State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:123)

Date of Notification (f)
8-7-14

Name of Building Owner/Operator (2)
The Okonite Company

Agencies Notified

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

Street Address
955 Market St

City, State, Zip Code
Paterson NJ 07502

Name of Contact
Richard Maslanka

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Okonite Company

Street Address
955 Market ST

City (5)
Paterson NJ 07513

County (6)
Passaic County

County Code (7)
(State Use Only)

Square Feet
36000

# of Floors
1

Bldg. Age
52

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
SKY Environmental Service

ASCM No.

Name of Abatement Contractor (9)
DYV Enterprises LLC

Street Address
254 Cumberland ave

City, State, Zip Code
Paterson NJ 07502

Telephone No.
973-9426924

License No.
01129

Start Date (10)
8-6-14

Scheduled Completion Date (11)
9-27-14

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Out site storage tank

Scope of Work (Check All That Apply)

- 23 sf or 3 if
- ≥160 sf or ≥2600 sf
- ≥260 sf or ≥2600 sf

- Renovation
- Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff?

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Removal

Repair

Encapsulate

Endure

1500sf

Name of Registered Waste Hauler
DYV Enterprises LLC

NJDEP Waste Hauler ID No.
0034140

Cubic Yards of Waste
30 yards

Name of Registered Landfill

Waste Management

City, State
Paterson NJ 07502

Disposal Date
9-28-14

City, State
Tulltown PA

Completed by
Yanet Carpio

Title
OWNER

Date
8-7-14

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 12:120)

Date of Notification (1) 08/14/14
Name of Building Owner/Operator (2) JERSEY REALTY

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial, Amended, Emergency, Cancellation</td>
</tr>
</tbody>
</table>

Street Address
286 CENTRAL AVE
JERSEY CITY NJ

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JERSEY CITY</td>
<td>JOHN GERBASIO</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
286 CENTRAL AVE

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JERSEY CITY</td>
<td>HUDSON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>RETAIL</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-668-9078</td>
</tr>
</tbody>
</table>

Start Date (10)
08/24/14

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/24/14</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

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

| Scope of Work (Check All That Apply) | Location of Asbestos-Containing Material (ACM)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TO BE ABATED</td>
</tr>
<tr>
<td></td>
<td>In Facility (13)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

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

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASB-41 (R-05-06)

* 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) August 15, 2014

Name of Building Owner/Operator (2) Oakhurst Country Day Estates

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

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

Street Address
CN 4000 Forsgate Drive

City, State, Zip Code
Cranbury, NJ 08512

Name of Contact
JAMIE LOPEZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OAKHURST COUNTRY DAY CAMP

Street Address
128 MONMOUTH ROAD

City (5) OAKHURST

County (6) MONMOUTH

Square Feet 5000

# of Floors 2

Bid or Age 100

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

Current Use (Prior if being demolished)
COUNTRY DAY CAMP

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

ASCM No.

Name of Abatement Contractor (9)
FINISHING TOUCH ASBESTOS ABATEMENT

Street Address
580 BROADWAY, UNIT A

City, State, Zip Code
LONG BRANCH, NJ 07740

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 732-222-6372

License No. 00040

Start Date (10)
AUG 25, 2014

Scheduled Completion Date (11)
AUG 31, 2015

Name of OSHA Monitor
N/A

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☒ ≥150 sf or ≥250 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

Removal Encapsulation Enclosure

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

☐ 1ST, 2ND FLOORS

Yes No N/A

VAT 5000 SF x

Name of Registered Waste Hauler
FTAA

NUDEP Waste Hauler ID No. 12056

Cubic Yards of Waste 20 CY

Name of Registered Landfill TULLYTOWN

Disposal Date 9/05/14

City, State LONG BRANCH, NJ 07764

City, State MORRISVILLE, PA

Completed by JOSEPH P. MILLER Title PRESIDENT

Signature Date 8/15/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7-26-2014

Name of Building Owner/Operator (2)
Bella Cleaning and Carting, LLC

Type of Notification
Initial
Amended
Amendment #3
Emergency (including justification)
Cancellation

Street Address
9 Prospect Street
City, State, Zip Code
Newark, NJ 07104

Name of Contact
Ben Raabe
Telephone Number

FACILITY INFORMATION

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

Square Feet
41218
# of Floors
3
Bldg Age
75+

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

Current Use (Prior to being demolished)

County Code (7)
Essex

County Code (7)
(State USE ONLY)

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

Name of Abatement Contractor (9)
Green Environmental, LLC
Street Address
235 Virginia Avenue
City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855
License No.
01174

Start Date (10)
7-26-2014
Scheduled Completion Date (11)
7-26-2014

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
≥ 50 sf or ≥ 3 if
≥ 160 sf or ≥ 260 sf if
Renovation
Demolition

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

3rd floor
2nd floor
1st floor

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

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)

3rd floor
pipe insulation
40 LF

2nd floor
pipe insulation
40 LF

1st floor
pipe insulation
40 LF

Name of Registered Waste Hauler

Tri-State Transfer Assoc.

Disposal Date
7-26-2014
Name of Registered Landfill
Minerva Enterprise

City, State
Wynnesburg, OH

Completed by
Liliana Pedraza
Title
Office manager

Print Form

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure or removal activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

Date of Notification (1): 5/12/14
Name of Building Owner/Operator (2): Stephen
Agency Notified: [Blank]
Type Notification: [Blank]
Street Address: 1250 Sherr Rd
City, State, Zip Code: Lincroft, NJ
Name of Contractor: [Blank]
Telephone Number: [Blank]

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): Resident
Street Address: 2 Wabash Ave
City (5): Lincroft
County (6): Ocean

Name of Monitoring Firm Hired by Building Owner (9): [Blank]
ASCM No.: [Blank]
Name of Abatement Contractor (9): AAC Inc. LLC
Street Address: 1402 Burlington Ave
City, State, Zip Code: Burlington, NJ
Telephone No.: [Blank]
License No.: [Blank]
Name of OSHA Monitor: [Blank]

Status of Area During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other: [Blank]

Scope of Work (Check all that apply):
☐ 3-99 ft or 3 ft
☐ 100 or 250 ft

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ACM Material</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler: AAC Inc. LLC
NJ/DEP Waste Handler ID No.: 20547
Number of Cubic Yards of Waste: 20
Name of Registered Landfill: [Blank]
City, State: DeLanco, NJ

