**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Name of Building Owner/Operator:**

**Name of Abatement Contractor:**

**Location of Abatement:**

**Type of Work:**

**Occupancy Status During Abatement:**

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

**Resumption of Use:**

**Amount (specify SF or LF):**

**Disposal Date:**

**Name of Registered Landfill:**

**Contractor:**

---

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

(Pursuant to NJAC 8:60 and 12:110)

**State of New Jersey**

**Notification of Asbestos Abatement**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/19/14</th>
</tr>
</thead>
</table>

**Agencies Notified**

- [ ] EPA
- [ ] DCH
- [ ] DCA
- [ ] DOH
- [ ] DCA

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Reopening
- [ ] Emergency (including justification)
- [ ] Cancellation

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

**Address**

- [ ] 271 - FREEMONT AVE
- [ ] WOODRIDGE, N.J. 07077

**City, State, Zip Code**

- [ ] WOODRIDGE, N.J. 07077

**Name of Contact**

- [ ] Lisa Fisher

**Telephone Number**

- [ ] 

**Facility Information**

**Type of Facility (4)**

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

**Square Feet**

- [ ] 1000

**Number of Floors**

- [ ] 2

**Age**

- [ ] 40

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

- [ ] VACANT

**County (6)**

- [ ] CADEMAR

**County Code (7)**

- [ ] 

**County Use Only**

- [ ]

**Name of Abatement Contractor (9)**

- [ ] KLEMCO INC.

**Address**

- [ ] 369 S. SPRUCE AVE.
- [ ] MAPLE SHADE, N.J. 08052

**City, State, Zip Code**

- [ ] MAPLE SHADE, N.J. 08052

**Telephone Number**

- [ ] 856-779-0422

**License No.**

- [ ] 0044

**Name of OSHA Manager**

- [ ] JOSEPH KLEMM

**Address**

- [ ] 369 S. SPRUCE AVE.
- [ ] MAPLE SHADE, N.J. 08052

**City, State, Zip Code**

- [ ] MAPLE SHADE, N.J. 08052

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

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Kart-Endoscopy
- [ ] Gloves and Procedure
- [ ] Non-Exempted (11) and Non-Fluorocarbons

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

- [ ] TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td></td>
</tr>
<tr>
<td>[ ] 2</td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Phase**

- [ ] TRANSITE

**Name of Registered Waste Handler**

- [ ] KLEMCO INC.

**Address**

- [ ] MAPLE SHADE, N.J. 08052

**City, State**

- [ ] MAPLE SHADE, N.J. 08052

**Disposal Date**

- [ ] 9/19/14

**Name of Registered Landfill**

- [ ] C.M.C., M.U.A.

**Cubic Yards of Wastes**

- [ ] 5

**Name of Registered Waste Handler**

- [ ] JOSEPH KLEMM

**Date**

- [ ] 9/19/14

---

*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)

Name of Building Owner/Operator: EARTH TECH EC CONSTRUCTION
Street Address: 155 RT. 50
City, State, Zip Code: GREENFIELD N.J. 08230
Name of Contact: BRUCE BURWIG
Telephone Number:

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, OSHA, DEP, DOL, DOM, DCA</td>
<td>Initial</td>
<td>RESIDENCE</td>
</tr>
</tbody>
</table>

Street Address: 2536 Central Ave.
City: OCEAN CY
County: CACEY

Name of Abatement Contractor: KLAMCO INC
Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE, N.J. 08052
Name of OSHA Monitor: JOSEPH KLEMME
Street Address: 369 S. SPRUCE AVE.

Date of Notice: 8/19/14
Scheduled Completion Date: 9/19/14

Occupancy Status During Abatement: VACANT

Scope of Work:
- Remodeling

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
- No

Description of Asbestos-Containing Material (ACM):

Amount (Specify SF or LF): 25000

Name of Registered Waste Hauler: KLAMCO INC
City, State: MAPLE SHADE, N.J., 08052

