished)
APARTMENT

### Name of Monitoring Firm Hired by Building Owner (8)
STRATEGIC ENVIRONMENTAL

### ASCM No.

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

### Square Feet
600

### # of Floors
1

### Bldg. Age
55

### Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES, INC.

### Street Address
570 CLEMS RUN

### City, State, Zip Code
MULLICA HILL, NJ

### Telephone No.
610-304-4676

### License No.
01145

### Name of OSHA Monitor
EMSL

### Street Address
200 RT 130 NORTH

### City, State, Zip Code
CINNAMINSON, NJ 08077

### Project Manager for Monitoring Firm
ED KEEGAN

### Telephone No.
856-423-5711

### Start Date (10)
4-28-12

### Scheduled Completion Date (11)
4-29-12

### 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
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
NETS

### NJDEP Waste Hauler ID No.

### Cubic Yards of Waste
1

### Name of Registered Landfill
ALLIED WASTE IMPERIAL LANDFILL

### City, State
HAZLETON, PA

### Disposal Date
5-1-12

### City, State
IMPERIAL PA

### Completed by
JOHN ZUMBO

### Title
PRESIDENT

### Signature
[Signature]

### Date
4-24-12

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

Date of Notification (1)
April 26, 2012

Name of Building Owner / Operator (2)
Richard Logue

Agency Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment #
☐ Cancellation

Street Address
73 Miller Road

City, State & Zip Code
Morristown, NJ 07960

Name of Contact
Richard Logue

Facility Information

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

Street Address
73 Miller Road

City (5)
Morristown

County (6)
Morris

Country Code (7)
USE ONLY

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

Type of Facility (4)

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

Square Feet
5,000

# of Floors
3

Bldg. Age
120 years

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Name of OSHA Monitor
Synatech, Inc.

Telephone Number
609-295-0916

License Number
00817

Scheduled Start Date (10)
May 8, 2012

Scheduled Completion Date (11)
May 9, 2012

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
 ☐ Full Containment with Negative Pressure
 ☐ Mini-Enclosure
 ☐ Glovebag Procedure
 ☐ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Location Normally Used Solely by Maintenance or 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)

Boiler Sealant
8 LF

Abatement Type

Endorse

Endorse

Endorse

Name of Registered Waste Hauler
Synatech, Inc.

NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
<1

Name of Registered Landfill
Growa Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
May 9, 2012

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Assistant

Signature

Date
April 26, 2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/12</td>
<td>BRANDY BOYINGTON</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No EPA</td>
<td>Initial</td>
<td>BRANDY BOYINGTON</td>
<td></td>
</tr>
<tr>
<td>No DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BRANDY BOYINGTON</th>
</tr>
</thead>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>50 MONTROSE AVENUE</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

| VERONA, NJ 07044 |

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
</table>

**Name of Abatement Contractor (9)**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
</table>

**Street Address**

| 20 California Ave. |

**City, State, Zip Code**

| Paterson, NJ 07503 |

**Telephone Number**

| 973-345-8202 |

**License Number**

| 00159 |

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
</tr>
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</table>

**Bldg. Age**

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FULL CONTAINMENT/W/Neg. Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) &amp; Non-Friable procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>&gt;3 sf or ≥2 if</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>Demolition</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R</th>
<th>E</th>
<th>M</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>42 L FT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>15 L FT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
</table>

**NJDEP Hauler ID#**

| 13506 |

**Cubic Yards of Waste**

| 1 YD |

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>TULLYTOWN, RESOURCE RECOVERY</th>
</tr>
</thead>
</table>

**City, State**

| PATerson, NJ 07503 |

**Disposal Date**

| 05/07/12 |

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>BOGDAN JOLDZIC</th>
</tr>
</thead>
</table>

**Title**

| PRESIDENT |

**Signature**

| 04/24/12 |

**Date**

*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)

Check # 1375
Date of Notification (1)
04/26/2012

Name of Building Owner/Operator (2)
Joel Sokolow

Agency Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DOA

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

Street Address
8 Trinity Court
City, State, Zip Code
Bergenfield, NJ 07621

Name of Contact
Joel Sokolow

FACILITY INFORMATION

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

City (8)
Bergenfield, NJ 07621

County (6)

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

Square Feet: 3,860
# of Floors: 5
Bldg. Age: 1960

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)
ASCM No.
Name of Abatement Contractor (9)

Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No.
Telegram No.
License No.
973-638-1777
01127

Start Date (10)
Scheduled Completion Date (11)
05/06/2012
05/07/2012

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

Scope of Work (Check all that apply)
☒ >3,000 sf or >3 if
☒ >1,000 sf or >280 if
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)
Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (1) and Non-Friable Procedure

Basement
Pipe insulation
Yes No N/A

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Gr Tech LLC
0033785
T.R.R.F., Inc.
Wayne, NJ 07470

Disposal Date
City, State
Tullytown, PA

Completed by
Title
Signature
N. Jevtic
Owner

Date
04/26/2012

Do not use this form for asbestos licensure/regulated activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>4/13/12 amended 4/24/12</td>
<td>Mary Kellog</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
<td>36 Olcott Ave</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[ ] Emergency</td>
<td>Bernardsville, NJ 07924</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Private</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>36 Olcott Avenue</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
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<tbody>
<tr>
<td>Bernardsville</td>
<td>Smerset</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm hired by Building Owner (8)</th>
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<table>
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<td>67</td>
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<thead>
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<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>AZTECH MANAGEMENT, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>86 Christopher St.</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Montclair, NJ 07042</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(973) 744-8800</td>
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<table>
<thead>
<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00371</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
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<td>AZTECH MANAGEMENT, INC.</td>
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<table>
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<td>17040</td>
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<tbody>
<tr>
<td>2.0</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Montclair, NJ 07042</td>
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<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>5/7/12</td>
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<table>
<thead>
<tr>
<th>Name of Landfill Disposer</th>
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<tbody>
<tr>
<td>Morrisville, PA 19067</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td>Constantine Vivian</td>
<td>President</td>
<td>[Signature]</td>
</tr>
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<table>
<thead>
<tr>
<th>Check # 10081</th>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>4/13/12</td>
</tr>
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</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**

| 0 | 4 |

**Agencies Notified**

- [X] EPA
- [X] DOL
- [X] DOH
- [X] DCA

**Type of Notification**

- [X] Initial Notification
- [X] Amended Notification
- [X] Cancellation
- Emergency

**Name of Building Owner/Operator**

Passaic County Community College

225 Market Street

City, State, Zip Code

Paterson, NJ 07508

**Telephone Number**

**FACILITY INFORMATION**

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

Passaic County Community College

225 Market Street

City (5)

County (6)

County Code (7)

(State Use Only)

Paterson

ASCM

**Name of Abatement Contractor**

J.R. Contracting & Environmental Consulting, Inc.

55 Main Road

Wayne NJ 07470

**Telephone Number**

973-774-3111

**License Number**

00408

**Name of OSHA Monitor**

Eco Vision Consultants, Inc.

20-21 Wagswain Road, Bldg, 244A

City, State, Zip Code

Fair Lawn, NJ 07410

**Occupancy Status During Abatement**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility

- [X] Hours - Describe: 7:00am - 3:30pm

**Scope of Work**

- [ ] Demolition
- [X] Renovation

- [X] ≥ 50 ft or ≥ 3 ft
- [X] ≥ 160 sf or ≥ 260 sf

**Abatement Type**

- [X] Full Containment With Negative Pressure
- [X] Encapsulated
- [X] Glovebox Procedure

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

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


<table>
<thead>
<tr>
<th>Floor</th>
<th>Location of ACM</th>
<th>Normally Used</th>
<th>Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor</td>
<td>Linoleum</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mezzanine</td>
<td>Linoleum</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>VAT</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>First Floor</td>
<td>VAT</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mezzanine</td>
<td>VAT</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Second Floor</td>
<td>Pipe Insulation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>Duct Insulation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

J.R. Contracting & Environmental Consulting, Inc.

