State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)  [Redacted]

Name of Building Owner/Operator (2)  Kearny Board of Education

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

Kearny Board of Education

Street Address  100 Davis Avenue

City, State, Zip Code  Kearny, NJ 07032

Name of Contact  Mr. Mark Brucino

Telephone Number

FACILITY INFORMATION

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

Street Address  336 Devon Street

City (5)  Kearny, New Jersey 07032

County (6)  Hudson

County Code (7)  (STATE USE ONLY)  [Redacted]

Name of Monitoring Firm Hired by Building Owner (5)
Briggs Associates

ASCM No.  [Redacted]

Name of Abatement Contractor (8)
Lilich Corporation

Street Address  606 McBride Avenue

City, State, Zip Code  Woodland Park, NJ 07424

Project Manager for Monitoring Firm  Michael Hoodak

Telephone No.  609-298-5520

Start Date (10)  08/27/15

Scheduled Completion Date (11)  09/03/15

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/ Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: [Redacted]

Scope of Work (Check All That Apply)
☐ 23 sf or 23 ft
☒ 2160 sf or 2260 ft
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Flammable Procedure

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (16)
Yes  No  N/A

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
52 windows removal, coking & com |

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste  [Redacted]

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

City, State  Morrisville, Pennsylvania

Disposal Date  [Redacted]

Completed by  Momo Glavacovtic

Title  Vice President

Signature  [Signature]

Date  08/25/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RELATED MANAGEMENT CO., LP</td>
</tr>
<tr>
<td>Street Address</td>
<td>423 W. 55TH ST Q/9/19</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>My MY 10019</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SHOUTO WHEELER</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>1-9x-0xy</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)  
SOMERS POINT APARTMENTS

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

Square Feet | 5,000 |
| # of Floors | 3 |
| Bldg. Age | NA |
| Current Use (Prior to being demolished) | APARTMENT COMPLEX |

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

Square Feet | 5,000 |
| # of Floors | 3 |
| Bldg. Age | NA |
| Current Use (Prior to being demolished) | APARTMENT COMPLEX |

Name of Monitoring Firm Hired by Building Owner (8)  
STRATEGIC ENVIRONMENTAL SERVICES

ASCM No.  
Name of Abatement Contractor (9)  
FRAIMAR CONSTRUCTION

Street Address  
1634 POLOMARE ST

City, State, Zip Code  
HAVERSTROE N.J. 08066

Telephone No.  
856-423-5792

License No.  
01276

Start Date (10)  
9/15/15 |
| Scheduled Completion Date (11) | 9/12/16 |

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

Scope of Work (Check all that apply)  
□ Renovation □ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
□ FLOOR 1  
□ FLOOR 2  

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)  
□ SEAM TAPE 1" SHEETROCK 1000 SF |
| 9X9 TILE | 220 SF |

Name of Registered Waste Hauler  
SERVICE TRANSPORT

Cubic Yards of Waste  
100

Name of Registered Landfill  
MINERVA

Disposal Date  
NEWCASTLE DE 19720

Completed By (Print or Type)  
Emanuel Dua

Signature  
Emanuel Dua

Date  
8-31-15

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

**Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/27/15</th>
</tr>
</thead>
</table>

**Agencies Notified**

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

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

Summit School District

**Address**

14 Beekman Terrace

**City, State, Zip Code**

Summit, NJ 07901

**Name of Contact**

Mr. Louis Pepe

**Tel. Number**

[Blank]

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

Jefferson Elementary School

**Street Address**

110 Ashwood Ave

**City**

Summit

**County**

Union

**County Code (7)**

[State Use Only]

**Name of Monitoring Firm hired by Owner (6)**

Westchester Environmental

**ASCM No.**

00127

**Street Address**

307 N Walnut Street

**City, State, Zip Code**

West Chester, PA 19380

**Name of Contractor (9)**

MTM Metro Corporation

**Street Address**

136-137 McBride Ave

**City, State, Zip Code**

Paterson, NJ 07501

**Telephone Number**

973-742-5030

**License Number**

00809

**Name of OSHA Monitor**

MTM Metro Corporation

**Street Address**

136-137 McBride Avenue

**City, State, Zip Code**

Paterson, NJ 07501

**Occupancy Status During Abatement**

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other-Describe: occupied by other trades

**Source of Work**

☒ 3 sf or > 3 sf

☒ 160 sf or > 260 sf

☒ Renovation

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Non-Exempted(*) & Non-Friable Procedure

☐ Glovebag Procedure

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

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

**Description of ACM**

- [x] (i.e., thermal systems insulation, surfacing, VAT, or other materials)

**Amount (Specify SF or Lb)**

3,500 Lb

**Rem. Encap. Endosc**

[Blank]

**Name of Reg. Waste Hauler**

MTM Metro Corporation

**NJDEP Waste Hauler ID #**

26552

**Cubic Yards of Waste**

25

**Name of Reg. Landfill**

Tullytown

**City, State**

Tullytown, PA

**Disp. Date**

9/2/2015

**Completed by**

Elizabeth Maslarkov

**Title**

Business Administrator

**Signature**

Elizabeth Maslarkov

**Date**

8/27/2015

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:23)  

Date of Notification (1)  
August 25, 2015  

Name of Building Owner/Operator (2)  
Robert Sason  
Check # 2342  

Agencies Notified  
EPA  
DOL  
DOH  
DCA  
Type Notification  
Initial  
Amended  
Amendment  
EMERGENCY (Including 
Cancellation)  

Street Address  
25 Ardmore Terrace  

City, State, Zip Code  
Collingswood, NJ 08108  

Name of Contact  
Paul Chick  

FACILITY INFORMATION  

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

City (5)  
Collingswood  

County (6)  
Camden  

Name of Monitoring Film Owner by Building Owner (6)  
Management & Enviro. Consulting Services  
ABCM No.  

Name of Abatement Contractor (9)  
Shade Environmental, LLC  

Name of Abatement Monitoring Contractor (10)  
EMSL Analytical, Inc.  

