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

Date of Notification (1) 8 / 4 / 15

Name of Building Owner/Operator (2)
Union County Board of Chosen Freeholders

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:22-8)

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

Street Address
UC Adm Building 10 Elizabethtown Plaza

City, State, Zip Code
Elizabeth, NJ 07207

Name of Contact
Michael Yuska,

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warinanco Ice Rink

Street Address
Warinanco Park Road

City (5)
Roselle, NJ 07083

County Code (7)(STATE ONLY)
8000

Current Use (Prior if being demolished)

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

County (6)
Union

Name of Monitoring Firm Hired by Building Owner (8)
T & M Associates

ASCM No.
00145

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
11 Tindall Rd

City, State, Zip Code
Middletown, NJ 07748

License No.
215 542 7000

Name of OSHA Monitor
CES

City, State, Zip Code
Spring House, PA 19477

Name of Project Manager for Monitoring Firm
Kevin Burns

Telephone No.
732 675 1725

Start Date (10)
8 / 19 / 15

Scheduled Completion Date (11)
8 / 28 / 15

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: 7:00AM-4:00PM, 5:00PM-9:00AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 300 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)

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

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

Amount (Specify SF or LF)

Concession - Kitchen above flue
☐ Transite Ceiling panel
60 SF

Central area curtain wall
☐ Transite Window Panels
160 SF

Main Roof
☐ Roof Flashing/Sealant
500 SF

Name of Registered Waste Hauler
Geppert Recycling

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
4 Yds

Name of Registered Landfill
Western Berks Community Landfill

City, State
Hatfield, PA

Disposal Date
9/11/15

City, State
Birdsboro, PA 19508

Completed By (Print or Type)
Patricia Visco
Title
Office Manager

Signature
Name

Date
8/4/15

* Do not use this form for asbestos licensure exempted activities.
### Emergency Abatement & Clean Up

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/31/15</th>
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</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td>Initial</td>
</tr>
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<td>- DEP</td>
<td>Amended</td>
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<td>- DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>- DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>- DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building/Operator (2)</td>
<td>St. Aloysius Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>935 Bennett's Mill Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jackson, NJ 08527</td>
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<tr>
<td>Name of Contact</td>
<td>Scot Pirozzi- Diocese of Trenton</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>St. Aloysius Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>935 Bennett's Mill Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Jackson, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm/Hired by Building Owner</td>
<td>Environmental Tactics</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Geiger</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(732) 290-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/3/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/5/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>- Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>- Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>- Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>- ≥3 sf or ≥10 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>- ≥150 sf or ≥260 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>IN Facility</td>
<td></td>
</tr>
<tr>
<td>Yes No N/A</td>
<td></td>
</tr>
<tr>
<td>Closets</td>
<td>VAT</td>
</tr>
<tr>
<td>Janitor's Closet</td>
<td>VAT</td>
</tr>
<tr>
<td>Worship Hall</td>
<td>VAT Debris Clean up</td>
</tr>
<tr>
<td>Wet Wipe HEPA Vac</td>
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</table>

### Name of Abatement Contractor (9)

Stevens Environmental Services, Inc.

### Name of OSHA Monitor (12)

MECS

### Name of Registered Waste Hauler (13)

Stevens Environmental Services, Inc.

### Cubic Yards of Waste (14)

Cubic Yards of Waste: 18292

### Name of Registered Landfill (15)

GROWS Landfill

### Disposal Date (16)

8/5/15

### City, State

Allentown, NJ

### Completed By

Mahlon E. Stevens

### Project Manager

Project Manager

### Signature

Signature

### Date

7/31/15

---

*Do not use this form for asbestos license exempted activities.*
**Emergency Abatement & Clean Up**

As per Jim Harris, NJ DOB.

**State of New Jersey**

**NOTIFICATION OF ABREATION**

(Pursuant to...)

**Name of Facility Where Abatement is Taking Place (8)**

St. Aloysius Church

**Street Address**

935 Bennett's Mill Rd.

Jackson, NJ 08567

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

St. Aloysius Church

**Street Address**

935 Bennett's Mill Rd.

Jackson, NJ 08567

**Name of Contact**

Sott Pirozzi - Diocese of Trenton

**Telephone Number**

FACILITY INFORMATION

**Name of Company Carrying Out Abatement**

Stevens Environmental Services, Inc.

**Street Address**

PO Box 322

Allentown, NJ 08501

**Telephone Number**

(609) 259-9688

**License No.**

00493

**Name of OSHA Monitor**

MECS

**Street Address**

PO Box 341

Crosswicks, NJ

**Name of Project Manager for Monitoring Firm**

Tom Geiger

**Telephone No.**

(232) 290-2217

**License No.**

00493

SCHEDULED COMPLETION DATE

8/3/15

**Scheduled Completion Date (11)**

R/5/15

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

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

- **Closets**
- **Janitor's Closet**
- **Worship Hall**

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

- **Yes**
- **No**
- **N/A**

**Renovation Demolition**

- **Yes**
- **No**
- **N/A**

**Other (Describe)**

**Full Containment with Negative Pressure**

**Mini-Bagging**

**Gluebag Procedure**

**Non-Exempted (7) and Non-Removably Procedure**

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

- **Yes**
- **No**
- **N/A**

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

- **30 sf**
- **25 sf**
- **NA**

**Abatement Type**

- **Removal**
- **Epitaph**
- **Capillary**

**Wet, Wipe, HEPA Vac**

**Name of Registered Waste Hauler**

Stevens Environmental Services, Inc.

**Hauler ID No.**

1822

**Name of Licensed Landfill**

GROWS Landfill

**City, State**

Allentown, NJ

**City, State**

Morristown, PA

**Disposal Date**

8/5/15

**Signatures**

**From**

Mahlon E. Stevens

**Date**

7/31/15

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

Date of Notification (1) 8 / 4 / 15
Name of Building Owner/Operator (2) HEALY, PATRICIA AND JOHN

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☑ DCA (NJAC 5:23-3)
Type Notification
☑ Initial
☑ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
1838 STARBOARD COURT
City, State, Zip Code
TOMS RIVER, NJ 08753
Name of Contact
BOB STONE

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
RESIDENCE
Street Address
1952 SEAMAN COURT
City (5)
TOMS RIVER
County (6)
OCEAN
County Code (7) (STATE USE ONLY)
Square Feet
1279
# of Floors
1
Bldg. Age
46
Current Use (Prior if being demolished)
RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
RICH-MARK CONTRACTING, INC.
Name of Abatement Contractor (9)

Street Address
170 U.S. HWY 9
City, State, Zip Code
BAYVILLE, NJ 08721
Project Manager for Monitoring Firm
Telephone No.
732-349-3771
License No.
01244
Name of OSHA Monitor
NEIL MARZANO

Start Date (10) 8 / 18 / 15
Scheduled Completion Date (11) 8 / 22 / 15
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)
☐ 2 or 3 sf or 2 or 3 ft
☐ 2 or 30 or 2 or 30 ft
☐ 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)

Yes ☒ No ☐ N/A ☐

Asbestos Siding
1,200 S.F.

EXTERIOR OF HOUSE

Name of Registered Waste Hauler
RICH-MARK CONTRACTING, INC.
NJDEP Waste Hauler ID No. 07784
Cubic Yards of Waste 5
Name of Registered Landfill
GROWS NORTH LANDFILL
City, State
BAYVILLE, NJ
Disposal Date
8/24/15
City, State
MORRISVILLE, PA
Completed By (Print or Type)
NEIL MARZANO
Title
SUPERVISOR
Signature

* 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)
8/15/15

Name of Building Owner/Operator (2)
Enda Burke

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

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

Street Address
504 Brooklyn Blvd

City, State, Zip Code
Sea Girt, NJ

Name of Contact
Bob

Telephone Number

FACILITY INFORMATION

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

Street Address
504 Brooklyn Blvd

City (5)
Sea Girt

County (6)
Monmouth

County Code (7)(STATE USE ONLY)________

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No.

