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

Date of Notification (1):

Name of Building Owner/Operator (2):

Agencies Notified:

Street Address:

Ch. State Zip Code:

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

City (5):

County (6):

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

Name of Asbestos Contrator (9):

Schedule Abatement Date (10):

Occupancy Status During Abatement (Check only one):

Scope of Work (Check all that apply):

Location of Asbestos Containing Material (ACM) TO BE ABATED

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

Location of Transite

Abatement Type

Name of Registered Waste Hauler:

City, State:

Complied By:

Signature:

Date:

Note: Do not use this form for asbestos-licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 11:2.130)

Date of Notification: 5-16-15

Name of Building Owner/Operator: EARTHTECH CONTRACTING

Street Address: 55 RT 50
City, State, Zip Code: GREENFIELD, N.J. 07025

Name of Contractor: BRUCE BREUNIG

FACILITY INFORMATION

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

Square Feet: 1000
No. of Floors: 2
Bldg. Age: 40

Current Use (Prior if being demolished): VACANT

Name of Facility Where Abatement is Taking Place: RESIDENCE

Street Address: 1400 W. 35TH AVE
City: OCEAN
County: OCEAN

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

ASCM No: Name of Abatement Contractor: KLEMCO INC.

Street Address: 3169 S. SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, N.J. 08052

Telephone No: 856-229-0472
License No: 00444

Name of OSHA Monitor: JOSEPH KLEMM JR

Street Address: 3169 S. SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, N.J. 08052

Start Date: 9-2-15
Schedules Completion Date: 9-9-15

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

Scope of Work (Check all that apply):
- Demolition
- Full Containment with Negative Pressure
- Gloves/Glove Procedure
- Non-Exempted (*) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>ACM Type</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
<td>TRANSITE</td>
<td>1400 SF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: KLEMCO INC.

Job Order: 7904
Cubic Yards of Waste: 5
Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE, N.J.

Disposal Date: 8-16-15

Completed By: MICHAEL KLEMME
Title: Vice President
Signature: [Signature]
Date: 8-16-15

* Do not use this form for asbestos liciensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:15)  

Date of Notification (1)  
8 / 17 / 15

Name of Building Owner/Operator (2)  
Elwyn New Jersey

Agencies Notified  
☐ EPA  
☐ DOL WD  
☒ DHSS  
☐ DCA  
(NJAC 5:23-9)

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

Street Address  
1667 East Landia Ave.

City, State, Zip Code  
Vineland, NJ 08361

Name of Contact  
Peter Thomas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Elwyn New Jersey

Street Address  
1667 East Landia Ave.

City (5)  
Vineland, NJ 08361

County (6)  
Burlington  
County Code (7)(STATE USE ONLY)  

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

ASCM No.  
NA

Name of Abatement Contractor (9)  
Alliance Environmental Systems  
Street Address  
550 East Union St.

City, State, Zip Code  
West Chester, PA 19382

Project Manager for Monitoring Firm  
Don Helm  
Telephone No.  
610-555-8902

Telephone No.  
610-701-9000

License No.  
00508

Start Date (10)  
8 / 31 / 15

Scheduled Completion Date (11)  
9 / 11 / 15

Name of OSHA Monitor  
AET

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

Time of Abatement: 7AM-____PM/____PM-___AM

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 If  
☐ ≥160 sf or ≥250 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)  

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)  

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorse

Old Purchasing  
☐  
☐ VAT  
☐  

Amount  
50

Old Purchasing  
☐  
☐ Pipe Insulation  
☐  

Amount  
125 LF

Old Purchasing  
☐  
☐ Transite Pipe  
☐  

Amount  
30 LF

Old Purchasing  
☐  
☐ Wire Wrap  
☐  

Amount  
500 LF

Name of Registered Waste Hauler  
David Geppert Recycling  
NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  
40

Name of Registered Landfill  
Western Berks Community Landfill

City, State  
Hatfield, PA  
Disposal Date  
TBD  
City, State  
Birdsboro, Pa

Completed By (Print or Type)  
Mark Griffin  
Title  
Estimator  
Signature  
Date  
8-17-15

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

GAC Project # 9033-2015

Date of Notification (1)  
August 13, 2015

Name of Building Owner/Operator (2)  
MR. PAT VALENTI

Agencies Notified  
☐ EPA  ☑ DCA  ☑ DOH  ☐ DEP - No Longer REQUIRED

Notification Type  
☒ Initial Notification  ☐ Amended Certification #1  ☐ Emergency (Including justification)  ☐ Cancelled

Street Address  
113 JAY PLACE

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

City (5)  
MIDDLESEX

County (6)  
MIDDLESEX

County Code (7)  
(State Use Only)

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

Sq. Feet:  Unknown  # of Floors: 2  Bldg. Age: 60+ years

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

Street Address  
20-21 WARGARAW ROAD

City State, Zip Code  
FAIRLAWN, NJ 07405

Telephone Number  
973-636-9145

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM No. 0098
ENVIROVISION, INC.

Street Address  
268 MAIN STREET

City State, Zip Code  
BUTLER, NJ 07405

License Number  
00840

Project Manager for Monitoring Firm  
FRED LARSON

Telephone Number  
973-492-0477

Name of OSHA Monitor  
ENVIROVISION, INC.

Scheduled Start Date (10)  
08/17/15

Scheduled Completion Date (11)  
08/18/15

Occancy Status During Abatement (Check only one)  
☐ Facility Closed/Abandoned During Entire Period of Abatement  ☒ Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM – 8:00 PM

Source of Work (Check all that apply)  
☒ ≥ 3 sf or ≥ 3 if  ☒ ≥ 160 sf or ≥ 260

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  ☐ YES  ☐ NO  ☒ NA

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

Amount (Specify SF or LF)  

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

BASEMENT  
☒ VAT  ☐ 100 SF  ☒ 100 SF

Name of Reg. Waste Hauler  
Newark Carting, Inc.
Newark, NJ 04509

NJ DEP Waste Hauler ID #  
NJ DEP # 4509

Cubic Yards of Waste  
5 CY

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

Disposal Date  
08/18/2015

City State  
100 New Ford Mill Rd. Morrisville, Pa 19067
215-730-1700

Completed by (Print or Type)  
RAYMOND C. PEDALINO  
TITLE SENIOR PROJECT MANAGER

Signature  

Date  
August 13, 2015

Copies To:  Mr. Patrick Valenti and ENVIROVISION, Attn: Fred Larson
# Emergency

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

**Date of Notification**: 8/17/15

**Name of Building Owner/Operator**: John Silvestri Private Home

**Street Address**: 14 Lane Of Acres

**City, State, Zip Code**: Haddonfield NJ 08033

**Name of Contact**: Tom

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place**: John Silvestri Private Home

**Street Address**: 14 Lane Of Acres

**City**: Haddonfield NJ 08033

**County**: Camden

**County Code**: N/A

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

**Name of Abatement Contractor**: Pernaco Inc.

**Type of Facility**: K-12 School

**Square Feet**: 1000+

**# of Floors**: 1

**Bldg. Age**: 35+

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

---

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

**Telephone No.**: N/A

**Start Date**: 8/18/15

**Scheduled Completion Date**: 8/20/15

**Occupancy Status During Abatement**:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: home owner home

---

**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)**

**Location Normally Used Solely by Maintenance/Custodial Staff**: N/A

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

- Floor tile & mastic
- 35 SF

---

**Name of Registered Waste Hauler**: United Containers

**NJDEP Waste Hauler ID No.**: 22459

**Cubic Yards of Waste**: 1

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

**City, State**: Morrisville PA 19067

**Disposal Date**: 8/20/15

**Completed by**: Anthony T Perna

**Title**: President

**Signature**: N/A

**Date**: 8/17/15

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-14-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>American Boiler Company</td>
</tr>
<tr>
<td>Street Address</td>
<td>636 South 21st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Irvington, NJ 07111</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Frank</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>806 Morris Turnpike</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills, NJ 07078</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Essex</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Green Environmental Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>235 Virginia Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07304</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8-14-2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-14-2015</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>
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<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Frisable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Boiler room</td>
<td>x</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>250 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></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>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Green Environmental Services</td>
</tr>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>0034889</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-17-2015</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Lilianna Serrano</td>
</tr>
<tr>
<td>Title</td>
<td>Office Manager</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
08 / 10 / 2015

Name of Building Owner / Operator (2)  
Atlantic City Electric

Street Address  
5100 harding Highway

City, State, Zip Code  
Mays Landing NJ 08330

Name of Contact  
Bob Frame

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Pearmont Substation

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

Square Feet  
3,000

Building Age  
25

Current Use (Prior to being demolished)  
Sub Station

Name of Monitoring Firm Hired by Bldg. Owner (6)  
ASCM NO

Name of Abatement Contractor (9)  
NorthStar Contracting Group, Inc.

Street Address  
700 Turner Industrial Way

City, State, Zip Code  
Aston, PA 19014

Project Mgr. For Monitoring Firm  
Don Heim

Telephone Number  
610.558.8902

Sched. Start Date (10)  
09 / 10 / 2015

Sched. Completion Date (11)  
09 / 16 / 2015

Telephone Number  
973.772.3660

License Number  
00860

Occupancy Status During Abatement (Check Only 1)  
□ Facility Closed/Vacated During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Facility Hours - Describe: __ MON - FRI 7:00AM-3:30PM

Name of OSHA Monitor  
NorthStar Contracting Group, Inc.

Street Address  
32 Williams Parkway

City, State, Zip Code  
East Hanover NJ. 07936

Scope of Work (Check All That Apply)  
□ Demolition  
□ ≥35 cf or ≥35 l  
□ ≥160 sf or ≥160 ft²  
□ Renovation  
□ Full Containment with Negative Pressure  
□ Full Containment  
□ 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)

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

Amount (Specify SF or LF)  

Abatement Type  

Location of Registered Waste Hauler  

Name of Registered Waste Hauler  
JL Davis Waste

NJDEP Waste Hauler ID No.  
16357

Cubic Yards of Waste  

Name of Registered Landfill  
Cape May County Landfill

City, State  
Ocean View NJ 08230

Disposal Date  
2046 Kearney Ave

Woodbine NJ 08770

Completed by (Print or Type)  
Rich Semega

Title  
Project Manager

Signature  

Date  
08/19/15
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**  
[218118115]

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

**Street Address**  
187 Haggerty Avenue

**City, State, Zip Code**  
Philipsburg, NJ 08865

**Name of Contact**  
Judy Dolan

**FACILITY INFORMATION**

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

**Street Address**  
187 Haggerty Avenue

**City (5)**  
Philipsburg, NJ 08865

**County (6)**  
Warren

**County Code (7)**  
State use only

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

**ASCM No.**  

**Type of Facility (4)**  
☑ Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

**Type of Abatement Contractor (9)**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

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

**Telephone Number**  
(973)696-6889

**License Number**  
00378

**Name of OSHA Monitor**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

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

**Scheduled Start Date (10)**  
09/03/2015

**Sched. Completion Date (11)**  
09/04/2015

**Occupancy Status During Abatement (Check only one)**  
☑ Facility closed/vacated during entire period of abatement.

**Other-Describe:**

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

**Rention**

☐ Full Containment w/negative pressure

☐ Glovebag procedure

☐ Non-permeable procedure

**Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Encap</th>
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</thead>
<tbody>
<tr>
<td>basement boiler room</td>
<td>☒</td>
<td>pipe insulation</td>
<td>32 if</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>shop area</td>
<td>☒</td>
<td>pipe insulation</td>
<td>33 if 2</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
B & G Restoration, Inc.

**NJDEP Hauler ID#**  
19563

**Cubic Yards of Waste**  
1½

**Name of Registered Landfill**  
Tullytown Resource & Recovery Center

**Disposal Date**  
09/04/2015

**City, State**  
Lincoln Park, NJ

**Completed by (Print or Type)**  
Gordana Luna

**Title**  
Secretary/Treasurer

**Signature**  
Gordana Luna

**Date**  
08/18/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
2015-139

Name of Building Owner/Operator (2)
Patti Deerin

Street Address
321 Hillside Avenue

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Patti Deerin

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Patti Deerin

Street Address
321 Hillside Avenue

City (5) County (6) County Code (7) (State use only)
Livingston, NJ 07039 Essex

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Type of Facility (4)
X Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Scheduled Start Date (10)
09/02/2015

Scheduled Completion Date (11)
09/03/2015

Occupancy Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.
X Abatement performed outside of normal facility hours.

Describe:

Other-Describe:

Scope of Work (check all that apply)

Demolition
Renovation

>3 sf or >3 if
≥160 sf or ≥280 if

Location of asbestos-containing material 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)

Amount
(Specify SF or LF)

Removal Repair Encapsulation

mini-enclosure

Non-frangible procedure

basement main room

crawl space #1

crawl space #2

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19963

Name of Registered Landfill
Tullytown Resource & Recovery Center

Disposal Date
09/03/2015

City, State
Lincoln Park, NJ

Title
Secretary/Treasurer

Signature

Date
09/18/2015

Gordana Luna

Completed by (Print or Type)
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj #: 2015-128**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/2015</td>
<td>Daniel Michalchuk</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>540 Ridgewood Road</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maplewood, NJ 07040</td>
<td>Daniel Michalchuk</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Michalchuk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>540 Ridgewood Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 fl</td>
</tr>
<tr>
<td>boiler room, main room, stairwell</td>
</tr>
<tr>
<td>bathroom &amp; laundry room</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room, main room, stairwell</td>
</tr>
<tr>
<td>bathroom &amp; laundry room</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>duct seams</td>
</tr>
<tr>
<td>thick duct insulation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Remover</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>09/02/2015</td>
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</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
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<tbody>
<tr>
<td>19563</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
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<tbody>
<tr>
<td>Gordana Luna</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secret/Treasurer</td>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>08/18/2015</td>
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<tbody>
<tr>
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</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
David Anthony

Agencies Notified

☐ EPA  ☐ DEP  ☒ DOL  ☐ DOH  ☐ DCA

Type Notification

☒ Initial  ☐ Amendment  ☐ Cancellation

Street Address
630 Main Street

City, State, Zip Code
Little Falls, NJ 07424

Name of Contact
David Anthony

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
David Anthony

Street Address
630 Main Street

City (5)  County (6)  County Code (7)
Little Falls, NJ 07424  Passaic  (State use only)

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-5869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
  Describe: __________________________________________
☐ Other-Describe: ___________________________________

Scope of Work (check all that apply)
☒ Demolition  ☐ Renovation  ☐ Full Containment w/negative pressure
☐ >3 sq or >3 if  ☐ >180 sq or >260 sf  ☐ Mini-enclosure
☐ Non-frangible procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encaps</th>
<th>ENCL</th>
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<tbody>
<tr>
<td>basement</td>
<td>☐</td>
<td>✒</td>
<td>✒</td>
<td>pipe</td>
<td>70 if</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>main room</td>
<td>☐</td>
<td>☒</td>
<td></td>
<td>pipe</td>
<td>10 if</td>
<td></td>
<td></td>
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<tr>
<td>crawlspace</td>
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<td>☒</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
09/01/2015

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
08/18/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-130
Check #: 7351

Date of Notification (1)
2015 AUG 20 AM 9:15

Name of Building Owner/Operator (2)
Darius Saib

Agencies Notified
EPA
DEP
DOL
DOH
DCA
X
X
X

Type Notification
Initial
Amendment
Cancellation

Street Address
12 Woodcliff Drive

City, State, Zip Code
Madison, NJ 07940

Name of Contact
Darius Saib

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Darius Saib

Street Address
12 Woodcliff Drive

City (5)
Madison
County (6)
Morris
County Code (7)

Type of Facility (4)
X Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

Current Use (Prior if being demolished)
residential

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

ASCN No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)686-8569

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
08/28/2015

Scheduled Completion Date (11)
08/29/2015

Occupy Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Describe:

Other-Describe:

Scope of Work (check all that apply)
X Renovation

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

description

Location normally used solely by maintenance/custodial staff (12)
Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount
(Specify SF or LF)

Removal
Repair
Encapsulation

Compliance

Registered Waste Hauler
B & G Restoration, Inc.

NJDHHAUER ID# 19553

2 Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
08/31/2015

Complished by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
08/18/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 08/13/2015

Name of Building Owner/Operator (2)
Christopher Pain

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

Street Address
49 East Oak Street

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Christopher Pain

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
49 East Oak Street Basking Ridge, NJ 07920

City (5) Basking Ridge

County (5) Somerset

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

Street Address
2200 Paterson Plank Road #7

City State, Zip Code
North Bergen, NJ

Project Manager for Monitoring Firm
Carmelo Almonte

Telephone Number
(201) 864-6583

Scheduled Start Date (10)
8/13/2015

Scheduled Completion Date (11)
8/28/2015

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

Source of Work (Check all that apply)
(x) 3 sf or ≥ 3 sf
(x) Renovation
( ) Demolition
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glove bag Procedure
(X) Non-Exempted (X) and Non-Friable Procedure

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

Attic of House

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)
Insulation

Amount (Specify SF or LF) 200 SF

Abatement Type X

Name of Reg. Waste Hauler SUPER, LLC

NJDEP Waste Hauler ID # 0034893

Cubic Yards of Waste TBD

Name of Reg. Landfill G.R.O.W.S., Waste Management

City, State Paramus, NJ

Completed by
Tailor Dominguez

Title Project Manager

Signature

Date 07/30/2015
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1)**
August 17, 2015

**Name of Building Owner/Operator (2)**
Estate of Nina Bein c/o Robert Bein

Check # N/A

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

**Type Notification**
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

**Street Address**
545 Mud College Road

**City, State, Zip Code**
Littlestown, PA 17340

**Name of Contact**
Robert Bein

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
1072 Trafalgar Street

**City (5)**
Teaneck

**County (6)**
Bergen

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

**Square Feet**
3,000

**# of Floors**
2

**Bldg. Age**
75

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

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

**Management & Enviro. Consulting Services**
Shade Environmental, LLC

**Street Address**
PO Box 341

**City, State, Zip Code**
Chesterfield, NJ 08516

**Project Manager for Monitoring Firm**
Bill Welsgarber

**Telephone No.**
609-239-4070

**Start Date (10)**
August 5, 2015

**Scheduled Completion Date (11)**
October 2, 2015

**Street Address**
623 Cutler Avenue

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

**License No.**
00842

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**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:

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition

**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)**
2,800 SF

**Location of Registered Waste Hauler**

**Freehold Cartage**

**Cubic Yards of Waste**
40

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newburg, PA

**Disposal Date**
10/2/2015

**Completed by**
Christina Lynch

**Title**
Operations Manager

**Signature**

**Date**
8/17/2015

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