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

Scene of Work (Check All That Apply)  
$25,000 or $250 if  
Renovation  
Removal  

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility  
Yes  
No  
N/A  

Attic  
XXX  
Pipe Insulation  
10 LF  
X  

Basement  
XXX  
Pipe Insulation  
4 LF  
X  

Name of Registered Waste Hauler  
Freehold Cartage  
NJDEP Waste Hauler I.D. No 02285  

Cubic Yards of Waste  
1  

Name of Registered Landfill  
Cumberland County Landfill  

City, State  
Freehold, NJ  

Disposal Date  
8/29/2015  

Contractor  
Diane Lynch  
Title  
Owner  

* 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)

Check # 1456

Date of Notification (1) 8/26/15
Name of Building Owner/Operator (2) Courtland St Loft LLC

Agencies Notified Type Notification

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

Street Address 958 Main St Suite 3
City, State, Zip Code Paterson NJ 07503

Name of Contact Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Demolition Site
Type of Facility (4)

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

Street Address 47-57 Camden Street
City (5) Paterson
County (6) Passaic
County Code (7) (STATE USE ONLY) N/A
Current Use (Prior to Abatement)

<table>
<thead>
<tr>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandoned</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8) n/a
Name of Abatement Contractor (9) Loznica Management Corp

ASCM No. n/a

Street Address n/a
City, State, Zip Code 22 Troy Lane Paterson NJ 07535

Name of GSHM Monitor Loznica Management Corp
Street Address n/a
City, State, Zip Code 22 Troy Lane Lincoln Park NJ 07535

Project Manager for Monitoring Firm n/a
Telephone No. n/a

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

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status Description</th>
</tr>
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<tbody>
<tr>
<td>☒ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>☐ Other – Describe:</td>
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Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 2260 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<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>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</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>No</td>
<td></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>Description</th>
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<tbody>
<tr>
<td>n/a</td>
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</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>n/a</td>
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Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Engineerize</td>
</tr>
<tr>
<td>Enclose</td>
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</table>

Post Demo Construction Debris

<table>
<thead>
<tr>
<th>Debris</th>
</tr>
</thead>
<tbody>
<tr>
<td>X ONLY ONE LOAD TO BE TAKEN OUT AS ASBESTOS CONTAINING WASTE THAT WAS LEFT ONSITE</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Hauler Name</th>
<th>Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste

<table>
<thead>
<tr>
<th>Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Landfill Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

City, State, Riverdale, NJ

Disposal Date TBD City, State Morrisville PA 19067

Completed by E. Cirovic

Title Secretary

Signature

Date 8/26/15

* 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)
August 27, 2015

Name of Building Owner/Operator (2)
James McCooq
Check #2348

Aencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment 
Emergency (including justification)
Cancellation

Street Address
1203 Hessian Avenue

City, State, Zip Code
National Park, NJ 08063

Name of Contact
James McCooq
Telephone Number

FACILITY INFORMATION

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

Street Address
1203 Hessian Avenue

City (5)
National Park

County (6)
Gloucester

County Code (7)
(STATE USE ONLY) 2572

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

License No.
00842

Start Date (10)
September 8, 2015

Scheduled Completion Date (11)
September 11, 2015

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: Residential

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if
≥160 sf or ≥260 sf
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Is Location Normally
Used Solely by
Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Kitchen and Dining Room
XXX
Floor Tile
300 SF
X

Endoscope
Endoscope

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 02265

Cubic Yards of Waste
1

Name of Registered Landfill
Cumberland County Landfill

City, State, Freehold, NJ

Disposal Date
9/11/2015

City, State, Newburg, PA

Completed by
Diana Lynch
Title
Owner

Signature

Date
8/27/2015

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 8/27/15

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

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [x] Cancellation

Name of Building Owner / Operator (2) Edens

Street Address
21 Custom House Street

City, State & Zip Code
Boston, MA 02110

Name of Contact
Robbie Griffin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton Shopping Center – Store No. 530

Street Address
301 North Harrison Street

City (5) Princeton

County (6) Mercer

County Code (7)

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

Square Feet
3000

# of Floors
1

Bldg. Age
30+

Current Use (Prior if being demolished)
Retail

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

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

Street Address
30 Braintree Hill Office Park, Suite 105

City, State & Zip Code
Braintree, MA 02184

Project Manager for Monitoring Firm
Frank Rodrigues

Telephone Number
781-356-7300

Scheduled Start Date (10)
8/28/15

Scheduled Completion Date (11)
8/28/15

Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement

Describe: 7:30 AM to 3:00 PM

Scope of Work (Check all that apply)
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

Yes No N/A

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

Amount (Specify SF or LF)
12 LF

Abatement Type

Retail Space

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1 yds

Name of Registered Landfill

Disposal Date
8/28/15

City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
8/27/15

GI 15227
**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>8/27/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. DAVID SMITH</td>
</tr>
<tr>
<td>Street Address</td>
<td>12 GARDEN PL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CHAT HAM, N.J. 07928</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. SMITH</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | N.K. SMITH |
| City (5) | CHAT HAM |
| County (6) | Morris |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
</tbody>
</table>

| Start Date (10) | 9/1/15 |
| Scheduled Completion Date (11) | 9/12/15 |
| Occupancy Status During Abatement (Check one only) | RESIDENTIAL |
| Scope of Work (Check all that apply) | Bath, Demolition |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous) | THERMAL SYSTEM INSULATION 130 LF |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | BASEMENT |
| Name of Registered Waste Hauler | Best Removal Inc |
| NJDEP Waste Hauler ID No. | 17109 |
| Cubic Yards of Waste | 2 |
| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Hackensack, N.J. 07601 |
| Disposal Date | 9/13/15 |
| Completed by | J. MAIORANO |

*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) 8/27/15
Name of Building Owner/Operator (2) MR. MARK MOORE

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

Street Address 655 MACOPIN RD
City, State, Zip Code WEST MILFORD, N.J. 07480

Name of Contact MS. JANINE ROSSO 973

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MR. MARK MOORE

Square Foot 2000.0
No. of Floors 2

County (6) PASSAIC

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

Best Removal Inc

Project Manager for Monitoring Firm Telephone No.

450 South River St 201-329-7444 00388

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

Name of OSHA Monitor

Omega Environmental

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 7 AM TO 5 PM

Scope of Work (Check all that apply)
☐ ≥ 3 SF or ≥ 3 LF
☐ ≥ 160 SF or ≥ 260 LF
☐ 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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors</td>
<td>Kitchen</td>
<td>Yes</td>
<td>Vermiculite</td>
<td>10 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

N.J.DEP Waste Hauler ID No. 17109

Name of Registered Waste Hauler Best Removal Inc

City, State Hackensack, N.J. 07601

Completed by J. MAIORANO Title Estimator

Disposal Date 9/11/15

Name of Registered Landfill Minerva Enterprises, LLC

City, State Waynesburg, Oh. 44688

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification (1)**

**Name of Building Owner/Operator (2)**
DVL Kearny Holding LLC

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
70 east 55th Street 7th floor