License No.
732-294-1757
00029

Start Date (10)
8/13/15

Scheduled Completion Date (11)
8/20/15

Occupancy Status During Abatement
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7am-7pm

Scope of Work (Check All That Apply)
[ ] ≥ 2 sf or ≥ 24 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)

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
Evaporate
Enclose

basement
floor tile w/mastic
40sf

kitchen
lincleum
100sf

1st floor
asbestos paper
10sf

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No. 12066

Cubic Yards of Waste 1

Name of Registered Landfill
GROWS

City, State
Colts Neck, New Jersey

Disposal Date
8/20/15

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
8/4/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/29/15</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Elaine Imber</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>38 Woodland Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Ridge, NJ 07028</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Elaine Imber</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | House |
| Street Address | 38 Woodland Ave |
| City (5) | Glen Ridge |
| County Code (7) | N/A |
| County Code (7) (STATE USE ONLY) | 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 |
| Build Age | N/A |
| Current Use (Prior if being demolished) | House |

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Project Manager for Monitoring Firm | |
| Telephone No. | 973-345-8885 |
| License No. | #00675 |

| Start Date (10) | 8/12/15 |
| Scheduled Completion Date (11) | 8/13/15 |
| Name of Abatement Contractor (9) | D&S Abatement, Inc. |
| Street Address | 11 Rosengren Avenue |
| City, State, Zip Code | Totowa, NJ 07512 |

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

| Scope of Work (Check All That Apply) |
| ≤300 sf or ≤300 sf |
| ≥1600 sf or ≥2600 sf |
| Renovation |
| Demolition |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) |
| basement |
| Locations 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) |
| pipe insulation |
| Amount (Specify SF or LF) | 248 LF |

| Name of Registered Waste Hauler |
| D&S Abatement, Inc. |
| NJDEP Waste Hauler ID No. | #20996 |
| Weight of Waste (TBD) |
| Name of Registered Landfill |
| Waste Management of PA |
| City, State, Zip Code | Totowa, NJ 07512 |
| Disposal Date | TBD |
| City, State, Tullytown, PA |
| Completed by | Deanna Brkuscanin |
| Title | Project Manager |
| Signature | [Signature] |
| Date | 7/29/15 |

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 7/29/15
Name of Building Owner/Operator (2) Kenneth Englander

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

Street Address 19 Highwood Road
Name of Contact Kenneth Englander
City, State, Zip Code West Orange, NJ 07052

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House
Street Address 19 Highwood Road
City (9) West Orange
County (10) Essex
County Code (7) N/A (STATE USE ONLY)
Current Use (Prior if being demolished) House

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

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

Telephone No. 973-345-8685
License No. 00675

Start Date (10) 8/11/15
Scheduled Completion Date (11) 8/12/15

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
- [ ] ≥150 sf or ≥2500 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>Is Location</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>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>boiler room duct insulation 40 LF</td>
<td>x</td>
</tr>
<tr>
<td>N/A</td>
<td>garage duct insulation 20 LF</td>
<td>x</td>
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</table>

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

City, State Totowa, NJ
Disposal Date TBD

Completed by Deanna Brkusin Title Project Manager
Signature [Signature]
Date 7/29/15

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 8:59 and 12:120)

Date of Notification (1) 7/29/15

Name of Building Owner/Operator (2) Hong Wang

Agencies Notified
- EPA
- DOL
- DOH

Type Notification
- Initial

Street Address 40 Ridgeview Drive

City, State, Zip Code Basking Ridge, NJ 07920

Name of Contact Hong Wang

Telephone Number

FACILITY INFORMATION

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

Street Address 314 Central Ave

City (5) East Newark

County (6) Hudson

County Code (7) N/A

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) 8/14/15

Scheduled Completion Date (11) 8/15/15

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)
- ≥ 350 sf or ≥ 3 if
- ≥ 160 sf or ≥ 250 sf if

Renovation
Demolition

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

Location
Removal
Repair
Encapsulate
Enclosure

basement X pipe insulation 155 LF X

crawl space X pipe insulation 50 LF X

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

NJ/DEP Waste Hauler ID No. #00675

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 Bzikusanin Title Project Manager

Signature

Date 7/29/15

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

Data of Notification (1) 7/29/15

Name of Building Owner/Operator (2) Joan Bernitz

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

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

Street Address 4 Melrose Place

City, State, Zip Code Montclair, NJ 07042

Name of Contact c/o Barbara Lewis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
- House

Street Address 4 Melrose Place

City (5) Montclair

County (6) Essex

County Code (7) (STATE USE ONLY) ________

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. 973-345-8685

License No. #00675

Start Date (10) 8/10/15

Scheduled Completion Date (11) 8/11/15

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 ≥260 if
- 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)
- Pipe insulation

Amount (Specify SF or LF) 150 LF

Abatement Type
- Removal
- Repair
- Encapsulation
- Enclosure

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

NJDEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ

Disposal Date TBD

City, State Tullytown, PA

Completed by Deanna Bkusenin Title Project Manager

Signature

Date 7/29/15

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20/NJ.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>08/03/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Newark Public School</td>
</tr>
<tr>
<td>Agencies Notified:</td>
<td>EPA, DEP, DOH, OSHA</td>
</tr>
<tr>
<td>Type Notification:</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address:</td>
<td>2 Cedar Street</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Mr. Benjamin Olagadeyo</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Newton Street Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 Newton Street</td>
<td>17 Pleasant Hill Road</td>
</tr>
<tr>
<td>County (6): Essex</td>
<td>County Code (7): 07103</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner:</td>
<td>WHITMAN</td>
</tr>
<tr>
<td>ASCM No.:</td>
<td>00110</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9):</td>
<td>Apex Development, Inc.</td>
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<tr>
<td>Street Address:</td>
<td>658 Rutgers Place</td>
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<tr>
<td>City, State, Zip Code:</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>732-390-5858</td>
</tr>
<tr>
<td>License No.:</td>
<td>01215</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one):</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Scope of Work (Check all that apply):</td>
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</tr>
<tr>
<td>≥ 3 sf or ≥ 3 lf</td>
<td></td>
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<tr>
<td>≥ 160 sf or ≥ 260 lf</td>
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</tr>
<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial/Staff (12):</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF):</td>
<td>600 LF</td>
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<tr>
<td>Abatement Type:</td>
<td></td>
</tr>
<tr>
<td>METER ROOM</td>
<td>PIPE INSULATION INCLUDING ELBOWS AND JOINTS</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler:</td>
<td>TRI-STATE TRANSFER ASSOC., INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.:</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste:</td>
<td>30</td>
</tr>
<tr>
<td>Name of Registered Landfill:</td>
<td>MINERVA ENTERPRISES</td>
</tr>
<tr>
<td>City, State:</td>
<td>Bronx, NY 10474</td>
</tr>
<tr>
<td>Disposal Date:</td>
<td>08/03/2015</td>
</tr>
<tr>
<td>Completed By:</td>
<td>Sylvester Or-aegbunam</td>
</tr>
<tr>
<td>Title:</td>
<td>President</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>08/03/2015</td>
</tr>
</tbody>
</table>
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**State of New Jersey**

**Name of Building Owner/Operator:** Calo Contracting LLC

**Date of Notification (1):** 8-4-15

**Name of Contact:** John Calo

**Street Address:** 862 Garfield Ave

**City, State, Zip Code:** Bridgewater, NJ 08807

**Facility Information**

- **Name and Address Where Abatement is Taking Place:** Single Family Property, Garage, 14 Glaser Ave, P.O. Box 337, New Egypt, NJ 08533
- **County:** Somerset
- **Type of Facility:** Small Workshop Garage
- **Square Feet:** 1
- **Occupancy Status:** Open
- **Type of Clearance:** No Need for a Clearing Certificate
- **Name of Abatement Contractor:** EPC Technologies Inc
- **Name of OSHA Monitor:** EPC Technologies Inc
- **Name of Registered Waste Hauler:** EPC Technologies
- **Date of Notification:** 8-4-15

**Abatement Details**

- **Cubic Yards of Waste:** 17000
- **Disposal Date:** 8-14-15
- **Waste Management of PA:** 4

**Abatement Type**

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

*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>7-31-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DCH Auto Group</td>
</tr>
<tr>
<td>Street Address</td>
<td>955 Route 9 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Amboy, NJ 08879</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Gloe</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Paramus Honda</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 Route 4</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Bergen</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>car dealership</td>
</tr>
<tr>
<td>Name ofding Firm Hired by Building Owner (8)</td>
<td>Environmental Health Investigations</td>
</tr>
<tr>
<td>Street Address</td>
<td>655 West Shore Trail</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sparta, NJ 07871</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>J.P. Von Doehren</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-599-9877</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8-5-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-28-15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>☑ Renovation ☑ Demolition</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | outside rear of building |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | x |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | floor tile, mastic |
| Amount (Specify SF or LF) | 12,000 SF, 12,000 SF |

| Name of Registered Waste Hauler | Newark Carting |
| NJDEP Waste Hauler ID No. | 4509 |
| Cubic Yards of Waste | 80 |
| Name of Registered Landfill | Grand Central Sanitary Landfill |
| City, State | Newark, NJ |
| Disposal Date | 8-28-15 |
| Name of Registered Landfill | |
| City, State | Pen Argyl, PA 18072 |
| Completed by | David Rowley |
| Title | Project Manager |
| Signature | |
| Date | 7-31-15 |

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

**Date of Notification:** 08 / 03 / 15  
**Name of Building Owner/Operator:** The State of New Jersey - The Department of Transportation

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1035 Parkway Ave-CN600</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>DCA (NJAC 5:16)</td>
<td>Amendment #</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** BRIDGE No 12  
**Facility:** CREEK RD (CR753) OVER ROUTE 42  
**City:** BELLMAWR  
**County:** CAMDEN

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000</td>
<td>N/A</td>
<td>50+</td>
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</tbody>
</table>

**Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)

**County Code (TX/STATE USE ONLY):**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc. Bromley Corp Center</td>
<td></td>
<td>Diamond Huntbach Construction Corporation</td>
</tr>
</tbody>
</table>

**Street Address:** Three Terri Lane  
**City, State, Zip Code:** Burlington, NJ 08016

**Project Manager for Monitoring Firm:** John R Lutz  
**Telephone No.:** 609-386-8800

**Start Date:** 08 / 04 / 15  
**Scheduled Completion Date:** 08 / 14 / 15

**Occupancy Status During Abatement:** SAME AS ABOVE

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Renovation</td>
<td>Yes</td>
</tr>
<tr>
<td>□ Demolition</td>
<td>No</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>□ Mini-Enclosure</td>
<td></td>
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<tr>
<td>□ Groovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

**Gas main pipe wrap underbridge:** Tar Wrap  
**Amount:** 208 LF

**Verizon conduit under bridge:** Transite Pipe  
**Amount:** 1,248 LF

**Name of Registered Waste Hauler Service Transport Group:** Minerva Landfill  
**City, State:** New Castle, DE 19720  
**Disposal Date:** 07/30/14  
**City, State:** Waynesburg, OH 44688

**Completed By:** Wayne Huntbach  
**Completed By:** Project Manager  
**Signature:** Wayne Huntbach  
**Date:** 08/13/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/30/15</td>
<td>JOSELITO MARQUEZ &amp; DEBBIE GRAJALING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>8 ROSSELLE AVE</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
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<th>County (6)</th>
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<tbody>
<tr>
<td>LODI</td>
<td>BERGEN</td>
</tr>
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<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>JOSELITO MARQUEZ ESTATE</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>8 ROSSELLE AVE</td>
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<td>City (5)</td>
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<td>LODI</td>
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<td>County (6)</td>
</tr>
<tr>
<td>BERGEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>ASCM No.</td>
<td>INDIAN ARROW INDUSTRIES CO</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>144 MILL ST.</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>Telephone No.</td>
<td>GORAN IGEV</td>
<td></td>
</tr>
<tr>
<td>973 653 8552</td>
<td>1257</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>08/09/15</td>
<td>08/09/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describes:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>≥3 SF or ≥3 if</td>
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<tr>
<td>≥1600 sf or ≥260 if</td>
</tr>
<tr>
<td>Renovation Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASMENT</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
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<tr>
<td>Yes</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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<tr>
<td>TSI</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>20LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Removal</td>
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</table>

<table>
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<tr>
<th>Name of Registered Waste Hauler:</th>
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<tbody>
<tr>
<td>ATLANTIC CARTING</td>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>KGO85</td>
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<table>
<thead>
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<th>Cubic Yards of Waste</th>
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<tbody>
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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>
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<th>City, State</th>
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<tr>
<td>WAYNE, NJ</td>
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<tr>
<th>Completed by</th>
</tr>
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<tbody>
<tr>
<td>GORAN IGEV</td>
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<table>
<thead>
<tr>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>SECRETARY</td>
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<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/30/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) | July 3, 2015
Name of Building Owner/Operator (2) | J. Vincenzi & Sons Inc
Street Address | P.O. Box 5465
City, State, Zip Code | Trenton, NJ 08638

Amendment Date 8/2/15

Agencies Notified | Type Notification
□ EPA | Initial
□ DEP | Amended
□ DOL | Amendment # 1
□ DOH | Emergency (including justification)
□ DCA | Cancellation

Name of Facility Where Abatement is Taking Place (3) | Garage (Auto)
Street Address | 330 Reservoir Street
City, State, Zip Code | Trenton, NJ 08618
County Code | Mercer

Name of Monitoring Firm Hired by Building Owner (8) | EP Technologies
ASCN No. | N/A
Name of Abatement Contractor (9) | EP Technologies Inc
Street Address | P.O. Box 337
City, State, Zip Code | New Egypt, NJ 08533
Telephone No. | 609-758-3365
License No. | 00394

Start Date (10) | 7-13-15
Scheduled Completion Date (11) | 8-4-15

Project Manager for Monitoring Firm | Steve Schenker

Scope of Work (Check All That Apply)
□ 23 ft or < 23 ft
□ 1600 sq ft or > 2300 sq ft

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Roof Area</td>
<td>X</td>
</tr>
<tr>
<td>Under Stairs on 1st fl.</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | EP Technologies
NJDEP Waste Hauler ID No. | 17000
Cubic Yards of Waste | 6

Waste Management of P/A

Completed by | Steve Schenker
Title | President
Signature | Date 7-3-15

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

**Date of Notification (1):** July 3, 2015

**Name of Building Owner/Operator (2):** J Vinch & Sons Inc

**Street Address:** P.O. Box 5465

**City, State, Zip Code:** Trenton, NJ 08638

**Name of Contact:** Gary Vinch

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3):
- Garage

#### Street Address:
- 330 Reservoir Avenue

#### City (8):
- Trenton, NJ 08618

#### County Code (7):
- Mercer

#### ASCM No.:
- N/A

#### Name of Abatement Contractor (9):
- EPC Technologies Inc

#### Street Address:
- P.O. Box 337

#### City, State, Zip Code:
- New Egypt, NJ 08533

#### Telephone No.:
- 609 758-3365

#### License No.:
- 00394

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

- Yes
- No
- N/A

- Demolition
- Renovation

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

#### TO BE ABATED

<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>Roof Area</td>
<td>X</td>
<td>Tear Flashing</td>
<td>600 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Under Stairs on 1st Fl.</td>
<td>X</td>
<td>9' x 9' Floor Tiles</td>
<td>30 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler:
- EPC Technologies

#### N.J. DEP Waste Hauler ID No.:
- 17000

#### Cubic Yards of Waste:
- 6

#### Name of Registered Landfill:
- Waste Management of PA

#### City, State:
- Moonachie, PA

#### Disposal Date:
- 7-31-15

#### Signature:
- Steve Schenker

### Completed by:
- Steve Schenker

### Title:
- President

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*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/15

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Agencies Notified

☐ EPA ☑ Initial 2-7/31/15
☐ DEP ☑ Amended 4-7/13/14
☐ DOL ☑ Emergency
☐ DOH ☑ Cancellation

Street Address 301 Philadelphia Avenue
City, State & Zip Code Egg Harbor City New Jersey

Name of Contact ALEX BAYLOR Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Egg Harbor City Central Office
Street Address 301 Philadelphia Avenue
City (5) Egg Harbor
County (6) Atlantic
County Code (7)

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

Square Feet 6400 # of Floors 1 Bldg. Age 75

Current Use (Prior if being demolished)
COMUNICATIONS

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

Street Address 8436 ENTERPRISE AVE
City, State & Zip Code PHILADELPHIA PA 19153

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

Project Manager for Monitoring Firm MARK JENKINS
Telephone Number 215-365-5810

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

Scheduled Start Date (10) 9/3/15
Scheduled Completion Date (11) 8/7/15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 5:00 PM - 1:00 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 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)
350 SF

Abatement Type
☐ Removal
☑ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.
City, State NEW CASTLE, DE 19720

NJDEP Waste Hauler ID No. 20990
Disposal Date

Cubic Yards of Waste 20
Name of Registered Landfill MINERVA LANDFILL
City, State WAYNESBURG, OH 44688

Completed By (Print or Type) PATRICK T. DeCaro Title PROJ. MGR.
Signature

Date 7/10/15