107 Main Road

Wayne NJ 07470

**Cubic Yards of Waste**

**Name of Registered Landfill**

G.R.O.W.S

**City, State**

**Disposal Date**

Morrisville PA

**Date**

**Signed by**

Jerry Bajukov

Project Manager

5/24/2012
NOTIFICATION OF ASBESTOS ABATEMENT

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

State of New Jersey

Date of Notification (1)

| 0 | 4 | 0 | 5 | 1 | 2 |

Agency Notified

[X] EPA
[X] DOL
[X] DOH
[X] DCA

Type of Notification

[X] Initial Notification
[X] Amended Notification Amendment # 2
[X] Cancellation
[X] Emergency

Name of Building Owner/Operator (2)

Passaic County Community College

Street Address

One College Blvd

City, State, Zip Code

Paterson, NJ 07505

Name of Contact

B. Eagan

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Name of Facility Where Abatement is Taking Place (3)

Passaic County Community College

Street Address

225 Market Street

City (5)

Paterson

County (6)

Passaic

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

GZA

ASCM

Street Address

55 Lane Road

Fairfield NJ 07004

Project Manager for Monitoring Firm

Benjamin Salamik

973-774-3311

Scheduled Date (10)

Scheduled Completion Date (11)

| 2 | 0 | 4 | 0 | 9 | 1 | 2 |

Month / Day / Year

| 0 | 9 | 0 | 9 | 2 | 1 |

Month / Day / Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement
[X] Abatement Performed Outside of Normal Facility

Hours - Describe:

7:00a.m. - 5:30p.m.

Scope of Work (Check all that apply)

[ ] Demolition
[ ] Renovation
[X] Final Containment With Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[X] Non Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Custodial Staff (12)

| Yes | No | N/A |

Location

First Floor

Linoleum

X

500 SF

X

X

Mezzanine

Linoleum

X

64 SF

X

X

Basement

VAT

X

10150 SF

X

X

First Floor

VAT

X

8900 SF

X

X

Mezzanine

VAT

X

2140 SF

X

X

Second Floor

VAT

X

8750 SF

X

X

Name of Registered Waste Hauler

NDEP Waste Hauler No. 17019

Name of Registered Landfill

G.R.O.W.S

City, State

Wayne NJ 07470

Disposal Date

City, State

4/4/2012

Morrises PA

Completed by (Print or Type)

Title

Signature

Project Manager
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69-112:1297-7)

**State of New Jersey**

**Name of Building Owner/Operator**
Passaic County Community College

**Address**
One College Blvd
Paterson, NJ 07505

**Name of Contact**
B. Egan

**Telephone Number**

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
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</thead>
<tbody>
<tr>
<td>Passaic County Community College</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County (7)</th>
<th>County Code (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Paterson</td>
<td>Passaic</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Footage</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<th>Current Use (Prior to being demolished)</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J.R. Contracting &amp; Environmental Consulting, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License Number</th>
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<tbody>
<tr>
<td>1414 Route 25</td>
<td>06448</td>
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<tr>
<td>973-774-3311</td>
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<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Wayne NJ 07470</td>
<td>973-628-5900</td>
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<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>Enviro Vision Consultants, Inc.</td>
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<table>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
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<tbody>
<tr>
<td>20-21 Wugaraw Road, Bldg. #34A</td>
<td>Fairlawn NJ 07410</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment With Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Gluebag Procedure</td>
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<tr>
<td>Non Exempted (*) and Non-Friable Procedure</td>
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<th>Abatement Type</th>
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</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>MO</td>
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<tr>
<td>P</td>
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<tr>
<td>A</td>
</tr>
<tr>
<td>S</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>500 SF</td>
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### Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
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</tr>
<tr>
<td>Linoleum</td>
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<tr>
<td>VAT</td>
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<tr>
<td>Duct insulation</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 17819</td>
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<table>
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<th>Disposal Date</th>
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<tbody>
<tr>
<td>City, State, Zip</td>
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<tr>
<td>Morristown PA</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>G.R.O.W.S.</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Jerry Bijlalonic Project Manager</td>
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<table>
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*Image and text content have been accurately transcribed without any errors.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4/24/12