**City, State, Zip Code**
New York NY 10222

**Name of Contact**
Charlie Carames

**Telephone Number**
212-999-0000

**FACILITY INFORMATION**

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

**Street Address**
160-194 Passaic Ave

**City (6)**
Kearny NJ

**County (6)**
Hudson

**County Code (7)**
07046

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

**Name of Abatement Contractor (9)**
Dinago Environmental LLC

**Street Address**
339 Lafayette Street

**City, State, Zip Code**
Newark NJ 07105

**Project Manager for Monitoring Firm**
Leonid Shereshevsky

**Telephone No.**
973-688-4821

**Start Date (10)**
3/30/2015

**Scheduled Completion Date (11)**
10/30/2015

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

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

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

**Rehabilitation**

- [ ] Ceiling

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

- [ ] ≥23 sf or ≥23 if
- [X] ≥160 sf or ≥260 if

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

**Endorsement**

- [ ] Removal
- [X] Repair
- [X] Encapsulate

**Name of Registered Waste Hauler**
Freehold Cartage

**City, State**
Freehold NJ

**处置 Date**
5/5/2016

**Name of Registered Landfill**
western Berks Community Landfill

**City, State**
Birdsboro PA

**Completed by**
Carlos Gomes

**Title**
President

**Signature**

---

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

(Pursuant to NJAD 8:62 and 10:21:20)

**State of New Jersey**

**Name of Building Owner/Operator:**

Amit Shaw

**Name of Abatement Contractor:**

A. M. M Contracting Inc.

**Name of Monitoring Firm Hired by Building Owner:**

ASCM No.

**Name of Construction Monitor:**

Omegas Environmental Services Inc.

**Address of Site:**

16 Myrtle Ave

**City, State, Zip Code:**

Bergen County, NJ 07420

**Type of Facility:**

School (K-12)

**Square Feet:**

1450

**# of Floors:**

2

**Bed Age:**

60

**Contact:**

Amit

**Telephone No.:**

201-123-4567

**License No.:**

001234

**Coret Date:**

8/25/15

**Scheduled Completion Date:**

8/31/15

**Occupancy Status During Abatement (Check Only One):**

Facility Closed/Unoccupied During Entire Period of Abatement

**Scope of Work (Check All That Apply):**

- 25% or more of 250 SF or more if
- Rennovation or Demolition
- Full Containment with Negative Pressure
- Non-Exempted (X) and Non-Exempted
- Other: Describe

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

Boiler Room,

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

- Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, covering, VDT, or other miscellaneous)

- Amount (Specify SF or LF)

- Abatement Type

- Date

**Name of Registered Waste Hauler:**

Newark County Hauling Inc.

**Hauler ID No.:**

C4567

**Name of Registered Landfill:**

Grand Central Sanitary Landfill

**City, State:**

Newark, NJ 07105

**Disposal Date:**

8/25/15

**Completed by:**

R. McDonald

President

**Signature:**

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

---

**Form:**

ASB-41 (R-05-05)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
08 / 27 / 15

Name of Building Owner/Operator (2)
Richard O'Neill

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(5/23-8) Type Notification
☐ Initial
☒ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
21 Meadowbrook Place

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Richard O'Neill

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Street Address
21 Meadowbrook Place

City (5)
Maplewood, NJ 07040

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

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

Square Feet

# of Floors

Bldg. Age

Start Date (10)
09 / 07 / 15

Scheduled Completion Date (11)
09 / 08 / 15

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagarow Road, Bldg. # 35E

City, State, Zip Code
Fair Lawn, NJ 07410

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

☒ 3 sf or > 3 sf
☐ ≥ 160 sf or ≥ 260 sf

☐ Demolition

Renovation

Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
☐ Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

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

(12)

Yes No N/A

Basement

Pipe insulation
120 LF

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

Amount
(Specify SIF or LF)

Abatement Type

Repair

Encapsulate

Exclusion

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

Name of Registered Waste Hauler
Gr Tech LLC

Disposal Date
TBD

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
08/27/2015

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

Date of Notification (1) 08 / 27 / 15
Name of Building Owner/Operator (2) John Wilman

Agricultures Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)

Private house
Street Address
621 Pemberton Avenue
City (5) Plainfield, NJ 07060
County (6) Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Gr Tech LLC
Name of Abatement Contractor (9)

Street Address
576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No.
Envirospection Consultants, Inc
Street Address
20-21 Wagaw Rd, Bldg. # 35E
City, State, Zip Code Fair Lawn, NJ 07410

License No.
973-638-1777
01127

Start Date (10)
09 / 08 / 15
Scheduled Completion Date (11)
09 / 09 / 15

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

Scope of Work (Check all that apply)
☒ >3 sf or >3 it
☒ 160 sf or >280 it
☒ Renovation/ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Tent with Negative Pressure

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

Basement
☒ Pipe insulation
130 LF

Amount (Specify SIF or LF)

Date
08/27/2015

Name of Registered Waste Hauler
Gr Tech LLC
N.JEPA Waste Hauler ID No.
0033785
Cubic Yards of Waste
TBD
Name of Registered Landfill
T.R.R.F. Inc
City, State
Wayne, NJ 07470
Disposal Date TBD
City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic
Title
Owner
Signature

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

Date of Notification (1) August 27, 2015
Name of Building Owner / Operator (2)
City of Jersey City

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
[ ] Initial
[ ] Amended
[ ] Amendment #
[ ] Cancellation

Street Address
280 Grove Street
City, State & Zip Code
Jersey City, NJ 07302

Name of Contact
Brian Weller, Dept. of Administration

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
City Hall

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

Square Feet # of Floors Bldg. Age
166,000 4 80

Current Use (Prior if being demolished)
Public Building

City (5)
Jersey City

County (6) County Code (7) USE ONLY
Hudson

Name of Monitoring Firm Hired by Building Owner (8)
Partner Engineering and Science, Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
611 Industrial Way West

City, State & Zip Code
Eatontown, NJ 07724

Project Manager for Monitoring Firm
Brian Nemetz

Telephone Number
732-542-3569

Telephone Number
609-296-6516

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

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

Street Address
829 Radio Road

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

Scheduled Start Date (10) Scheduled Completion Date (11)
September 18, 2015 September 21, 2015

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 250 lf
☐ 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 or Custodial Staff? (12)
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Location of Mall and Map rooms under ceramic tiles
☐ X Black Mastic

150 SF

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
3

Name of Registered Landfill
Grow’s Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
September 28, 2015

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Exec. Administrator

Signature

Date
August 27, 2015

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
August 27, 2015

Name of Building Owner / Operator (2)  
Kay-Vil Women’s Minority Company, Inc.

Street Address  
342 North New Jersey Avenue

City, State & Zip Code  
Atlantic City, NJ 08401

Name of Contact  
Katherine Pouleres

FACILITY INFORMATION

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

Street Address  
409 North Ohio Avenue

City (5)  
Atlantic City

County (6)  
Atlantic

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

ASCM No.  
Synatech, Inc.

Name of Abatement Contractor (9)  
Synatech, Inc.

Street Address  
829 Radio Road

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

Project Manager for Monitoring Firm  
N/A

Telephone Number  
609-296-6916

License Number  
00817

Scheduled Start Date (10)  
September 8, 2015

Scheduled Completion Date (11)  
October 8, 2015

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 if
- ≥160 sf or ≥200 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or 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>
</table>
| Kitchen  | X                                                            | Sheet Flooring  
375 SF                                                         | X                         | Removal |
| Bathroom #2 | X                                                            | Sheet Flooring  
65 SF                                                         | X                         | Repair |

Name of Registered Waste Hauler  
Synatech, Inc.

City, State  
Little Egg Harbor, NJ

Completed By  
Diane Aloia  
Executive Administrator

Name of Registered Landfill  
Grows Landfill

City, State  
Morrisville, PA

Cubic Yards of Waste  
3

Disposal Date  
October 9, 2015

Signature  
Diane Aloia

Date  
August 27, 2015

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

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

**Date of Notification (1):** [Redacted]

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

Christine Yewaisis

**Agencies Notified**

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

**Type Notification**

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

**Street Address:**

308 Elizabeth Ave,

**City, State, Zip Code:**

Cranford, NJ 07016

**Name of Contact:**

[Redacted]

**Telephone Number:**

[Redacted]

**FACILITY INFORMATION**

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

Christine Yewaisis

**Street Address:**

308 Elizabeth Ave

**City:**

Cranford

**County:**

Union County

**County Code:**

[Redacted]

**Type of Facility (4):**

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

**Square Feet:**

[Redacted]

**# of Floors:**

[Redacted]

**Bidg. Age:**

[Redacted]

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

[Redacted]

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

ASCN No.

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

Pro Abatement

**Street Address:**

1009 87th Street Suite A4

**City, State, Zip Code:**

North Bergen, NJ 07047

**Telephone No.:**

201-293-6305

**License No.:**

01223

**Name of OSHA Monitor:**

HILMANN CONSULTING LLC

**Street Address:**

1600 ROUTE EAST SUITE 107

**City, State, Zip Code:**

UNION NJ 07083

**Start Date (10):**

09/01/15

**Scheduled Completion Date (11):**

09/11/15

**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: [Redacted]

**Scope of Work (Check All That Apply):**

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

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

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

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

- Cubic Yards of Waste

**Name of Registered Waste Hauler:**

SAN TON SERVICES

**NJDEP Waste Hauler ID No.:**

22430

**Name of Registered Landfill:**

MEDOWLANCHES COMMISION

**City, State:**

KENILWORTH, NJ

**Disposal Date:**

[Redacted]

**City, State:**

KEARNY, NJ

**Completed by:**

Bryan Parra

**Title:**

Project Manager

**Date:**

08/24/15

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

**Name of Building Owner/Operator:** Jamin Koslowe  
**Street Address:** 131 Highgate Terrace  
**Bergenfield, NJ 07421**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Jamin Koslowe  
- **Street Address:** 131 Highgate Terrace  
- **City:** Bergenfield  
- **County:** Bergen County  
- **Type of Facility:** Other (i.e. private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner:**  
**ASCM No.:**  
**Pro Abatement:**

- **Street Address:** 1009 87th Street Suite A4  
- **City:** North Bergen, NJ 07047

**Start Date:** 08/21/15  
**Scheduled Completion Date:** 08/31/15

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

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

**Description of Asbestos-Containing Material (ACM):**  
- VAT: 137 SF
- VAT: 255 SF
- VAT: 182 SF
- VAT: 24 SF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
- Rear Porch
- 2nd floor (1st room)
- 2nd floor (2nd room)

**Name of Registered Waste Hauler:** SAN TON SERVICES  
**Name of Registered Landfill:** MEDOWLANCHES COMMISSION

**Completed by:** Bryan Parra  
**Title:** Project Manager  
**Date:** 08/20/15

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification**: August 25, 2015

**Agency Notified**: EPA

**Notification Type**: Initial Notification X Amendment #2

**Emergency (including justification)**

**Name of Building Owner/Operator**: The Valley Hospital

**Street Address**: 223 North Van Dien Avenue

**City**: Ridgewood, NJ 07450-2736

**Name of Contact**: William Stasiak

**Telephone Number**:

**FACILITY INFORMATION**

**Type of Facility**: Unknown

- **# of Floors**: 4
- **Bid Age**: 50+ years

**Current Use (prior if being demolished)**: Hospital

**Name of Contractor**: GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**: 205 MAIN STREET

**City**: Butler, NJ 07405

**Telephone Number**: 973-492-0477

**License Number**: 00840

**Name of OSHA Monitor**: EMSL inc.

- **Street Address**: 1056 Stelton Road
- **City**: Piscataway, NJ 08854

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

- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 280

**Renovation Demolition**: Full Containment with Negative Pressure

- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT &amp; Mastic</td>
<td>Thermal systems insulation, surfacing, VAT, or other/misc.</td>
<td>3,000 SF</td>
<td>Remove, Repair, Encap, Enclose</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td>440 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td>60 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td>400 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cheel 4th Floor Patient Rooms**

- VAT & Mastic
- 3,000 SF
- Remove, Repair, Encap, Enclose

**Name of Reg. Waste Hauler**

- See Hauler Below # 1 & 2
- See Below

**Cubic Yards of Waste**: 40

**Name of Registered Landfill**: Meadowfill Landfill

**Disposal Date**: September 30, 2015

**City State**: Route 2, Box 68 Bridgeport, WVA 304-842-2784

**Hauler #1**: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405

- NJ DEP # 12561

**Hauler #2**: Newark Carting, Inc. – Newark, NJ 04509, NJ DEP. # 19551

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin Graue</td>
<td>Marin Graue</td>
</tr>
</tbody>
</table>

**GAC # 2015-510- Amendment # 2 – Additional 460 sf VAT & Mastic**
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
August 26, 2015

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

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

**Name of Building Owner/Operator**
T and C Management, LLC

**Name of Contact**
Thomas Jones

**Street Address**
PO Box 1013
Township of Washington, NJ 07676

**FACILITY INFORMATION**

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

**Street Address**
1865 Starboard Court

**City**
Toms River

**County (6)**
Ocean

**County Code (7)**
(State Use Only)

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

**Square feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

**Street Address**
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

**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
Piscataway, New Jersey 08854

**City, State, Zip Code**
Piscataway, New Jersey 08854

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

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

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

**TO BE ABATED**

- Exterior house

**Is Location Normally used Solely by Maintenance/Custodial Staff**

- [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)**
1300 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**
8/31/15

**City, State**
Tullytown, Pennsylvania

**Name of Project Manager**
Nicholas Fernicola

**Completed by (Print or Type)**

**Signature**

**Date**
8/26/15

*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)**
8/26/15

**Name of Building Owner/Operator (2)**
Glen Camuso Private Home

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
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<tr>
<td>X DEP</td>
<td>Amended</td>
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<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**
122 East Hudson

**City, State, Zip Code**
Little Egg Harbor NJ 08087

**Name of Contact**
Glen

**Telephone Number**

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Camuso Private Home</td>
</tr>
</tbody>
</table>

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35+

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

**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

**Project Manager for Monitoring Firm**

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

**License No.**
00727

**Start Date (10)**
8/27/15

**Scheduled Completion Date (11)**
8/31/15

**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 if
- [x] ≥160 sf or ≥230 lf
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Firable Procedure

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

- [ ] on slab
- [ ] floor tile

**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)**

- [ ] 600 SF

**Abatement Type**

- [ ] Removal
- [x] Encapulate
- [ ] Enclosure

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

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
8/31/15

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/26/15

* 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)
08/25/15 Ck# 1762 $200

Name of Building Owner/Operator (2)
Mary Ann Colombrita

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

Street Address
21 Willard Avenue

City, State, Zip Code
Bloomfield, New Jersey 07003

Name of Contact
Mary Ann Colombrita

FACILITY INFORMATION

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

Street Address
21 Willard Avenue

City (5)
Bloomfield, New Jersey 07003

County (6)
Essex

Square Feet
2,500

# of Floors
2

Bldg. Age
55+

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

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Emio Corporation

Street Address
PO Box 2152

City, State, Zip Code
Cliffside Park, New Jersey 07010

Project Manager for Monitoring Firm
Tim Donohoe

Telephone No.
212-260-9818

Start Date (10)
09/05/15

Scheduled Completion Date (11)
09/07/15

Name of OSHA Monitor
Emio Corporation

Street Address
50 Barnes Street

City, State, Zip Code
Paterson, New Jersey 07501

Scope of Work (Check All That Apply)
[ ] 23 sf or 23 lf
[ ] 160 sf or 260 sf if
[ ] Renovation
[ ] Demolition

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

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

No

Yes

N/A

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

Amount (Specify SF or LF)
25 LF

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Enclose

Location

Name of Registered Waste Hauler
Atlantic Carting, LLC

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
3

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Wayne, New Jersey 07470

Completed by
Marjan Kasapinov
Title
President

Signature
Date
08/25/15

* 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)

Date of Notification (1) 8/26/15
Name of Building Owner/Operator (2) Paul J Ward Private Home

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #:
- Emergency (including Justification)
- Cancellation

Street Address 213 Wayn Avenue
City, State, Zip Code Haddonfield NJ 08033

Name of Contact Margaret
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Paul J Ward Private Home

Street Address 213 Wayn Avenue
City (5) Haddonfield NJ 08033
County (6) Camden
County Code (7) (STATE USE ONLY) __________

Type of Facility (4)

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

Square Feet 1000+
# of Floors 1.5
Bldg. Age 35+

Current Use (Prior if being demolished)
House & Garage

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

Telephone No. 856-753-9800 License No. 00727

Name of OSHA Monitor Same

Project Manager for Monitoring Firm

Telephone No.

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

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥180 sf or ≥2250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovesbag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

- Yes
- No
- N/A

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

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

Amount (Specify SF or LF) 800 SF

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
United Roll Off

NJ/DEP Waste Hauler ID No. 22459
Cubic Yards of Waste 2
Name of Registered Landfill G.R.O.W.S.

City, State Elm NJ Disposal Date 9/15/15
City, State Morrisville PA 19067

Completed by Anthony T Perna Title President
Signature Date 8/26/15

* 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)**

8/26/15

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

Jean Bateman Private Home

---

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [x] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**

29 Toms Court

**City, State, Zip Code**

Little Egg Harbor NJ 08087

**Name of Contact**

Eileen

**Telephone Number**

---

**FACILITY INFORMATION**

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

Jean Bateman Private Home

**Street Address**

29 Toms Court

**City (5)**

Little Egg Harbor NJ 08087

**County (6)**

Ocean

**County Code (7)**

(State Use Only)

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

- Home

**Type of Facility (4)**

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

**Square Feet**

1000+

**# of Floors**

1

**Bldg. Age**

35+

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

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)**

8/27/15

**Scheduled Completion Date (11)**

8/31/15

**Occupy 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)**

- [ ] ≥3 sf or ≥3 if
- [x] ≥150 sf or ≥280 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure Procedure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

In Facility

(12)

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

Yes No N/A

**Exterior Siding**

X

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

- 1000 SF

**Amount (Specify SF or LF)**

x

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

---

**Name of Registered Waste Hauler**

United Roll Off

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

G.R.O.W.S.

**City, State**

Elm NJ

**Disposal Date**

8/31/15

**City, State**

Morrisville PA 19067

**Completed by**

Anthony T Perna

**Title**

President

**Signature**

Date 8/26/15

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/25/2015</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA - Initial, DEP - Amended, DOL - Emergency, DOH - Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>State of NJ Department of Corrections</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 11401</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Yardville, NJ 08820</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph E. May</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Garden State Correctional |
| Street Address | 55 Hogback Road |
| City (5) | Crosswicks |
| County (6) | Mercer |
| County Code (7) | |
| Type of Facility (4) | Other (i.e. private & commercial buildings, homes, etc.) |
| Square Feet | |
| # of Floors | |
| Bldg. Age | |
| Current Use (Prior if being demolished) | Correctional |

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

| Name of OSHA Monitor | Bristol Environmental Monitor Inc. |
| Telephone Number | (215)788-6040 |
| License Number | 00509 |

| Name of Abatement Contractor (9) | Bristol Environmental, Inc. |
| Street Address | 1123 Beaver Street |
| City, State & Zip Code | Bristol, PA 19007 |

| Project Manager for Monitoring Firm | Rollie Jones |
| Telephone Number | 609-392-4200 |

| Scheduled Start Date (10) | 8/25/2015 |
| Scheduled Completion Date (11) | 8/25/2015 |

| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| FACILITY CLOSED/VACATED DURING ENTIRE PERIOD OF ABATEMENT | |
| Abatement Performed Outside of Normal Hours - 7am to 3pm | |
| Describe: | 4 PM to 11:00PM |
| Facility Occurred During Abatement | |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Yes | No | N/A |
| Kitchen/dining area | |
| Ceiling plaster | |
| Name of Registered Waste Hauler | Bristol Environmental, Inc. |
| NJDEP Waste Hauler ID No. | 18706 |
| Cubic Yards of Waste | 2 |
| Name of Registered Landfill | G.R.O.W.S Landfill |
| Disposal Date | 8/25/2015 |
| City, State | Morrisville, PA |
| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Project Manager |
| Signature | Gino Pizzigoni | Date | 8/25/2015 |

| Name of Registered Landfill | G.R.O.W.S Landfill |
| Disposal Date | 8/25/2015 |
| City, State | Morrisville, PA |
| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Project Manager |
| Signature | Gino Pizzigoni | Date | 8/25/2015 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification:** 08/24/2015

<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>EPA, DEP, DOL</td>
<td>Initial</td>
<td>Falleigh Dickinson University</td>
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<td>DOD</td>
<td>Amended</td>
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<td></td>
<td>Amendment #</td>
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<td></td>
<td>Emergency (including Justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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</tbody>
</table>

**Street Address:**

1000 River Road

City, State, Zip Code: Teaneck, NJ 07661

**Name of Contact:** Craig Gorczyca

**Facility Information**

**Name of Facility Where Abatement Is Taking Place (3):**

ALUMNIA HALL

**Street Address:**

1000 RIVER ROAD

**City:** Teaneck

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner (6):**

Environmental Design, Inc.

**Environmental Design, Inc.**

**ASCM No.:** 0095

**Name of Abatement Contractor (7):**

VMC Company, Inc.

**Street Address:**

208 Pliaet Ave

City, State, Zip Code: Clifton, NJ 07011

**Telephone No.:** 973-253-8228

**License No.:** 00704

**Start Date (10):** 08/25/2015

**Scheduled Completion Date (11):** 08/25/2015

**Occupy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
  - Start Time: 7 AM
  - End Time: 7 PM

**Scope of Work (Check All That Apply):**

- Renovation
- Demolition

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

- Building Room

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

- Pipe Insulation

**Amount (Specify SF or LF):** SELF

**Abatement Type:**

- Encapsulate

**Name of Registered Waste Hauler:**

Newark Carting, Inc

NJDEP Waste Hauler ID No. 05408

**Cubic Yards of Waste:**

IESI Landfill

**Name of Registered Landfill:**

**Disposal Date:**

City, State: Bethlehem, PA

**Completed by:**

Vojtek Roszkowski

**Title:** President

**Signature:**

08/24/2015

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

Date of Notification (1)
03/26/15

Name of Building Owner/Operator (2)
TEKART BUILDING CORP

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

Street Address
PO BOX 887

City, State, Zip Code
POINT PLEASANT, NJ 08742

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address
116 SANBORN AVENUE

City (5)
POINT PLEASANT BEACH, NJ

County (6)
OCEAN COUNTY

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished)
HOME

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

Square Feet # of Floors Bldg. Age

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.

Telephone No.
732-688-9078

License No.
1200

Start Date (10)
09/06/15

Scheduled Completion Date (11)
09/07/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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)
☒ x3 sf or x3 ft
☐ ≥160 sf or ≥260 ft
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (x) and Non-Friable Procedure

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

In Facility (13)

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

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

Amount (Specify $F or LF)

Abatement Type

INTERIOR

ACM TILE AND MASTIC 150 SF

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No. 04509

Cubic Yards of Waste
3 YARDS

Disposal Date 09/07/15

Name of Registered Landfill
IESI

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title OWNER

Signature

Date 08/26/15

ASB-41 (R-08-08)

* 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) 08/26/15

Name of Building Owner/Operator (2)
BROOKSTONE MANAGEMENT

Agencies Notified

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<th>Agency</th>
<th>Type Notification</th>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
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Street Address
1970 SWARTHMORE AVENUE

Name of Contact
SAM INGBER

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone Number

FACILITY INFORMATION

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

Street Address
613 SEWELL AVENUE

City (5)
ATLANTIC CITY, NJ

County (6)
ATLANTIC COUNTY

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
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</table>

Square Feet
1500

# of Floors
2

Bidg. 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

Telephone No.
732-668-9078

License No.
1200

Start Date (10) 09/06/15

Scheduled Completion Date (11) 09/06/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status Description</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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Scope of Work (Check All That Apply)

<table>
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<th>Work Description</th>
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<tbody>
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<td>x3 sf or x3 if</td>
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<tr>
<td>2160 sf or x260 if</td>
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<tr>
<td>x Renovation</td>
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<tr>
<td>x Demolition</td>
</tr>
<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-Frible Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
</tr>
</tbody>
</table>

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Description of Asbestos Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)
1500 SF

Abatement Type

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

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
7 YARDS

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
09/06/15

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
09/26/15

* 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)**  
August 24, 2015

**Name of Building Owner/Operator (2)**  
AtlanticCare Regional Medical Center

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

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

**Street Address**  
1925 Pacific Avenue

**City, State, Zip Code**  
Atlantic City, New Jersey 08401

**Name of Contact**  
Mr. William Malazita

**Telephone Number**  
609

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Atlantic City Medical Center

**Street Address**  
1925 Pacific Avenue

**City (5)**  
Atlantic City

**County (6)**  
Atlantic County

**Name of Monitoring Firm Hired by Building Owner (8)**  
Quality Environmental Concepts, Inc.

**ASCM No.**  
NA

**Name of Abatement Contractor (9)**  
Quality Environmental Concepts, Inc.

**Street Address**  
1053 North Tuckahoe Road

**City, State, Zip Code**  
Williamstown, New Jersey 08094

**Project Manager for Monitoring Firm**  
Edward J. Knorr

**Telephone No.**  
856-629-1166

**Start Date (10)**  
September 04, 2015

**Scheduled Completion Date (11)**  
September 04, 2016

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: Emergency Clean Up

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [x] Glovebox Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Various Locations</th>
<th>x</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Quality Environmental Concepts

**Cubic Yards of Waste**  
TBD

**NJDEP Waste Hauler ID No.**  
19710

**Name of Registered Landfill**  
Atlantic County Solid Waste Complex

**Disposal Date**  
TBD

**City, State**  
Egg Harbor Township, NJ

**Completed by**  
Edward J. Knorr

**Title**  
Vice President

**Signature**  
[Signature]

**Date**  
August 25, 2015

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

Date of Notification (1)  
August 23, 2015

Name of Building Owner/Operator (2)  
State of New Jersey - Vineland Developmental Center

Agency/Agency Notified Type Notification

- EPA  
- DEP  
- DOL

- DOH

- DCA  

Street Address  
1676 East Landis Avenue

City, State, Zip Code  
Vineland, New Jersey 08360

Name of Contact  
Angel Serrano

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Various Buildings East and/or West Campus

Street Address  
East & West Campus Sites

City (5)  
Vineland

County (6)  
Cumberland County

County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)  
Quality Environmental Concepts, Inc.

ASCM No.  
NA

Name of Abatement Contractor (9)  
Quality Environmental Concepts, Inc.

Street Address  
1053 North Tuckahoe Road

City, State, Zip Code  
Williamstown, New Jersey 08094

Project Manager for Monitoring Firm  
Edward J. Knorr

Telephone No.  
856-629-1166

License No.  
01086

Start Date (10)  
August 31, 2015

Scheduled Completion Date (11)  
August 31, 2016

Occupy 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)

- ≥25 or ≥25 sf
- ≥150 or ≥260 sf

- Renovation
- Demolition

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

In Facility

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

- Yes
- No
- N/A

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

- Floor Tile, pipe insulation, misc.
- clean up

Abatement Type

Amount (Specify SF or LF)

Name of Registered Waste hauler  
Quality Environmental Concepts

City, State  
Williamstown, New Jersey

Hauler ID No.  
19710

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Cumberland County Solid Waste Com.

Disposal Date  
TBD

City, State  
Vineland, New Jersey

Completed by  
Edward J. Knorr

Title  
Vice President

Signature  

Date  
August 23, 2015

Print Form

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

ASB-41 (R-06-08)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
August 24, 2015

Name of Building Owner/Operator (2)
United States Department of Justice - Federal Correctional Institution

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

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

Street Address
38 Pointville Road, Building 5814, (Joint Base McQueen/Fort Dix/Lakehurst)

City, State, Zip Code
Fort Dix, New Jersey 08640

Name of Contact
Mr. Michael O'Neil

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Various Buildings East and/or West Compound

Street Address
East & West Compound Sites

City (5)
Fort Dix

County (6)
Burlington County

County Code (7)
(NOTICE HERE)

Square Feet
Typically 8000

# of Floors
Typically 1-3

Bldg. Age
60 years+

Current Use (Prior to being demolished)
Federal Prison - Housing, Administration

Name of Monitoring Firm Hired by Building Owner (8)
Quality Environmental Concepts, Inc.

Project Manager for Monitoring Firm
Edward J. Knorr

Telephone No.
856-629-1166

License No.
01086

Start Date (10)
August 31, 2015

Scheduled Completion Date (11)
August 31, 2016

Name of Abatement Contractor (9)
Quality Environmental Concepts, Inc.

Street Address
1053 North Tuckahoe Road

City, State, Zip Code
Williamstown, New Jersey 08094

Name of OSHA Monitor
Quality Environmental Concepts, Inc.

Street Address
1053 North Tuckahoe Road

City, State, Zip Code
Williamstown, New Jersey 08094

Scope of Work (Check All That Apply)
- 300 sf or 300 if
- 1900 sf or 2900 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Various Locations

Floor Tile, pipe insulation, misc.

& Buildings

East and/or West Compound

See attachment for Specific Information

Name of Registered Waste Hauler
Robinson Waste Disposal Services

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Voorhees, New Jersey

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Edward J. Knorr

Title
Vice President

Signature
August 24, 2015

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

State of New Jersey

Date of Notification (11): 8/14/15

Name of Building Owner/Operator (9): KARTECH CONTRACTING

Address: 155 Rt. 50
City, State, Zip Code: GREENFIELD, N.J., 08230

Name of Contact: PAUL B. REUIN
Telephone Number: -

Facility Information

Name of Facility Where Abatement is Taking Place (3): RESIDENCE
Type of Facility (4): RESIDENTIAL

Street Address: 32 N. 29th AVE
City: LONG PORT
County: ATLANTIC

Name of Monitoring Firm Hired by Building Owner (5): N/A
ASCM No. (ACSM No.): -

Name of Abatement Contractor (5): KLEMO INC.
Street Address: 309 S. SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE, N.J., 08052
Telephone No: 846-779-0472
License No: 08404

Name of OSHA Monitor (5): JOSEPH KLEMM
Street Address: 309 S. SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE, N.J., 08052

Start Date (10): 8/29/15
Scheduled Completion Date (11): 8/31/15

Scope of Work (Check all that apply):
- 2,000 ft. or less
- 3,000 ft. or more
- Remedial Demolition
- Renovation Demolition

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

Location of Asbestos-Containing Material (ACM)

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

Removal Type: Transite 1600 SF X

Abatement Type

Amount: (Specify -SF or LF)

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

Name of Registered Waste Hauler: KLEMO INC.
NJOEP Waste Disposal No.: 17904
Cubic Yards of Waste: 5
Name of Registered Landfill: A.C.U.A.

City, State: MAPLE SHADE, N.J.
Disposal Date: -
City, State: PLEASANTVILLE, N.J.

Complied By: JOE KLEMM Title: Owner
Date: 8-14-15
Signature: -

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

Date of Notification: 8/27/15

Name of Building Owner/Operator: GARDEN STATE DRUDGEING

Agency Notified: EPA

Type Notification: Initial

Street Address: 8 CLERMONT DR.

City, State, Zip Code: CLERMONT, N.J. 08210

Name of Contact: JIM

Facility Information

Name of Facility Where Abatement is Taking Place: RESIDENCE

Street Address: 139 W. ANDREWS AVE

City, State, Zip Code: WILDWOOD

County: CAPE MAY

County Code (7) (STATE USE ONLY): 1000

Square Feet: 1000

# of Floors: 2

Bidg. Age: 40+

Current Use (Prior to being demolished): VACANT

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

ASCM No.: N/A

Name of Abatement Contractor: KLEMCO INC

Street Address: 369 S. SPRUCE AVE

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

Telephone No.: 856-724-0472

License No.: 06444

Start Date: 8/18/15

Scheduled Completion Date: 8/15/15

OCCUPANCY STATUS DURING ABATEMENT (Check only one):

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours

- Other - Describe:

Scope of Work (Check all that apply):

- ≥3,000 s.f. or ≥3,000 ft.

- ≤10,000 s.f. or ≤260 ft.

- Renovation

- Demolition

- Full Containment with Negative Pressure

- Min-Enclosure

- Encapsulation

- Non-Exempted (*) and Non-Friable Procedure

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

IN FACILITY

Location: SWINGLE

Location Normally Used Solely by Maintenance/Custodial Staff?: No

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

Amount (Specify SF or LF):

Abatement Type:

- Removal

- Repair

- Encapsulation

- Endurance

- Other

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 07904

Cubic Yards of Waste: 45,000

Name of Registered Landfill: MAPLE SHADE N.J. 08052

City, State: MAPLE SHADE N.J.

Disposal Date: 8/15

City, State: MAPLE SHADE N.J.

Completed By: MICHAEL KLEMCO

Title: U/P

Signature: John Doe

Date: 8/15

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/13/15</td>
<td>New Jersey Institute of Technology</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DOLWD</td>
</tr>
<tr>
<td>DHSS</td>
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<tr>
<td>DCA</td>
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<td></td>
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<tr>
<td>(NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>3 Initial</td>
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<td>Amended</td>
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<tr>
<td>Emergency</td>
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<tr>
<td>Cancellation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3231 Martin Luther King Boulevard - Fenster Hall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ 07102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Tice</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJIT</td>
</tr>
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</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>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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<tbody>
<tr>
<td>Newark, NJ 07102</td>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
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</thead>
<tbody>
<tr>
<td>Essex</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>50000</td>
<td>2</td>
<td>+/- 70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Hackensack, NJ 07606</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>201-489-8700</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/03/15</td>
<td>11/31/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30 PM/4 PM-5:30 AM</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Gloves Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<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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</thead>
<tbody>
<tr>
<td>Exteriro Coating on Block Wall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>3600 SF</td>
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<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
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<tr>
<td>Endorsement</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste hauler Group</th>
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</thead>
<tbody>
<tr>
<td>USA Environmental/Service Transport</td>
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<table>
<thead>
<tr>
<th>NDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>32610</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>40</td>
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</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA/New Castle, DE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
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<tbody>
<tr>
<td>8/31/15</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Dilip Kumar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilip Kumar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 13 / 15</td>
<td>New Jersey Institute of Technology</td>
</tr>
</tbody>
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**Agencies Notified**  
- EPA  
- DOIWD  
- DHSS  
- DCA (NJAC 8:23-8)

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

**Street Address**  
3231 Martin Luther King Boulevard - Fenster Hall

**City, State, Zip Code**  
Newark, NJ 07102

**Name of Contact**  
Richard Tice

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
345-261 Martin Luther King Boulevard

**City (5)**  
Newark, NJ 07102

**County (6)**  
Essex

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

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
USA Environmental Management, Inc.

**Street Address**  
8436 Enterprise Avenue

**City, State, Zip Code**  
Philadelphia, PA 19153

**License No.**  
1156

**Start Date (10)**  
8 / 03 / 15

**Scheduled Completion Date (11)**  
11 / 31 / 15

**Name of OSHA Monitor**  
USA Environmental Management, Inc

**Occupancy Status During Abatement (Check only one)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours  
  - Describe Time of Abatement: 7:30 AM - 3:30 PM, 5:30 AM

**Scope of Work (Check all that apply)**  
- >3 sf or >3 info  
- >160 sf or >260 info

**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)**  
3600 SF

**Abatement Type**

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

**Gym**

**Exterior Coating on Block Wall**

**Name of Registered Waste Hauler**  
USA Environmental/Service Transport

**NJDEP Waste Hauler ID No.**  
32610

**Cubic Yards of Waste**  
40

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Philadelphia, PA/New Castle, DE

**Disposal Date**  
8/31/15

**City, State**  
Waynesburg, OH

**Completed By (Print or Type)**  
Dilip Kumar

**Title**  
Program Manager

**Signature**  
Dilip Kumar

**Date**  
8-26-15

*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)
08/27/2015

Name of Building Owner/Operator (2)
Wanaque Municipal Township

Agencies Notified

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

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

Street Address
579 Ringwood Ave.

City, State, Zip Code
Wanaque, NJ, 07465

Name of Contact
Toni Jovanoski

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Wanaque Municipal Building

Street Address
579 Ringwood Ave.

City (6)
Wanaque, NJ 07465

County (6)
Passaic

Square Feet
24000

County Code (7)

Bldg. Age
90

Current Use (Prior if being demolished)
Municipal Building

Name of Monitoring Firm Hired by Building Owner (6)
McCabe Environmental Services

ASCN No.
00116

Name of Abatement Contractor (9)
GK Contractors LLC

Street Address
464 Valley Brook Ave #3A

City, State, Zip Code
Lyndhurst, NJ 07071

Project Manager for Monitoring Firm
Ralph Coppola

Telephone No.
201 438-4839

Start Date (10)
08/21/2015

Scheduled Completion Date (11)
09/02/2015

Name of OSHA Monitor
Toni Kocevski

Street Address
55 Wanaque Ave Suite 115

City, State, Zip Code
Pompton Lakes, NJ 07442

License No.
01236

Occupy 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)
☑ ≥ 3,000 ft² or ≥ 300
☑ ≥ 1,000 ft² or ≥ 280
☐ 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

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
Enclose

Administration Clerk’s Office
☑

Tax Office
☑

Conference Room 2nd flr
☑

Assessor’s Office 2nd flr
☑

Name of Registered Waste Hauler
Atlantic Carting LLC

NJDEP Waste Hauler ID No.
A901 #26085

Cubic Yards of Waste
20

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
1141 Route 23, Wayne, NJ 07470

Disposal Date
08/28/2015

City, State
Pen Argyl, PA

Completed by
Ivica Gjorsoski

Title
Project Manager

Signature

Date
08/27/2015

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notice</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>DEP</td>
<td>Amended Notification</td>
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<tr>
<td>DOL</td>
<td>Cancellation</td>
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<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
Sandra M. Schenk

**Telephone Number**

---

**Name of Facility Where Abatement Is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Type of Facility (4)**
- School (K-12)
- Subchapter 8 (Other than K-12)
- X Other (i.e., private & comm. bldgs., homes, etc.)

**Square Feet**
81,285

**# of Floors**
2

**Bldg. Age**
68

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

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

---

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**
17

**Street Address**
655 WEST SHORE TRAIL

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, CJI

**Telephone Number**
973-729-5649

**License Number**
965-399-7500

**Expected State Date (10)**
8 / 24 / 15

**Scheduled Completion Date (11)**
8 / 25 / 15

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

- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Monday - Friday 7am - 3:30pm
- X Other - Describe: Monday - Friday 7am - 3:30pm

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

- Demolition
- Renovation
- X 35F or LF
- >160 SF or 260 LF

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

**Is Location normally used solely by Maint/Custodial Staff (12)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

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**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
320

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SD

**Disposal Date**
3/30/2015

**City, State**
FREEHOLD, NEW JERSEY

**Date**
8/25/15

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**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS