# State of NJ Notification of Asbestos Abatement

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

**D&S Proj. #: 16-255**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>08/25/16</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>jean barson</td>
</tr>
<tr>
<td>Agencies Notified (3)</td>
<td>DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>GLEN RIDGE, NJ 07028</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GLEN RIDGE, ESSEX, NJ 07028</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>Phone Number</td>
<td>20 California Ave. Paterson, NJ 07503</td>
</tr>
<tr>
<td>Square Feet</td>
<td>121.1 ft</td>
</tr>
<tr>
<td>License Number</td>
<td>973-345-8020</td>
</tr>
<tr>
<td>License Number</td>
<td>01169</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 California Ave. Paterson, NJ 07503</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>20 California Avenue Paterson, NJ 07503</td>
</tr>
<tr>
<td>Scope of Work (check all that apply)</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td>121.1 ft</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Full Containment w/negative pressure</td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable procedure</td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable procedure</td>
<td>Non-Exempted (*) and Non-Friable procedure</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/16</td>
<td>robert vilin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>robert vilin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>fanwood, nj 07023</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>robert vilin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/24/16</td>
<td>09/15/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement performed outside of normal facility hours-</td>
<td>x Other-Describes: NORMAL HOURS</td>
</tr>
<tr>
<td>Describe:</td>
<td>x &gt;3 sf or &gt;3 lf</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>basement shop rm 4 loc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 yd.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNON, NJ 07503</td>
<td>08/25/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
<td>08/12/16</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal exempted activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 09 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey Turnpike Authority</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
- Existing Bldg

Street Address
- MP E111.5

City (5)
- Secaucus

County (6)
- Hudson

County Code (7)
- Current Use (Prior if being demolished)
- PROSECUTOR'S OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
- Bio Terra Environmental Solutions LLC

ASCM No.
- 06-15995

Name of Abatement Contractor (9)
- APS Contracting, Inc.

Street Address
- PO Box 1224

City, State, Zip Code
- Union, NJ 07083

Project Manager for Monitoring Firm
- Rick Eustaquio

Telephone No.
- 973-494-3762

License No.
- 01-287

Start Date (10)
- 08 / 29 / 16

Scheduled Completion Date (11)
- 09 / 09 / 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: 9AM-5PM/ 5PM-9AM

Scope of Work (Check all that apply)
- 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 (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thruout Bldg</td>
<td>Yes/No/N/A</td>
<td>VAT</td>
<td>8,448 sf.</td>
</tr>
<tr>
<td>Thruout Bldg</td>
<td>Yes/No/N/A</td>
<td>Fiberglass Wall Insul/Cement Bnd Panels/Transite</td>
<td>324 sf.</td>
</tr>
<tr>
<td>EC Rm 1038</td>
<td>Yes/No/N/A</td>
<td>Mastic/Cork Floor Tile</td>
<td>7,940 sf.</td>
</tr>
<tr>
<td>EC Rms 1040</td>
<td>Yes/No/N/A</td>
<td>Cement Piping/pipe Insulation</td>
<td>22 sf.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
- APS Contractors, Inc.

NDEP Waste Hauler ID No.
- 21259

Cubic Yards of Waste
- 40 Yards

Name of Registered Landfill
- Grows Landfill

City, State
- Morristown, PA 19067

Completed By (Print or Type)
- Svetozar Savreski

Title
- President

Signature

Date
- 8/9/16

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

Date of Notification (1) 8/18/16

Name of Building Owner/Operator (2) MCB East Brunswick Real Estate

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

Type Notification
- Initial
- Amended
- Amendment #0
- Emergency (including justification)
- Cancellation

Street Address 2701 North Charles St.
City, State, Zip Code Balt., MD 21218

Name of Contact Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 50 Race Track Road

Street Address 50 Race Track Road

City (5) East Brunswick, NJ

County (6) Middlesex

County Code (7) (STATE USE ONLY) 1

Current Use (Prior if being demolished) Vacant Retail

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

ASCM No. NA

Name of Abatement Contractor (9) Alliance Environmental Systems

Street Address 700 Turner Way, Suite 105
City, State, Zip Code Aston, PA 19014

TelephoneNumber 610-588-8902

Name of OSHA Monitor AET

Project Manager for Monitoring Firm Don Helm

Start Date (10) 9/1/16

Scheduled Completion Date (11) 9/30/16

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: ZAM____PM/3:00PM____AM

Scope of Work (Check all that apply)
- Greater than 3 sf or 3 ft
- Greater than 160 sf or 260 ft
- 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>TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Floor</td>
<td>VAT</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Main Floor</td>
<td>Mastic</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Mezzanine</td>
<td>VAT / Mastic</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

Amount

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>VAT / Mastic</td>
<td>35,400 SF</td>
</tr>
<tr>
<td>Mastic</td>
<td>42,500 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Richard Burns & Co

NJDEP Waste Hauler ID No. 19955

Cubic Yards of Waste 120

Name of Registered Landfill Western Berks Community Landfill

City, State Phila., PA

Disposal Date TBD

Completed By (Print or Type) Mark Griffin

Title Estimator

Signature

Endorsement

Date 8/18/16

* 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 / 19 / 16

Name of Building Owner/Operator (2)
NJSDA

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
☐ NJAC 5:23-8

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

Street Address
32 East Front Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Naimish Kathirai

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hedgepath-Williams School

Street Address
301 Gladstone Ave.,

City (5)
Trenton, NJ 08629

County (6)
Mercer

County Code (7)(STATE USE ONLY)

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

ASCM No.
00102

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
515 Grove Street, Suite 1 B

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Brian Clark

Telephone No.
856-547-0505

Telephone No.
973-928-4888

License No.
1138

Start Date (10)
07 / 07 / 16

Scheduled Completion Date (11)
09 / 15 / 16

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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 AM PM PM AM

Scope of Work (Check all that apply)
☒ Renovation
☐ Demolition

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)

Amount (Specify SF or LF)

Boiler Room
☒ ☐ ☐ Pipe Insulation & Debris 890 SF ☒ ☐ ☐

Tunnel
☒ ☐ ☐ Pipe Insulation & Debris 360 SF ☒ ☐ ☐

Kitchen (Crawlspace)
☒ ☐ ☐ Debris 200 SF ☒ ☐ ☐

14 Classrooms
☒ ☐ ☐ Pipe Insulation 55 LF ☒ ☐ ☐

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 1A-371

Cubic Yards of Waste As Needed

Disposal Date TBD

Name of Registered Landfill
Minerva Enterprises LLC

City, State
Waynesburg, OH

Completed By (Print or Type)
Zvonko Veskov

Title
President

Signature

Date 8/19/16

* 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)**
06 / 28 / 16

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Hedgepath-Williams School</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
32 East Front Street

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
Naimish Kathiari

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

**County (6)**
Mercer

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

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

---

**Name of Monitoring Firm Hired by Building Owner (8)**
Pennoni Associates Inc.

**ASCM No.**
00102

**Name of Abatement Contractor (9)**
ALL PRO MANAGEMENT LLC

**Street Address**
515 Grove Street, Suite 1 B

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

**Project Manager for Monitoring Firm**
Brian Clark

**Telephone No.**
856-547-0505

**License No.**
973-928-4888

---

**Start Date (10)**
07 / 07 / 16

**Scheduled Completion Date (11)**
08 / 31 / 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

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

**Boiler Room**
- [ ] Yes
- [ ] No
- [ ] N/A

**Tunnel**
- [ ] Yes
- [ ] No
- [ ] N/A

**Kitchen (Crawlspace)**
- [ ] Yes
- [ ] No
- [ ] N/A

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

**Boiler Room**
Pipe Insulation & Debris

**Tunnel**
Pipe Insulation & Debris

**Kitchen (Crawlspace)**
Debris

**Name of Registered Waste Hauler**
ATC

**NJDEP Waste Hauler ID No.**
1A-371

**Cubic Yards of Waste As Needed**

**Disposal Date**
TBD

**Name of Registered Landfill**
Minerva Enterprises LLC

**City, State**
Waynesburg, OH

**ASB-41**
JAN 13

*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)

Date of Notification (1) 8/18/16

Name of Building Owner / Operator (2)
Macys Inc.

Agencies Notified Type Notification
☐ EPA ☒ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Emergency
☐ DOH ☐ Cancellation
☐ DCA

Street Address
7 West Seventh Street
City, State & Zip Code
Cincinnati, OH 45202
Name of Contact
Tia Wenrich

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Macys Store
Street Address
237 Woodbridge Center
City (5) Woodbridge County (6) Middlesex County Code (7)

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

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
Bristol Environmental, Inc.
Street Address
515 Grove St.
City, State & Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Joseph Anello
Telephone Number
856-656-2875

Scheduled Start Date (10) 8/31/16
Scheduled Completion Date (11) 9/8/16

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 Hours – Describe: 10 PM to 7 AM
☐ Facility Occupied During Abatement

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
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

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

(13)

2nd Floor
☐ ☒ ☐

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

Amount (Specify SF or LF)
Floor tile
1200 SF

Abatement Type
☐ ☒ ☐

Name of Registered Waste Hauler
Service Transport Inc.
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste ½ Cu Yd

Disposal Date 9/7/16

Minerva Landfill
City, State
Waynesburg, OH

Name of Registered Landfill

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature
Date 8/18/16

GI 16138
Date of Notification (1) 8/17/16 Bblue acres exempt

Name of Building Owner/Operator (2) New Jersey D.P.M.C.

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #: Emergency (including justification)
- DOH Cancellation
- DCA

Street Address 20 West State st.
City, State, Zip Code Trenton

Name of Contact Walter Fernandez
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Blue Acres Flood Buy Out Property

Street Address 9 Squire St.
City (5) East Brunswick
County (6) Middlesex
County Code (7) 1600
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions
ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental
Street Address 1130 West Chestnut St. Suite 1224
City, State, Zip Code Union NJ 07083
Union NJ 07083
Project Manager for Monitoring Firm Richard Aguinera Telephone No. 973-494-3762
Street Address 135 Kinnelon RD
City, State, Zip Code Kinnelon NJ 07405
License No. 01228

Optional Period of Abatement
8/31/16 Start Date (10)
9/2/16 Scheduled Completion Date (11)

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 s.f. or ≥ 3 if
- ≥ 160 s.f. or ≥ 260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor kitchen</td>
<td>x</td>
<td>sink coating and paneling glue</td>
<td>269 sf</td>
<td>x</td>
</tr>
<tr>
<td>living room</td>
<td>x</td>
<td>wall covering</td>
<td>320 sf</td>
<td>x</td>
</tr>
<tr>
<td>2nd floor bedroom</td>
<td>x</td>
<td>VAT</td>
<td>120 sf</td>
<td>x</td>
</tr>
<tr>
<td>exterior</td>
<td>x</td>
<td>siding, roofing</td>
<td>2938 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Yannuzzi Group
NJDEP Waste Hauler ID No. 17467
Disposal Date 9/2/16
Name of Registered Landfill Grows/Tullytown
City, State Kinnelon, NJ Morristown

Completed by John Mucha Title project manager
Signature Date 8/17/16

ASB-41 (R-06-98) 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)

Date of Notification (1)
8/17/16 Blue acres exempt

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

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

Street Address
20 West State st.

City, State, Zip Code
Trenton

Name of Contact
Walter Fernandez

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
Garage at 9 Squire St.

City (5)
East Brunswick

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Square Feet
250

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned garage

Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Solutions

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Enviromental

Street Address
1130 West Chestnut St. Suite 1224

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Richard Aguinera

Telephone No.
973-494-3762

License No.
01228

Telephone No.
908-218-0880

Start Date (10)
8/31/16

Scheduled Completion Date (11)
9/2/16

Name of OSHA Monitor
Yannuzzi 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: __________

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥190 sf or ≥260 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Location
Garage windows
Garage doors

Yes No N/A

gray exterior window glazing
white garage door caulk

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

Amount (Specify SF or LF)
32 lf
50 lf

Name of Registered Waste Hauler
Yannuzzi Group

NJ/DEP Waste Hauler ID No.
17457

Cubic Yards of Waste
2

Name of Registered Landfill
Grow's/Tullytown

City, State, NJ
Kinnelon

Completed by
John Mucha

Title
Project Manager

Signature

Disposal Date
9/2/16

City, State
Morrisville

Completed Date
8/17/16

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/18/11/19/11/16</td>
<td>New Jersey Turnpike Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Initial</td>
<td>581 Main Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code: Woodbridge, NJ 07095</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Contact: Bob / ACP Contracting, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
</tr>
<tr>
<td>Toll Utility Buildings &amp; Tunnels</td>
</tr>
<tr>
<td>Street Address: 40 Monmouth Park Highway, Suite 2</td>
</tr>
<tr>
<td>City, State, Zip Code: West Long Branch, NJ 07754</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm: Kevin Burns</td>
</tr>
<tr>
<td>Phone Number: (732)676-4000</td>
</tr>
<tr>
<td>Scheduled Start Date (10): 08/31/2016</td>
</tr>
<tr>
<td>Sched. Completion Date (11): 09/01/2016</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
</tr>
<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: occupied</td>
</tr>
<tr>
<td>Scope of Work (check all that apply)</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>&gt;3 sf or &gt;2 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Location of asbestos-containing material to be abated in facility (13)</td>
</tr>
<tr>
<td>Is location normally used solely by maintenance/custodial staff? (12)</td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclose</td>
</tr>
<tr>
<td>Boiler room @ interchange 14</td>
</tr>
<tr>
<td>12 fittings</td>
</tr>
<tr>
<td>Structural</td>
</tr>
<tr>
<td>9 ft</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
<tr>
<td>NJDEP Flayer ID# 19553</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Cubic Yards of Waste 1</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
</tr>
<tr>
<td>Secretary/Treasurer</td>
</tr>
<tr>
<td>Date 08/19/2016</td>
</tr>
</tbody>
</table>
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2016-119

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

**Street Address:**

**City, State, Zip Code:** Belleville, NJ 07109

**Name of Contact:**

**Telephone Number:**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):** Lyannelly Negron

**Street Address:**

**City (5):** Belleville

**County (6):** Essex

**County Code (7):** n/a

**Type of Facility (4):**

- [X] School (K - 12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Name of Abatement Contractor (5):**

**B & G Restoration, Inc.**

**Street Address:** 105 Ryerson Road

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

**Telephone Number:** (973)696-8869

**License Number:** 00378

**Name of OSHA Monitor:**

**B & G Restoration, Inc.**

**Street Address:** 105 Ryerson Road

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

**Scheduled Start Date (10):** 08/30/2016

**Sched. Completion Date (11):** 08/31/2016

**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):**

- [ ] Demolition
- [X] Renovation
- [ ] Full Containment w/negative pressure
- [X] Glovebag procedure
- [X] Mini-enclosure
- [ ] Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R Em o ve</th>
<th>R e p a ir</th>
<th>E nc a p</th>
<th>E n c l</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>pipe insulation</td>
<td>66 sf</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

**B & G Restoration, Inc.**

**NJDEP Hauler ID#:** 19563

**Cubic Yards of Waste:** 1

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

**City, State:** Tullytown, PA

**Disposal Date:** 08/31/2016

**Completed by (Pract or Type):**

**Gordana Luna**

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 08/19/2016
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-109

Date of Notification (1)
01/18/19

Name of Building Owner/Operator (2)
Kevin Burke

Agencies Notified
- EPA
- DOL
- DOH

Type Notification
- Initial

Street Address

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Kevin Burke

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Kevin Burke

Street Address

City (5)
Jersey City, NJ 07305

County (6)
Hudson

County Code (7)
(State use only)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

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

ASCM No.
n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-8898

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
09/06/2016

Sched. Completion Date (11)
09/08/2016

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

Describe:

Other-Describe:

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encap
Enc

basement

pipe insulation
375 ft

asbestos containing debris
200 sf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID:
19563

Cubic Yards of Waste
7

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
09/09/2016

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
08/19/2016
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)  
Seton Ahearn  

FACILITY INFORMATION  

Agency Notification  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  

Name of Facility where abatement is taking place (3)  
Seton Ahearn  

Street Address  

City, State, Zip Code  
Cranford, NJ 07016  

County Code (7)  
(Street use only)  

Name of Monitoring Firm Hired by Bldg. Owner (6)  
ASCM No.  
n/a  

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

Square Foot  
# of Floors  
Bldg. Age  

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

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Telephone Number  
(973) 696-8869  

License Number  
00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

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

☐ Other-Describe:  

Scope of Work (Check all that apply)  
☐ Demolition  
☒ Renovation  
☐ Full containment w/negative pressure  
☒ Glovebag procedure  
☐ Non-frangible procedure  

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

is location normally used solely  
by maintenance/custodial  
staff(12)  

Yes  
No  
N/A  

Description of asbestos-containing material (ACM)  

Amount  
(Specify SF or LF)  

Removal  
Repair  
Encapsulation  

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

Cubic Yards of Waste  
2  

Name of Registered Landfill  
Tullytown Resource & Recovery Center  

City, State  
Tullytown, PA  

Disposal Date  
09/30/2016  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  

Date  
08/19/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 8 / 15
Name of Building Owner/Operator (2) Marcus L. Ward
Job #1608-2109 Chk. #4458

Agencies Notified
☐ EPA  ☑ DOLWD  ☑ DHSS  ☐ DCA (NJAC 5:23-8)
Type Notification  ☑ Initial  ☑ Amended
Amendment #  ☐ Emergency (including justification)
☐ Cancellation
Street Address 4814 Outlook Drive, Suite 201
City, State, Zip Code Wall Township, NJ 07753
Name of Contact Heather Falkoff

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Winchester Gardens
Street Address 333 Elmwood Avenue
City (5) Maplewood
County (6) Essex
County Code (7)(STATE USE ONLY) 473,763
Current Use (Prior if being demolished) Senior Housing/Assisted Living

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories
Street Address 3370 Progress Drive, Suite J
City, State, Zip Code Bensalem, PA 19020
Project Manager for Monitoring Firm Mike Panepresso
Telephone No. 215-244-1300
Start Date (10) 8 / 17 / 16
Scheduled Completion Date (11) 8 / 18 / 16
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.
Street Address 3859 Sylon Boulevard
City, State, Zip Code Hainesport, NJ 08036
Project Manager for Abatement Firm 00862
Telephone No. 609-702-0400
Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Abandoned During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement ______AM______PM______PM______AM
Name of OSHA Monitor EMSL Analytical, Inc.
Street Address 200 U.S. Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

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

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

<table>
<thead>
<tr>
<th>Men's Locker Room</th>
<th>Pipe Insulation</th>
<th>14 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men's Locker Room</td>
<td>Window Caulk</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Freehold Cartage, Inc.
Name of Registered Landfill GROWS Landfill
City, State Freehold, NJ
City, State Morrisville, PA 19067
Completed By (Print or Type) Kimberly A. Trumbetti
Title Office Coordinator
Signature

Disposal Date 8/19/16

*S* 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)**
8 / 11 / 16

**Name of Building Owner/Operator (2)**
Mr. Joseph Basco

**Street Address**
[Redacted]

**City, State, Zip Code**
Palmyra, NJ 08065

**Name of Contact**
Joseph Basco

## FACILITY INFORMATION

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

### City (5)
Palmyra

### County (6)
Burlington

### Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental

### ASCM No.

### Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

### Street Address
PO Box 316

### Telephone No.
856-848-0800

### License No.
00862

### Project Manager for Monitoring Firm
Dave or Steve Flanigan

### Current Use (Prior if being demolished)
Residential

### Square Feet
1700

### # of Floors
2

### Bidg. Age
85+

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>☑ Pipe Insulation</td>
<td>50 LF</td>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>2nd Floor Bathroom</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td>☑ Floor Tile &amp; Mastic</td>
<td>20 SF</td>
<td>☑ ☑ ☑</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Carnevale Disposal

### NJDEP Waste Hauler ID No.
17297

### Cubic Yards of Waste
5

### Name of Registered Landfill
GROWS Landfill

### City, State
Morrisville, PA 19067

---

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

**Completed By (Print or Type)**
Kimberly A. Trumbetti

**Title**
Office Coordinator

**Signature**

**Date**
8-19-2016

**MAY 11**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 8/19/16

Name of Building Owner/Operator: Wayne Senior Citizens Runnymede Corp
Job #: 1502-1959 Chk #: 352

Agencies Notified:
- EPA
- DOH
- DHHSS
- DCA (NJAC 5:23-8)

Type Notification:
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Facility Information:

Name of Facility Where Abatement is Taking Place: Edward Sisco Sr. Citizens Village

Street Address:
100 Runnymede Drive
Wayne, NJ 07470

City, State, Zip Code: Wayne, NJ 07470

County: Passaic

County Code (STATE USE ONLY): R-2

Name of Monitoring Firm Hired by Building Owner: Criterion Laboratories

ASCM No.: Name of Abatement Contractor:

Asbestos and Mold Services, Corp.

Street Address:
3370 Progress Drive, Suite J

City, State, Zip Code: Hainesport, NJ 08036

Bensalem, PA

Project Manager for Monitoring Firm: Mike Panepresso
Telephone No.: 215-244-1300

Start Date: 9/2/16

Scheduled Completion Date: 9/2/16

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM AM-PM AM

Scope of Work:
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft
- 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:

Units: 106, 207, 307, 407, 507
- Popcorn Ceiling (1" strip per unit) approx. 5 SF per unit

SAME UNITS AS ABOVE
- Floor Tile & Mastic (14 SF per unit) 140 SF

Name of Registered Waste Hauler: Carnevale Disposal

Disposal Date: 9/2/16

City, State: Hamilton, NJ

Name of Registered Landfill: GROWS Landfill

Cubic Yards of Waste: 6

Name of Registered Waste Hauler ID No.: 17297

Cubic Yards of Waste: 0

Name of Registered Landfill: GROWS Landfill

City, State: Morrisville, PA 19067

Completed By: Kimberly A. Trumbetti
Title: Office Coordinator

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/17/16 Blue acres exempt</th>
<th>Name of Building Owner/Operator (2)</th>
<th>New Jersey D.P.M.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 West State st.</td>
<td>Street Address</td>
<td>20 West State st.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Trenton</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Name of Contact</td>
<td>Walter Fernandez</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Blue Acres Flood Buy Out Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Blue Acres Flood Buy Out Property</td>
</tr>
<tr>
<td>City (5)</td>
<td>East Brunswick</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>300</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Abandoned</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1130 West Chestnut St. Suite 1224</th>
<th>Street Address</th>
<th>135 Kinnelon RD</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07083</td>
<td>City, State, Zip Code</td>
<td>Kinnelon NJ 07405</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Richard Aguijena</td>
<td>Telephone No.</td>
<td>973-494-3762</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
<td>License No.</td>
<td>01228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>8/29/16</th>
<th>Scheduled Completion Date (11)</th>
<th>9/1/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>Yannuzzi Environmental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≤3 sf or ≤3 ft</td>
<td>x ≥100 sf or ≥200 ft</td>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED DURING Entire Period of Abatement</td>
</tr>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Yannuzzi Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Kinnelon, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>9/2/16</th>
<th>Name of Registered Landfill</th>
<th>Grows/Tullytown</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Morrisville</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by John Mucha | Title: project manger | Signature: [Signature] | Date: 8/17/16 |

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

Date of Notification (1)
8/17/16 Blue acres exempt

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

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

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

Street Address
20 West State st.

City, State, Zip Code
Trenton

Name of Contact
Walter Fernandez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
5 Squire St.

City (5)
East Brunswick

County (6)
Middlesex

County Code (7)
(STATE USE ONLY) —

Square Feet
1800

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned

Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Solutions

Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
1130 West Chestnut St. Suite 1224

City, State, Zip Code
Union NJ 07083

Street Address
135 Kinnelon RD

City, State, Zip Code
Kinnelon NJ 07405

Project Manager for Monitoring Firm
Richard Aguirera

Telephone No.
973-494-3762

License No.
01228

Telephone No.
908-218-0880

Date of OSHA Monitor
Yannuzzi Environmental

8/26/16

8/29/16

Scheduled Completion Date

Name of Registered Waste Hauler
Yannuzzi Group

Cubic Yards of Waste
10 cy

Name of Registered Landfill
Grows/Tullytown

City, State
Kinnelon, NJ

Disposal Date
9/2/16

City, State
Morrisville

Completed by
John Mucha

Title
Project Manager

Signature

Date
8/17/16

Scope of Work (Check All That Apply)

☐ >=3 sf or >=3 if
☐ 160 sf or 2600 sf

☐ Renovation
☐ Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Location
Basement
Basement
Basement

Yes
x
x
x

No

N/A

125 sf
20 sf
4 sf

Air cell pipe insulation
Mud fittings
Flue cement

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

Amount (Specify SF or LF)

2016

Removal
Encapsulation
Endorsement

[Signature]

[Date]
8/17/16

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

(Pursuant to NJADP 8:00 and 12:00)

**Date of Notification:** 8/18/16

**Name of Building Owner/Operator:** Sandy Cuzzo

**Address:**
- Street Address: [Redacted]
- City, State Zip Code: [Redacted]

**Type of Facility:**
- X School (K-12)
- X Subchapter 8 (Other Than K-12)
- X Other if private & commercial buildings, nonprofit, etc.

**Square Feet:** 
- Current Use: (Prior if being demolished):
- [Redacted]

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

**Scope of Work:**
- [Redacted]

**Description of Asbestos-Containing Material (ACM):**
- Pipe Insulation
- Location: Basement

**Name of Asbestos Contractor:**
- A.MAC Contracting Inc.

**Project Manager for Monitoring Firm:**
- [Redacted]

**Name of OSHA Monitor:**
- Omega Environmental Services

**Name of Registered Waste Hauler:**
- Newark Carting, Inc.

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

**Drop-off Date:** 8/26/16

**Signature:** [Redacted]

**Title:** Vice President

### Completion Details

- [Redacted]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8/15/16

Name of Building Owner/Operator (2) Duym

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

Street Address [redacted]

City, State, Zip Code Glen Ridge, NJ 07028

Name of Contact Tom Duym

Telephone Number [redacted]

FACILITY INFORMATION

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

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

Square Feet 2300
# of Floors 2
Bldg. Age 80+/-

Current Use (Prior if being demolished)

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

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

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address PO Box 341
City, State, Zip Code Crosswicks, NJ 08515

Telephone No. (609) 259-9688
License No. 00493

Street Address PO Box 322
City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm Bill Weisgarber

Start Date (10) 9/9/16
Scheduled Completion Date (11) 9/16/16

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: 8am to 4 pm

Scope of Work (Check all that apply)
≥3 sf or ≥3 l
≥160 sf or ≥280 l
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, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location of Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No. 18292
Cubic Yards of Waste 1/2 CU
Name of Registered Landfill GROW'S Landfill
City, State Disposal Date 9/16/16
City, State, Zip Code Morrisville, PA

Completed By Mahlon E. Stevens Title Project Manager

Signature 8/17/16

* 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)
8/19/16

Name of Building Owner/Operator (2)
William Keyworth

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

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

Street Address [Redacted]

City, State, Zip Code
Lanoka Harbor, NJ 08734

Name of Contact
William Keyworth

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William Keyworth

Street Address [Redacted]

Square Feet 2100

# of Floors 2

Bldg. Age 65

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

Current Use (Prior if being demolished) [Redacted]

Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Environmental Solutions

ASCM No. [Redacted]

Name of Abatement Contractor (9)
UniPro, Inc.

Street Address
190-194 E Kinney St, Apt 1B
Newark, NJ 07105

Telephone No. 973-494-3762

License No. 00615

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

Start Date (10)
08/31/16

Scheduled Completion Date (11)
09/30/16

Name of OSHA Monitor
UniPro, Inc.

Street Address
173 Karkus Ave
Woodbridge, NJ 07095

City, State, Zip Code
Woodbridge, NJ 07095

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

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)
VAT

Amount (Specify SF or LF) 630 SF

Abatement Type
Repair
☐ Removal
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No. 04509

Cubic Yards of Waste 2

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyl, PA 18072

Completed by
Raymond Blum

Title OM

Signature [Signature]

Date 8/19/16

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
August 15, 2016

Name of Building Owner/Operator (2)  
Somerset County Improvement Authority

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

Type Notification  
- Initial  
- Amended  
- Amendment #3  
- Emergency (including justification)  
- Cancellation

Street Address  
20 Grove Street

City, State, Zip Code  
Somerville, NJ

Name of Contact  
Bill Coyne

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Somerset County Board of Social Services Building

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.)

County (6)  
Somerset

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
McCabe Environmental Services LLC

ASCM No.  

Name of Abatement Contractor (9)  
Be Construction Corporation

Street Address  
464 Valley Brook Avenue #3A

City, State, Zip Code  
Lyndhurst, NJ 07071

Telephone No.  
201-438-6839

License No.  
973-669-2900  
01231

Project Manager for Monitoring Firm  
John Chiavelli

Name of OSHA Monitor  
Schneider Laboratories Global Inc.

Start Date (10)  
August 17, 2016

Scheduled Completion Date (11)  
October 14, 2016

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- New Construction
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Location Normally Used Solely by Maintenance/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)

Isolation/Encasement

Removal

Abatement Type

Wall Panels  
40,000SF

Gray Floor Tile Mastic  
200SF

Joint Compound  
4,000SF

Cloth Flex Duct  
100LF

Cubic Yards of Waste

Name of Registered Landfill  
Tullytown Facility

Disposal Date  

City, State  
Tullytown, PA

Future Sanitation Inc.  
NJDEP Waste Hauler ID No. 22051

Name of Registered Waste Hauler  
City, State  
Passaic, NJ 07055

Completed by  
Barbara Reed  
Title  
President

Signature  

Date  
August 15, 2016

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

Date of Notification (L)
8/16/2016

Agencies Notified
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[ ] DOA

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Name of Building Owner/Operator (2)
Andrew Minira

City, State, Zip Code
Glen Ridge, NJ, 07028

Name of Contact
Andrew Minira

FACILITY INFORMATION

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

Square Feet
2700

# of Floors
3

Bldg. Age
105

Current Use (Prior if being demolished)

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

ASCM No.
N/A

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

License Number
00371

Telephone Number
(973) 744-8800

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
08-25-2016

Sched. Completion Date (11)
08-29-2016

Month Day Year
Month Day Year

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

Other Occupancy Descriptions

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

[X] Full Containment with Negative Pressure
[X] Glovesbag Procedure
[ ] Non-Friable Procedure

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

In Facility

Yes No N/A

Location

Basement

Pipe Insulation

140 LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJ/DEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
08/30/2016

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
8/16/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
August 16, 2016

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

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

Name of Building Owner/Operator (2)
Chap Construction

Street Address
130 Route 9

City
Pine Beach, New Jersey

Name of Contact
Chap Construction

Facility Information

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

Square Feet
2000 sf

# of Floors
2

Bldg. Age
60

Current Use (Prior to being demolished)
Residence

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

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

ASCM No.

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
9/15/16

Scheduled Completion Date (11)
9/16/16

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 ] >3 sf or >3 Fl
[X ] ≥160 sf or ≥260 lf
[ ] Renovation
[ X ] Demolition

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

Exterior

YES NO N/A

Asbestos siding

2200 sf

(X)

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NDEP 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
9/19/16

City
Tullytown, Pennsylvania

State

Completed by (Print or Type)
Nicholas Pernicola

Title
Project Manager

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 16, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Edward DaCosta</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>Lavallette</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
</tbody>
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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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 ft or &gt;3 lb</td>
</tr>
<tr>
<td>[ ] ≥160 sf or ≥250 ft</td>
</tr>
<tr>
<td>[X] Demolition</td>
</tr>
<tr>
<td>[X] Renovation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>YES NO N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior wall-garage</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>T.R.R.F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/31/16</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</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 8:80 and 12:120)

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

### Name of Building Owner/Operator (2)
Enzo Pavese Private Home

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

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

### Street Address
[Redacted]

### City, State, Zip Code
Surf City NJ 08008

### Name of Contact
Enzo

### Telephone Number
[Redacted]

---

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
Enzo Pavese Private Home

### Street Address
[Redacted]

### City (5)
Surf City NJ 08008

### County (6)
Ocean

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

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

### Type of Facility (4)
- [ ] School (K-12)
- [x] Subchapter B (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

### 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

### Name of OSHA Monitor
Same

### Start Date (10)
8/29/16

### Scheduled Completion Date (11)
9/2/16

### Occuancy 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)
- [ ] ≥35 sf or ≥35 ft
- [x] ≥160 sf or ≥160 ft
- [x] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

### Amount (Specify SF or LF)
1900 SF

### Abatement Type
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Other

### Endorsement

### Name of Registered Waste Hauler
United Roll Off

### NJDEP Waste Hauler ID No.
22459

### Cubic Yards of Waste
4

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

### City, State
Morrisville PA 19067

### Disposal Date
9/2/16

### Completed by
Anthony T Perna

### Title
President

### Signature

### Date
8/16/16

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:38 and 12:13G)

Date of Notification [1]: 8-16-16

Name of Property Where Asbestos is Being Removed [2]: [Redacted]

Facility Information:
- Type of Facility [4]: [Redacted]
- City [3]: Millville
- County [5]: Cumberland Co.
- County Code [7]: [Redacted]
- Current Use [8]: [Redacted]
- Square Feet [9]: 7500

Description of Asbestos-Containing Material (ACM) To Be Removed:
- Location of ACM: Outside
- ACM: (ARIMA) Siding: 4000 SF

Name of Registered Master Handler:
- Anti Ash LLC
- City: Delanco NJ
- Phone: [Redacted]
- Date: 8-16-16

Handed by:
- Date: [Redacted]
- Signature: [Redacted]

Note: Do not use this form for asbestos removal examination activities.
# Asbestos Abatement Notification

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:69 and 22:12B)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>8-16-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor:</td>
<td>Delph.</td>
</tr>
<tr>
<td>Street Address</td>
<td>26 Box 69</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sewell NJ 08080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Gray</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

- **Type of Facility:** Resident
- **City:** Millville
- **County:** Cumberland Co.
- **Building Code:** STATE USE ONLY
- **Building Code:** 70
- **Building Code:** 3
- **Name of Building Code Official:** Mike Gray

**Abatement Details**

- **Scheduled Completion Date:** 9-26-16
- **Community Status During Abatement:** No
- **Abatement Performed Outside of Normal Building Hours:** Yes
- **Scope of Work:** 1 PACM-1522/4L2 5172.57
- **Description of Asbestos Containing Material (ACM):** Outside
  - **Location of ACM:** Outside
  - **In Location Name:** E. REINHOLD HOUSE
  - **Amount:** 1522.57

**Abatement Type**

- **Type of Abatement:** Repair
- **Abatement Method:** Breathing Air

**Person in Charge**

- **Name:** Mike Gray
- **Signature:** Mike Gray
- **Date:** 8-16-16

---

*Do not use this form for asbestos abatement completed activities.*
![Image of a page from a document with text and table entries.](image.png)

---

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

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

**Name of Building Owner/Operator (2)**
Helene & David Coyle Private Home

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

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

**Name of Contact**
David

**Street Address**

**City, State, Zip Code**
Loveladies NJ 08008 / Long Beach Twp

**Name of Facility Where Abatement is Taking Place (3)**
Helene & David Coyle Private Home

**County Code (7)**
Ocean

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

**Square Feet**
1000+

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

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

**No. of Floors**
1+

**Bldg. Age**
35+

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

**Name of OSHA Monitor**
Same

**Telephone No.**
856-759-9800

**License No.**
00727

**Project Manager for Monitoring Firm**

**Telephone No.**
P.O. Box 329

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

**Start Date (10)**
8/29/16

**Scheduled Completion Date (11)**
9/2/16

**Facility Closed/Vacated During Entire Period of Abatement**
Yes

**Facility Abatement Performed Outside of Normal Facility Hours**
No

**Occupancy Status During Abatement (Check Only One)**
- [ ] Yes
- [x] No

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [x] Renovation
- [ ] Demolition
- [ ] Repair
- [x] Removal
- [ ] Envelope
- [x] Encapsulate
- [ ] Endorse

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>x</th>
<th>Exterior Siding</th>
<th>1800 SF</th>
<th>x</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>United Roll Off</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22459</td>
<td>4</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

**City, State**
Elm NJ

**Disposal Date**
9/2/16

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

**City, State**
City, State
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/16/16

---

*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) 8/15/2016

Name of Building Owner/Operator (2) Arlyce Anderson

Agencies Notified (3)
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[X] PCA

Type Notification (4)
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address

City, State, Zip Code Montclair, NJ, 07042

Name of Contact Arlyce Anderson

Telephone Number

FACILITY INFORMATION

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

City (5) 
County (6) Essex

Square Feet # of Floors Bldg. Age
1800 2 82

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

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] ≥23 sf or ≥23 lf
[ ] ≥250 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] 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

Attic

Pipe insulation

7 lf X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

HAULER ID No. 17040

Cubic Yards of Waste 0.5

Name of Registered Landfill
Minerva Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 8/30/16

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian
Title President
Signature

Date 8/15/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:129)

**Date of Notification:** 8/9/16

**Name of Building Owner/Operator:** Mary Fuchs

**Street Address:**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td>Mary Fuchs</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code:** Leonardo, New Jersey 07737

**Name of Contact:** Mary

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Fuchs Residence

**Street Address:**

<table>
<thead>
<tr>
<th>City (9)</th>
<th>County Code (8)</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leonardo</td>
<td>Monmouth</td>
<td>Ace Insulation Co Inc</td>
</tr>
</tbody>
</table>

**Type of Facility:**

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

**Square Foot:** 1900

**# of Floors:** 2

**Bldg. Age:** 80

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

**Project Manager for Monitoring Firm:**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>732 294 1757</td>
<td>000029</td>
<td>Ace Insulation Co Inc</td>
</tr>
</tbody>
</table>

**Telephone No.:**

**Street Address:** 95 Montrose Rd

**City, State, Zip Code:** Colts Neck, New Jersey 07722

**Name of OSHA Monitor:**

**Start Date:** 8/1/16

**Scheduled Completion Date:** 8/1/16

**Occupancy Status During Abatement:**

<table>
<thead>
<tr>
<th>Occupancy Status</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/1/16</td>
<td>8/1/16</td>
</tr>
</tbody>
</table>

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

**Abatement Performed Outside of Normal Facility Hours:**

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

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>TO BE ABATED in Facility</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expanding With Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Glovebox Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Labile Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Siding</td>
<td>150sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Ace Insulation Co Inc</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12086</td>
<td></td>
<td>8/1/11</td>
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</tbody>
</table>

**Name of Registered Landfill:**

<table>
<thead>
<tr>
<th>GROWS</th>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Colt Neck, New Jersey</td>
<td>8/1/11</td>
</tr>
</tbody>
</table>

**Completed by:** Bree McGuire

**Title:** Secretary Treasurer

**Prepared:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/9/16</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-18-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Carnax</td>
</tr>
<tr>
<td>Street Address</td>
<td>12800 Tuckahoe Creek Parkway</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Richmond, VA 23238</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Guy Kingree</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Carnax |
| Street Address | 531 NJ Rte. 38 West |
| City (5) | Maple Shade |
| County Code (6) | Burlington |
| Name of Monitoring Firm Hired by Building Owner (8) | EHS Environmental, Inc. |
| Street Address | 411 Southgate Court, Suite E |
| City, State, Zip Code | Mickleton, NJ 08056 |
| Project Manager for Monitoring Firm | Jack Carney |
| Telephone No. | 856-224-0080 |
| Start Date (10) | 9-6-16 |
| Scheduled Completion Date (11) | 9-30-16 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | Renovation |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) | outside, outside |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VCT, or other miscellaneous) | 8" transite pipe, 4" transite pipe |
| Amount (Specify SF or LF) | 150 LF, 150 LF |
| Type of Facility (4) | Other (i.e. private & commercial buildings, homes, etc.) |
| Name of Abatement Contractor (9) | Plymouth Environmental Co., Inc. |
| Street Address | 923 Haws Avenue |
| City, State, Zip Code | Norristown, PA 19401 |
| License No | 00398 |
| Name of OSHA Monitor | EHS Environmental, Inc. |
| Name of Registered Waste Hauler | Robinson Waste Disposal |
| NJDEP Waste Hauler Id No. | 17304 |
| Cubic Yards of Waste | 30 |
| Name of Registered Landfill | Pennsauken Landfill |
| City, State | Pennsauken, NJ |
| Disposal Date | 9-30-16 |
| Completed by | Matthew Kelly |
| Title | Secretary |

*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)  
8-15-2016

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

#### Name of Building Owner/Operator (2)  
Hannah Shen

#### Street Address  
[Redacted]

#### City, State, Zip Code  
Jersey City, NJ 07302

#### Name of Contact  
Hannah Shen

#### Telephone Number  

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)  
Residential

#### Street Address  
[Redacted]

#### City (5)  
Jersey City, NJ

#### County (6)  
Hudson

#### County Code (7)  
1632

#### ASCM No.  

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

#### Square Feet  
1632

#### # of Floors  
4

#### Bldg. Age  
138+

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

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

#### ASCM No.  

#### Name of Abatement/Contractor (9)  
Green Environmental Services, LLC

#### Street Address  
235 Virginia Avenue

#### City, State, Zip Code  
Jersey City, NJ 07304

#### Project Manager for Monitoring Firm  

#### Telephone No.  
201-333-8855

#### License No.  
01174

#### Start Date (10)  
8-15-2016

#### Scheduled Completion Date (11)  
8-15-2016

#### Name of OSHA Monitor  
Same as above

#### 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] ≥20 sf or ≥260 ft²
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th floor- South side</td>
<td>X</td>
<td>VAT</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Entrance</td>
<td>X</td>
<td>Linoleum</td>
<td>72 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler  
Green Environmental Services, LLC

#### NJ/DEP Waste Hauler ID No.  
0034889

#### Cubic Yards of Waste  
2

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

#### City, State  
Jersey City, NJ

#### Disposal Date  
8-15-2016

#### City, State  
Morrisville, PA

#### Completed by  
Liliana Serrano

#### Title  
Office Manager

#### Signature  
[Signature]

#### Date  
8-15-2016

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-19-16</td>
<td>Township of Pemberton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 Pemberton - Browns Mills Rd</td>
<td>Pemberton, NJ 08068</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phil Sager</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presidential Lakes Firehouse (Vacant)</td>
<td>Fire House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>EPC Technologies Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 337</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>609 758-3365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-29-16</td>
<td>Sept 30, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Mini-Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
<td>(13)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Waste Management of PA</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>EPC Technologies</td>
<td>17000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Dates</td>
<td>Moonachie, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>President</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-19-16</td>
<td>Steve Schenker</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1)**
8/17/2016

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

**Name of Contact**
Harlan Frey

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Same as above</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
</tr>
<tr>
<td>City (5) County (6) Essex County Code (7)</td>
<td>(STATE USEONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] N/A</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>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>(973) 744-8800</td>
<td>00371</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-17-2016</td>
<td>08-18-2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Abatement Performed Outside of Normal Facility</td>
</tr>
<tr>
<td>[ ] Abatement Performed Inside of Normal Facility</td>
</tr>
<tr>
<td>[ ] N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Renovation</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] N/A</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, WET, other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

| Second Floor Closet | X |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZTECH MANAGEMENT, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>17040</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1.5</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Montclair, NJ 07042</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>8/19/2016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Waynesburg, Ohio 44688</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantine Vivian</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>8/17/2016</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
8-17-16

Name of Building Owner/Operator (2):
Penns Grove Carneys Point Regional School District

Street Address:
100 Iona Avenue
Penns Grove, NJ 08069

Name of Contact:
Brian Ferguson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Penns Grove Middle School

Street Address:
351 East Maple Avenue

City (5):
Penns Grove

County (6):
Salem

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

Square Feet:
50,000+/-

Current Use (Prior to being demolished):
school

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

ASCN No.
00073

Name of Abatement Contractor (9):
Plymouth Environmental Co., Inc.

Street Address:
P.O. Box 316
Thorofare, NJ 08086

City, State, Zip Code:
Norristown, PA 19401

Project Manager for Monitoring Firm:
Steve Flanagan

Telephone No.:
856-848-0800

License No.:
00398

Name of OSHA Monitor:
Plymouth Environmental Co., Inc.

Start Date (10):
8-18-16

Scheduled Completion Date (11):
8-19-16

Occupancy Status During Abatement (Check Only One):
Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply):

- ≥23 sf or ≥23 LF
- ≥1600 sf or ≥1600 LF

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
Exterior of building
Door caulking

Detailed Description of ACM:
Abatement Type:

Amount (Specify SF or LF):
238 LF

Name of Registered Waste Hauler:
Watse Management

Cubic Yards of Waste:
1

Name of Registered Landfill:
Salem County Landfill

Disposal Date:
8-19-16

City, State:
Chester, PA

Completed by:
James M. Kelly

Title:
Vice-President

Signature:

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-18-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rider University</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☒ EPA</td>
<td>☒ Initial</td>
</tr>
<tr>
<td>☒ DEP</td>
<td>☒ Amended</td>
</tr>
<tr>
<td>☒ DOL</td>
<td>☒ Emergency (including justification)</td>
</tr>
<tr>
<td>☒ DOH</td>
<td>☒ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>2083 Lawrenceville Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Rider University |
| Street Address | 2083 Lawrenceville Road |
| City (5) | Lawrenceville |
| County (6) | Mercer |
| Current Use (Prior to being demolished) | Gym |
| Name of Monitoring Firm Hired by Building Owner (8) | Pennoni Associates |
| Telephone No | 856-547-0505 |
| Name of Abatement Contractor (9) | Plymouth Environmental Co., Inc. |
| Street Address | 923 Haws Avenue |
| City, State, Zip Code | Norristown, PA 19401 |
| Name of OSHA Monitor | EHS Environmental, Inc. |
| Street Address | 411 Southgate Court, Suite E |
| City, State, Zip Code | Mickleton, NJ 08056 |

| Start Date (10) | 8-22-16 |
| Scheduled Completion Date (11) | 9-2-16 |
| Scope of Work (Check All That Apply) | Occupation Status During Abatement (Check Only One) |
| ☒ Renovation | ☒ Facility Closed/Vacated During Entire Period of Abatement |
| ☒ Demolition | ☒ Abatement Performed Outside of Normal Facility Hours |
| ☒ Full Containment with Negative Pressure | ☒ Other - Describe: occupied |
| ☒ Mini-Enclosure | ☒ Glovebag Procedure |
| ☒ Non-Exempted (R) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | N/A |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |

| locker rooms | x |

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | pipe insulation |
| Amount (Specify SF or LF) | 600 LF |
| Abatement Type | Removes |

| Name of Registered Waste Hauler | Robinson Waste Disposal |
| NJ/DEP Waste Hauler ID No. | 17304 |
| Cubic Yards of Waste | 30 |
| Name of Registered Landfill | Tullytown Landfill |
| City, State | Voorhees, NJ |
| Disposal Date | 9-2-16 |
| City, State | Tullytown, PA |

| Completed by | James Kelly |
| Title | President |
| Signature | 8-18-16 |

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

**Date of Notification (1)**
8/18/16

**Name of Building Owner/Operator (2)**
Gateway Community Action Partnership

**Street Address**
110 Cohanzey Street

**City, State, Zip Code**
Bridgeton NJ 08302

**Name of Contact**
Robert Magyar

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
Atlantic Cape Community College Learning Center

**Street Address**
5406 Black Horse Pike

**City (5)**
Mays Landing NJ 08330

**County (6)**
Atlantic

**County Code (7)**

**Type of Facility (4)**

- [x] 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)**
TTI Environmental Inc.

**ASCM No.**
003

**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**
Jeff Seaman

**Telephone No.**
856-840-8800

**License No.**
00727

**Name of OSHA Monitor**
Same

**Start Date (10)**
8/24/16

**Scheduled Completion Date (11)**
8/30/16

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

- [x] Facility Closed/Located During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 

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

- [x] 2 or 3 ft
- [ ] 160 ft or 280 ft
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys Room</td>
<td>x</td>
<td>Popcorn Ceiling</td>
<td>114 SF</td>
<td>x</td>
</tr>
<tr>
<td>Girls Room</td>
<td>x</td>
<td>Popcorn Ceiling</td>
<td>144 SF</td>
<td>x</td>
</tr>
<tr>
<td>Custodial Closet</td>
<td>x</td>
<td>floor tile &amp; mastic</td>
<td>30 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Pernaco Inc.

**City, State**
West Berlin NJ

**NDEP Waste Hauler ID No.**
21787

**Cubic Yards of Waste**
5

**Disposal Date**
8/30/16

**Name of Registered Landfill**
ACUA

**City, State**
Egg Harbor TWP NJ 08234

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/18/16

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

Date of Notification (1)
8/18/16

Name of Building Owner/Operator (2)
Brian Fiedler Private Home

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

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

Street Address

City, State, Zip Code
Loveland NJ 08008

Name of Contact
Brian

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brian Fiedler Private Home

Street Address

City (5)
Loveland NJ 08008

County (6)
Ocean

County Code (7)

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

Bldg. Age
35+

Current Use (Prior if 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)
8/31/16

Scheduled Completion Date (11)
9/6/16

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

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
- ≥150 sf or ≥250 if
- Renovation
- Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

SF or LF

Abatement Type

Removal

Repair

Encapsulation

Enforcement

Exterior Siding

Exterior Siding

500 SF

x

x

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
22499

Cubic Yards
3

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

Disposal Date
9/6/16

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
8/18/16

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