Agencies Notified
- [ ] EPA
- [ ] DOL
- [X] DCA
- [X] DOH

Type Notification
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

Name of Building Owner/Operator (2)
Barbara Schimanski

Street Address
1458 Clinton Avenue

City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Barbara Schimanski

FACILITY INFORMATION

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

Street Address
1458 Clinton Avenue

City (5)
South Plainfield

County (6)
Middlesex

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

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

ASCM No.
67

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

Scheduled Start Date (10)
5/7/12

Sched. Completion Date (11)
5/8/12

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 Description
- [ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
- [X] Pull Containment with Negative Pressure Enclosure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

Is Location Normally Used
- Yes
- No
- N/A

Location Normally Used Solol By Maintenance/Custodial Staff
- Yes
- No
- N/A

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Basement
- X Boiler Insulation

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

Disposal Date
5/9/12

Complanted By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 4/24/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
4/24/12

Agencies Notified
[X] EPA

Type Notification
[X] Initial Notification

Name of Building Owner/Operator (2)
Steve Donovan

Street Address
38 the Fairway

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Steve Donovan

FACILITY INFORMATION

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

Street Address
38 the Fairway

City (5)
Upper Montclair

County (6)
Essex

Name of Monitoring Firm hired by Building Owner (8)
ASCM No.
67

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Square Feet
2000

# of Floors
3

Bldg. Age
75

Type of Facility (4)

Current Use (Prior if being demolished)
Residence

Residence

Scheduled Start Date (10)
5/10/12

Sched. Completion Date (11)
5/11/12

Month Day Year
Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Other Occupancy Descriptive

Scope of Work (Check all that apply)

[X] 3sf or 3lf

[X] 160sf or 260lf

[X] Renovation

[X] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(X)

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

Yes No N/A

In Use

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LP)

Abatement Type

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebox Procedure

[X] Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

City, State
Montclair, NJ 07042

Cubic Yards
1.0

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

Disposal Date
5/14/12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Date
4/24/12

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

Date of Notification (1)
4/26/12

Name of Building Owner/Operator (2)
Mary Reilly

Street Address
6 Glen Gary Road

City, State, Zip Code
Middlesex, NJ 08846

Name of Contact
Mary Reilly

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

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

FACILITY INFORMATION

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

Street Address
6 Glen Gary Road

City (5)
Middlesex

County (6)
Middlesex

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Name of Monitoring Firm Hired by Building Owner (3)
ASCM No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
5/8/12

Scheduled Completion Date (11)
5/10/12

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)
☐ 23 sf or 23 sf
☐ ≥160 sf or ≥260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>attic</td>
<td>xyz</td>
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Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
<td>25 LF</td>
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Abatement Type

<table>
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<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>pipe insulation</td>
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</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Name of Registered Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State

Completed by
Andrew Scott Higgins
Title
President
Signature
Date 4/26/12

Print Form

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

State of New Jersey

Date of Notification (1) 4/25/12

Agencies Notified

- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification

- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

Name of Building Owner/Operator (2) Ann & Ed Berlin

Street Address

15 Ashley Road

City, State, Zip Code

West Orange, NJ 07052

Name of Contact Ann Berlin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address 15 Ashley Road

City (5) West Orange

County (6) Essex

County Code (7) (STATE USE ONLY) 67

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

2800 3 80

Current Use (Prior if being demolished) Residence

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

Project Manager for Monitoring Firm

Name of Monitoring Firm hired by Building Owner (8)

AZTECH MANAGEMENT, INC.