Complied By: JOSEPH KLEMME
Title: OWNER
Signature: JOSEPH KLEMME
Date: 8/19/14

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 19, 2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] EPA</td>
<td>[ ] Initial Notification</td>
<td>Elite Construction Corp.</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>9 Linden Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Mantua, NJ 08051</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Nick</th>
</tr>
</thead>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>306 3rd Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortley Beach</td>
<td>Ocean</td>
<td>[state code]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] School (k-12)</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (other than k-12)</td>
</tr>
<tr>
<td>[x] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 sf</td>
<td>1</td>
<td>60</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1889 Route 9, Unit 61</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08755-1271</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-349-9932</td>
<td>00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1056 Stelton Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Piscataway, New Jersey 08854</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥3 l df</td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥260 l df</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 sf</td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20223</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>8/25/14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Tullytown, Pennsylvania</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nicholas Fernicola</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

8/19/14

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 19, 2014</th>
</tr>
</thead>
</table>

**Agencies Notified**

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

**Type of Notification**

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

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

Rich-Mark Contracting, Inc.

**Street Address**

PO Box 124

**City, State, Zip Code**

Toms River, NJ 08754

**Name of Contact**

Mark Tucker

**Telephone Number**

N/A

**FACILITY INFORMATION**

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

Residence

**Street Address**

261 Coolidge Avenue

**City**

Ortley Beach

**County (6)**

Ocean

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

N/A

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

ASCM No.

**Type of Facility (4)**

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

**Square feet**

1000 sf

**# of Floors**

1

**Bldg Age**

60

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

Residence

**Name of Abatement Contractor (9)**

Guardian Contracting, Inc.

**Street Address**

1889 Route 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755-1271

**Telephone Number**

732-349-9932

**License Number**

00624

**Name of OSHA Monitor**

E.M.S.L. Analytical

**Street Address**

1056 Stelton Road

**City, State, Zip Code**

Piscataway, New Jersey 08854

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

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

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

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos siding</th>
</tr>
</thead>
</table>

**Amount (Specify SF or LF)**

950 sf

**Abatement Type**

X

---

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**

20223

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

T.R.R.F.

**City, State**

Toms River, New Jersey

**Disposal Date**

8/25/14

**City, State**

Tulldown, Pennsylvania

**Completed by (Print or Type)**

Nicholas Fernicola

**Title**

Project Manager

**Signature**

8/19/2014

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1): 08/11/14

Name of Building Owner/Operator (2): Newark Public Schools
Street Address: 2 Cedar Street
City, State, Zip Code: Newark, NJ 07102
Name of Contact: Douglas Bland, Bus. Admin.
Telephone Number:

Name of Facility Where Abatement is Taking Place (3):
Mount Vernon Elementary School
142 Mt. Vernon Place
City (5): Newark, NJ 07106
County (6): Essex
County Code (7): (STATE USE ONLY): 152009

Type of Facility (4):
[X] School (K-12)

Name of Abatement Contractor (9):
Four Strong Builders, Inc.
Street Address: 180 Sargent Avenue
City, State, Zip Code: Clifton, NJ 07013

Name of Monitoring Firm Hired by Building Owner (8):
TTI Environmental, Inc.
Street Address: 1253 North Church Street
City, State, Zip Code: Moorestown, NJ 08057

Manager for Monitoring Firm Telephone Number: 856-840-8800

Scheduled Start Date (10): 08/11/14
Scheduled Completion Date (11): 08/11/14
Occupancy Status During Abatement (Check only one):
[X] Abatement Performed Outside of Normal Facility

Scope of Work (Check all that apply):
[X] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gymnasium</td>
<td>Flooring Material, 1000 SF</td>
</tr>
<tr>
<td>Auditorium Stage</td>
<td>Flooring Material, 275 SF</td>
</tr>
<tr>
<td>Hallway</td>
<td>Pipe insulation with associated fittings, 120 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.: 12609

Disposal Site:
G.R.O.W.S., Inc.
Tullytown, PA

Completed by:
Bilyana Kulakova, Office Administrator

6438-NJ
Initial Notification
Check #: 6026

2 AUG 22
6:57 PM

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

Check #9010

Date of Notification (1) Amended August 18, 2014
July 30, 2014

Name of Building Owner / Operator (2)
MCP & King Road LLC

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOL
☑ Initial
☐ Amended
☐ Amendment #2
☐ Cancellation

Street Address
260 Franklin Street, Suite 620

City, State & Zip Code
Boston, MA 02110

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Spectra Laboratories

Street Address
East Building – 8 King Road

City (5)
Rockleigh

County (6)
Bergen

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis U.S., Inc.

Name of Abatement Contractor (9)
Synatech, Inc.

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

Square Feet
200,000

# of Floors
2

Bldg. Age
70

Current Use (Prior if being demolished)
Medical Laboratories

Project Manager for Monitoring Firm
Alex Hernandez

Telephone Number
908-525-1000

License Number
00817

City, State & Zip Code
City, State & Zip Code
Branchburg, NJ 08876
Little Egg Harbor, NJ 08087

Scheduled Start Date (10)
August 20, 2014

Scheduled Completion Date (11)
December 31, 2014

Occupancy Status During Abatement (Check only one)
☒ Facility Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☐ Other – Describe: Facility occupied outside of work areas
☐ Facility Occupied During Abatement

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)

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

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

Amount (Specify SF or LF)

Abatement Type

1st Flr AA Lab, Hematology, Specimen Handling, Lab Hallway, Lab Administration, Chemical Lab, IT Offices, Southwest Office Area, Accounting and Conference Room

X Yes

Location Normally Used Solely by Maintenance or Custodial Staff

Adhesive associated with Blue Cove Base

4,230 SF

X

1st Flr Corridors; 2nd Flr Vacant Break Room; Northeast Stairwell, E Lab

X Yes

Beneath Flooring in E Lab and IT Storage

Floor Tile and Mastic

5,000 SF

X

2nd Flr Throughout (except SW Offices)

X Yes

Black ACM Mastic

9,700 SF

X

North Stairwell

Black/Yellow Carpet Mastic

25,000 SF

X

MER 5

X Yes

ACM Transite Wall Panels

150 SF

X

Name of Registered Waste Hauler
Synatech, Inc.

Name of Registered Landfill Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
September 15, 2014

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date Amended
Amended August 18, 2014
July 30, 2014

*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**
08/06/2014

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

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

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

**Street Address**
53 South Woodland St

**City, State, Zip Code**
Englewood, NJ 07631

**Name of Contact**
Dawn Wohlhab

**Tel. Number**

**FACILITY INFORMATION**

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

**Street Address**
53 S Woodland Ave

**City (5)**
Englewood

**County (6)**
Bergen

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

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

**ASCM No.**

**Name of Contractor (9)**
Cid & Sons, LLC

**Street Address**
PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Project Manager for Monitoring Firm**
Scott Higgins

**Telephone Number**
(973)764-2276

**License Number**
01191 "A"

**Scheduled Start Date (10)**
08/16/2014

**Scheduled Completion Date (11)**
09/01/2014

**Name of OSHA Monitor**
Testor Tech

**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] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glove bag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>Roof Tar</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>Floor Material</td>
</tr>
<tr>
<td>X</td>
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<td>Floor Material</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>X</td>
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<td></td>
<td>Boiler Flue</td>
</tr>
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</table>

**Name of Reg. Waste Hauler Cid & Sons, LLC**
NJDEP Waste Hauler ID # 32905

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Reg. Landfill G.R.O.W.S., Waste Management**
City, State
Morrisville, PA

**Completed by**
Rogue Schipilliti Jr.

**Title**
Project Manager

**Signature**

**Date**
08/06/2014
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
08/18/14

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1622 Parker Ave</td>
<td>Fort Lee</td>
<td>John Lee</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lee</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Blog. Age</th>
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<tbody>
<tr>
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**Name of Monitoring Firm Hired by Building Owner (8)**

**Name of Abatement Contractor (9)**
Pro Abatement

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td></td>
<td>201-293-6305</td>
<td>01223</td>
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</table>

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Start Date (10)**
08/28/14

**Scheduled Completion Date (11)**
09/17/14

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN TON SERVICES</td>
<td>22430</td>
<td></td>
<td>MEDOWLANCHES COMMISSION</td>
</tr>
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</table>

**City, State**
KENILWORTH, NJ

**Disposal Date**

**City, State**
KEARNY, NJ

**Completed by**
Bryan Parra

**Title**
Project Manager

**Signature**

**Date**
08/18/14

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>8/19/14</td>
<td>ED Markey Properties</td>
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<th>City, State, Zip Code</th>
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<td>EPA</td>
<td>Initial</td>
<td>2266 Springfield Ave</td>
<td>Vauxhall Rd 07083</td>
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<td></td>
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<table>
<thead>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<table>
<thead>
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<th>County Code (6)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<td>Divine environmental</td>
<td>ASCM No.</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>Turningpoint Contracting Corporation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<td>1925-1927 Vauxhall Rd</td>
<td>201-483-9788</td>
<td>973-372-2177</td>
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<table>
<thead>
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<th>Completion Date (11)</th>
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<td>8/29/14</td>
<td>9/2/14</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>JLC Environmental, Inc</td>
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<table>
<thead>
<tr>
<th>Presence Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>x 25 sf or 25 ft</td>
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<tr>
<td>x 160 sf or 2560 ft</td>
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<tr>
<td>x Renovation</td>
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<tr>
<td>x Demolition</td>
</tr>
<tr>
<td>x Full Containment with Negative Pressure</td>
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<tr>
<td>x Mini-Enclosure</td>
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<tr>
<td>x Glowbag Procedure</td>
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<tr>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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<tbody>
<tr>
<td>In Facility (13)</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>-----</td>
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<tr>
<td>x</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>Pipe Insulation</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>90LF</td>
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<table>
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<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Endorse</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Newark Carter Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. 4506</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste 1</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Tullytown Refacility</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td></td>
<td>Tully town PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emeka Okeke</td>
<td>President</td>
<td></td>
<td>8/19/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 8-19-14
Name of Building Owner/Operator (2) Marc Williams

Agencies Notified Type Notification
[X] EPA Initial Notification
[X] DOL Amended Notification
[ ] DOH Emergency
[ ] DCA Cancellation

Street Address 431 Mount Pleasant Avenue
City, State, Zip Code West Orange, NJ, 07052

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above

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

Square Feet # of Floors Bldg. Age
1600 2 78

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

Telephone Number License Number
(973) 744-8800 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

Scheduled Start Date (10) 8-28-2014
Scheduled Completion Date (11) 9-29-2014

Occuancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement

Other Occupancy Description

Scope of Work (Check all that apply)
[X] 23 sf or 23 LF
[X] 160 sf or 260 LF
[X] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Location Normaly 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

[X] Full Containment
[X] Mini Enclosure
[X] Glovebag Procedure
[X] Non-Friable Procedure

Abatement Type

Location

Basement Pipe insulation 65LF X
Basement Floor tile 85SF X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

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

City, State Montclair, NJ 07042

Disposal Date 8-30-14

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature Date 8-19-14
Date of Notification (1) | 8/19/14
---|---
Name of Building Owner/Operator (2) | SMA Fathers

Agencies Notified | Type Notification | Street Address | 23 Bliss Avenue
---|---|---|---
EPA | Initial | City, State, Zip Code | Tenafly NJ 07670
DEP | | |
DOL | | |
DOH | | |
DCA | | |

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) | N/A
Type of Facility (4) | Church
---|---
School (K-12) | |
Subchapter 8 (Other than K-12) | 
Other (i.e. private & commercial buildings, homes, etc.) | 

Name of Abatement Contractor (9) | Turningpoint Contracting Corporation

Street Address | 358 Broadway
City, State, Zip Code | Newark NJ

Name of Monitoring Firm Hired by Building Owner (8) | Divine environmental

County Code (7) (STATE USE ONLY) | 

Name of OSHA Monitor | JLC Environmental, Inc

Start Date (10) | 8/30/14
Scheduled Completion Date (11) | 9/2/14
Occupancy Status During Abatement (Check Only One) | 
Facility Closed/Vacated During Entire Period of Abatement | 
Facility Open During Partial Period of Abatement | 
Abatement Performed Outside of Normal Facility Hours | 
Other – Describe: |

Scope of Work (Check All That Apply) | 
22 sf or under | |
22 sf or over | |
Renovation | |
Demolition | |
Full Containment with Negative Pressure | |
Mini-Enclosure | |
Gloves/Bag Procedure | |
Non-Exempted (C) and Non-Friable Procedure | |

Location of Asbestos-Containing Material (ACM) | Is Location Normally Used Solely by Maintenance/Custodial Staff? | Description of Asbestos Containing Material (ACM) |
---|---|---
TO BE ABATED In Facility (13) | (12) | (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Yes | No | N/A | Description of Asbestos Containing Material (ACM)
---|---|---|---
Basement | Pipe Insulation | 14LF | |

Name of Registered Waste Hauler | Name of Registered Landfill
---|---
Newark Carter Inc | Tullytown Refactory
NJDEP Waste Hauler ID No. | Cubic Yards of Waste |
4506 | 1 |

Disposal Date | City, State |
---|---|
8/15/14 | Tullytown PA |

Completed by | Title |
---|---|
Emeka Okeke | President |

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)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/20/14</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Somerville Business Park, LLC.</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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<td>Type Notification</td>
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<td>DOH</td>
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<tr>
<td>Street Address</td>
<td>152 R+ 206 W+ 17C</td>
<td>City, State, Zip Code</td>
<td>Hillsboro, New Jersey, 08844</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Somerville Business Park Property</td>
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<tr>
<td>Street Address</td>
<td>152 R+ 206 W+ 17C</td>
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<td>City (5)</td>
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<td>County Code (7)</td>
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<td>County (6)</td>
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<td>(STATE USE ONLY)</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td>Telephone No.</td>
<td>732-294-1757</td>
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<tr>
<td>Start Date (10)</td>
<td>8/29/14</td>
<td>Scheduled Completion Date (11)</td>
<td>9/5/14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
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</tr>
<tr>
<td>Other - Describe:</td>
<td>Field - 300</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation - Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility (13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
<td>Mini-Enclosure</td>
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<td></td>
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<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste</td>
<td>Cubic Yards of Waste</td>
<td>20</td>
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<tr>
<td>Ace Insulation Co., Inc.</td>
<td>Hauler ID No.</td>
<td>12086</td>
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<tr>
<td>Disposal Date</td>
<td>9/15/14</td>
<td>City, State</td>
<td>Bethlehem, PA</td>
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<tr>
<td>Completed by</td>
<td>Bree McGuire</td>
<td>Name of Registered Landfill</td>
<td>Chirns</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary Treasurer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Bree</td>
<td>Date</td>
<td>8/20/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos liscense�� exempted activities.
08/15/14

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

**Date of Notification (1)**
08/15/2014

**Name of Building**
O110

**Name of Contractor (5)**
Industrial Safety and Environmental Solutions, Inc

**Name of Contact**
Dominic De Cesar

**Street Address**
607 Bloomfield Street

**City, State, Zip Code**
Hoboken, NJ 07030

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
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<td>(X) Initial Notification</td>
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<tr>
<td>(X) NJDEP</td>
<td>( ) Amended Certification</td>
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<tr>
<td>(X) NJ DOL</td>
<td>( ) Cancelled</td>
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<td>(X) DOH</td>
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<tr>
<td>( ) DCA</td>
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**Name of Facility Where Abatement is Taking Place (3)**

Residence

**Street Address**
619 Bloomfield Street

**City, County, Zip Code**
Hoboken, Hudson, 07030

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Project Manager for Monitoring Firm</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Scheduled Start Date (10)**
08/25/2014

**Scheduled Completion Date (11)**
08/27/2014

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(201) 325-0055</td>
<td>01124</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

(X) School (K-12)

(X) Subchapter 8 (other than K-12)

Other (i.e. private & commercial bldgs., homes, etc.)

**Sq. Feet**
5000

**# of Floors**
3

**Bldg. No.**
60

Current Use (prior if being demolished)
Apartment Building

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

<table>
<thead>
<tr>
<th>1st Floor</th>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)</th>
<th>Amount ($Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>NO</td>
<td>VAT- Floor Tile / Mastic</td>
<td>126 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**
08/27/2014

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Dominic De Cesar</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**
David Camacho

**Signature**

**Date**
08/15/2014
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
August 18, 2013

**Name of Building Owner / Operator (2)**
JP Morgan Chase & Co.

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Cancellation

**Street Address**
148 Market Street

**City, State & Zip Code**
Paterson, NJ 07505

**Name of Contact**
Randee Carcano

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
JP Morgan Chase Bank

**Street Address**
148 Market Street

**City (5)**
Paterson

**County (6)**
Passaic

**County Code (7)**
USE ONLY

**Name of Monitoring Firm Hired by Building Owner (8)**
Arcadis US Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Synatech, Inc.

**Street Address**
35 Columbia Road

**City, State & Zip Code**
Branchburg, NJ 08876

**Project Manager for Monitoring Firm**
William Mener

**Telephone Number**
908-526-1000

**Name of OSHA Monitor**
Synatech, Inc.

**Telephone Number**
609-296-8916

**License Number**
000817

**Scheduled Start Date (10)**
August 19, 2014

**Scheduled Completion Date (11)**
August 26, 2014

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

**Scope of Work (Check all that apply)**
- [ ] ≥3 ft or ≥50 ft
- [ ] ≥160 ft or ≥260 ft
- [ ] 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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,120 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Exterior Sidewalk**

<table>
<thead>
<tr>
<th>Waterproofing Application</th>
<th>X</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
Synatech, Inc.

**Hauler ID No.**
27429

**Cubic Yards of Waste**
35

**Name of Registered Landfill**

**City, State**

**Disposal Date**
September 2, 2014

**City, State**
Morrisonville, PA

**Completed By**
Diane Aloia

**Title**
Executive Administrator

**Signature**

**Date**
August 19, 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) Amended August 18, 2014 August 18, 2014
Name of Building Owner / Operator (2)
JP Morgan Chase & Co.

Agencies Notified Type Notification
☐ EPA ☑ DEP ☑ DOL ☑ DOH ☑ DCA
☐ Initial ☑ Amended ☑ Amendment # 1 ☑ Cancellation

Name of Contact Randee Carcano
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JP Morgan Chase Bank
Street Address
148 Market Street
City, State & Zip Code
Paterson, NJ 07504
County (6) Passaic City (5) Paterson
Passaic County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
PM Environmental
Project Manager for Monitoring Firm
William Mener
Street Address
170 Changebridge Road, Bldg. C5-4
City, State & Zip Code
Montville, NJ 07045

Name of Abatement Contractor (9)
Synatech, Inc.
Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

License Number
00817

Scheduled Start Date (10) August 19, 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 Hours
☐ Other – Describe:
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥50 lf
☒ ≥160 sf or ≥260 lf
☐ Demolition
☐ Renovation

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility (13)
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)
1,120 SF

Abatement Type

Exterior Sidewalk ☑ X
Waterproofing Application

Name of Registered Waste Hauler
Synatech, Inc.

Hauler ID No.
27429
Cubic Yards of Waste
35
Disposal Date
September 2, 2014
City, State
Morrisville, PA

Completed By
Diane Aloia
Title
Executive Administrator
Signature

Name of Registered Landfill
Grows Landfill
City
State

Date
Amended August 18, 2014
August 18, 2014

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 06/19/2014
Name of Building Owner/Operator (2) Ocean State Jobbers, Inc

Agencies Notified
(X) EPA
( ) DEP
(X) DOL
(X) DOH
( ) DCA

Notification Type
( ) Initial Notification
(X) Amended
Amendment # 2
( ) Emergency (including justification)
( ) Cancellation

Street Address
360 Callahan Road

City, State, Zip Code
North Kingston, RI 02852

Name of Contact
Robert Corrente

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address
60 Sparta Ave

City (5)
Sparta

County (6)
Sussex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

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

Name of Contractor (9)
CID & Sons, LLC

Street Address
365 River Drive

City State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm

Telephone Number

(973)685-9791

License Number
01191 "A"

Scheduled Start Date (10)
08/21/2014

Scheduled Completion Date (11)
10/21/2014

Name of OSHA Monitor
Testor Tech

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)

( ) ≥ 3 sf or ≥ 3 if
(X) ≥ 160 sf or ≥ 260 if

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Envelope

Ground Floor
[X] Floor Tile & Mastic 29,240 SF X

Roof Area
[X] Transite Shingles 2,800 SF X

Front of Structure
[X] Window Caulking 800 LF X

Name of Reg. Waste Hauler
CID & Sons, LLC

NJDEP Waste Hauler ID # 32905

Cubic Yards of Waste
TBD

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

City, State
Morrisville, PA

Completed by
Roque Schiellitti Jr.

Title
Project Manager

Signature

Date 08/19/2014