Completed by: J Hill
Tally: VP
Signature: [Blank]
Date: 5/12/14

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Name of Registered Vendor</th>
<th>Address 1</th>
<th>City, State, Zip Code</th>
<th>Date 1</th>
<th>Address 2</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airtec Inc.</td>
<td>123 Main St., NJ</td>
<td>New Jersey</td>
<td>01/01/2023</td>
<td>456 Other St., NY</td>
<td>New York</td>
</tr>
<tr>
<td>BAER Corporation</td>
<td>789 Industrial Dr., CA</td>
<td>California</td>
<td>02/02/2023</td>
<td>101 Tech Ave., TX</td>
<td>Texas</td>
</tr>
</tbody>
</table>

**NOTIFICATION OF ASBESTOS ABSENCE**

- State of New Jersey
- ❌ Absent from Building
- Yes, asbestos present
- Location in Building
- 3rd Floor
- Description: Office Area
- Quantity: 200 sq ft
- Date of Inspection: 03/03/2023

**Removal Plan**

- Method: Mechanical
- Date of Removal: 04/04/2023
- Contractor: J. Miller
- Telephone Number: 555-555-5555

**Agency Information**

- NJDEP
- Address: 123 Government Ave., Trenton, NJ 08618
- Phone: 555-555-5555
- Website: www.nj.gov
Date of Notification (1) 08 / 12 / 14

Name of Building Owner/Operator (2) Township of Greenwich-Property Maintenance Office

Agencies Notified
- [ ] EPA
- [ ] DEP
- [ ] DCA (NJAC 5:16)
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

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

Address Street
403 West Broad Street

City, State, Zip Code
Gibbstown, NJ 08027

Name of Contact
Will Durham

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Estate of Joseph M. Covici

Street Address
600 West Broad Street

City (5)
Gibbstown

County (6)
Gloucester

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Clancy & Associates, Inc.

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Jim Clancy

Telephone No.
856-653-7306

License No.
00646

Start Date (10) 08 / 13 / 14

Scheduled Completion Date (11) 08 / 27 / 14

Name of OSHA Monitor
SAME AS ABOVE

Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/7PM-10PM

Scope of Work (Check all that apply)
- [ ] 300 ft or more
- [ ] 600 ft or more
- [ ] 900 ft or more
- [ ] 1,200 ft or more

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

Yes No N/A

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

Enclosure

Removal

Rebuild

Encapsulate

Wide

First Floor rear bay area
- [ ] Aluminum
- [ ] Stone
- [ ] Wood

Ceiling Plaster
750 SF

Bathrooms - 6 each apartments
- [ ] Ceramic wall tile
- [ ] Ceramic floor tile
- [ ] Carpet

Ceramic wall tile glue mastic
1,800 SF

Second floor Apartment #2
- [ ] Ceramic wall tile
- [ ] Ceramic floor tile
- [ ] Carpet

VAT 12" 12" floor tile
250 SF

First floor Commercial area center
- [ ] Ceramic wall tile
- [ ] Ceramic floor tile
- [ ] Carpet

VAT Red floor tile
150 SF

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
40 CY

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Disposal Date 08/31/14

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

Title Project Manager

Signature

Date 08/12/14

* 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): 08 / 12 / 14

Name of Building Owner/Operator (2):
Township of Greenwich-Property Maintenance Office

Agencies Notified:
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address:
403 West Broad Street
2014 AUG 18 AM 7:42

City, State, Zip Code:
Gibbstown, NJ 08027

Name of Contact:
Will Durham

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Estate of Joseph M. Covici

Street Address:
600 West Broad Street

City (5):
Gibbstown

County (6):
Gloucester

County Code (7)/STATE USE ONLY: Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8):
Clancy & Associates, Inc.

Name of Abatement Contractor (9):
Diamond Huntbach Construction Corporation

Telephone No. 856-853-7306

License No. 00646

Start Date (10):
08 / 13 / 14

Scheduled Completion Date (11):
08 / 27 / 14

Name of OSHA Monitor:
SAME AS ABOVE

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-4PM/ 4PM-7AM

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

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

Amount (Specify SF or LF)

Exterior Roof:

Abatement Type:

Name of Registered Waste Hauler:
Diamond Huntbach Construction

Disposal Date:
08/31/14

City, State:
Waynesburg, OH 44688

Completed By (Print or Type):
Charles F. Imbimbo
Title: Project Manager

Signature:

Date: 08/12/14

* 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) 08/14/2014

Name of Building Owner/Operator (2) Robert Louwenberg

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
285 Lackawanna Drive

City, State, Zip Code
Andover, NJ 07821

Name of Contact
Dan Louwenberg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
D. Louwenberg Portable Toilet

Street Address
285 Lackawanna Drive

City (5)
Andover

County (6)
Morris

County Code (?)(STATE USE ONLY)

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

Square Feet
10,000

# of Floors
N/A

Rig & Age
N/A

Current Use (Prior if being demolished)
Yard

Name of Monitoring Firm Hired by Building Owner
(8) Bio-Terra Environmental Solutions LLC.

ASCM No.
N/A

Name of Abatement Contractor (9)
Valiant Associates, LLC

Street Address
145 Mill Street

City, State, Zip Code
Paterson, NJ 07501

Project Manager for Monitoring Firm
Rick Eustaquoi

Telephone No.
973-494-3762

License No.
01108

Start Date (10)
08/28/2014

Scheduled Completion Date (11)
09/20/2014

Name of OSHA Monitor
Valiant Associates, LLC

Street Address
145 Mill 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

Other - Describe:

Scope of Work (Check all that apply)
- >3 sf or >3 ft
- >160 sf or >260 ft
- Renovation
- Demolition

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

Extérieur
Asbestos Contaminated Debris
40 Yd

Name of Registered Waste Hauler
Service Transport Group

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste
40 Yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By
Mirosлав Stamenovic

Title
Project Manager

Signature

Date
08/14/2014

- Do not use this form for asbestos licensee exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 14 / 14

Name of Building Owner/Operator (2) c/o Top 1 Construction Co.

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

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

Street Address
101 Haledon Avenue

City, State, Zip Code
Paterson, NJ 07522

Name of Contact
Kenny Muedin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Father English Community Center

Street Address
435 Main Street

City (5)
Paterson

County (6)
Passaic

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)
EnviroVision ALL PRO MANAGEMENT LLC

Street Address
20-21 Wagaw Road

City, State, Zip Code
Fair Lawn, NJ 07410

Project Manager for Monitoring Firm
Fred Larson

Telephone No.
973-636-9145

Telephone No.
973-928-4888

License No.
1138

Start Date (10) 08 / 23 / 14 Scheduled Completion Date (11) 09 / 26 / 14

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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

Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply)
☐ ≥ 3 x or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (x) and Non-Fireable 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
☐ Repair
☐ Encapsulation

Storage Room

☐ ☐ ☐ ☐ ACM Pipe Insulation 80 LF

☐ ☐ ☐ ☐

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC

NJDEP Waste Hauler ID No. As Needed

Cubic Yards of Waste
IESI Landfill

Name of Registered Landfill

City, State
Garfield, NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Ted Veskov

Title
PM

Signature

Date 8/1/14

* 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)

Date of Notification (1)
08/28/14

Name of Building Owner/Operator (2)
STEVE MATTHEWS

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

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

Amendment #: 1

Street Address
152 SO. MOUNTAIN AVENUE
MONCLAIR, NJ 07042

Name of Contact
STEVE MATTHEWS

Telephone Number

FACILITY INFORMATION

Name of Facility where abatement is taking place (3)
STEVE MATTHEWS

Street Address
152 SO. MOUNTAIN AVENUE
MONCLAIR, ESSEX

City (5)
County (6)
County Code (7)
(State use only)

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/28/14

Sched. Completion Date (11)
09/15/14

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:
NORM AL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 ft
☐ ≥160 sf or ≥260 ft
☐ 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)
PIPE INSULATION

Amount (Specify SF or LF)
178 LF

Removal
☐ ☐ ☑
Repair ☐
Encapsulation ☑
Enclosure ☐

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
08/29/14

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/11/2014

* 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)

Date of Notification (1): 2014 AUG 18
Name of Building Owner/Operator (2): michael stokes

Agencies Notified:  
- EPA  
- DOL  
- DOH

Type Notification: Initial

Amendment #: ______

Address: 189 kerriga boulevard

City, State, Zip Code: Newark, NJ 07106

Name of Contact: michael stokes

Facility Information

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

Street Address: 189 kerriga boulevard

City, County, Zip Code: Newark, ESSEX, 07106

Name of Monitoring Firm Hired by Bldg. Owner (5): ______

ASCN No.: ______

Type of Facility (4): 
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: ______

Current Use (Prior if being demolished): ______

Name of Abatement Contractor (9):

D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

License Number: 01169

Name of OSHA Monitor:

D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply): 
- 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 solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>72 L FT</td>
</tr>
<tr>
<td>Boiler Insulation</td>
<td>No</td>
<td>BOILER INSULATION</td>
<td>30 SQ FT</td>
</tr>
</tbody>
</table>

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 08

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature: Date: 2014

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

Date of Notification (1) 10/18/14

Name of Building Owner/Operator (2) COUNTY OF BERGEN

Name of Contact ALAN KOENIG

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

RESIDENTIAL BUILDING

Street Address 218 BOULEVARD

City (5) ELMWOOD PARK

County (6) BERGEN

County Code (7) ASCM No.

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

Project Manager for Monitoring Firm

Start Date (10) 08/25/14

Sched. Completion Date (11) 08/29/14

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: NORMAL HOURS

Scope of Work (check all that apply)

≥ 8 ft or ≥ 2 if

≥ 160 ft or ≥ 260 ft

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Reclamation

Encapsulation

Enclosure

Registered Waste Hauler
D & S RESTORATION, INC.

Cubic Yards of Waste 1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State PATERN, NJ 07503

Disposal Date 08/26/14

City, State TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 08/08/2014

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)

---

**Name of Building Owner/Operator:** PINSLEADS CONSTRUCTION

**Street Address:** 700 77TH ST.

**City, State, Zip Code:** S. F. C. T. Y. C. E. R. C. I. N. J. 08724

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

**Street Address:** 7663 OCEAN DR.

**City:** AVALON

**County:** CAPE MAY

**Name of Monitoring Firm Hired by Building Owner:** N/A

**City, State, Zip Code:**

**Telephone No.:**

**Name of Abatement Contractor:** KLEINER INC.

**Street Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, N. J. 08052

**Telephone No.:** 856-279-0477

**License No.:** 01474

**Name of OSHA Monitor:** JOSEF KLEINER

**Street Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, N. J. 08052

**Scope of Work:**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Description of Asbestos-Containing Material (ACM):**
- Transite
  - Amount (Specify SF or LF): 1000 SF

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

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

**Completed By:**

**Signature:**

---

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

State of New Jersey

Date of Notification (1)
8/12/2014

Name of Building Owner/Operator (2)
DIOCESE OF METUCHEN

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

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

Street Address
P.O. BOX 191

City, State, Zip Code
METUCHEN, NJ 08840

Name of Contact
STEVE GURALCHUK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
SAINT MARY ELEMENTARY SCHOOL

Street Address
351 MECHANIC STREET

City (5)
PERTH AMBOY

County Code (6) (STATE USE ONLY)
MIDDLESEX

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Project Manager for Monitoring Firm

Telephone No.
973-956-8700

License No.
00494

Start Date (10)
8/23/2014

Scheduled Completion Date (11)
8/27/2014

Name of OSHA Monitor
SAME AS (9) ABOVE

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 if
☐ ≥160 sf or ≥260 sf
☒ Renovation
☐ Demolition

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

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

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
☐ Enclose

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
2

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

City, State
CLIFTON, NJ

Disposal Date
8/27/2014

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
8/12/2014

* 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)
- 8/13/2014
- Check#2659

### Name of Building Owner/Operator (2)
- St. Philomena's Church

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

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

### Street Address
- 386 South Livingston Avenue
- Livingston, NJ 07039

### Name of Contact
- Rev. Joseph Larac

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
- Church Rectory

#### Street Address
- 386 South Livingston Avenue
- Livingston, NJ 07039

#### City (5)
- Livingston, NJ 07039

#### County (6)
- ESSEX
- County Code (7)
  - (STATE USE ONLY)

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

#### Name of Abatement Contractor (9)
- EA Services Corporation

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

#### Square Feet
- 2,000 SF

#### # of Floors
- 2

#### Bldg. Age
- 50+

#### Current Use (Prior if being demolished)
- Church Rectory

#### Project Manager for Monitoring Firm
- Street Address
- 426 69th Street
- Guttenberg, NJ 07093

#### Telephone No.
- 201-295-1700
- License No.
- 01074

#### Start Date (10)
- 8/13/2014

#### Scheduled Completion Date (11)
- 8/14/2013

#### 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: 5:30 PM

#### Scope of Work (Check All That Apply)
- [X] Renovation
- [ ] Demolition

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

#### Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- [X] Yes
- [ ] No
- [ ] N/A

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

#### Amount (Specify SF or LF)
- [X]

#### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

#### Name of Registered Waste Hauler
- Freehold Carting
- NJDEP Waste Hauler ID No.
- 15939

#### Cubic Yards of Waste
- tbd

#### Name of Registered Landfill
- GROWS North Landfill

#### City, State
- Morristown, PA

#### Disposal Date
- tbd

#### Completed by
- Gina Salvador
- Office Manager

### Signature
- [Signature]

### Date
- 8/13/14

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* 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)**
August 12, 2014

**Name of Building Owner/Operator (2)**
Pennsauken Public Schools

**Agencies Notified**

| [x] | EPA | [x] | Initial Notification |
| [ ] | DEP | [ ] | Amended Notification |
| [x] | DOL | [ ] | Amendment # |
| [x] | DOH | [ ] | Emergency (including justification) |
| [ ] | DCA | [ ] | Cancellation |

**Name of Facility Where Abatement is Taking Place (3)**
Pennsauken High School

**Street Address**
800 Hylton Road

**City**
Pennsauken

**County (6)**
Camden

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

**Name of Monitoring Firm Hired by Building Owner (8)**
ACSM No.
N/A

**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

**Type of Facility (4)**

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

**Square Feet**
50,000 sf

**# of Floors**
2

**Bldg. Age**
60

**High School**

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

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

**Scheduled Start Date (10)**
8/25/14

**Scheduled Completion Date (11)**
9/26/14

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

| [ ] | >3 sf or ≥3 if |
| [x] | ≥160 sf or ≥250 if |
| [x] | Renovation |
| [ ] | Demolition |
| [ ] | Full Containment with Negative Pressure |
| [ ] | Mini-Enclosure |
| [ ] | Glovebag Procedure |
| [x] | Non-Exempted (*) and Non-Friable Procedure |

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

| Exterior | X | 100 windows | 100 | x |

**Amount (Specify SF or LF)**

| REMOVAL | REPAIR | ENCAPSULATE | ENCLOSURE |
| REMOVAL | REPAIR | ENCAPSULATE | ENCLOSURE |

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

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
60

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

**Disposal Date**
9/29/14

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

**Project Manager**

**Signature**

**Date**
8/12/2014

*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) August 13, 2014

Name of Building Owner/Operator (2)
Hassellhuhn Family Trust

Name of Contact John

FACILITY INFORMATION

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

Street Address 299 Hackensack Street

City East Rutherford

County Code (7) Bergen

County Code (7) (STATE USE ONLY)

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

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

Square feet 5000 sf

# of Floors 1

Bldg. Age 60

Current Use (Prior to if being demolished)
Warehouse

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

Street Address 1889 Rte. 9, Unit 61

City, State, Zip Code Toms River, NJ 08755

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)
[ ] >3 sf and <4000 sf
[ ] 250 sf or <250 sf
[ ] Other – Describe

Location of Asbestos-Containing Material (ACM)

Asbestos pipe insulation

Removal

Amount (Specify SF or LF) 100 lf

Abatement Type

Full Containment with Negative Pressure

Mimi-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

1st Floor

Asbestos pipe insulation

50 lf

Abatement Type

REM OVAL

ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 2

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

City, State Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title Project Manager

Signature

Disposal Date 8/18/14

City, State Toms River, New Jersey

Date 8/13/2014

*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) August 13, 2014

Name of Building Owner/Operator (2) Ron Kopi

Agencies Notified
[x] EPA
[x] DOL
[x] DOH

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

Amendment #

Name of Contact Ron Kopi

Street Address 761 Mary Street

City, State, Zip Code Perth Amboy, NJ 08861

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

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

Square feet 2600 sf

# of Floors 2

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

ASCM No.

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

Location of Asbestos-Containing Material (ACM)

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

YES NO N/A

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) 100 lf

Abatement Type
[ ] REMOVAL
[ ] REPAIR
[ ] ENCAPSULATION
[ ] ENCLOSURE

Yes X

Asbestos pipe insulation

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 8/15/14

City, State Tullitown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 8/13/2014

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59-4 and 11:13-1)

Date of Notification (1):
August 12, 2014

Name of Building Owner/Operator (2):
New Jersey Dept. of Transportation

Street Address:
P.O. Box 600
City, State, Zip Code:
Trenton, NJ 08625-0800

Name of Contact:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
NJ DOT Maintenance Yard

Address:
Dunns Mill Road

City (5):
 Bordentown

County Code (6):
07

County:
Burlington

Name of Monitoring Firm Hired by Building Owner (8):
Environmental Connections, Inc.

ABC No.:

Name of Asbestos Contractor (9):
Shade Environmental, LLC

Street Address:
823 Cutter Avenue

City, State, Zip Code:
Maple Shade, NJ 08052

License No.:
00842

Name of CSHA Monitor:
EMSL Laboratories

Street Address:
200 Route 130 North

City, State, Zip Code:
Cinnaminson, NJ 08077

Start Date (10):
August 20, 2014

Scheduled Completion Date (11):
August 29, 2014

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scopes of Work (Check All That Apply):

A. Abatement

B. Demolition

C. Roof Replacement

D. Full Containment with Negative Pressure

E. Mini-Enclosures

F. Isolation

G. Covering Procedure

H. Non-Exempted (*) and Non-Exemptable Procedure

Location of Asbestos-Containing Material (ACM) (12)

Tenure in Facility

Location:
NJDOT Maintenance Yard

Is Location Normally Lined Solely by Asbestos-Ceiling Material (13)?

Yes

No

N/A

Description of Asbestos-Containing Material (ACM) (14):

(I.e., Insulation, flooring, ceiling, roofing, etc.)

Amount (Specify SF or LF):

Abatement Type:

Removal

Residue

Encapsulate

Name of Registered Waste Hauler:
Freehold Haulage

Name of Registered Landfill:
Western Banks Community Landfill

Disposal Date:
8/29/2014

City, State:
Birdsboro, PA

Completed by:
Christina Lynch

Title:
Operations Manager

* Do not use this form for asbestos removal exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABRASION
(Pursuant to NJMC Title 5 and 13:18B)

Asbestos Notified: 1
Type Notification: Initial

Agencies Notified:
- DEP
- DOH
- DCA

Name of Building Owner/Operator: Buyside Condominiums C/O Community Realty Management

Address:
- Street Address: 38 South Main Street
- City, State, Zip Code: Pleasantville, NJ 08232-2787

Name of Contact: Elva Gallagher

Facility Information

Name of Facility Where ABRASION Is Taking Place:
- Name: Buyside Condominiums

City:
- Atlantic City

County:
- Atlantic

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

Square Feet:
- 6,000

Bedrooms:
- 2

Bldg. Age:
- 100

Other:
- Condominiums

Name of Asbestos Contractor:
- Shade Environmental, LLC

Name of Asbestos Management Firm:
- American Environmental Specialists, LLC

Name of Supplier:
- EM&L Laboratories

Start Date:
- August 18, 2014

Scheduled Completion Date:
- August 29, 2014

Occupancy Status During Abrasion:
- Vacant

Facility Closed/Occupied During Entire Period of Abrasion:
- Open

Other:
- Non-Occupied

Scopes of Work:
- Removal
- Renovation

Description of Asbestos-Containing Material (ACM) TO BE ABRASIONED

Units 1, 4, 5, 8, 10, 11 and 14

Abatement Type:
- Joint Compound

Amount (BF or LF):
- 800 BF

Name of Registered Waste Hauler:
- Froehlich Cartage

Name of Registered Landfill:
- Western Berks Community Landfill

Date:
- 8/13/2014

Data Collection:
- 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): 8-14-14  
Name of Building Owner/Operator (2): MARIA GONZALEZ  
Name of Contact: ERIC PLACKIS  
Street Address: 804 6TH AVE  
City, State, Zip Code: UNION BEACH, NJ  
Telephone Number:  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3):  
Street Address: 804 6TH AVE  
City (5): UNION BEACH  
County (8): MONMOUTH  
Name of Monitoring Firm Hired by Building Owner (6):  
ASCM No.:  
Name of Abatement Contractor (9): BRICK INDUSTRIES INC.  
Street Address:  
City, State, Zip Code:  

Type of Facility (4):  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (i.e., private & commercial buildings, homes, etc.)  
Square Feet: 1000  
# of Floors: 1  
Bldg. Age: 50  
Current Use (Prior to being demolished): VACANT (SANDY)  

Project Manager for Monitoring Firm:  
Start Date (10): 8-15-14  
Scheduled Completion Date (11): 8-16-14  
Name of OSHA Monitor:  
Street Address:  
City, State, Zip Code:  

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 sq ft or ≥3 ft  
☐ ≥160 sq ft or ≥250 ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ In-Place Enclosure  
☐ Drying Procedure  
☐ Non-Exempted (*) and Non-Fireable Procedure  
☐ Abatement Type:  
☐ Enclosure  
☐ Drying  
☐ Non-Fireable  
☐ Fireable  

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):  
Name of Registered Waste Hauler: BRICK INDUSTRIES INC  
Name of Registered Landfill: G.R.O.W.S.  
City, State: BRICK NJ.  

Name of Registered Waste Hauler: BRICK INDUSTRIES INC  
NUDEP Waste Permit No.: 21602  
Cubic Yards of Waste: 5  
Disposal Date: 8-18-14  
City, State: PA  

Completed By: ERIC PLACKIS  
Title:  
Signature:  
Date: 8-14-14  

* Do not use this form for asbestos licensure exempted activities.
## Notification of Asbestos Abatement

### State of New Jersey

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification

8-14-14

### Name of Building Owner/Operator

Lorraine Latze

2014 AUG 18

### Agency Notified

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

### Type Notification

- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justifiability)
- [ ] Cancellation

### Street Address

226 34th St, South

### City, State, Zip Code

BRIGANTINE

### Type of Facility

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

### County

Ocean

### County Code

01

### Description of Asbestos Containing Material (ACM)

- [x] Vinyl Sheathing/Masking 600 sq ft
- [x] Asbestos Shingle Roofing 150 sq ft
- [x] Roofing Mastic 100 sq ft
- [x] Transite 1000 sq ft

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

- [ ] TO BE ABATED
- [x] IN Facility

### Description of Asbestos Containing Material (ACM)

- [x] Vinyl Sheathing/Masking 600 sq ft
- [x] Asbestos Shingle Roofing 150 sq ft
- [x] Roofing Mastic 100 sq ft
- [x] Transite 1000 sq ft

### Amount (Specialty SF or LF)

- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Gloving Procedure
- [ ] Non-Exempted () and Non-Friable Procedure

### Facility Location

#### Name of Registered Waste Handler

BRICK INDUSTRIES INC

#### Name of Registered Landfill

G.R. W. S

#### Cubic Yards of Waste

12

#### Disposal Date

05-14

#### City, State

PA

### Contact Information

#### Name of Contact

ERIC PLACKIS

#### Telephone Number

973-692-7409

### Certification

#### Certified By

ERIC PLACKIS

### Facilitate Information

#### Type of Facility

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

#### Square Feet

0

#### # of Floors

1

#### Blg. Age

50

### Scope of Work

- [x] Renovation
- [x] Demolition

### Current Use

Vacant

### Facility Information

#### Name of Monitoring Firm Hired by Building Owner

ASCM

#### Name of Abatement Contractor

BRICK INDUSTRIES INC

#### Street Address

145 NATICK TR.

#### City, State, Zip Code

BRICK, NJ 08724

#### License No.

01106

#### Telephone No.

973-692-7409

### Occupancy Status During Abatement

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

### Start Date

5-25-14

### Scheduled Completion Date

5-30-14

### Name of OSHA Monitor

#### Street Address

City, State, Zip Code

### Project Manager for Monitoring Firm

#### Telephone No.

### Notes

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

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ASA-41
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

#### Date of Notification (1)
August 14, 2014

#### Name of Building Owner/Operator (2)
Castle Contracting, Inc.

#### Street Address
Castle Contracting, Inc.

#### City, State, Zip Code
Glen Ridge, NJ 07028

#### Name of Contact
Dan

#### Telephone Number

### FACILITY INFORMATION

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

- **Street Address**
  - 413 Ludlow Avenue

- **City**
  - Spring Lake

- **County**
  - Monmouth

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

- **Square feet**
  - 1500 sf

- **# of Floors**
  - 2

- **Bldg. Age**
  - 60

- **Current Use (Prior if being demolition)**
  - Residence

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

#### ASCM No.

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

#### Street Address
1889 Rte. 9, Unit 61

#### City, State, Zip Code
Toms River, NJ 08755

#### Telephone Number
- **Project Manager for Monitoring Firm**
  - Nicholas Fernicola
  - 732-349-9932

#### Scheduled Start Date (10)
8/14/14

#### 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] >3 sf or >23 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 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>Basement</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>185 lf</td>
<td>X</td>
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</table>

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

#### NJ/DEP Waste hauler ID No.
20223

#### Cubic Yards of Waste
2

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

#### City, State
Toms River, New Jersey

#### Disposal Date
8/18/14

#### City, State
Tullytown, Pennsylvania

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

#### Title
Project Manager

#### Date
8/14/2014

*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 and 12:120)

Date of Notification (1) 4/11/14
Name of Building Owner / Operator (2) 2014 AUG 18 AM 7:22

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended R#4-8/13/14
☐ Emergency
☐ Cancellation

Trenton Board of Education
Street Address
1490 Prospect Street
City, State & Zip Code
Trenton, NJ 08638
Name of Contact
Mr. Everett O. Collins

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Grace Dunn MS
Street Address
401 Dayton Street
City (5)
Trenton
County (6)
Mercer
County Code (7)

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

School
Type of Facility (4)
☐ School (K-12) NON SUBCHAPTER 8
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
# of Floors
Bldg. Age
Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
Describe:
7:00 AM – 3:30 PM
Facility Occupied During Abatement

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

B-24, B-30, B-40, B-44
✘ Nailcrete
2355 SF
Removal
Repair
Encapsulate
Endource

Name of Registered Waste Hauler
Bristol Environmental, Inc.
NJDEP Waste Hauler ID No.
18706
Cubic Yards of Waste
10 Cu yds.
Name of Registered Landfill
Grows Landfill
Disposal Date
City, State
City, State
Bristol, PA
Morrisville, PA
Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature
Date
8/13/14
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/11/14</th>
<th>Name of Building Owner / Operator (2)</th>
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<tr>
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<td>Trenton Board of Education</td>
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<tr>
<td>EPA</td>
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<td>DEP</td>
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<td>Type Notification (4)</td>
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<td>Amended R#3-8/11/14</td>
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<td>Emergency</td>
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<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Grace Dunn MS</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>401 Dayton Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Trenton</td>
<td>Mercer</td>
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<table>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Environmental Connection</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>120 North Warren Street</th>
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</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08010</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Fairless</td>
<td>609-392-4200</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>8/11/14</td>
<td>8/13/14</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours</td>
</tr>
<tr>
<td>Describe: 7:00 AM – 3:30 PM</td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
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</table>

<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>
</tr>
<tr>
<td>≥160 sf ≥260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<tbody>
<tr>
<td>B-24, B-30, B-40, B-44</td>
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<table>
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<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>------</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>Nailcrete</td>
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<tr>
<td>2355 SF</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
<td></td>
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<tr>
<td>Non-Exempted and Non-Friable Procedure</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>NJDEP Waste Hauler ID No.</td>
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<tr>
<td>18706</td>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Grows Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>10 Cu yds.</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Grows Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Bristol, PA</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type) Title Project Manager Signature Date</th>
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</thead>
<tbody>
<tr>
<td>Gino Pizzigoni/12/14</td>
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</table>

<table>
<thead>
<tr>
<th>GI 14068</th>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  7/23/14

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

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

Type Notification
☒ Initial
☐ Amended 3
☐ Emergency
☐ Cancellation

Name of Contact
Mr. Frank Frazzitta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Virgil Grissom Elementary School

Street Address
1 Sims Avenue

City (5) Old Bridge
County (6) Middlesex
County Code (7)

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

Square Feet
50000

Current Use (Prior if being demolished)
School

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.

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: 7:00 AM - 3:00 PM

Name of Monitoring Firm Hired by Building Owner (8)
ASCiM No.
Environmental Connection

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08610

Project Manager for Monitoring Firm
Jim Frisbee

Telephone Number
609-392-4200

Scheduled Start Date (10) 8/11/14
Scheduled Completion Date (11) 8/13/14

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)

Yes
No
N/A

Boiler Room

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

is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

Boiler Rib Packing

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

Amount (Specify SF or LF)
10 SF

Abatement Type

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste 2 Cu Yd

Name of Registered Landfill
Minerva Landfill

Disposal Date 8/14/14

City, State Wnyesburg, Ohio

Completed By (Print or Type) Gino Pizzigoni

Title Project Manager

Signature
Date 7/23/14

GI 14142
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/23/14

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Agencies Notified
☐ EPA
☐ DEP
☐ DOL#293
☐ DOH#294
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Matawan, NJ 07747
Name of Contact
Mr. Frank Frazzitta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Virgil Grissom Elementary School

Street Address
1 Sims Avenue

City (5)
Old Bridge
County (6)
Middlesex
County Code (7)

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

ASCM No.

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

Square Feet
50000
# of Floors
1
Bldg. Age
40+

Current Use (Prior to being demolished)
School

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
Jim Frisbee
Telephone Number
609-392-4200

Telephone Number
(215)788-6040
License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

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: 7:00 AM - 3:00 PM
☐ 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 & 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 Room

Boiler Rib Packing

10 SF

Abatement Type

Endurable

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste 2 Cu Yd
Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE
Disposal Date
8/14/14
City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature
Date
7/23/14

GI 14142
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/10/2014</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Dengler Demolition</td>
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<tr>
<td>Street Address</td>
<td>228 Highway 130</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Bordentown, NJ</td>
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<tr>
<td>Name of Contact</td>
<td>Paul Dengler</td>
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### FACILITY INFORMATION

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Firehouse</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>2nd and Honberger</td>
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<td>City (5) County (6) County Code (7)</td>
<td>Burlington</td>
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<table>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Alpha Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>2129 Route 33</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hamilton, NJ 08610</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-847-2958</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>01222</th>
</tr>
</thead>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

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

- ≥3 sf or ≥3 lf
- ≥180 sf ≥260 l f
- 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)

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Roof (silver Coat)</th>
<th>Wall plaster</th>
<th>Mastic under carpet</th>
<th>12&quot; VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2600sf</td>
<td>600sf</td>
<td>700sf</td>
<td>120sf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ALPHA ENVIRONMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Trenton, NJ</td>
</tr>
</tbody>
</table>

### Disposal Date

<table>
<thead>
<tr>
<th>Various</th>
<th>City, State</th>
<th>Morrisville, PA</th>
</tr>
</thead>
</table>

### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Rod Richardson</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project</td>
<td></td>
<td>Rod Richardson</td>
<td>8/10/2014</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:130)

Date of Notification (1):
05/14/2014

Name of Building Owner/Operator (2):
Ramapo Indian Hills Reg. Board of Education

Agency Notified (3):
EPA

Type of Notification:
Initial

Address:
131 Yawpo Avenue

City, State, Zip Code:
Oakland, NJ 07438

Name of Contact:
Frank Geurvels, BA, BS

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Ramapo High School 200 Wing Phase II

Street Address:
331 George Street

City (5):
Franklin Lakes

County (6):
Passaic

County Code (7): NA

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

Square Feet: # of Floors: Story Age

Name of Building Owner (8):
Not Applicable NON SUB 8

ASCM No.:

Name of Abatement Contractor (9):
Panoramic Window & Door Systems Inc.

Street Address:
125 Fleming Street

City, State, Zip Code:
Piscataway, NJ 08854

Project Manager for Monitoring Firm:

Telephone No.:
732-626-0900

License No.:
01257

Start Date (10):
05/18/2014

Scheduled Completion Date (11):
08/22/2014

Name of OSHA Monitor:
Mark Jovio Consulting LLC

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

Facility Description:

Scope of Work (Check All That Apply):

Membrane Repair
Demolition

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

Location of
Name:

Amount

Location

Description of

Abatement

Yes

Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfaces, etc.):

Abatement Type

Location

Glazing Material

Asbestos-Containing Caulk/Glaze

800 LF

X

Room No.: 217B, 217C, 215, 213

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.:
Cubic Yards of Waste:
Name of Registered Landfill:
T.R.R.F.

City, State:
Tullytown, PA

Disposal Date:
City, State:
Tullytown, PA

Completed by:
Mark M Jovio

Consultant:

Signature:

Date:
08/12/2014

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-15-14</td>
<td>Charles Prood</td>
<td>30 Delewan Street</td>
<td>Lambertville, NJ 08530</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Number of Stories</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Dwelling</td>
<td></td>
<td>2</td>
<td>1001-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>N/A</td>
<td>EPC Technologies Inc</td>
<td>P.O. Box 337</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenk</td>
<td>609-758-3365</td>
</tr>
</tbody>
</table>

**Start Date and Scheduled Completion Date**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-25-14</td>
<td>8-25-14</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

<table>
<thead>
<tr>
<th>Facility Classified</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed/Abandoned</td>
<td></td>
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</table>

**Scope of Work**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<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-Flammable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td></td>
<td>100 LF. x</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone No.</th>
<th>Waste Management of PIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>710000</td>
<td>Waste Management of PIA</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-36-14</td>
<td>Moonville, PA</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenk</td>
<td>President</td>
<td>Sched</td>
<td>8-15-14</td>
</tr>
<tr>
<td>Field</td>
<td>Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract/Job No</td>
<td>CK 8529</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2014 AUG 18 AM 7:20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Site</td>
<td>ELLEN KREPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>24 TONAWANDA RD. Glen Rock, N.J. 07452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Address</td>
<td>ELLEN KREPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Code</td>
<td>Bergen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Building Firm</td>
<td>RESIDENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Building Firm Holder</td>
<td>ASHCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner's Name</td>
<td>A. Minc-Contractor, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Address</td>
<td>100 Louden Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, N.J. 07452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>8/13/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of CSHA/MIC</td>
<td>Coastal Environmental Systems, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Analysis</td>
<td>Plaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House Type</td>
<td>1ST FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-related Material</td>
<td>Plaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Responsible Worker</td>
<td>2ND FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Responsible Worker</td>
<td>Basement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Responsible Worker</td>
<td>Plaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Stories</td>
<td>300 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Stories</td>
<td>100 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Stories</td>
<td>300 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Stories</td>
<td>8/13/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Stories</td>
<td>8/12/14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*On release this form for any use has expired authority.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 8/14/14

Name of Building Owner/Operator (2) Northeaster

Agencies Notified Type Notification

Name of Facility Where Abatement is Taking Place (3)
Street Address
1533 Long Meadow Road

City, State, Zip Code Mountainside, NJ 07092

County Code County Name (STATE USE ONLY) Union

Name of Monitoring Firm Hired by Building Owner (8)

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

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

Square Feet 2600
# of Floors 2
Bldg. Age 60

Current Use (Prior if being demolished)

ASCM No.

Street Address

City, State, Zip Code

License No. 703

Telephone No. 973-583-8500

Name of DESHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 8/25/14

Scheduled Completion Date (11) 9/12/14

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 32 ft or 33 if
- 2160 ft or 2260 if
- Renovation Demolition

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

Yes No N/A

exterior

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

duct insulation 35 SF

Abatement Type

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 15959

Cubic Yards of Waste 10

Name of Registered Landfill TBD

City, State Freehold, NJ

Disposal Date TBD

Completed by A. Scott Higgins Title Owner/President

Signature

Date 8/14/14

* 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) 8-12-14
Name of Building Owner/Operator (2) Exxin Mnjz Environ & Mgmt Inc.

Agency Notified Type Notification
☐ EPA
☐ Initial
☐ DEP
☐ Amendment #
☐ DOL
☐ Emergency (including justification)
☐ DOH
☐ Cancellation

Street Address
52 Beacham Street

City, State, Zip Code
Everett, MA 02149

Name of Contact: Mike Geci

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Banyon Lubrication Mfg. Plant

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

Square Feet 2,250

# of Floors N/A

Bldg. Age

Current Use (Prior if being demolished) Storage Tank

County Code (7) (STATE USE ONLY) Hudson

Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies

ASCM No.

Name of Abatement Contractor (9) Terra Contracting Services, LLC

Street Address
123 N. Teal Rd. P.O. 3615

City, State, Zip Code
Southampton, NY 11968

Name of OSHA Monitor Analytical Testing Consulting Services

Street Address
14825 Foster Rd.

City, State, Zip Code
Plainwell, Michigan 49080

Start Date (10) 8-2-14

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 s.f. or ≥ 3 T
☐ ≥ 160 s.f. or ≥ 260 T
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
HAZMAT Environmental Group, Inc.

ID No. 1665

Cubic Yards of Waste 30

Name of Registered Landfill
High Acres Landfill

City, State, Zip Code Buffalo, NY

Disposal Date 9-30-14

Completed by

Signature L. Moe

Date 8-12-14

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

(Pursuant to N.J.A.C. 8:20 and 12:120)

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy University Hospital</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Number of Stories</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill, NJ 08002</td>
<td>Camden</td>
<td>260,000</td>
<td>2</td>
<td>52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy University Hospital</td>
<td>Initial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (6)</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy University Hospital</td>
<td>Criterion Laboratories, Inc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Mike Panepresso</td>
<td>215-244-1300</td>
<td>01185</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours:</td>
<td></td>
</tr>
<tr>
<td>○ Facility Occupied During Abatement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 2,000 or less</td>
</tr>
<tr>
<td>× 1,800 or more</td>
</tr>
<tr>
<td>× 2,000 or more</td>
</tr>
<tr>
<td>× 2,200 or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Floor</th>
<th>1st Floor</th>
<th>2nd Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Coating on beam</td>
<td>ACM Coating on beam</td>
<td>ACM Coating on beam</td>
</tr>
<tr>
<td>18 LF</td>
<td>18 LF</td>
<td>18 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 863218</td>
<td>Trenton, NJ 08618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>President</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Brian Haney</td>
<td></td>
</tr>
</tbody>
</table>
Date of Notification (1)  
8/13/14

Name of Building Owner/Operator (2)  
Barbara Brown Private Home

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

Name of Monitoring Firm Hired by Building Owner (3)  
N/A

Name of Abatement Contractor (9)  
Pernaco Inc.

Square Feet  
1000+

County Code (7)  
Atlantic  
(State Use Only)

Current Use (Prior to being demolished)  
35+

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

Facility Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)  
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)  
Pipe Insulation

Amount (Specify SF or LF)  
24LF  
8 LF

Location of Registered Waste Hauler  
United Containers

Cubic Yards of Waste  
2

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

City, State  
Morrisonville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature  
8/13/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1)
8/14/14

Name of Building Owner/Operator (2)
Township Of Pemberton

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

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

Street Address
500 Pemberton - Browns Mills Rd

City, State, Zip Code
Pemberton NJ 08068

Name of Contact
Phil Sager

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Fire Damage Home

Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter 6 (Other than K-12)
[ ] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
House

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

Name of Abatement Contractor (9)
Perraco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-8900

License No.
00727

Start Date (10)
8/27/14

Scheduled Completion Date (11)
9/1/14

Name of OSHA Monitor
Same

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)
[ ] ±300 ft or ±30 ft
[ ] ±160 sf or ≥280 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)

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, VIT, or other miscellaneous)

Amount
(Specify SF or LF)

1200 SF

Abatement Type

Removal

Repair

Encapsulate

Endorse

Exterior Siding

x

Exterior Siding

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
9/1/14

Completed by
Anthony T Perna

Title
President

Signature

Date
8/14/14

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/14</td>
<td>H. Mahoney LLC</td>
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<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initiation</td>
</tr>
<tr>
<td>DEF</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Emergency (Requiring)</td>
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<tr>
<td>DOH</td>
<td>Authorization</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Facility Whose Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>S17 Cumberland St</td>
</tr>
<tr>
<td>WESTFIELD, NJ</td>
</tr>
<tr>
<td>UNION</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Code</th>
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<tr>
<td>UNION</td>
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<table>
<thead>
<tr>
<th>Current Use</th>
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</thead>
<tbody>
<tr>
<td>RESIDENT</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVALECH INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 714</td>
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<table>
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<tr>
<th>Telephone No.</th>
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<td>332-2352-0000</td>
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<th>License No.</th>
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<tbody>
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<td>008857</td>
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**Scoop of Work (Check all that apply)**
- Demolition
- Renovation
- Non-Enclosed P and Non-Exhausted Procedure
- Other - Describe

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>IN FACILITY</td>
</tr>
<tr>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normal Location Normally Used Exclusively by Maintenance/ Custodial Staff</th>
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<tbody>
<tr>
<td>YES</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
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</table>
| (i.e., thermal systems insulation, surfacing, VAT, or other misclassifications) | Specialty SF or LP |}

**Abatement Type**
- Removal
- Replacement
- Encapsulation
- Non-Enclosed P and Non-Exhausted Procedure

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
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<tbody>
<tr>
<td>NOVALECH INC</td>
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<table>
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<th>NUDEP Waste Hauler ID No.</th>
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<tr>
<td>18501</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>6.2006</td>
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<table>
<thead>
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<th>Disposal Date</th>
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<tbody>
<tr>
<td>07/10/14</td>
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<table>
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<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>PAGNADELE, PA</td>
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<table>
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<tr>
<th>Completed by</th>
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</thead>
<tbody>
<tr>
<td>CARLOS AHEIN, PRESIDENT</td>
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</tbody>
</table>

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