ASCM NO. 67

TelephoneNumber N/A

Scheduled Start Date (10) 5/5/12

Scheduled Completion Date (11) 5/7/12

Month Day Year

Month Day Year

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 Description
- [ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)

- [X] 3 sf or >= 1 lf
- [ ] 2160 sf or >= 260 1f

Type

- [X] Renovation
- [ ] Demolition

[ ] Pull Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

Location

Material (ACM)

TO BE ABATED

In Facility (13)

Location Normally Used

Solony

By Maintenance/Custodial Staff (12)

Yes No N/A

Description

Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

REMoval

ENCLOSURE

ENCLOSURE

Pipe Insulation 2 1f X

Pipe Insulation 120 1f 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

Montclair, NJ 07042

Disposal Date 5/8/12

City, State

Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 4/25/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/27/12

Name of Building Owner/Operator (2)
Mr. & Mrs. Karanilian

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

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

Street Address
235 South Dwight Place

City, State, Zip Code
Englewood, NJ 07631

Name of Contact
Mr. & Mrs. Karanilian

FACILITY INFORMATION

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

Street Address
235 South Dwight Place

City (5)
Englewood

County Code (7)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
5/7/12

Scheduled Completion Date (11)
5/14/12

Name of OSHA Monitor

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility (13)

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

Location
basement

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

Amount (Specify SF or LF)
450 SF

Abatement Type
Endorse
Endorse

Newark Carting

NJ DEP Waste Hauler ID No.
4509

Cubic Yards of Waste
10

Name of Registered Landfill
IESI

Disposal Date
TBD

City, State
Bethlehem PA

Completed by
Andrew Scott Higgins
Title
President

Signature

Date
4/27/12

* 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)**
4/23/12

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

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

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

**Street Address**
625 Valley Street

**City, State, Zip Code**
Maplewood, NJ 07040

**Name of Contact**
Stephen Lewis

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

**Street Address**
625 Valley Street

**City (5)**
Maplewood

**County (6)**
Essex

**County Code (7)**
N/A

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**
N/A

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

**Street Address**
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**
N/A

**Telephone No.**
973-345-8835

**License No.**
#00675

**Start Date (10)**
5/07/12

**Scheduled Completion Date (11)**
5/08/12

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

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥100 sf or ≥250 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM</th>
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<tbody>
<tr>
<td>basement</td>
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<td></td>
<td></td>
<td>pipe insulation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td></td>
<td>(12)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>108 LF</td>
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**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**
#20996

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Completed by**
Deanna Brkusain

**Title**
Project Manager

**Signature**

**Date**
4/23/12

*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) 4/23/12

Name of Building Owner/Operator (2) Estate of Irene Storican

Agencies Notified

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

Street Address
82 Tennyson Street
City, State, Zip Code
Carteret, NJ 07008

Name of Contact
Tyler Storican

FACILITY INFORMATION

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

Square Feet N/A
# of Floors N/A
Bldg. Age N/A
Current Use (Prior if being demolished) House

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

Street Address
554 McKeon Street
City (5) Perth Amboy
County Code (7) (STATE USE ONLY) N/A
County (6) Middlesex

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

ASCM No.

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

Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm N/A

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
5/04/12

Scheduled Completion Date (11)
5/05/12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥ 36 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN FACILITY

(13)

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

basement X

Description of Asbestos-Containing Material (ACM)

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

pipe insulation

Amount (Specify SF or LF)

228 LF

Abatement Type

Endorsement

Repair

Removal

Name of Registered Waste Hauler

D&S Abatement, Inc.

NJDEP Waste Hauler ID No.

#20996

Cubic Yards of Waste

TBD

Waste Management of PA

City, State

Totowa, NJ

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Deanna Bruskasian

Title

Project Manager

Signature

Date 4/23/12

ASB-41 (R-06-08)

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

Date of Notification (1)
April 28, 2012

Name of Building Owner/Operator (2)
Carol Amoruso

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

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

Street Address
8 Liberty Street

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Carol Amoruso

Telephone Number

FACILITY INFORMATION

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

Street Address
8 Liberty Street

City (5)
Clifton, NJ 07013

County (6)
Passaic

County Code (7)
N/A

(bstate Use Only)

Current Use (Prior to being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
5/07/12

Scheduled Completion Date (11)
5/08/12

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥280 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>40 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td>Yes</td>
<td>contaminated pipes</td>
<td>20 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

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

NJDEP Waste Hauler ID No. #20966
Cubic Yards of Waste TBD
Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD
City, State
Tullytown, PA

Completed by
Deanna Brkusin
Title
Project Manager
Signature
Date 4/26/12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
April 26, 2012

**Name of Building Owner/Operator (2)**  
Estate of Robert Gyory

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

**Type Notification**  
Initial

**Street Address**  
318 Howard Avenue

**City, State, Zip Code**  
Fair Lawn, NJ 07410

**Name of Contact**  
Carol Fitzsimons

**Telephonic Number**  

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

**Street Address**  
318 Howard Avenue

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

**City (5)**  
Fair Lawn

**Square Feet**  
N/A

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

**County (6)**  
Bergen

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

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

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

**Street Address**  
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**  

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

**License No.**  
#00675

**Start Date (10)**  
5/04/12

**Scheduled Completion Date (11)**  
5/05/12

**Occupancy Status During Abatement (Check Only One)**  
☒ Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**  
Occupied

**Scope of Work (Check All That Apply)**  
☐ ±3 sf or ±3 if

☐ ±150 sf or ±250 sf

☒ Renovation

☐ Demolition

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>laundry room</td>
<td>X</td>
<td>pipe insulation</td>
<td>39 LF</td>
<td>X</td>
</tr>
<tr>
<td>laundry room closet</td>
<td>X</td>
<td>pipe insulation</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>pipe insulation</td>
<td>27 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Disposal Date**  
TBD

**Name of Registered Landfill**  
Waste Management of PA

**City, State**  
Totowa, NJ

**Completed by**  
Deanna Brkusacin

**Title**  
Project manager

**Signature**

**Date**  
4/26/12

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

Date of Notification (1) April 25, 2012

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

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

Tradewinds Builders, LLC
Name of Building Owner/Operator (2)

Street Address
540 Vaugh Avenue

City, State, Zip Code
Forked River, New Jersey 08731

Name of Contact Travis Lepley
Telephone Number

FACILITY INFORMATION

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

Street Address
69 Dock Avenue

City
Waretown

County
Ocean

County Code
STATE USPS ONLY

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

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone Number

License Number
732-349-9932
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

5/9/12
Scheduled Start Date (10)

5/10/12
Scheduled Completion Date (11)

Scope of Work (Check all that apply)
[ ] >3 sf or >3 lf
[ ] 1600 sf or >2600 sf
[ ] Renovation
[ ] Demolition

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

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

in facility

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

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

Amount
Specify SF or LF

Abatement Type

Removal
Repairs
Encapsulation
Enclosure

Exterior
X Asbestos siding

1100 sf

X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
5/11/12

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

Signature

Date
4/25/2012

*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><strong>Date of Notification</strong></th>
<th>4/26/12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator</strong></td>
<td>CAMTECH CONTRACTING</td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td>Initial</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>195 Mt. So.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>CHESTFIELD, NJ 08716</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Bruce Noleunig</td>
</tr>
</tbody>
</table>

### Facility Information

| **Name of Facility Where Abatement is Taking Place** | Residences |
| **Street Address** | 312 19TH ST. |
| **City** | OCEAN CITY |
| **County** | CAPE MAY |
| **Name of Abatement Contractor** | KLEMCO INC. |
| **Address** | 369 S. SPRUCE AVE. |
| **CITY, STATE, ZIP CODE** | MAPLE SHADE, N.J. 08052 |
| **Telephone No.** | 856-779-0422 |
| **License No.** | 00444 |
| **Name of OSHA Monitor** | JOSEPH KLEMM |
| **Address** | 369 S. SPRUCE AVE. |
| **City, State, Zip Code** | MAPLE SHADE, N.J. 08052 |

### Occupancy Status During Abatement

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

### Scope of Work

- [ ] Demolition
- [ ] Renovation

### Location of Asbestos-Containing Material (ACM) to Be Abated

- [ ] Yes
- [ ] No

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

| **Amount (Specify SF or LF)** | 1780 SF |
| **Material** | TRANSITE |

### Name of Registered Waste Hauler

- **KLEMCO INC.**

### Name of Registered Landfill

- C.M.C.M.U.A.

### Disposal Date

- **4/26/12**

### Owner

- **JOSEPH KLEMM**

### Signature

- **Date 4/26/12**

---

*Do not use this form for asbestos license exempted activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

Date of Notification (1): 11-19-12

Name of Building Owner (2): **LUZ M. RAMIREZ**

Address: **518 SPRINGDALE AVE**

City, State, Zip Code: **LONG BRANCH, NJ**

Name of Contact: **M. Maza**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): **LUZ M. RAMIREZ**

Street Address: **518 SPRINGDALE AVE**

City: **LONG BRANCH**

County: **MONMOUTH**

**Type of Facility (4):**

- School (K-12)
- Restaurant (Other than K-12)
- Office (such as, provide & commercial buildings, hospitals, etc.)

Square Foot: **3,000**

Height: **30**

Building Use (Prior to being demolished): **HOUSE**

Name of Abatement Contractor (5): **ACE INSULATION CO., INC.**

Address: **95 MONROSE RD**

City, State, Zip Code: **EAST NACKS, NJ 07721**

Telephone No.: **732-294-1757**

License No.: **00267**

Name of OSIA Monitor: **ACE INSULATION CO., INC.**

Address: **95 MONROSE RD**

City, State, Zip Code: **EAST NACKS, NJ 07721**

**Abatement Date (11):**

- Start Date (10): 11-21-12
- Scheduled Completion Date: 11-24-12

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

- Occupied

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

- [ ] Demolition of Building
- [ ] Abatement of ACM in Existing Building

**Location of Asbestos-Containing Material (ACM) TO BE AWADED (12):**

- [ ] Basement
- [ ] Exterior

**Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, etc., or othermıncosms):**

- [ ] ACM

**Amount (Cubic Yards of Waste):**

- [ ] 1,600.0

**Disposal:**

- **Date:** 11-19-12
- **Company:** **NESTLE HELLENIA INC.**
- **Site:**
- **Date:** 11-19-12

**Waste Receptacle:**

- [ ] H.D.E. Waste Receptacle

**Register Waste (13):**

- Name: **Jack Hall**
- Title: **Waste Mgr.**

*Do not use this form for asbestos removals excepted activities.*
<table>
<thead>
<tr>
<th>Date of Modification</th>
<th>4-26-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner Operator</td>
<td>SUDIY FEMAN</td>
</tr>
<tr>
<td>Street Address</td>
<td>57 LAKCI VIEW AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SHO'THILL, NS 07075</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>SUDIY</td>
</tr>
<tr>
<td>Facility Information</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>SUDIY FEMAN</td>
</tr>
<tr>
<td>Street Address</td>
<td>57 LAKCI VIEW AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SHO'THILL, NS 07075</td>
</tr>
<tr>
<td>County Code</td>
<td>UNION</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ACE INSULATION W INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>97 MONROE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BURLS. NECK N J 07084</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date</td>
<td>5/5/12</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>5/12/12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td></td>
</tr>
<tr>
<td>1. Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>2. Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>3. Other - Duration 7AM - 7PM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>If LOCATION Mandatory</td>
<td>Yes</td>
</tr>
<tr>
<td>Building</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>If LOCATION Mandatory</td>
<td>Yes</td>
</tr>
<tr>
<td>Site? (Y/N)</td>
<td>Y</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>PIPE</td>
</tr>
<tr>
<td>Amount (Pounds, Cubic Yards or Feet)</td>
<td>1800</td>
</tr>
<tr>
<td>Name of Asbestos Waste Handler</td>
<td>ACE INSULATION W INC</td>
</tr>
<tr>
<td>City, State</td>
<td>BURLS. NECK N J 07084</td>
</tr>
<tr>
<td>Total Weight of Waste</td>
<td>1800.00</td>
</tr>
<tr>
<td>Name of Regulated Landfill</td>
<td>BETHLEHEM PA</td>
</tr>
<tr>
<td>Date of Landfill Disposal</td>
<td>5/12/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos containing nematocidal activities.*