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

Date of Notification (1) 4 / 27 / 16

Name of Building Owner/Operator (2) City of Camden

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

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CHERRY STREET RESIDENCE

Street Address

City (5)
Camden

County (5)
CAMDEN

County Code (7) (STATE USE ONLY)

HOUSING DEEMED UNSAFE

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

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Name of Monitoring Firm Hired by Building Owner (5) Health and Safety Services

ASCM No.
117

Name of Abatement Contractor (9) Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Telephone No.
215 542 7000

License No.
00847

Name of OSHA Monitor CES

Start Date (10)
4 / 28 / 16

Scheduled Completion Date (11)
5 / 30 / 16

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

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
Encapsulate
Enclose

Name of Registered Waste Hauler Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residence

Name of Registered Landfill GROWS

City, State
Tullytown PA

Disposal Date
5/30/16

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
4/27/16

SEE ATTACHED

200 YD per res

* 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) 04/18/2016

Name of Building Owner/Operator (2) John Dunlea

Agencies Notified Type Notification

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

Street Address [Redacted]

City, State, Zip Code Westfield, NJ 07090

Name of Contact John Dunlea Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]

City (4) Westfield

County (5) Union

County Code (?) (STATE USE ONLY) 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 Ave

City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm D&S Abatement, Inc

Telephone No. 973-345-8885

License No. 00675

Start Date (10) 04/28/2016 Scheduled Completion Date (11) 04/29/2016

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)

☐ ≥3 sf or ≥3 ft
☐ ≥150 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

Yes ☐ No ☒ N/A

attic ☒ vermiculite ☒

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)

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

Amount (Specify SF or LF) 50 SF

Abatement Type ☒ Remoal
☐ Repair
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler D&S Abatement, Inc

NJ DEP Waste Hauler ID No. 20996

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ Tullytown, PA

Disposal Date TBD

Completed by Oliver Hegedus Title Project Manager

Signature [Signature]

Date 04/16/2016

* 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)  
3/31/16  

Name of Building Owner/Operator (2)  
The Heller Group  
APR 28 2016  

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

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

Name of Facility Where Abatement is Taking Place (3)  
Dayton Post Office  

Street Address  
347 Georges Rd.  

City (5)  
Dayton, NJ  

County (6)  
Middlesex  

Name of Monitoring Firm/Hired by Building Owner (6)  
The Louis Berger Group, Inc.  

ASCM No.  

Name of Abatement Contractor (9)  
Stevens Environmental Services, Inc.  

Street Address  
PO Box 322  

City, State, Zip Code  
PO Box 322  
Allentown, NJ 08501  

Name of OSHA Monitor  
MECS  

Street Address  
PO Box 341  

City, State, Zip Code  
Crosswicks, NJ 08515  

Project Manager for Monitoring Firm  
Bruce Lockwood  

Telephone No.  
(973) 407-1391  

Telephone No.  
(609) 259-9688  

License No.  
00493  

Start Date (10)  
4/16/16  

Scheduled Completion Date (11)  
5/8/16  

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

Scope of Work (Check all that apply)  
- ≥ 25 sf or ≥ 2 If  
- ≥ 160 sf or ≥ 250 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.  

NJDEP Waste Hauler ID No.  
18292  

Cubic Yards of Waste  
2 CLU  

Name of Registered Landfill  
GROWS Landfill  

City, State  
Allentown, NJ  

Disposal Date  
5/9/16  

Completed By  
Mahlon E. Stevens  
Title  
Project Manager  
Signature  
Date  
4/15/16  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/20/16</th>
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<tbody>
<tr>
<td>Agency Notified</td>
<td>[ checkboxes ]</td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
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<tr>
<td>□ DEP</td>
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<td>□ DOL</td>
<td></td>
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<tr>
<td>□ DOH</td>
<td></td>
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<tr>
<td>□ DCA</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>[ redacted ]</td>
</tr>
<tr>
<td>Street Address</td>
<td>[ redacted ]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ASBESTOS CONTROL</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>W.S. ZIEMKIEWICZ</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | W.S. ZIEMKIEWICZ |
| Street Address | [ redacted ] |
| City (5) | TUPHERDON |
| County (6) | BEVERSDN |
| County Code (7) | [ STATE USE ONLY ] |
| Current Use (Prior if being demolished) | [ redacted ] |

| Name of Monitoring Firm Hired by Building Owner (8) | [ redacted ] |
| Street Address | [ redacted ] |
| City, State, Zip Code | [ redacted ] |
| Project Manager for Monitoring Firm | [ redacted ] |
| Telephone No. | [ redacted ] |
| Start Date (10) | 5/16 |
| Scheduled Completion Date (11) | 5/16 |
| Occupancy Status During Abatement (Check only one) | [ checkboxes ] |
| □ Facility Closed/Vacated During Entire Period of Abatement | |
| □ Abatement Performed Outside of Normal Facility Hours | |
| □ Other - Describe: 8:00 AM - 5:00 PM | |
| Scope of Work (Check all that apply) | [ checkboxes ] |
| □ ≥ 3 of ≥ 160 ft or ≥ 350 ft² | |
| □ ≥ 160 ft² or ≥ 250 ft² | |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ redacted ]</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

| Amount (Specify SF or LF) | [ redacted ] |

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ checkboxes ]</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Best Removal Inc |
| City, State | Hackensack, N.J. 07601 |
| NJDEP Waste Hauler ID No. | 17109 |
| Cubic Yards of Waste | 2,100 |

| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Waynesburg, Oh. 44688 |
| Disposal Date | 5/21/16 |

| Completed by | J. MAIORANO |
| Title | Estimator |
| Signature | [ redacted ] |
| Date | 4/20/16 |

*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 18, 2016  
Name of Building Owner/Operator (2): MIKE ZIMMERMAN

Agencies Notified: EPA, DEP, DOL, DOH, DCA  
Type Notification: Initial

Street Address: [redacted]  
City, State, Zip Code: BRIELLE, NJ 08730

Name of Contact: MIKE ZIMMERMAN  
Telephone Number: [redacted]

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

Street Address:  
City (5): SPRING LAKE  
County (6): MONMOUTH

Square Feet: 3000 SF  
# of Floors: 2.5  
Bldg. Age: 100 yrs

County Code (7): [STATE USE ONLY]  
Name of Monitoring Firm Hired by Building Owner (8):  
ASCM No.  
Name of Abatement Contractor (9): Finishing Touch Asbestos Abatement Corp., Inc.

Street Address: 17 Thompson Street  
City, State, Zip Code: West Long Branch

Telephone No.: 732.222.6372  
License No.: 00040

Start Date (10): APRIL 28, 2016  
Scheduled Completion Date (11): APRIL 29, 2016

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

Other – Describe:  
Name of OSHA Monitor: N/A

Project Manager for Monitoring Firm:  
Telephone No.:  
License No.:  
Name of Registered Waste Hauler: Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.: 12059

Cubic Yards of Waste: 5 cy  
Name of Registered Landfill: TRRF LANDFILL

City, State: WEST LONG BRANCH, NJ 07764  
Disposal Date: 4/29/16  
City, State: TULLYTOWN, PA  
Date: 4/18/16

Completed by: JOSEPH P. MILLER  
Title: PRESIDENT

Scope of Work (Check All That Apply):  
≥2,000 sq ft or ≥2,000 sq ft

≥160 sq ft or ≥280 sq ft  
Renovation  
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12): No

Yes  
No  
N/A

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

Amount (Specify SF or LF): X

Abatement Type: Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (●) and Non-Friable Procedure

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

Asbestos Containing Siding
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:1:20)  

Date of Notification (1): 4-21-16  
Name of Building Owner/Operator (2): C. Belding  
City, State, Zip Code: LITTLE FALLS N.J. 07439

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3): C. Belding  
County (5): PASSAIC  
Street Address: LITTLE FALLS  
City: LITTLE FALLS  
State: N.J.  
Zip Code: 07439

Name of Monitoring Firm Hired by Building Owner (6): N/A  
ASCN No.: N/A  
Name of Abatement Contractor (9): Best Removal Inc  
Street Address: 450 South River St  
City, State, Zip Code: Hackensack, N.J. 07601

Project Manager for Monitoring Firm: N/A  
Telephone No.: 201-329-7444  
License No.: 00388

Start Date (10): 5-2-16  
Scheduled Completion Date (11): 5-3-16

Current Use (Prior to being Demolished): Residence

Occupancy Status During Abatement (Check only one):  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Full Containment with Negative Pressure  
☐ Other - Describes: E.A.M. 5PM

□ ± 2,000 sf or ± 570 sq ft  
□ ± 100 sf or ± 289 sq ft

Location of Asbestos-Containing Material (ACM) TO BE ABATED (13):  
☐ basement

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

Description of Asbestos-Containing Material (ACM):  
☐ Thermal Insulation  
☐ Transite Cement Board  
☐ Other - Describes: N/A

Amount (Specify SF or LF):  
☐ 95 LF  
☐ 50 SF

Name of Registered Waste Hauler: Best Removal Inc  
NJ/DEP Waste Hauler ID No.: 17109

Cubic Yards of Waste: 10

Name of Registered Landfill: Minerva Enterprises, LLC  
City, State: Waynesburg, Pa. 15370

Disposal Date: 5-3-16  
Signature: R. Veldran

Date: 4-21-16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

Date of Notification (1) April 18, 2016

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<td>[ x ] EPA</td>
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<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
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<td>[ x ] DOL</td>
<td>[ ] Amendment #</td>
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<td>[ x ] DOH</td>
<td>[ ] Emergency (including justification)</td>
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<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
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<table>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Sue Maloney</th>
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<table>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Sue Maloney</th>
</tr>
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</table>

| Telephone Number | [REDACTED] |

**FACILITY INFORMATION**

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<td>City</td>
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<tr>
<td>County (6)</td>
<td>Ocean</td>
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<td>County Code (7)</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<td>City, State, Zip Code</td>
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<tr>
<th>Project Manager for Monitoring Firm</th>
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<th>Telephone Number</th>
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<th>Scheduled Start Date (10)</th>
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<th>Scheduled Completion Date (11)</th>
<th>5/2/16</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>[ x ] Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
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<td>[ ] Other – Describe</td>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>[ x ] ≥30 sf or ≥3 ft²</td>
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<td>[ x ] ≥160 sf or ≥260 ft²</td>
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<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ x ] Demolition</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
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<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ x ] Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>1889 Route 9, Unit 61</th>
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<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
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<tr>
<th>Telephone Number</th>
<th>732-349-9932</th>
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<tr>
<th>License Number</th>
<th>00624</th>
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<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
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<table>
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<tr>
<th>Street Address</th>
<th>1056 Stelton Road</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20223</th>
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<th>Cubic Yards of Waste</th>
<th>3</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>T.R.R.F.</th>
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<tr>
<th>City</th>
<th>Toms River, New Jersey</th>
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<th>Disposal Date</th>
<th>5/3/16</th>
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<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
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<table>
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<tr>
<th>Title</th>
<th>Project Manager</th>
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<table>
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<tr>
<th>Signature</th>
<th>[REDACTED]</th>
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Completed by (Print or Type)

Nicholas Fernicola

<table>
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<tr>
<th>Date</th>
<th>4/18/16</th>
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*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(State of New Jersey)

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

**Date of Notification (1):** April 18, 2016

**Name of Building Owner/Operator (2):** Elite Construction Corp.

**Street Address:** 49 Linden Avenue

**City, State, Zip Code:** Mantua, NJ 08051

**Name of Contact:** Nick Salemo

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

**Square feet:** 800 sf

**# of Floors:** 1

**Bldg. Age:** 60

**Residence**

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

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

**N/A**

**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

**Telephone Number:** 732-349-9932

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

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

**Scope of Work (Check all that apply):**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ x ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>700 sf</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>Asbestos floor tile</td>
<td>800 sf</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>Joint compound</td>
<td>3300 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler: Guardian Contracting, Inc.**

**NJ DEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 20

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

**City, State:** Tullytown, Pennsylvania

**Disposal Date:** 5/4/16

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

**Nicholas Ferminola**

**Title:** Project Manager

**Signature:**

**Date:** 4/18/16

*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: April 18, 2016

Name of Building Owner/Operator: Green Way Demolition

Street Address: P O Box 536
City, State, Zip Code: Oakhurst, NJ 07755
Name of Contact: Nadine Santilli
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Residence

Street Address: [Redacted]
City: Long Branch
County: Monmouth
County Code: (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner: Environmental Tactics, Inc
ASCM No.

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

Square feet: 1500 sf
# of Floors: 2
Bldg. Age: 80

Current Use (Prior to Demolition): Residence

Name of Abatement Contractor: Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
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 Stelton Road
City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply):

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

Abatement Type: Removable

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

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

Amount (Specify SF or LF)

Exterior
Exterior
Basement

Roofing
Chimney flashing
Asbestos pipe insulation

925 sf
56 sf
168 lf

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 
Cubic Yards of Waste: 15
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, NJ 08755
Disposal Date: 5/6/16

Completed by (Print or Type)
Nicholas Fernicola
Title: Project Manager
Signature: 
Date: 4/18/2016

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>4-21-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>MS. KORN</td>
</tr>
<tr>
<td>Street Address</td>
<td>NEW VERNON, N.J.</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. KORN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-329-7444</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | MS. KORN |
| County | MORRIS |
| Square Feet | 5,100 |
| 2 of Floors | 2 |
| Bldg. Age | 75 YRS |

| Name of Monitoring Firm Hired by Building Owner | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |

| Name of Abatement Contractor | Omega Environmental |
| Street Address | 280 Nuyler St |
| City, State, Zip Code | Hackensack, N.J. 07606 |

**Start Date**

| Start Date (10) | 5-6-16 |
| Scheduled Completion Date (11) | 5-7-16 |

**Occupancy Status During Abatement**

- Facility Closed/Wacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describc: 8AM 5PM

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

- Demolition
- Demolition
- Renovation with Negative Pressure
- Misting Enclosure
- Sleeve
g Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

- Basement | VAT | 330 SF X |

| Name of Registered Waste Hauler | Best Removal Inc |
| NJDEP Waste Hauler ID No. | 17109 |
| Name of Registered Landfill | Minerva Enterprises, LLC |

| Name | R. Veldran |
| Title | Estimator |

*Do not use this form for asbestos removal without proper training.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:12B)

State of New Jersey

Name of Building Owner/Operator (2)
PV COMMUNITY DEVELOPMENT CORPORATION

Address
156 N. MAIN STREET

City, State, Zip Code
PLEASANTVILLE, NJ 08232

Name of Contact
JOSE ANDRADE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BARLINVIS APT #2129C

Street Address

City (5)
ATLANTIC CITY, NJ 08401

County (6)
ATLANTIC COUNTY

Type of Facility (4)

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

Square Feet
1200

# of Floors
3

Bldg. Age

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Start Date (10)
05/04/16

Scheduled Completion Date (11)
05/04/16

Occancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 if
☒ ≥150 sf or ≥200 sf

☒ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☒

No ☐

N/A ☐

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

Amount (Specify SF or LF)
900 SF

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

Abatement Type

Report ☒

Removal ☐

Encapsulation ☐

Endorsement ☐

Location of Registered Waste Hauler

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5 YARD

Name of Registered Landfill
IESI

Disposal Date
05/04/16

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
04/20/16

* 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**: April 19, 2016

**Name of Building Owner/Operator**: Segal & Segal

**Street Address**: 465 South Street

**City, State, Zip Code**: Morristown, NJ 07962

**Name of Contact**: Fred Kimak

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: Summit Hill Apartments

**Street Address**: 100 Stone Hill Road

**City**: Springfield

**County**: Union

**County Code**: ASCM No.

**Name of Monitoring Firm Hired by Building Owner**: Guardian Contracting, Inc.

**Street Address**: 1889 Rte. 9, Unit 61

**City, State, Zip Code**: Toms River, NJ 08755

**Project Manager for Monitoring Firm**: Nicholas Femicola

**Telephone Number**: 732-349-9932

**Scheduled Start Date**: 4/18/16

**Scheduled Completion Date**: 4/22/16

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

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

**Scope of Work**:

- [ ] >3 sf or >3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition

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

in facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally used</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAI, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage room J</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>160 lf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**: 20223

**Cubic Yards of Waste**: 5

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

**City, State**: Toms River, New Jersey

**Disposal Date**: 4/20/16

**City, State**: Tullytown, Pennsylvania

**Completed by (Print or Type)**

**Name of Registered Waste Hauler**: Guardian Contracting, Inc.

**Title**: Project Manager

**Signature**: [Signature]

**Date**: 4/19/2016

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

**Date of Notification (1)**  April 19, 2016

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

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

**Name of Building Owner/Operator (2)**  Christ the King Parish

**Street Address**  380 Division Street

**City, State, Zip Code**  Long Branch, NJ 07740

**Name of Contact**  Frank Muzzi  
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  Star of the Sea Church

**Street Address**  101 Chelsea Avenue

**City**  Long Branch  
**County (6)**  Monmouth  
**County Code (7)**  ASCM No.

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

**Street Address**  1889 Rte. 9, Unit 61  
**City, State, Zip Code**  Toms River, NJ 08755

**Project Manager for Monitoring Firm**  Nicholas Fermincola

**Telephone Number**  732-349-9932

**Scheduled Start Date (10)**  4/20/16

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

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

**Scope of Work (Check all that apply)**  
[x] >3 sf or ≥3 ft 2  
[x] Renovation  
[ ] Demolition

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

| Basement/boiler room | X | Asbestos pipe insulation | 240 ft |

**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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos pipe insulation</td>
<td>240 ft</td>
</tr>
</tbody>
</table>

**Abatement Type**

| RE | EN | CAP | SURE |

**Name of Registered Waste Hauler**  Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**  20223

**Cubic Yards of Waste**  3

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

**City, State**  Toms River, New Jersey

**Disposal Date**  4/25/16

**City, State**  Tullytown, Pennsylvania

**Completed by (Print or Type)**  Nicholas Fermincola

**Title**  Project Manager

**Date**  4/19/2016

*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
January 19, 2016

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

## Name of Building Owner/Operator
Seminole Construction

## Street Address
128 Bartlett Avenue

## City, State, Zip Code
West Creek, NJ 08092

## Name of Contact
Joyce

## Telephone Number
N/A

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- [ ] Residence

#### Street Address
[Redacted]

#### City
Ship Bottom

#### County (6)
Ocean

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

#### Name of Monitoring Firm Hired by Building Owner
N/A

#### ASCM No.

#### Name of Abatement Contractor
Guardian Contracting, Inc.

#### Street Address
1889 Route 9, Unit 61

#### 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 Stelton Road

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

#### Square Feet
1000 sf

#### # of Floors
1

#### Bldg. Age
60

#### Current Use (Prior to being demolished)
Residence

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

#### Scheduled Start Date
4/29/16

#### Scheduled Completion Date
5/2/16

### Scope of Work
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [x] Demolition
- [ ] Renovation
- [ ] >36 sq ft or ≥260 sf
- [ ] ≥160 sq ft or ≥260 sf

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

#### Location
Exterior garage

#### Normally used
- [X] Asbestos siding

#### 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)
800 sq ft

### Abatement Type
- [x] DEMO
- [ ] REPAIR
- [ ] ENCAPS
- [ ] ENCLO

### 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
5/3/16

#### City, State
Tullytown, Pennsylvania

#### Completed by (Print or Type)
Nicholas Fernicola

#### Title
Project Manager

#### Signature

#### Date
1/19/2016

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
4/20/2016

Name of Building Owner/Operator (2)
City of Paterson

Street Address
111 Broadway

City, State, Zip Code
Paterson, NJ 07505

Name of Contact
Harry Cevallous

FACILITY INFORMATION

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

Street Address

City (5)
Paterson

County (6)
Passaic

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

ASCM No.
N/A

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 E. 41st Street

City, State, Zip Code
Paterson, NJ 07504

Project Manager for Monitoring Firm

Telephone No.
973-345-0022

License No.
00507

Start Date (10)
April 22, 2016

Scheduled Completion Date (11)
April 30, 2016

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outdoors of Normal Facility Hours

Other – Describe: Vacant Bldg, scheduled to be demolished

Scope of Work (Check All That Apply)

Renovation

Demolition

\[ \text{Location of Asbestos-Containing Material (ACM)} \]
\[ \text{TO BE ABATED} \]

Name of Registered Waste Hauler
Newark Carting, Inc.

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

City, State
Paterson, NJ 07504

City, State
Morrisville, PA

Completed by
James E. Unger

Title
Project Manager

Signature

Date
4/20/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1)
April 21, 2016

Agencies Notified
☒ EPA
☒ DCA
☒ DOH
☒ DEP- No Longer REQUIRED
☒ DOH

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

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LIPPENCOTT HALL, BLDG# 8332

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

Sq. Feet: N/A
# of Floors: 4
Bldg. Age: 60+ years

Current Use (prior if being demolished): STUDENT RESIDENCE HALL

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Name of OSHA Monitor
ENVIROVISION, INC.

Project Manager for Monitoring Firm
BRIAN KEARNEY

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Telephone Number
609-386-8800

Longitude
973-492-0477

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

ASCN No.
6098

Telephone Number

Amount
License Number
00840

Scheduled Start Date (10)
05/23/16

Scheduled Completion Date (11)
07/04/16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
☒ Other - Describe: SUB 8 Occupied Schedule: 8AM - 6PM (24 HOURS & WEEKENDS AS NEEDED)

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

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) In Facility (12)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES ☒ NO ☐ NA

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

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure / Wrap & Cut
Non-Exempted (*) and Non-Friable Procedure

REествROOMS
☒ TSI - PIPE INSULATION
400 LF ☒

REествROOMS
☒ FLOORING/VAPOR BARRIER
5600 SF ☒

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 200 CY

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

Disposal Date
07/04/2016

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 04509
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

CITY OF NEWARK HEALTH DEPARTMENT

Signature

Date
April 21, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney