**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification:** 8/11/16

**Name of Building Owner/Operator:** Thomas Seibert

**Name of Contact:** Tom Seibert

**Type of Notification:** Initial

**City, State, Zip Code:** Glou Rock, NJ 07452

**County:** Bergen

**Type of Facility:** Residential

**Name of Facility Where Abatement is Taking Place:** K-B'enance

**Street Address:** Glou Rock

**City:** Glou

**Square Feet:** 1,750

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

**Start Date:** 8/12/16

**Scheduled Completion Date:** 9/10/16

**Scope of Work:**

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- [ ] Yes
- [ ] No

**Location Normally Used Solely by Maintenance Custodial Staff:**
- [ ] Yes
- [ ] No

**Is Location Normally Used Solely by Maintenance Custodial Staff:**
- [ ] Yes
- [ ] No

**Description of Asbestos Containing Material (ACM):**
- [ ] Pipe Insulation
- [X] Other - Describe:

**Amount (Specify SF or LF):** 715 LF

**Name of Hauler:** Newark Carting, Inc.

**City:** Newark

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City:** Bethlehem

**Disposal Date:** 8/23/16

**Completed by:** Joseph Vocatro

**Title:** Vice President

**Signature:** [Signature]

**Date:** 8/11/16

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/09/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Fairleigh Dickinson University</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 River Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Teaneck, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Paul Palladino</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Dreyfuss Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>145 Park Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Florham Park</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | EDI |
| Street Address | 5434 King Avenue |
| City, State, Zip Code | Pennsauken, NJ 08109 |
| Project Manager for Monitoring Firm | Jay Murray |
| Telephone No. | 888-308-4545 |

| Start Date (10) | 08/22/2016 |
| Scheduled Completion Date (11) | 09/02/2016 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥ 3 sf or ≥ 23 ft²</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 ft²</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</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>Auditorium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ceiling plaster finish coat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>6,000 SF</td>
<td></td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Newark Carting Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>05409</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Voytek Roszkowski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

| Date | 08/09/2016 |

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

Date of Notification (1)
[10/18/15] 1/16

Name of Building Owner/Operator (2)

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

☐ Initial  ☑ Amended  ☑ Amendment #: [Redacted]

Street Address [Redacted]
City, State, Zip Code Paterson, NJ 07503

Name of Contact george williams
Telephone Number [Redacted]

Name of Facility where Abatement is Taking Place (3)
george williams

Street Address [Redacted]

City (5) Paterson
County (6) Passaic
County Code (7) (State use only) [Redacted]

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

Square Feet [Redacted]  # of Floors [Redacted]  Bldg. Age [Redacted]

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address 20 California Ave.
City, State, Zip Code Paterson, NJ 07503

Telephone Number 973-345-8020  License Number 01169

Name of OSHA Monitor D & S Restoration, Inc.

Street Address 20 California Avenue
City, State, Zip Code Paterson, NJ 07503

Start Date (10) 08/15/16  Sched. Completion Date (11) 09/15/16

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: [Redacted]
☐ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☑ ≥3 sf or ≥3 if  ☑ Renovation  ☑ Full Containment w/negative pressure
☐ 160 sf or ≥260 if  ☑ Demolition  ☑ Mini-enclosure
☐ 500 sf or ≥4 sf if

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

Is location normally used solely by maintenance/custodial staff(12)
Yes ☑  No ☐  N/A ☑

Description of asbestos-containing material (ACM)
PIPE INSULATION
transite board

Amount (Specify SF or LF)
105 LF 12 sq ft

Removal ☑  Repair ☑  Encaps ☑

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste 2 yrs.
Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATTERSON, NJ 07503
Disposal Date 08/16/16

Completed by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT  Signature [Redacted]  Date 08/05/16
Date of Notification (1) | Name of Building Owner/Operator (2)
---|---
10/8/15 | audrey dixon

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

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

Street Address  
City, State, Zip Code: UNION, NJ 07083

Name of Contact | Telephone Number
---|---
audrey dixon | 

FACILITY INFORMATION

Name of facility where abatement is taking place (3) | Type of Facility (4)
---|---
audrey dixon |  

Square Feet | # of Floors | Bldg. Age
---|---|---

Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM No.
---|---
D & S RESTORATION, INC. | 

Street Address  
City, State, Zip Code: Paterson, NJ 07503

Project Manager for Monitoring Firm | Phone Number
---|---
D & S RESTORATION, INC. | 973-345-8020

Start Date (10) | Sched. Completion Date (11)
---|---
08/19/16 | 09/15/16

Occupancy Status During Abatement (Check only one)  
- [x] Normal Hours

Scope of Work (check all that apply)  
- [x] Renovation
- [ ] Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
- [ ] Yes  
- [ ] No  
- [ ] N/A

Description of asbestos-containing material (ACM)  
- [ ] Amount (Specify SF or LF)
- [ ] Removal
- [ ] Repair
- [ ] Enclose

Location | Description | Amount | Location
---|---|---|---
BASEMENT Bathroom | PIPE INSULATION | 41 ft | 
BASEMENT BOILER room | PIPE INSULATION | 35 ft | 
basement storage rm | PIPE INSULATION | 21 ft | 

Registered Waste Hauler  
D & S RESTORATION, INC.  
NJDEP Hauler ID#: 13506  
Cubic Yards of Waste: 2 yds.

