State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 08/25/2015
Name of Building Owner/Operator (2) JPMORGAN CHASE BANK

Agencies Notified
☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA
☐ Initial  ☐ Amended  ☐ Emergency (including justification)  ☐ Cancellation

Street Address
24 Park Avenue
City, State, Zip Code
Rutherford, NJ
Name of Contact
Silvia Patel
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
24 Park Avenue
City (5)
Rutherford
County (6)
Bergen
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

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

Square Feet
5,000
# of Floors
1
Bldg. Age

Current Use (Prior if being demolished)
BANK

Name of OSHA Monitor
MARTIN MCRBA
Telephone No.
908 526-1000

Project Manager for Monitoring Firm
David Nilinski

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No.
24310/19551
Name of Registered Landfill
MINERVA ENTERPRISES
City, State
BAYONNE, NJ 07002

Disposal Date
08/27/2015
City, State
WAYNESBURG, OH 44688
Completed by
Joseph Catalfamo
Title

* 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) 08/24/2015

Name of Building Owner/Operator (2) Linda Maguire Librizzi

Agencies Notified □ EPA
□ DEP
□ DOH
□ DCA

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

Street Address 9 Pershing Ave

City, State, Zip Code Califon, NJ 07830

Name of Contact Linda Maguire Librizzi Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
Street Address 9 Pershing Ave
City (5) Califon, NJ 07830

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

Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc
Name of Abatement Contractor (9) Lilich Corporation

Street Address 5434 King Avenue, Suite 101
City, State, Zip Code Pennsauken, New Jersey 08109
Telephone No. 888-306-4545
Name of OSHA Monitor J&S Environmental Labs, LLC

Start Date (10) 09/03/15
Scheduled Completion Date (11) 09/04/15

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)
□ ≥23 sf or ≥23 pi
□ ≥150 sf or ≥260 pi
□ 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

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Removal of asbestos ceiling tiles 240</td>
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</table>

Name of Registered Waste Hauler Lilich Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

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

City, State Woodland Park, NJ 07424

Disposal Date

City, State Morrisville, Pensylvania

Completed by Momo Glavatovic
Title Vice President
Signature

Date 08/24/2015

* 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)
8/25/15

Name of Building Owner/Operator (2)
Net Abramowitz

AUG 20 2015

Agencies Notified

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

Street Address
393 Melrose Place

City, State, Zip Code
S. Orange NJ 07079

Name of Contact
Wayne Miller

FACILITY INFORMATION

Type of Facility (4)

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

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

Street Address
393 Melrose Place

City (5)
S. Orange

County (6)
Essex

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
SCE Environmental Corp

Street Address
1380 Mt Cobb Rd

City, State, Zip Code
Lake Ariel PA 18436

Project Manager for Monitoring Firm

Name of OSHA Monitor
Len Velez

Start Date (10)
9/3/15

Scheduled Completion Date (11)
9/4/15

Occupancy Status During Abatement (Check Only One)
Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Home not occupied

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-Frangible Procedure

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

- Garage & basement
- Pipe Wrap

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

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

Amount (Specify SF or LF)
65 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Endoscope

Name of Registered Waste Hauler
Cycle Chem - Clean Venture - NJ

Waste Hauler ID No.
05811

Disposal Date

City, State
Elizabeth NJ

Completed by
MARCIA WHEELER

Title
PMA

Signature

Date
8/25/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-25-15</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT. 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BREUNING</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Street Address</td>
<td>1940 CENTRAL AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>40+</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0422</td>
</tr>
<tr>
<td>License No.</td>
<td>00444</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>JOSEPH KLEEMCO JR</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>23 sf or less</td>
<td></td>
</tr>
<tr>
<td>2160 sf or 2250 sf</td>
<td></td>
</tr>
<tr>
<td>Nature of Material</td>
<td></td>
</tr>
<tr>
<td>Used Solely by Maintenance/ Custodial Staff</td>
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<tr>
<td>IS Location Normally Used</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2000 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Min-Enclosure</td>
<td></td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (7) and Non-Fireable Procedure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>176904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.U.A</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE N.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEEMCO</td>
</tr>
<tr>
<td>Title</td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td>Signature</td>
<td>M.K.</td>
</tr>
<tr>
<td>Date</td>
<td>8-25-15</td>
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</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABLATION**

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

<table>
<thead>
<tr>
<th>Date of Notification (A1)</th>
<th>6-25-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (A2)</td>
<td>HANNAH DEVELOPERS</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 GLASSICO ROAD</td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td>WOODBURY HEIGHTS, N.J. 08097</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (B1)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>3501 OCEAN DR</td>
</tr>
<tr>
<td>City (C5)</td>
<td>AVAULON</td>
</tr>
<tr>
<td>County (B6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Abatement Contractor (B8)</td>
<td>KLEINCO INC.</td>
</tr>
<tr>
<td>ASWN No.</td>
<td>N/A</td>
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<tr>
<td>Name of Abatement Contractor (B)</td>
<td>KLEINCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Project Manager of Abatement Firm</td>
<td>JOSPEH KLEMM</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>0044</td>
</tr>
<tr>
<td>Other Description</td>
<td>VACANT</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td>REMOVAL, DERMATION</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>KLEINCO INC.</td>
</tr>
<tr>
<td>NUCLEAR Waste Handler D No.</td>
<td>17907</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>0</td>
</tr>
<tr>
<td>Name of Registered Handler</td>
<td>C.M.C. M.U.B.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J. 08052</td>
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<tr>
<td>Disposal Date</td>
<td>8-25-15</td>
</tr>
<tr>
<td>Name of Owner</td>
<td>SAME</td>
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</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 and 12:120)

Date of Notification (1) 9/25/15

Name of Building Owner/Operator (2) 

NAME OF HANRAUGH DEVELOPERS

Agencies Notified Type Notification

☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment #: 0
☐ DOM  ☐ Amendment (including justiﬁcation)
☐ DCA  ☐ Cancellation

Street Address 318 Glassboro Road

City, State, Zip Code Woodbury Heights, NJ 08097

Name of Contact SANG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address 338 93rd St

City, State, Zip Code STONE HARBOR
CAPE MAY

County (5)

Name of Monitoring Firm Hired by Building Owner N/A

ASCN No.

Name of Abatement Contractor (9)

KLEMCO INC.

Sweet Address 369 S. Spruce Ave

City, State, Zip Code MAPLE SHADE, NJ 08052

Name of OSHA Monitor JOSEPH KLEMM

Telephone No.

License No. 856-779-0472 00444

Scheduled Completion Date (11) 9/19/15

Occupancy Status During Abatement (Check only one)

☐ Facility Open/Operated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other: Describe

Scope of Work (Check all that apply)

☐ 200 ft or 2311
☐ 9160 ft or 2860 ft

☐ Renovation
☐ Demolition

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

IN Facility (12)

Facility Name

YES ☐ NO ☑ N/A

TRIANSITE

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

Amount (Specify SF or LF)

1500 SF

Name of Registered Waste Hauler KLEMCO INC.

CITY 60P Waste Hauler D No. 17905

Cubic Yards of Waste S

Disposal Date

Name of Registered Landfill C.M.C., M.O.A.

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

Completed By JOSEPH KLEMM Title Owner

Signature Date 9-25-15

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 8/19/2015

Name of Building Owner/Operator (2) Accurate Box Company, Inc.

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

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

Name of Contact
Mr. Zafar Zafar

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glue Room Building

Street Address
2 Waite Street

City (5) Paterson

County (6) Passaic

Square Feet
28,000

Current Use (Prior if being demolished)
Commercial

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

Name of Abatement Contractor (9)
Sky Contracting, LLC

Name of Abatement Contractor ASCM No.

Street Address
1385 Valley Road, Suite K

City, State, Zip Code Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No. (973) 928-5040

License No. 00874

Start Date (10) 9/03/2015

Scheduled Completion Date (11) 11/01/2015

Name of OSHA Monitor
Sky Contracting, LLC

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 s.f or ≥3 if
- [X] ≥160 s.f 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) 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)

Amount (Specify SF or LF)

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endurable

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
500

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Completed by
Predrag Sarcev

Title
Vice President

Signature

Date 8/19/2015

* Do not use this form for asbestos licensure exempted activities.
## CONFIRMED AND ASSUMED ACM

<table>
<thead>
<tr>
<th>Material Description</th>
<th>Survey Results</th>
<th>Estimated Quantity of ACM/Assumed ACM</th>
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</thead>
<tbody>
<tr>
<td>GLUE ROOM BUILDING</td>
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<td></td>
</tr>
<tr>
<td>Built-up roofing material</td>
<td>ACM</td>
<td>28,000 SF</td>
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<tr>
<td>Roof flashing and mastic</td>
<td>ACM</td>
<td>3,150 SF</td>
</tr>
<tr>
<td>Skylight mastic</td>
<td>ACM</td>
<td>400 SF</td>
</tr>
<tr>
<td>Terracotta seam mastic</td>
<td>ACM</td>
<td>500 LF</td>
</tr>
<tr>
<td>Interior window caulking (glass type windows)</td>
<td>ACM</td>
<td>440 LF</td>
</tr>
<tr>
<td>Expansion joint caulking on concrete floor seams</td>
<td>ACM</td>
<td>900 LF</td>
</tr>
<tr>
<td>Elevator brake pads</td>
<td>Assumed ACM</td>
<td>5 SF</td>
</tr>
<tr>
<td>Elevator switch board panel</td>
<td>Assumed ACM</td>
<td>10 SF</td>
</tr>
<tr>
<td>Electric wires associated with switch panel board</td>
<td>Assumed ACM</td>
<td>100 LF</td>
</tr>
<tr>
<td>Elevator door core insulation</td>
<td>Assumed ACM</td>
<td>360 SF</td>
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</table>

AUG 2 3 2015
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:90 and 12:120)

Date of Notification (1)  
8/19/2015

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

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

Name of Building Owner/Operator (2)  
Accurate Box Company, Inc.

Street Address  
86 5th Avenue

City, State, Zip Code  
Paterson, NJ 07524

Name of Contact  
Mr. Zaf Zafar

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
"L" Shape Building

Street Address  
2 Waite Street

City (5)  
Paterson

County (8)  
Passaic

County Code (7)  
(State Use Only)  
_

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

ASCM No.  

Name of Abatement Contractor (9)  
Sky Contracting, LLC

Street Address  
1385 Valley Road, Suite K

City, State, Zip Code  
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.  
(973) 928-5040

License No.  
00874

Name of OSHA Monitor  
Sky Contracting, LLC

Street Address  
1385 Valley Road, Suite K

City, State, Zip Code  
Wayne, New Jersey 07470

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)  
☒ ≥2 SF or ≥2 If  
☒ ≥160 SF or ≥260 If  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (*) and Non-Friable Procedure

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

Yes  
No  
N/A

See Attached

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)  
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)  
LF & SF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulation  
☐ Erasure

Name of Registered Waste Hauler  
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
500

Name of Registered Landfill  
Minerva Enterprises, LLC

City, State  
Waynesburg, Ohio

Completed by  
Predrag Sarcev

Title  
Vice President

Signature

Date  
8/19/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Material Description</th>
<th>Material Type</th>
<th>Quantity</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>ACM</td>
<td>170</td>
<td>LF</td>
</tr>
<tr>
<td>9' square brown floor tile</td>
<td>ACM</td>
<td>100</td>
<td>SF</td>
</tr>
<tr>
<td>Mastic associated with floor tiles</td>
<td>ACM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built-up roofing material</td>
<td>ACM</td>
<td>23,000</td>
<td>SF</td>
</tr>
<tr>
<td>Roof flashing and mastic</td>
<td>ACM</td>
<td>5,000</td>
<td>SF</td>
</tr>
<tr>
<td>Window glazing putty (wood framed windows)</td>
<td>ACM</td>
<td>24,700</td>
<td>LF</td>
</tr>
<tr>
<td>Transite associated with old electric panel</td>
<td>Assumed ACM</td>
<td>30</td>
<td>SF</td>
</tr>
<tr>
<td>Electric wire insulation associated with old electric panel and conduits</td>
<td>Assumed ACM</td>
<td>3,200</td>
<td>SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8-25-2015
Name of Building Owner/Operator (2) G. GOODMAN

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

Street Address 1036 WILSON AVENUE
City, State, Zip Code TEANECK, NJ 07666

Name of Contact G. GOODMAN
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
G. GOODMAN
Street Address 1036 WILSON AVENUE
City (6) TEANECK
County (6) BERGEN
County Code (7) (STATE USE ONLY) RESIDENCE

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

Square Feet 2900
# of Floors 2
Bldg. Age 82

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

Name of Abatement Contractor (5)
Best Removal Inc

Street Address 450 South River St
City, State, Zip Code HACKENSACK, N.J. 07601

Telephone No. 201-329-7444
License No. 00388

Name of OSHA Monitor Omega Environmental

Occupancy Status During Abatement (Check only one)
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8AM - 5PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft²
☐ ≥ 160 sf or ≥ 280 ft²

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Location Normally Used by Maintenance Custodial Staff (12)</th>
<th>Description of ACM (i.e., thermal systems insulations, surfacings, etc.)</th>
<th>Amount Specify SF or LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>opt GAMET</td>
<td>X</td>
<td>THERMAL INSULATION</td>
<td>90 SF / X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Best Removal Inc
NJWCA Waste Hauler ID No. 17109

Cubic Yards of Waste 2 YDS
Name of Registered Landfill Minerva Enterprises, LLC

Disposal Date 9-4-2015
City, State WAYNESBURG, OH 44688

Completed by R. VELDAN Title Estimator
Signature R. VELDAN Date 8-25-2015

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

**Date of Notification (1)**  
8/25/15

**Name of Building Owner/Operator (2)**  
Mike Duncan Private Home

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

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

**Name of Facility Where Abatement is Taking Place (3)**  
Mike Duncan Private Home

**Street Address**  
2116 West Ave

**City, State, Zip Code**  
Ocean City NJ 08226

**County Code (7)**  
Cape May

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
Pernaco Inc.

**Street Address**  
PO Box 329

**City, State, Zip Code**  
West Berlin NJ 08091

**Project Manager for Monitoring Firm**

**Telephone No.**  
856-753-9800

**License No.**  
00727

**Start Date (10)**  
9/8/15

**Scheduled Completion Date (11)**  
9/14/15

**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)**
- [ ] Renovation
- [x] 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
- [x] N/A

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

**Amount (Specify SF or LF)**  
2200 SF

**Abatement Type**
- [x] Full Containment with Negative Pressure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler**  
United Roll Off

**NJDEP Waste Hauler ID No.**  
22459

**Cubic Yards of Waste**  
4

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

**City, State**  
Morrisonville PA 19067

**Disposal Date**  
9/14/15

**City, State**  
Morrisville PA 19067

**Completed by**  
Anthony T. Perna

**Title**  
President

**Signature**

**Date**  
8/25/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/25/15</td>
<td>Mr. Daniel Kerman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</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>☐ MOOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Owner</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>344 Magnolia Place</td>
<td>Mr. Kerhman</td>
<td>Leonia, N.J. 07605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
<td>450 South River St</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4/15</td>
<td>9/5/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Residential</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>☐ Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☐ 3 or more than 3 ft</td>
</tr>
<tr>
<td>☐ ≥ 160 sq ft or ≥ 280 ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, coatings, VAC or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Insulation 10 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>1</td>
<td>Minerva Enterprises ,LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>9/5/15</td>
<td>Waynesburg, Oh. 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td>9/5/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
August 25, 2015

Name of Building Owner/Operator (2)  
LBI House Raising

Agencies Notified

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

Type of Notification

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

Name of Contact  
David Leonetti

Street Address  
P O Box 1182
City, State, Zip Code  
Beach Haven, NJ 08008

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.)

County Code (7)  
(STATE USE ONLY)

Square feet  
2000 sf

# of Floors  
2

Bldg. Age  
60

Current Use (Prior if being demolished)

Residence

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address  
107 South Ocean Avenue
City  
Surf City
County (6)  
Ocean

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm  
Telephone Number

Scheduled Start Date (10)  
8/26/15
Scheduled Completion Date (11)  
8/27/15

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)

[ ] 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)

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  ENCAPSULE  ENCLOSURE

Location

Exterior  X  Asbestos siding  2080 sf  X

Cubic Yards of Waste  
4

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  
20223

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

City, State  
Toms River, New Jersey

Disposal Date  
8/28/15

City, State  
Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola  
Title  
Project Manager

Signature

Date  
8/25/2015

*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)**
08/24/15

**Name of Building Owner/Operator (2)**
6010 BUCHANAN ASSOCIATES LLC

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

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

**Street Address**
6010 BUCHANAN PLACE

**City, State, Zip Code**
WEST NEW YORK, NJ 07093

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
6010 BUCHANAN PLACE

**City (5)**
WEST NEW YORK, NJ

**County (8)**
HUDSON COUNTY

**Square Feet**
2,500

**# of Floors**
3

**Bldg. Age**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**
732-668-9078

**License No.**
1200

**Start Date (10)**
09/04/15

**Scheduled Completion Date (11)**
09/07/15

**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 lf
- [ ] ≥100 sf or ≥260 lf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (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>INTERIOR</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>170 LF</td>
<td>X</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>No</td>
<td>ACM TILES</td>
<td>150 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
5 yards

**Name of Registered Landfill**

IESI

**City, State**

NEWARK, NJ

**Disposal Date**
09/07/15

**City, State**

BETHLEHEM PA

**Completed by**

JOSEPH PERLESTEIN

**Title**
OWNER

**Signature**

**Date**
08/24/15

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

Date of Notification (1)  8/24/15
Name of Building Owner/Operator (2)  N.S. SHARON LOCARDO

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

Street Address  323 JEFFERSON ST
City, State, Zip Code  CARLSTADT, N.J. 07072
Name of Contractor  N.S. LOCARDO

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)  N.S. LOCARDO
Street Address  323 JEFFERSON ST
City (5)  CARLSTADT
County (6)  BERGEN
County Code (7) (STATE USE ONLY)  BAL
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.
Name of Abatement Contractor (9)  Best Removal Inc
Street Address  450 South River St
City, State, Zip Code  Hackensack, N.J. 07601
Project Manager for Monitoring Firm  Telephone No.
Telephone No.  201-329-7444
License No.  00388

Start Date (10)  9/19/15
Scheduled Completion Date (11)  9/10/15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: (maximum 250 characters)

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 150 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)

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
End "full containment"

Name of Registered Waste Hauler  Best Removal Inc
NJDEP Waste Hauler ID No.  17109
Cubic Yards of Waste
350
Name of Registered Landfill  Minerva Enterprises, LLC
Disposal Date  9/10/15
City, State  Wayneburg, Oh. 44688

Completed by  J. Maiorano
Title  Estimator
Signature  [Signature]
Date  8/24/15

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 8/25/15

Name of Building Owner/Operator (2)
ADELA VAJAKA / LINDA FERNANDES

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

Street Address
1200 SALEM AVE

City, State, Zip Code
HILSIOE NJ 0720S

Name of Contact
W. Ray Takasso

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ADELA VAJAKA / LINDA FERNANDES

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

Square Feet
2100

# of Floors
2

Bldg. Age
75 yrs.

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner
(9)
ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St

City, State, Zip Code
HACKENSACK, N.J. 07601

Project Manager for Monitoring Firm

Telephone No.

License No.
201-329-7444
00388

Start Date (10) 9/10/15

Scheduled Completion Date (11) 9/11/15

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huyler St

City, State, Zip Code
HACKENSACK, N.J. 07606

Scope of Work (Check all that apply)
☐ 3 or more
☐ 100 or more

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes ☐ No ☐ N/A

Location
BASEMENT

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surface, VLT, or other miscellaneous)
Thermal System Insulation
25 LF x
Thermal Surfacing
45 SF x

Name of Registered Waste Hauler
Best Removal Inc

Cubic Yards of Waste
212/4

Name of Registered Landfill
Minerva Enterprises, LLC

Disposal Date
9/11/15

City, State
WAYNESBURG, OH. 44688

Completed by
J. Maiorano
Title
Estimator
Signature
8/25/15

* 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)
8/25/15

Name of Building Owner/Operator (2)
Holly Family Parish

Agency Notified
EPA

Type Notification
Initial

Street Address
118 Division Ave

City, State, Zip Code
Elizabeth, NJ 07207

County Code (7) (STATE USE ONLY)

Name of Facility Where Abatement is Taking Place (3)
Holly Family Parish

Square Feet
4800

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

City (5)
Elizabeth

# of Floors
1

Other (I.e., private & commercial buildings, homes, etc.)

County (6)
Union

Bldg. Age
1960

Current Use (Prior if being demolished)
Caucus

Name of Monitoring Firm Hired by Building Owner (6)
Best Removal Inc

License No.
00388

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Telephone No.
201-329-7444

Street Address
450 South River St

Name of OSHA Monitor
Omega Environmental

City, State, Zip Code
Hackensack, N.J. 07601

Street Address
280 Huyler St

Start Date (10)
9/4/15

City, State, Zip Code
S. Hackensack, N.J. 07606

Scheduled Completion Date (11)
9/5/15

Scope of Work (Check all that apply)

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Facility Closed/Vacated During Partial Period of Abatement
Facility Occupied Throughout Abatement

Other -- Describe: Full Containment with Negative Pressure

Project Manager for Monitoring Firm

Telephone No.

License No.

Abatement Type
Removal

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof Boiler Room</td>
<td>Yes</td>
<td>Thermal System Insulation</td>
<td>38 SF</td>
</tr>
<tr>
<td>Electrical Boiler Room</td>
<td>No</td>
<td>Thermal System Insulation</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>1/24</td>
<td>Minerva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>9/5/15</td>
<td>Waynesburg, Oh, 44688</td>
</tr>
</tbody>
</table>

Completed by
J. Maiorano
Title
Estimator
Signature

ASB-41

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

(State of New Jersey)
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
8/25/15

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

**Type Notification**
- [X] Initial
- [X] Amended
- [X] Emergency (Including Justification)
- [X] Cancellation

**Name of Building Owner/Operator (2)**
Regina Hencoski Private Home

**Street Address**
2 Benton Ave.

**City, State, Zip Code**
Leonardo NJ 07737

**Name of Contact**
Danielle

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Regina Hencoski Private Home

**Street Address**
2 Benton Ave.

**City (5)**
Leonardo NJ 07737

**County (6)**
Monmouth

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Start Date (10)**
8/26/15

**Scheduled Completion Date (11)**
8/28/15

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**
00727

**Telephone No.**
856-753-9800

**Name of OSHA Monitor**
Same

**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
- [X] ≥180 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>2nd floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>2nd floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 SF</td>
<td>800 SF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Abatement Type**

- [X] Removal

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 22459

**Cubic Yards of Waste**
7

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

**City, State**
Elm NJ

**Disposal Date**
8/28/15

**City, State**
Morrisonville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/25/15

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