Name of Registered Landfill | City, State
---|---
TULLYTOWN, RESOURCE RECOVERY | PATTON, NJ 07503

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature

Date
08/05/2016
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 10/18/15

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

**Address:**
- **Street Address:** lincoln park, nj 07035
- **City, State, Zip Code:** lincoln park, nj 07035

**Name of Contact:**
- **Name:** david gardner
- **Telephone Number:**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**
- **Name:** david gardner
- **Street Address:**
- **City:** lincoln park
- **County:** Morris

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Type of Abatement Contractor (9):**
- **Name:** D & S RESTORATION, INC.
- **Street Address:** 20 California Ave.
- **City, State, Zip Code:** Paterson, NJ 07503
- **Telephone Number:** 973-345-8020
- **License Number:** 01169

**Name of OSHA Monitor:**
- **Name:** D & S Restoration, Inc.
- **Street Address:** 20 California Avenue
- **City, State, Zip Code:** Paterson, NJ 07503

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

**Scope of Work (check all that apply):**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff?</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1061 ft</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawl space</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>261 ft</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**
- **Name:** D & S RESTORATION, INC.
- **City, State:** Paterson, NJ 07503
- **Disposal Date:** 02/23/16

**Name of Registered Landfill:**
- **Name:** TULLYTOWN, RESOURCE RECOVERY
- **City:** TULLYTOWN, PA

**Completed by (Print or Type):**
- **Title:** PRESIDENT
- **Name:** BOGDAN JOLDZIC
- **Signature:**
- **Date:** 08/05/2016

---

*Do not use this form for asbestos removal performed out of state*
**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>08/08/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Glenwood Apartments &amp; Country Club</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Cherry Hill Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eric Prieto</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Glenwood Apartment-Pool Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1 Appletree Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Morris</th>
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</thead>
<tbody>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>08/23/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>09/26/2016</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
</tr>
<tr>
<td>150 sf or 250 if</td>
</tr>
<tr>
<td>Renovation Demolition</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>Pool Room</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>x</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe/Elbow Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>30 Each</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
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</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 20990</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>08/26/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Milan Njezic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>08/08/2016</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 12:120)

**Date of Notification (1):** 08/08/2016

**Name of Building Owner/Operator (2):**
Glenwood Apartments & Country Club

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

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

**Street Address:**
1 Cherry Hill Lane
City, State, Zip Code: Old Bridge, NJ 08857

**Name of Contact:**
Eric Prieto
**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:**
32-36 Red Oak Lane

**City (5):**
Old Bridge, NJ

**County (5):**
Morriss

**Square Feet:**
6,000

**# of Floors:**
2

**Bldg. Age:**
65+

**Type of Facility (4):**
- [X] Other (i.e. private & commercial buildings, homes, etc.)

**Current Use:**
Apartment

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
DIA General Construction, Inc

**Street Address:**
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012

**Telephone No.:**
973-389-0089

**License No.:**
00693

**Name of OSHA Monitor:**
DIA General Construction, Inc

**Street Address:**
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012

**Start Date (10):**
08/23/2016

**Scheduled Completion Date (11):**
08/29/2016

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

**Other – Describe:**

**Scope of Work:**
- [X] 93’ sf or 23’
- [X] ≥160 sf or ≥260 sf

- [ ] Renovation
- [X] Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amended</th>
<th>Normal</th>
<th>Custodial</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 A-D Red Oak Lane- Crawl Space</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 A-D Red Oak Lane-Crawl Space</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 A-D Red Oak Lane-Crawl Space</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):**
- [X] Yes
- [ ] No
- [ ] N/A

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

**Amount (Specify SF or LF):**
- 160 LF

**Abatement Type:**
- [X] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorsement

**Name of Registered Waste Hauler:**
Service Transport Group

**NJDEP Waste Hauler ID No.:**
20990

**Cubic Yards of Waste:**
9 CY

**Name of Registered Landfill:**
Minerva Landfill

**City, State:**
New Castle, DE 19720

**Disposal Date:**
08/29/2016

**City, State:**
Waynesburg, OH 44688

**Completed by:**
Milan Njezic
**Title:**
Vice President

**Signature:**

**Date:**
08/08/2016

**Do not use this form for asbestos licensure exempted activities.**
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/18/2016

Name of Building Owner/Operator (2)
South Orange/Maplewood School District

Street Address
525 Academy Street

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
William Kyle

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Marshall Elementary School
(Subtitle chapter 8)

Street Address
262 Grove Road

City (5) County (6) County Code (7)
South Orange Essex

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

ASCM No.
0057

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

B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

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

Tanggal
08/26/2016

Scope of Work (check all that apply)
Demolition
Renovation

Location of asbestos-containing material to be abated in facility (13)
hallway vestibule adj 120/121

Description of asbestos-containing material (ACM)
VAT & mastic

Amount (Specify SF or LF)
70 sf

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
08/10/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 11 / 16
Name of Building Owner/Operator (2)
Verizon

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

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

Street Address
15 East Montgomery Place, Lower Level
City, State, Zip Code
Pittsburgh, PA 15212
Name of Contact
Anthony Porta

FACILITY INFORMATION

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

Square Feet
# of Floors
Bldg. Age

Name of Facility Where Abatement is Taking Place (3)
Verizon Hightstown CO
Street Address
393 Mercer St.
City (5)
Hightstown
County (6)
Mercer
County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental, Inc.
ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
License No.
00509

Project Manager for Monitoring Firm
Harold Baldwin
Telephone No.
856-840-8800

Telephone No.
215-788-6040

Start Date (10)
8 / 25 / 16
Scheduled Completion Date (11)
9 / 2 / 16

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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: 5:00AM - 1:30AM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement MER#1</td>
<td>☒</td>
<td>☐ Yes N/A</td>
<td>Duct insulation</td>
<td>400 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Basement Boiler room</td>
<td>☒</td>
<td>☐ Yes</td>
<td>Floor tile and mastic</td>
<td>600 SF</td>
<td>☒</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC

NJDEP Waste Hauler ID No.
18706
Cubic Yards of Waste

Name of Registered Landfill
GROWS LANDFILL
City, State
BRISTOL, PA
Disposal Date

Completed By (Print or Type)
Brian Scafiro
Title Estimator
Signature Brian Scafiro
Date 9/11/16

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>8 / 11 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Mr. Joseph Bascio</td>
</tr>
<tr>
<td>Job #</td>
<td>1608-2108</td>
</tr>
<tr>
<td>Check #</td>
<td>#4457</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

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

**Street Address**
- [ ] City, State, Zip Code
- Palmyra, NJ 08065

**Name of Contact**
- Joseph Bascio

**Telephone Number**
- [ ]

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
- Residential Property

**Street Address**
- Palmyra

**City**
- Palmyra

**County**
- Burlington

**Square Feet**
- 1700

**# of Floors**
- 2

**Bldg. Age**
- 85 +

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

**Current Use (Prior to being demolished)**
- Residential

**Name of Monitoring Firm Hired by Building Owner**
- Tiger Environmental

**ASCM No.**
- [ ]

**Name of Abatement Contractor**
- Asbestos and Mold Services, Corp.

**Phone No.**
- 609-702-0400

**License No.**
- 00862

**Street Address**
- 200 U.S. Route 130 North

**City, State, Zip Code**
- Cinnaminson, NJ 08077

**Project Manager for Monitoring Firm**
- Kelly Walton

**Telephone No.**
- (908) 862-4301

**Start Date**
- 8 / 20 / 16

**Scheduled Completion Date**
- 8 / 23 / 16

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

**Scope of Work (Check all that apply)**
- [ ] 33 ft or ≥3' laterally
- [x] ≥160 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Enclosure
- [ ] Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**
- [ ]

**Is Location Normally Used Solely by Maintenance/ Custodial Staff?**
- [x] Yes
- [ ] No
- [ ]

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

**Amount (Specify $F or LF)**
- [ ]

**Abatement Type**
- Removal
- Repair
- Encapsulation

**Enclosure**
- [ ]

**Basement**
- [ ]
- [ ] Pipe Insulation
- [ ] 50 LF
- [ ]

**2nd Floor Bathroom**
- [ ]
- [ ] Floor Tile & Mastic
- [ ] 20 SF
- [ ]

**Name of Registered Waste Hauler**
- Carnevale Disposal

**NJDEP Waste Hauler ID No.**
- 17237

**Cubic Yards of Waste**
- [ ]

**Name of Registered Landfill**
- GROWS Landfill

**City, State**
- Morristown, PA 19067

**Disposal Date**
- 8/23/16

**Completed By**
- [ ] Kimberly A. Trumbett<br>Office Coordinator

**Signature**
- [ ]

**Date**
- 8-11-2016

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 8 / 9 / 16

Name of Building Owner/Operator(2) PSE&G

Job #1608-5045 Check # 8487

Street Address 4000 Hadley Road
City, State, Zip Code South Plainfield, NJ 07080
Name of Contact Greg Marone

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PSE&G Camden Switchyard

Street Address 7272 North Crescent Blvd.

City (5) Pennsauken, NJ
County (6) Camden

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services

ASCM No. 

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address 30 Maple Ave. PO Box 25
City, State, Zip Code Lumberton, NJ 08048

License No. 00529

Telephone No. 609-265-2107

Name of OSHA Monitor EMSL Analytical

Street Address 200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

Start Date (10) 8 / 24 / 16

Scheduled Completion Date (11) 9 / 7 / 16

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished) Switchyard

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 ft
- ≥ 100 sf or ≥ 2000 ft²

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

1st Floor Vestibule

1st Floor Vestibule

1st & 2nd Floors

1st Floor Storage Area

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

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Full Containment with Negative Pressure

Wrap & cut

Mini-Enclosure

Gluebag-Procedure

Non-Exempted (*) and Non-Friable Procedure

FACILITY INFORMATION

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

1st Floor Vestibule

1st Floor Vestibule

1st & 2nd Floors

1st Floor Storage Area

Name of Registered Waste Hauler AbateTech, Inc.

NJDPS Waste Hauler ID No. 18750

Cubic Yards of Waste 40

Disposal Date 9/7/16

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

City, State, Tullytown, PA

Completed By (Print or Type) Gwendolyn Trumbetti

Title Operations Coordinator

Signature

Date 8/9/16

Document was received by the New Jersey Department of Environmental Protection on August 1, 2016.
"WRAP AND CUT” REMOVAL PROCEDURES FOR INSULATED PIPE

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section “Scope of Work”)
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- “Saw-zall”

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner’s representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and “candy-striped” around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the
prescribed Federal OSHA warning signs and shall include site specific waste generator information.

AbateTech, Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification (1)**
8 / 9 / 16

**Name of Building Owner/Operator (2)***
Warren Hills Regional School District, Job #1608-5045 Check #

**Street Address**
89 Bowerstown Road
City, State, Zip Code
Washington, NJ 07882

**Name of Contact**
Estrella Molinet

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)***
Warren Hills Middle School

**Street Address**
64-66 Carlton Avenue
City (5)
Washington, NJ 07882

**County (6)**
Warren

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

**ASC# No.**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**Street Address**
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

**Telephone No.**
609-265-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

**Scope of Work (Check all that apply)**
☑ 253 sf or ≥ 250
☑ 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>Gymnasium</th>
</tr>
</thead>
</table>

**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).

| Vapor Barrier Mastic | 250 SF |

**Amount (Specify SF or LF)**

**Abatement Type**
☐ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure

**Location of Registered Waste Hauler**
AbateTech, Inc.

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
<td>12</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

**City, State**
Lumberton, NJ

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Disposal Date**
8/19/16

**City, State**
Tullytown, PA

**Date**
8/19/16

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

Name of Building Owner/Operator (2)
Holman Automotive Group

Street Address
244 East Kings Highway

City, State, Zip Code
Maple Shade, NJ 08052

Name of Contact
Bill Abate

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holman Infiniti Auto Center

Type of Facility (4)

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

Square Feet
5,000

Currently Use (Prior to being demolished)
Auto Sales

County Code (7)
(State Use Only)

 ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Telephone No.
484-872-8684

License No.
01161

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
<th>Amount (Specify $ or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Perimeter Roof Flashing</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Penetration Roof Flashing</td>
<td>200 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Abatement Type

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

Name of Registered Waste Hauler
Waste Management of New Jersey

Cubic Yards of Waste
100

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA

Disposal Date
TBD

Completed by
Jack Bally
Sr. Project Manager

Signature

Print Form

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1):
8/1/19

Name of Building Owner/Operator (2):
Princeton University, Trustees of Princeton University

Street Address:
EA McMillan Building

City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Bob Ortega

FACILITY INFORMATION

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

Street Address:
32 Maclean Circle

City (5):
Princeton

County (6):
Mercer

County Code (7)
STATE USE ONLY

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

ASCM No.

Name of Abatement Contractor (9):
ecoservices, LLC

Street Address:
515 Grove Street, Suite 1B

City, State, Zip Code:
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm:
Alan Lloyd

Telephone No.:
856-656-2875

Start Date (10):
8/21/19

Scheduled Completion Date (11):
8/23/19

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

Renovation
Demolition

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

In Facility

Yes
No
N/A

Exterior

X Caulk @ wood siding & windows

2,250

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 Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

Yes
No
N/A

Exterior

X Caulk @ wood siding & windows

2,250

Other - Describe:

Name of Registered Waste Hauler:
Waste Management of New Jersey

NJDEP Waste Hauler ID No.

Cubic Yards of Waste:
40

Name of Registered Landfill:
GROWS Landfill

Disposal Date:
TBD

City, State, Zip Code:
City, State, Morrisville, PA

Completed by:
Joe White

Title:
Project Manager

Signature:
Joseph White

Date:
8/11/19

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)**
08-09-2016

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Wayne NJ 07470

**Name of Contact**
John Sprofera

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1130 W Chestnut Street

**City (5)**
Wayne NJ 07470

**County (6)**
Passaic

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

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

**Type of Facility (4)**
- [x] School (K-12)
- [x] 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)**
Bioterra Solution

**ASCM No.**

**Name of Abatement Contractor (9)**
Amax Contracting LLC

**Street Address**
24 Morley Dr

**City, State, Zip Code**
Woodland Park NJ 07424

**Name of OSHA Monitor**
Amax Contracting LLC

**Telephone No.**
973-494-3762

**License No.**
01266

**Project Manager for Monitoring Firm**
Rick Estaguiio

**Telephone No.**
973-692-6298

**Start Date (10)**
08-18-2016

**Scheduled Completion Date (11)**
08-20-2016

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

---

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

**In Facility (13)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [ ] Yes
- [x] 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**

---

**Name of Registered Waste Hauler**
Amax Contracting LLC

**NJDEP Waste Hauler ID No.**
0036184

**Cubic Yards of Waste**
3 CY

**Name of Registered Landfill**
GROWS

**City, State**
Woodland Park NJ 07424

**Disposal Date**
08-25-2016

**City, State**
Morrisville PA

**Completed by**
Tome Maslarkov
**Title**
Project Manager

**Signature**

---

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

Date of Notification (1)
08-09-2016

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

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

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

Street Address
155 Broad Street

City, State, Zip Code
Bloomfield NJ 07003

Name of Contact
Bethany Brennan

Telephone Number

FACILITY INFORMATION

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

Street Address
465 Broughton Ave

City (5)
Bloomfield NJ 07003

County (6)
Essex

County Code (7)

Current Use (Prior to if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Briggs Associates

ASCM No.

Name of Abatement Contractor (9)
Amex Contracting LLC

Street Address
24 Morley Dr

City, State, Zip Code
Woodland Park NJ 07424

Name of OSHA Monitor
Amex Contracting LLC

Project Manager for Monitoring Firm
Mike Hoodak

Telephone No.
609-847-2957

License No.
01266

Scheduled Completion Date (11)
08-29-2016

Scope of Work (Check All That Apply)
☒ ≥150 sf or ≥150 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition

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

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement
Type

Removal
Repair
Encapsulate
Endorse

Endorse

Name of Registered Waste Hauler
Amex Contracting LLC

NJDEP Waste
Hauler ID No.
0036184

Cubic Yards
of Waste
3 CY

Name of Registered Landfill
GROWS

City, State
Woodland Park NJ 07424

Disposal Date
09-05-2016

Completed by
Tome Maslarkov

Title
Project Manager

Signature

Date
08-09-2016

* 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) 8-10-2016

Name of Building Owner/Operator (2)
35-54 Rector Urban Renewal
120 Albany Street
New Brunswick, NJ 08901

Name of Contact
Sam Borale

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
36-54 Rector Street

Street Address
36 Rector Street
Newark, New Jersey 07102

City (5)
Newark, New Jersey 07102

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
Dynamic Earth LIC

ASCM No.

Name of Abatement Contractor (9)
DAS Industrial

Street Address
245 Main Street, suite 110
Chester, NJ 07930

City, State, Zip Code
Chester, NJ 07930

Project Manager for Monitoring Firm
Tbd

Telephone No.
9738797095

License No.
01280

Start Date (10)
May 31, 2016

Scheduled Completion Date (11)
March 31, 2016

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

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

Basement area
First floors
First floor Shaft

Name of Registered Waste Hauler
Newark Carting inc

Waste Hauler ID No.
04509

Cubic Yards of Waste
80

Name of Registered Landfill
G.r.o.w.s

City, State
Newark NJ

Complied by
Vincent Manganiello

Title
Owner

Telephone Number

Deb Medium
AUG 15 2016

U.S. DEPARTMENT OF LABOR

ESSENTIALS CONTROL AND

SPECIAL INDUSTRIES

Abatement Type
Full Containment with Negative Pressure

Pipe installation 2400 X

Disposal Date
5/16/16

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

Date of Notification (1) 8/8/16
Type Notification

Agencies Notified
EPA
DEP
X DOL
X DOH
DCA

Name of Building Owner / Operator (2)
Punctuated Equilibrium
Street Address
56 Sparta Road
City, State & Zip Code
Newton, NJ 07860
Name of Contact
Robert Regimbal
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Auto Body Shop

Street Address
81 Sparta Road
City (5)
Newton
County (6)
Sussex
County Code (7)

Type of Facility (4)
School (K-12)
X Subchapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)
Square Feet
5000
# of Floors
1.5
Bldg. Age
50+

Current Use (Prior if being demolished)
Commercial

Name of Abatement Contractor (9)
Global Abatement Services, LLC
Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831
License Number
00714

Name of OSHA Monitor
Global Abatement Services, LLC

Scheduled Start Date (10)
8/18/16
Scheduled Completion Date (11)
8/20/16

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

Scope of Work (Check all that apply)
X Demolition
Removal
Large Project
Quantity is ≥ 3 SF or ≥ 3 LF ACM
X Quantity is ≥ 180 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet)
135SF
Abatement Type
Removal

X Other: Non-friable

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure

Name of Registered Waste Hauler
Freehold Cartage
NJ DEP Waste Hauler ID #
18639
Cu. Yds. of Waste
8
Name of Registered Landfill
TRRF
Disposal Date
8/21/16
City, State
Tullytown, PA

Completed By (Print or Type)
Dominick Tringali
Title
Manager
Signature

Date
8/8/16
### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Former Moose Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>4 Diller Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Sussex</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Geiger</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>8/18/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/29/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Demolition, Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Basement, First/Second Floor, First and second floor</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
<td>N/A, N/A, N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>N/A, N/A, N/A</td>
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<tr>
<td>Amount (Specify Square Feet or Linear Feet)</td>
<td>68 LF, 1,900 SF, 1,744 LF</td>
</tr>
<tr>
<td>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</td>
<td>Removal, Removal, Removal</td>
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### Natural Selections

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended Notification</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Natural Selections</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>56 Sparta Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Newton, NJ 07860</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Reginaal</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

### Type of Facility (4)

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

### Current Use (Prior if being demolished)

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-605-9062</td>
</tr>
<tr>
<td>License Number</td>
<td>00714</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

### Asbestos Control & Removal

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
</tr>
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<tbody>
<tr>
<td>Freehold Cartage</td>
<td>15683</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>30</td>
<td>TRRF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>8/29/16</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Dominick Trinagli</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Reginaal</td>
<td>8/8/16</td>
</tr>
</tbody>
</table>
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>8-10-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DAN THOMPSON</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 53</td>
</tr>
<tr>
<td>C. STATE ZIP CODE</td>
<td>LEESBURG N.J 08327</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DAN</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | N. CAPE MAY |
| City (5) | |
| County (6) | CAPE MAY |
| County Code (7) (STATE USE ONLY) | |

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. | |
| Name of Abatement Contractor (9) | KLEMCO INC. |
| Street Address | 369 S. SPRING AVE |
| City, State, Zip Code | MAPLE SHADE N.J 08052 |
| Telephone No. | 856-779-0472 |
| License No. | 00444 |
| Name of OSHA Monitor | N/A |

| Start Date (10) | 9-19-16 |
| Scheduled Completion Date (11) | 9-26-16 |

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

| Scope of Work (Check all that apply): |
| 23 sf or <30 sf | |
| 23 sf or 30 sf to 2,690 sf | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facilities (13) |
| SANDING |

| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | X |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| AMOUNT (Specify SF or LF) |
| Abatement Type |

| Name of Registered Waste Hauler | KLEMCO INC. |
| NDEP Waste Hauler ID No. | N/A |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | C. W. M. C. W. U. A |
| City, State | WOODBINE |

| Completed By | MICHAEL KLEMM |
| Title | SUP |
| Signature | MILLER |
| Date | 8-10-16 |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-10-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HARBAUGH DEVELOPERS</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 GLASSBROOK RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WOODBURY HEIGHTS N.J. 08097</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | |
| City (5) | AVA LONI |
| County (6) | CAPE MAY |
| County Code (7) | (STATE USE ONLY) |
| Name of Abatement Contractor (9) | KLEMCO INC |
| Street Address | 369 S SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |
| Telephone No. | 856-779-0472 |
| License No. | 00444 |
| Name of OSHA Monitor | JOSEPH KLEMM |
| Street Address | 369 S. SPRUCE Ave |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |

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

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

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

- Siding

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- TRANSITE

**Amount (Specify SF or LF)**

- 2750 SF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endure

**Name of Registered Waste Hauler**

- KLEMCO INC

**Cubic Yards of Waste**

- 5

**Name of Registered Landfill**

- C.M.C.M.U.A.

**City, State**

- MAPLE SHADE N.J.

**Disposal Date**

- 7/29/09

**City, State**

- WOODBURY N.J.

**Completed By**

- MICHAEL KLEMM

**Title**

- Sup.

**Signature**

- Michael Klemm

**Date**

- 8-10-16

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 01/10/16

Name of Building Owner/Operator (2) EARTHTECH CONTRACTING

Agencies Notified
- EPI
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Street Address 155 RT 50
City, State, Zip Code ASBESTOS CONTROL & GREENFIELD, N.J. 08230

Name of Contact BRUCE
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE
Type of Facility (4)
- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

City (5) BRIGANTINE
County (6) ATLANTIC
County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (5) KLEEMCO INC.
Name of OSHA Monitor JOSEPH KLEMM

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No

Start Date (10) 08/28/16
Scheduled Completion Date (11) 08/29/16

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)
- 1000 sf or less
- 2000 sf or more
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)
- Siding
- Transite

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

Amount (Specify SF or LF)

Permit Type

Cubic Yards of Waste

Name of Registered Waste Handler KLEEMCO INC.

Disposal Date

City, State PLEASANTVILLE, N.J.

Completed By JOE KLEMM Title OWNER

Signature

Date 8-10-16

* 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)
8/10/16

Name of Building Owner/Operator (2)
Allrisk

Agency(ies) Notified
EP A
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment #
Emergency (including Justification)
Cancellation

Street Address
501 Kennedy Blvd.

City, State, Zip Code
Somerdale NJ 08083

Name of Contact
Tom

Telephone Number
856-546-0016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Crossroads Middle School South

Street Address
195 Major Rd.

City (5)
Monmouth Junction NJ 08852

County (6)
Monmouth

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/11/16

Scheduled Completion Date (11)
6/15/16

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe:

Scope of Work (Check All That Apply)

≥23 sf or ≥23 ft
≥160 sf or ≥260 ft

Renovation
Demolition

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Room F101
Floor Tile
2500 SF

Name of Registered Waste Hauler
Two Brothers Co. Inc.

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
15

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

City, State
Totowa NJ

Disposal Date
8/15/16

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
8/10/16

* Do not use this form for asbestos licensure exempted activities.
August 10, 2016, 2016

To Whom It May Concern,

We are removing a floor in classroom F101 at Crossroads Middle School South in your township, which was damaged by a flood water. We need to remove approximately 2500 square feet of flooring which was found to be asbestos containing. Due to the location and amounts of the material, we are requesting a waiver of the ten (10) day notification period so that we may proceed immediately with the abatement and necessary repairs in order to minimize the downtime for the school with the impending school year beginning.

The owner is as follows:

South Brunswick BOE

The location is as follows:
Crossroads South
195 Major Rd
Monmouth Junction NJ, 08852

Thomas Messina – allRisk Restoration
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification
8 / 10 / 16

### Name of Building Owner/Operator
Medford Leas

### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

### Type Notification
- [ ] Initial
- [ ] Amended Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
1 Medford Leas Way

### City, State, Zip Code
Medford, NJ 08055

### Name of Contact
Michael Worley

### Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement Is Taking Place
Medford Leas Community Building

### Street Address
1 Medford Leas Way

### City
Medford

### County
Burlington

### County Code (only for NJ)

### Name of Monitoring Firm Hired by Building Owner
Mgmt. & Environmental Consulting Services

### ASCM No.

### Name of Abatement Contractor
Shade Environmental, LLC

### Street Address
623 Cutler Avenue

### City, State, Zip Code
Chesterfield, NJ 08515

### License No.
856-755-0099

### Telephone No.
609-298-4070

### Project Manager for Monitoring Firm
Bill Weisgarber

### Start Date
07 / 27 / 16

### Scheduled Completion Date
08 / 22 / 16

### Square Feet
10,000

### # of Floors
1

### Bidg. Age
80

### Current Use
Retirement Community

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

### Street Address
200 Route 130 North

### City, State, Zip Code
Cinnaminson, NJ 08077

### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

### Time of Abatement
AM - PM - PM - AM

### Scope of Work
- [ ] 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

<table>
<thead>
<tr>
<th>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>Yes</td>
<td>I.E., Thermal Systems Insulation, Surfacing, VAT, or Other Miscellaneous</td>
<td>6 LF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<td>N/A</td>
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<td></td>
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<tr>
<td>Central Supply</td>
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</tbody>
</table>

### Name of Registered Waste Hauler
Freehold Cartage

### NJDEP Waste Hauler ID No.
15939

### Cubic Yards of Waste
1

### Name of Registered Landfill
Cumberland County Landfill

### City, State
Newburg, PA

### Disposal Date
08/22/2016

### Completed By
Christina Lynch

### Title
Operations Manager

### Signature

### Date
8/10/16

*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 / 05 / 16

Name of Building Owner/Operator (2)  Alexandra Hanstein

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

Type Notification
- Initial
- Amended
- Amendment No.
- Emergency (including justification)
- Cancellation

Street Address  

City, State, Zip Code  Pennsville N.J 08070

Name of Contact  Alexandra Hanstein

FACILITY INFORMATION

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

Street Address  

City (5)  Auburn NJ

County (6)  Camden COUNTY

County Code (7)  (STATE USE ONLY)  Current Use (Prior if being demolished)  Resident

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Graham-Tech Environmental Service, LLC.

Street Address  

City, State, Zip Code  Sicklerville, NJ 08081

Project Manager for Monitoring Firm  Telephone No.  856-318-1341  License No.  01158

Start Date (10)  08 / 06 / 16  Scheduled Completion Date (11)  08 / 07 / 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: 7AM-11:30PM/____ PM-____ AM

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
- Asbestos Pipe Insulation  100LF

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

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)

Name of Registered Waste Hauler  Graham-Tech Environmental Service, LLC

NJDEP Waste Hauler ID No.  0034600

Cubic Yards of Waste  Disposal Date  City, State  G.R.O.W. North Landfill & Tullytown

City, State  14 Read Drive  Sicklerville, NJ 08081

Completed By (Print or Type)  Vernice Graham  Title  President

Signature  

* Do not use this form for asbestos licensure exempted activities.
TO: State of NJ

Please consider to waive the 10 waiting period for the removal of asbestos from the property of [Redacted], Auburn, NJ 08085. Project #(16-0801) job is to be completed by Graham-Tech Environmental Services. August 30th 2016 is the sale closing date for this property. This could cause a loss of sale if cannot be removed in a timely fashion. I was just informed last Saturday July 30th 2016 that the property contained asbestos in the cellar.

Please contact me if needed. Thank you for your time in this matter.

Alexandra Hanstein

cell [Redacted]
wk [Redacted]
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/2016</td>
<td>Ali Sherwan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[X] Initial Notification</td>
<td>[REDACTED] Montclair, NJ, 07043</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[ ] Emergency</td>
<td></td>
</tr>
<tr>
<td>[X] DOD</td>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place: Same as above

<table>
<thead>
<tr>
<th>Name of Monitoring Firm hired by Building</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AZTECH MANAGEMENT, Inc.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Sched. Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/18/16</td>
<td>8/21/16</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one):

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location Normally Used Solely By Maintenance/ Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>X</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation 120 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZTECH MANAGEMENT, INC.</td>
<td>17040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely By Maintenance/ Custodial Staff (12)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>120 lf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprise INC</td>
<td>Waynesburg, Ohio 44688</td>
</tr>
</tbody>
</table>

Date of Completion: 8/22/16

Completed By (Print or Type): Constantine Vivian  
Title: President
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8/9/2016

Name of Building Owner/Operator (2)
Azlone Norman

Agencies Notified
[X] EPA
[X] DEP
[X] DOI
[X] DOH
[X] DCA

Type Notification
[X] Initial Notification
[X] Amended Notification

City, State, Zip Code
Englewood, NJ 07631

Name of Contact
Azlone Norman

Street Address

FACILITY INFORMATION

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

City
(5)

County
(6)
Essex

County Code
(7)
STATE USE ONLY

Square Feet
1900

# of Floors
2

Bldg. Age
85

Current Use (Prior if being demolished)

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

ASCM No.

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
8/19/16

Scheduled Completion Date (11)
8/20/16

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

Other - Describe: (Specify if applicable)

Scope of Work (Check all that apply)
[X] >3 sf or >3 l f
[X] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM)
Location Normally Used By Main-
tenance/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
Basement

X Pipe insulation
125 lf X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
8/22/16

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 8/9/2016
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Name of Building Owner/Operator (2)**
Brick Twp. Board of Education

**Street Address**
101 Hendrickson Ave
City, State, Zip Code:
Brick, NJ 08724

**Name of Contact**
Lou Renton/Wallace Bros Contracting

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>Lilleh Corporation</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior or being demolished) school</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior window caulk</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilleh Corporation</td>
<td>16724</td>
</tr>
</tbody>
</table>

**Disposal Date**
City, State, Zip Code:
Morrsville, PA

**Completed by**
Mamo Glavatico
Title: vice president

**Signature**
08/08/16

*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)
08/09/2016

Name of Building Owner/Operator (2)
Adam Womeldorff

Agencies Notified Type Notification

☐ EPA ☒ DEP ☐ DOL
☐ DOH ☐ DCA
☐ Initial ☒ Amended
☐ Amendment # ☐ Emergency (including justification)☐ Cancellation

Street Address

City, State, Zip Code
West Orange, NJ

Name of Contact
Adam Womeldorff

Telephone Number

FACILITY INFORMATION

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

City (6)
West Orange

County (6)
Essex

Current Use (Prior if being demolished)
Residence

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

Name of Abatement Contractor (9)
Lillich Corporation

ASCM No.

Street Address

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
09-02-18

Scheduled Completion Date (11)
09-03-16

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 If
☒ 160 sf or 288 If
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

in Facility (13)

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

Yes ☒ No ☐ N/A

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

Amount (Specify SF or LF)
60 LF

Abatement Type

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

Disposal Date

City, State
Woodland Park, New Jersey

Completed by
Momo Glavatovic

Title
vice president

Signature

Date
08-09-16

* 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)  
08/09/16

Name of Building Owner/Operator (2)  
RIVEREDGE MANAGEMENT

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA

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

Street Address  
65 KINGSLAND AVE

City, State, Zip Code  
CLIFTON NJ  

Name of Contact  

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

Street Address  

City (5)  
JERSEY CITY

County (6)  
HUDSON

County Code (7)  

(State Use Only)

Current Use (Prior if being demolished)  
MULTI-FAMILY

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

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKewood, NJ 08701

Start Date (10)  
08/19/16

Scheduled Completion Date (11)  
08/19/16

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)  
□ x 32 sf or z3 if  
□ x 160 sf or z260 if  
□ x 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  

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)  
TSI  

Amount (Specify SF or LF)  
230LF

Abatement Type  

Endorsement  
Removal  
Repair  
Encapsulate  
Enclosure

Name of Registered Waste Hauler  
NEWARK CARTING

Waste Hauler ID No.  
04509

Cubic Yards of Waste  
5

Name of Registered Landfill  
IESI

Disposal Date  
08/19/16

City, State  
BETHELHEM PA

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature

Date

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

Date of Notification (1)
08/09/16

Name of Building Owner/Operator (2)
RIVEREDGE MANAGEMENT

AEROSOL MANAGEMENT Type Notification
□ EPA □ DEP □ DOL □ DOH □ DCA
□ Initial □ Amended □ Amendment □ Emergency (including justification) □ Cancellation

Street Address
65 KINGSLAND AVE

City, State, Zip Code
CLIFTON NJ

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Square Feet
# of Floors
Bldg. Age

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

Current Use (Prior if being demolished)
MULTI-FAMILY

City (5)
JERSEY CITY

County Code (6)
Hudson

County (6)
STATE USE ONLY

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-639-9078

License No.
1200

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Start Date (10)
08/19/16

Scheduled Completion Date (11)
08/22/16

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

Scope of Work (Check All That Apply)
□ 23 sf or 23 lt
□ ≥100 sf or ≥200 lt
□ 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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulation

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

Name of Registered Waste Hauler
NEWARK CARTING

City, State
NEWARK, NJ

Name of Registered Landfill
IESI

Disposal Date
08/19/16

City, State
BETHLEHEM PA

Chapter 41 (R-05-03)

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

Date of Notification (1)
08/09/16

Name of Building Owner/Operator (2)
RIVEREDGE MANAGEMENT

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

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

Street Address
65 KINGSLAND AVE

City, State, Zip Code
CLIFTON NJ

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

City (5)
JERSEY CITY

County Code (7)
(HUDDSON)

County (6)
Hudson

Current Use (Prior if being demolished)
MULTI-FAMILY

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

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
08/24/16

Scheduled Completion Date (11)
08/26/16

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

Scope of Work (Check All That Apply)
☐ ±3 sf or ±3 if
☒ ±100 sf or ±220 sf
☐ Renovation
☐ Demolition

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

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

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

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

Amount
(Specify SF or LF)
200LF

Abatement Type
Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐

Name of Registered Waste Hauler
NEWARK CARTING

Waste Hauler ID No. 04509

Cubic Yards of Waste 5

Disposal Date 08/26/16

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date

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

Date of Notification (1)
08/09/16

Name of Building Owner/Operator (2)
RIVEREDGE MANAGEMENT

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

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

Street Address
65 KINGSLAND AVE

City, State, Zip Code
CLIFTON NJ

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
JERSEY CITY

County (6)
HUDSON

County Code (7)

Current Use (Prior if being demolished)
MULTI-FAMILY

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.
732-668-9078

License No.
1200

Start Date (10)
08/26/16

Scheduled Completion Date (11)
08/29/16

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

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)
☒ 30 sf or 33 If
☒ 2160 sf or 2260 if
☒ Demolition

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

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

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

Amount (Specify SF or LF)
220LF

Abatement Type
Endorse

BASEMENT

Name of Registered Waste Hauler
NEWARK CARTING

Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

Disposal Date
08/29/16

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date

* 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)
08/09/16

Name of Building Owner/Operator (2)
ONYX MANAGEMENT

Agencies Notified
- EPA
- DOH

Type Notification
- Initial

Street Address
914 MADISON AVE

City, State, Zip Code
PATERSON NJ

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (6)
BAYONNE

County (5)
HUDSON

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
08/23/16

Scheduled Completion Date (11)
08/24/16

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 ≥ 350 sf or ≥ 350 sf
- ≥ 160 sf or ≥ 260 sf
- Demolition
- Full Containment with Negative Pressure
- Cleaning and Sealing
- Non-Exempted (*) and Non-Firable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
320 LF

Abatement Type

Endorse

Name of Registered Waste Hauler
NEWARK CARTING

Disposal Date
08/29/16

City State
NEWARK NJ

Completed by
JOSEPH PERLSTEIN
TITLE
OWNER

Signature
Date

* 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)
09/09/16

Name of Building Owner/Operator (2)
CRYSTAL LAKE HEALTHCARE

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☐ DCA

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

Street Address
395 LAKESIDE BOULEVARD

City, State, Zip Code
BAYVILLE, NJ 08721

Name of Contact
JOSEPH BRAUN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
CRYSTAL LAKE

Street Address
395 LAKESIDE BLVD.

City (5)
BAYVILLE, NJ

County (6)
OCEAN COUNTY

County Code (7)

(State Use Only)

Current Use (Prior if being demolished)
NURSING HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

732-668-9078

License No.

1200

Start Date (10)
08/28/16

Scheduled Completion Date (11)
08/29/16

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

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

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Scope of Work (Check All That Apply)

☒ ≥ 3,000 sf or ≥ 3 if  
☐ ≥ 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

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)

ACM PIPE INSULATION

Amount (Specify SF or LF)
150 LF

Abatement Type
☐ Remove
☐ Repair
☒ Encapsulate
☐ Endure

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
7 YARDS

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
08/29/16

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
05/27/16

ASB-41 (R-08-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:96 and 12:12B)

Date of Notification (1)
08/09/16

Name of Building Owner/Operator (2)
RIVEREDGE MANAGEMENT

Agency(ies) Notified
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

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

Street Address
65 KINGSLAND AVE

City, State, Zip Code
CLIFTON NJ

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

City (5)
JERSEY CITY

StateUSE ONLY

County CODE
HUDSON

County CODE

Current Use (Prior if being demolished)
MULTI-FAMILY

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)
08/31/16

Scheduled Completion Date (11)
09/01/16

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Facility Closed/Vacated During Entire Period of Abatement
☐

Other – Describe

Scope of Work (Check All That Apply)

☐ 23 sf or 23 if
☐ 150 sf or 2250 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

Is Location
NORMALLY
Used SOLELY
By Maintenance/
Custodial Staff?

(12)

Location

Description

Amount

Endorse

Type

of Asbestos

Containing Material (ACM)
(i.e. thermal systems insulation, surfaceing, VAT, or other miscellaneous)

TSI

BASEMENT

220LF

X

Name of Registered Waste Hauler
NEWARK CARTING

NJ DEP Waste Hauler ID No.
04509

Cubic Yards
5

Disposal Date
08/29/16

Name of Registered Landfill
IESI

City, State
NEWARK, N.J

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date

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