State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification: 12/1/19</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator:** Leo Loconte

**Street Address:** Bloomfield, NJ 07003

**City, State, Zip Code:** Bloomfield, NJ 07003

**Telephone Number:**

**Name of Abatement Contractor:** D & S Restoration, Inc.

**Street Address:** 20 California Ave.

**City, State, Zip Code:** Paterson, NJ 07503

**Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OSHA Monitor:** D & S Restoration, Inc.

**Street Address:** 20 California Avenue

**City, State, Zip Code:** Paterson, NJ 07503

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

- **basement:** Pipe Insulation 20 LF
- **basement:** N/A

**Disposal Date:**

**Registered Waste Hauler:**

D & S Restoration, Inc.

**NJDEP Hauler ID:** 13506

**Cubic Yards of Waste:** 1 yds

**Name of Registered Landfill:** TULLY TOWN, RESOURCE RECOVERY

**City, State:** Paterson, NJ 07503

**Completed by:**

BOGDAN JOLZIC

**Title:** PRESIDENT

**Signature:**

**Date:** 11/27/19

---

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

### Date of Notification (1)
- 11 / 27 / 2019

### Name of Building Owner/Operator (2)
- John Blumenreich

### Agencies Notified
- ✓ EPA
- ✓ DOLWD
- ✓ DOH
- □ DCA (NJAC 5:23-8)
- □ Initial
- □ Amended
- □ Amendment #
- □ Emergency (including justification)
- □ Cancellation

### Street Address
- [Redacted]

### City, State, Zip Code
- Westfield, NJ 07090

### Name of Contact
- John Blumenreich

### Telephone Number
- [Redacted]

## FACILITY INFORMATION

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

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

### Square Feet
- 1,749

### # of Floors
- 2

### Current Use (Prior if being demolished)
- 92

### County Code (7)(STATE USE ONLY)
- 2020

### Union & Residence
- [Redacted]

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

### ASCM No.
- N/A

### Name of Abatement Contractor (9)
- Acme Professional Services Corp

### Project Manager for Monitoring Firm
- [Redacted]

### Telephone No.
- 973-938-5266

### License No.
- 02003

### Start Date (10)
- 02 / 06 / 19

### Scheduled Completion Date (11)
- 02 / 13 / 19

### Street Address
- 550 Rifle Camp Rd

### City, State, Zip Code
- Woodland Park, NJ 07424

### Name of OSHA Monitor
- Arsenije Adamov

### Street Address
- 550 Rifle Camp Rd

### City, State, Zip Code
- Woodland Park, NJ 07424

### Scope of Work (Check all that apply)
- ✓ Renovation
- ✓ Demolition
- □ Full Containment with Negative Pressure
- ✓ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Friable Procedure

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

#### (13)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

- ACM Vermiculite Insulation
- 550SF

### Name of Registered Waste Hauler
- Acme Professional Services Corp

### Disposal Date
- 02/09/19

### City, State
- Woodland Park, NJ

### Name of Registered Landfill
- Fairless Landfill

### Date
- 11/27/19

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

**State of New Jersey**

**Date of Notification (1):** November 21, 2019

**Name of Building Owner/Operator (2):** PA NY & NJ

**Street Address:** 1160 McLester Street, Expressport Plaza Suite 7

**City, State, Zip Code:** Elizabeth, NJ 07201

**Name of Contact:** Kevin Hogan

**Telephone Number:** 973-589-1473

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
NJMT - Sanitary Line Break at Building 305A

**Street Address:** 305 Neptune Street

**City (5):** Elizabeth, NJ 07201

**County (6):** County Code (7) (STATE USE ONLY)

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

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

**Sewer Line:**

**Name of Monitoring Firm Hired by Building Owner:** PA of NY & NJ

**Street Address:** 241 Erie Street, Room 236

**City, State, Zip Code:** Jersey City, NJ 07310

**Project Manager for Monitoring Firm:** Uday Mehta

**Telephone No.:** 201-595-4881

**Start Date (10):** December 05, 2019

**Scheduled Completion Date (11):** January 31, 2020

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Exterior Work on Non-Friable Piping

**Scope of Work (Check all that apply):**
- [ ] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Cement Pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>310</td>
</tr>
</tbody>
</table>

**Asbestos Control:**

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

**Name of Abatement Contractor (9):** B&N&K Restoration Co. Inc.

**Street Address:** 223 Randolph Avenue

**City, State, Zip Code:** Clifton, NJ 07011

**Telephone No.:** 973-478-4681

**License No.:** 00120

**Name of OSHA Monitor:** EMSL Analytical, Inc.

**Street Address:** 200 Route 130 N

**City, State, Zip Code:** Cinnaminson, NJ 08077-2892

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 19551

**Cubic Yards of Waste:** 609F

**Name of Registered Landfill:** Minerva Enterprises, Inc.

**City, State:** Waynesburg, OH

**Disposal Date:** 12/06/2019 to 01/31/2020

**Completed by:** G. Roger Woodman

**Title:** Project Manager

**Signature:**

**Date:** 11/21/2019

---

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

Name of Building Owner/Operator (2)
Mark Popadak
City, State, Zip Code
Union, NJ 07083
Name of Contact
Mark Popadak

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Square Feet
1,200 SF

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

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
KLOMAX, LLC

City, State, Zip Code
Union, NJ 07083

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Telephone Number
833-455-6629

Street Address
309 W. End Ave

Bldg. Age
70

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

County Code (7) (State use only)
Union

Project Manager for Monitoring Firm

Start Date (10)
11/13/2019

Scheduled Completion Date (11)
11/19/2019

Occupancy Status During Abatement (Check only one)
☑ Normal Hours

Scope of Work (check all that apply)
☑ >3 sf or >3 ft
☑ Demolition

Location of location normally used solely as asbestos-containing material (ACM) to be abated in facility (13)

Description of asbestos-containing material (ACM)
Pipe Insulation
Pipe Insulation

Amount (Specify SF or LF)
95 LF
25 LF

Registered Waste Hauler
KLOMAX, LLC

Cubic Yards of Waste
2 yds

Name of Registered Landfill
TULLYOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

Completed by (Print or Type)
Paige Boylan

Title
Owner

Signature

Date
11/12/19
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Project #: 19-243**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>1/1/2023</td>
<td>Mark Popadak</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>DP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<table>
<thead>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>Redacted</td>
<td>Union, NJ 07083</td>
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**FACILITY INFORMATION**

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

<table>
<thead>
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<th>City, State, Zip Code</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Rented by Bldg. Owner (8)</th>
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<tbody>
<tr>
<td>N/A</td>
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</table>

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Schedule Completion Date (11)</th>
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<tbody>
<tr>
<td>11/13/2019</td>
<td>11/19/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility closed vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Other - Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

**Scope of Work (check at least one)**

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify BF or Lp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>95 LF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>25 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Full Containment negative pressure</th>
<th>Roof Coating</th>
<th>Endoscope</th>
<th>Glovebag procedure</th>
<th>Non-Encapsulated (*) and Non-Viable procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Owner</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paige Boyley</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:210)

Date of Notification (1) 11/27/2019

Name of Building Owner/Operator (2)
Jack HEMMERT.

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

Street Address

City, State, Zip Code HASBROUCK HEIGHTS NJ.

Name of Contact ANGELA

Telephone Number

FACILITY INFORMATION

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

Street Address

City (6) HASBROUCK HEIGHTS NJ.

County Code (8) (STATE USE ONLY)

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

Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.

Type of Facility (4)

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

Square Feet 3,025. SF.

# of Floors 2

Bldg. Age 98

Current Use (Prior if being demolished) N/A

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 12/02/2019

Scheduled Completion Date (11) 12/03/2019

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

o 23 sf or 23 if
- 160 sf or 220 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes No N/A

BASEMENT

PIE INSULATION 100 LF.

Name of Registered Waste Hauler TRI STATE ASOCC

NUDEP Waste Hauler ID No. 19581

Cubic Yards of Waste TBD

Name of Registered Landfill MINERVA ENTERPRISE INC

City, State BRONX N.Y.

Disposal Date TBD

City, State WAYNERBURG OHIO

Completed by CARLOS ESQUIVEL Title SAFETY MANAGER

Signature

Date 11/27/2019

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

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

**BIG SKY ENTERPRISES**

**2 EASTWICK DRIVE, SUITE 101**

**GIFFSBORO NJ 08026**

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

**Ryan Regina**

**Name of Contact**

**Telephone Number**

856-835-5466

---

**FACILITY INFORMATION**

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

**FORMER CHARLIE BROWNS STEAKHOUSE**

**Street Address**

**114 EAST MAIN STREET**

**City (5)**

**MAPLE SHADE**

**County (6)**

**BURLINGTON**

**County Code (7)**

**Square Feet**

8820

**# of Floors**

2

**Bldg. Age**

79

**Type of Facility (4)**

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

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

**FORMER CHARLIE BROWNS**

---

**Name of Abatement Contractor (9)**

**ASSURED ENVIRONMENTAL SERVICES INC.**

**Street Address**

**570 CLEMS RUN**

**City, State, Zip Code**

**MULLICA HILL NJ 08062**

**Telephone No.**

610-304-4676

**License No.**

01145

**Name of OSHA Monitor**

**EMSL**

**Street Address**

**200 RT. 130 NORTH**

**City, State, Zip Code**

**CINNAMINSON NJ 08077**

---

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

- ≥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 (13)**

**2ND FLOOR APARTMENT**

**FLOOR TILE**

1200 SF

**RESTAURANT CRAWLSPACE**

**PIPE INSULATION/FITTINGS**

25 LF

---

**Name of Registered Waste Hauler**

**ASSURED ENVIRONMENTAL SERVICES**

**NJ/DEP Waste Hauler ID No.**

0034895

**Cubic Yards of Waste**

12

**Name of Registered Landfill**

**MINERVA LANDFILL**

**City, State**

**MULLICA HILL NJ**

**Disposal Date**

12/16/2019

**City, State**

**WAYNESBURG, OH**

**Completed by**

**Ron Swanson**

**Title**

**General Manager**

**Signature**

[Signature]

**Date**

11/26/2019
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
10/09/2019

**Name of Building Owner/Operator (2)**  
Newark Public School

**Address**  
190 Mohammad Ali Avenue Room 209

**City, State, Zip Code**  
Newark NJ 07108

**Name of Contact**  
Benjamin Olagadeyo  
Telephone Number 973-733-7200

**FACILITY INFORMATION**

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

**Street Address**  
301 West Kinney Street

**City (5)**  
Newark NJ 07103

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

**Name of Monitoring Firm HIred by Building Owner (8)**  
Whitman

**ASCM No.**  
00110

**Name of Abatement Contractor (9)**  
Turningpoint Contracting Corporation

**Street Address**  
1125 Cranbury Road

**City, State, Zip Code**  
Union NJ 07083

**Project Manager for Monitoring Firm**  
Kevin Lovely

**Telephone No.**  
732-390-5858

**License No.**  
973-372-2177  
01238

**Start Date (10)**  
11/04/2019  
**Scheduled Completion Date (11)**  
06/04/2022  
**Date (11)**  
12/15/19

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

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

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

- ±30 ft or ±3 ft
- ±160 sf or ±280 sf
- ±160 sf or ±280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempt (*) 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 insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**

Tri-State Transfer Associates

**Waste Hauler ID No.**

SW1896

**Cubic Yards of Waste**

150

**Name of Registered Landfill**

Menerva Enterprises Associates Inc.

**City, State**

Wahlburg OH 44688

**Disposal Date**

10/09/2019

**Completed by**

Emeka Okeke

**Title**

President

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell</td>
<td>Acoustical Ceiling Plaster</td>
<td>700 SF</td>
</tr>
<tr>
<td>Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Acoustical Ceiling and Wall Plaster</td>
<td>8000 SF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>5000 LF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>3000 SF</td>
</tr>
<tr>
<td>Gym</td>
<td>Acoustical Plaster</td>
<td>10,035 SF</td>
</tr>
<tr>
<td>1st floor corridor</td>
<td>Acoustical Plaster</td>
<td>8,000 SF</td>
</tr>
<tr>
<td>1st floor corridor</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>6,000 SF</td>
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<tr>
<td>1st floor corridor</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>5,000 LF</td>
</tr>
<tr>
<td>Rooms un-24-28</td>
<td>Acoustical Plaster</td>
<td>2,500 SF</td>
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<tr>
<td>Storeroom un-23</td>
<td>Duct Insulation</td>
<td>3,200 SF</td>
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<tr>
<td>Rooms un-24-28</td>
<td>Floor tile and mastic</td>
<td>2,500 SF</td>
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<tr>
<td>Auditorium</td>
<td>Floor tile and mastic</td>
<td>5,500 SF</td>
</tr>
<tr>
<td>Auditorium</td>
<td>Suspended ceiling</td>
<td>3,500 SF</td>
</tr>
<tr>
<td>Music room and storage room</td>
<td>Acoustical plaster</td>
<td>3,500 SF</td>
</tr>
<tr>
<td>Music room and storage room</td>
<td>Transite wall panel</td>
<td>2,000 SF</td>
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<tr>
<td>Facilities storeroom un-45</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>50 LF</td>
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</table>

*Additional Quantities*
<table>
<thead>
<tr>
<th>Area</th>
<th>Material</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Un-48 and 49</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>250 LF</td>
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<tr>
<td>Cafeteria and kitchen</td>
<td>Acoustical Plaster</td>
<td>4,500 SF</td>
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<tr>
<td>Cafeteria and kitchen</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>1,500 LF</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Blue floor tile and mastic</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Teacher’s Lounge/cafeteria</td>
<td>Acoustical Plaster</td>
<td>810 SF</td>
</tr>
<tr>
<td>Concession Stand</td>
<td>Red Floor Tile and Mastic</td>
<td>336 SF</td>
</tr>
<tr>
<td>Concession Stand</td>
<td>Acoustical Ceiling Plaster</td>
<td>90 SF</td>
</tr>
<tr>
<td>Room 215</td>
<td>Acoustical Ceiling Plaster</td>
<td>800 SF</td>
</tr>
<tr>
<td>2nd Floor - Girls Bathroom</td>
<td>Acoustical Ceiling Plaster</td>
<td>40 SF</td>
</tr>
<tr>
<td>2nd Floor - Boys Bathroom</td>
<td>Acoustical Ceiling Plaster</td>
<td>50 SF</td>
</tr>
<tr>
<td>2nd Floor - Boys Bathroom</td>
<td>Pipe Insulation</td>
<td>26 LF</td>
</tr>
<tr>
<td>3rd Floor - Boys Bathroom</td>
<td>Acoustical Ceiling Plaster</td>
<td>40 SF</td>
</tr>
<tr>
<td>3rd Floor - Boys Bathroom</td>
<td>Pipe Insulation</td>
<td>2 LF</td>
</tr>
<tr>
<td>3rd Floor - Girls Bathroom</td>
<td>Acoustical Ceiling Plaster</td>
<td>40 SF</td>
</tr>
<tr>
<td>Faculty Room</td>
<td>Acoustical Ceiling Plaster</td>
<td>35 SF</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 11/27/2019

Name of Building Owner/Operator (2) Branka Palic

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

Type Notification
- Initial
- Amended
- Amendment
- Emergency
- Cancellation

Street Address

City, State, Zip Code Verona, NJ 07044

Name of Contact Branka Palic

Telephone Number

FACILITY INFORMATION

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

County (6) Essex County

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Abatement Contractor (9) MKD Property Maintenance LLC

Name of Abatement Contractor (10) ASCM No.

Street Address 105 Van Riper Avenue

City, State, Zip Code Clifton NJ 07011

Telephone No. 201-899-9088

License No. 01336

Start Date (10) 12/4/2019

Scheduled Completion Date (11) 12/25/2019

Name of OSHA Monitor

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

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)

Abatement Type

Location of Asbestos-Containing Material (ACM)

Basement

pipe insulation

33 if

Abatement Type

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler MKD Property Maintenance LLC

NJDEP Waste Hauler ID No. 0037991

Disposal Date N/A

Name of Registered Landfill Waste Management - Fairless landfill

City, State Clifton NJ 07011

City, State Morrisville PA 19067

Completed by Darko Raloski

Title Project Manager

Signature

Date 11/27/2019

* Do not use this form for asbestos livestock exemption activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1)
11/29/2019

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

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

Name of Building Owner/Operator (2)
Alex Agravant

Street Address
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Alex Agravant

Telephone Number

FACILITY INFORMATION

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

Street Address
City (5)
Maplewood
County (6)
Essex
County Code (7) (STATE USE ONLY) ______

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-0985

License No.
01311

Start Date (10)
12/09/2019

Scheduled Completion Date (11)
12/10/2019

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes
No
N/A

Floor Tiles

Amount (Specify SF or LF)
20 SF

Abatement Type

Removal
Repair
Encapsulation
Endorse

Signature

Date

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

**Inv# 10425**  
PAID  

**DATE OF NOTIFICATION:** 11-26-19  

**AGENCIES NOTIFIED:**  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  

**TYPE OF NOTIFICATION:**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation  

**NAME OF BUILDING OWNER/OPERATOR:**  

**NAME OF CONTACT:**  

**ADDRESS:**  
- [ ] Street Address:  
- [ ] City, State, Zip Code:  
- [ ] County Code (7) (STATE USE ONLY):  

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE:**  

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER:**  

**ASCM NO.:**  

**NAME OF ABATEMENT CONTRACTOR:**  

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

**PROJECT MANAGER FOR MONITORING FIRM:**  

**PHONE NUMBER:**  
- [ ] Telephone No.:  
- [ ] License No.:  

**START DATE:** 11-27-19  

**SCHEDULED COMPLETION DATE:** 11-27-19  

**NAME OF OSHA MONITOR:**  

**SCOPE OF WORK:**  
- [ ] ≥3 of or ≥3 if  
- [ ] ≥160 of or ≥280 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:**  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):** PIPE WRAP  

**AMOUNT (SPECIFY SF OR LF):** 25 LF  

**NAME OF REGISTERED WASTE HAULER:**  

**NAME OF REGISTERED LANDFILL:**  

**DISPOSAL DATE:** 11-26-19  

**CITY, STATE:**  
- [ ] Philadelphia, PA  

**COMPETED BY:**  

**TITLE:**  

**SIGNATURE:**  

**DATE:** 11-26-19  

---  

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

**Date of Notification (1)** 1/1/19

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

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

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #:
- [ ] Emergency
- [ ] (Including Justification)

**Street Address**
[Redacted]

**City, State, Zip Code**
millburn, nj 07041

**Name of Contact**
Mary Carman

**Telephone Number**
[Redacted]

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Residential

**Street Address**
millburn, nj 07041

**County**
Essex

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

**Name of Abatement Contractor (9)**
KLOMAX, LLC

**Street Address**
309 W. End Ave

**City, State, Zip Code**
Hopatcong, NJ 07843

**Telephone Number**
833-455-6629

**License Number**
02007

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

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

**Location of asbestos-containing material (ACM) to be abated in facility (13)**
- [ ] Basement
- [ ] Pipe Insulation
- [ ] 95 LF

**Registered Waste Hauler**
KLOMAX, LLC

**Disposal Date**
TBD

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/27/19

Agency(ies) Notified
☐ EPA
☐ DEP
☐ DOH
☐ DOT
☐ DCA

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

Name of Building Owner/Operator (2) Joel Rosenberg

Street Address
P.O. Box 50

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Sam Donath

Telephone Number
646-251-2806

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Retail Space

Street Address
4355 US 130

City (s)
Edgewater Park

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AE2, LLC

Street Address
361 E. Fleming Pike

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
12/9/19

Scheduled Completion Date (11)
1/9/20

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

☐ Other - Describe:

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

Renovation Demolition

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

IN Facility

Yes No N/A

Main Floor

X Tile & Mastic

18,000 SF

Description of Asbestos Containing Material (ACM)

Amount

(Arbitrarily specify SF or LF)

Abatement Type

Removal

REPAIR

REPLACEMENT

Location of

Name of Registered Waste Hauler

AE2, LLC

NJDEP Waste Hauler ID No.
21376

Cubic Yards of Waste

50 yds

Disposal Date

TBD

Name of Registered Landfill

TBD

City, State
Hammonton, NJ

Completed By
Wm Minnick

Title
Program Mgr.

Signature

Date
11/27/19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:9A and 13:41A)

---

**Date of Notification (1)**
12/2/19

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

---

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

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

**Street Address**

- [ ] City, State, Zip Code
- [ ] Paramus, NJ 07652

---

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

**Street Address**

- [ ] County Code (7)
- [ ] Current Use (Prior if being demolished)
- [ ] Bergen
- [ ] Residential Home

---

**Name of Monitoring Firm Hired by Building Owner (3)**

**Project Manager**

**ASCM No.**

**Name of Abatement Contractor (9)**
All Stages Abatement

**Street Address**

- [ ] City, State, Zip Code
- [ ] 280 N. Midland Ave.
- [ ] Saddle Brook, NJ 07663

**Telephone No.**

- [ ] Telephone No.
- [ ] 201-600-3184
- [ ] License No.
- [ ] 01305

**Start Date (10)**
12/3/19

**Scheduled Completion Date (11)**
12/7/19

**Occupancy Status During Abatement (Check Only One)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: 8 A.M. to 4 P.M.

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 ft
- [x] ≥60 sf or ≥250 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**

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>VAT</td>
<td>536 SF</td>
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</tr>
</tbody>
</table>

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**Name of Registered Waste Hauler**

All Stages Abatement

**NJDEP Waste Hauler ID No.**

0036592

**Cubic Yards of Waste**

4 YD

**Name of Registered Landfill**

Grand Central Sanitary Landfill

**Disposal Date**

TBD

**City, State**

Saddle Brook, NJ

**Title**

President

**Completed by**

Richard Cristofol

**Signature**

[Signature]

**Date**

12/2/19

---

* Do not use this form for asbestos licensure exempted activities.
RECEIVED 11/29/2019 02:59PM 9736381778
Nov 29 2019 02:07PM NJ Asbestos Control 609.633.0664
11/29/2019 10:29AM 9736381778

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 5:18)

Date of Notification (1) 11 / 29 / 19

Agency notified
- EPA
- DOJ:LLD
- DHSS
- DOA
(NJAC 8:30 and 5:18)

Name of Building Owner/Operator (2)
Michael Tsimaras

Street Address
4201 Lumbertown Rd
Highland Park, NJ 08904

Name of Contact
Michael Tsimaras

Telephone Number

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

City (4)
Highland Park, NJ 08904

County (5)
Middlesex

Name of Monitoring Firm Hired by Building Owner (6)
Gr Tech LLC

Street Address
20-21 Wagram Rd, Bldg # 31E
Fair Lawn, NJ 07410

City, State, Zip Code
Wayne, NJ 07470

ASCN No

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
20-21 Wagram Rd, Bldg # 31E
Fair Lawn, NJ 07410

Name of Asbestos Monitor (10)
Envirocare Consultants, Inc

Street Address
20-21 Wagram Rd, Bldg # 31E
Fair Lawn, NJ 07410

City, State, Zip Code
Wayne, NJ 07470

Start Date (11)
12 / 02 / 19

Scheduled Completion Date (12)
12 / 03 / 19

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

Scope of Work (Check all that apply)
- >100 SF or >200 LF
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full containment with negative pressure
- M-S Emulsion
- Gloves, Shoes, etc.
- Vent with negative pressure
- Non-Evaporated (*) and Non-Fireproof Processes

Abatement Type

Name of Registered Waste Hauler (13)
Gr Tech LLC

Waste Hauler ID No
0033785

Number of Waste Containers
TBD

Name of Registered Landfill
TBD

Compliance Date
TBD

Owner

Date
11/29/19

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

Date of Notification (1) 11/1/2019
Name of Building Owner/Operator (2) Patel

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

Type Notification
□ Initial
□ Amended
□ Amendment #01
□ Emergency (including justification)
□ Cancellation

Street Address: [Redacted] Iselin, NJ 08830
City, State, Zip Code

Name of Contact
Shirish Patel

Telephone Number

FACILITY INFORMATION

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

Square Feet
1800

# of Floors
1

Bldg. Age
70 +/-

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (8)
Stevens Environmental Services, Inc.

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-259-4070

License No.
00493

Start Date (10)
11/22/2019

Scheduled Completion Date (11)
12/3/2019

Name of OSHA Monitor
MECS

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

Scope of Work (Check All That Apply)
□ 2,500 sf or 2,600 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

□ 1/260 sf or 1/260 sf

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

In Facility (13)

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

Name of Registered Waste Hauler
Stevens Environmental

NJDEP Waste Hauler ID No. 18298

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date
12/4/2019

City, State
Morristown, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature

Date
11/27/2019

* 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) 11/11/2019

Name of Building Owner/Operator (2) Patel

Agencies Notified Type Notification

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

Street Address

City, State, Zip Code Iselin, NJ 08830

Name of Contact Shirish Patel

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5) Iselin, NJ 08830

County (6) Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) 2 70 +/-

Type of Facility (4)

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

Square Feet 1800

# of Floors

Bldg. Age

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

ASCM No.

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

Street Address PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Project Manager for Monitoring Firm Bill Weisegarber

Telephone No. 609 289-4070

License No. 00493

Start Date (10) 11/22/2019

Scheduled Completion Date (11) 11/27/2019

Name of OSHA Monitor MECS

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 sf
- X Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

in Facility (13)

Yes No N/A

Basement

M insanity: No

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

Thermal Duct Insulation 14 sf

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

Name of Registered Waste Hauler Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill

City, State Allentown, NJ Morrisville, PA

Disposal Date 11/27/2019

Name of Contact Shirish Patel

Telephone Number

Print Form

"Do not use this form for asbestos licensure exempted activities."
Date of Notification (1): 11-27-19

Name of Building Owner/Operator (2): BAYPRIM PROPERTIES CUSTOM HOMES LLC
Street Address: 8186 VENTNOUR AVE

City, State, Zip Code: MARGATE, NJ 08002

Type of Facility (4): VACANT

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

Start Date (10): 12-7-19
Scheduled Completion Date (11): 12-17-19

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

Scope of Work (Check all that apply):
- 23 sf or 23 ft
- 2150 sf or 2000 ft
- Demolition
- Location of Asbestos-Containing Material (ACM) TO BE ABATED

Presently Used Solely by Maintenance/Custodial Staff
Yes

Description of Asbestos-Containing Material (ACM)
- Transite
- 1750 SF

Name of Registered Waste Handler: KLEMCO INC

Disposal Date: 11-27-19
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**
**ASBESTOS CONTROL & LICENSING**

**Name of Building Owner/Operator:**
**HALLIDAY & LEONARD**

**Street Address:**
**700 HAVEN AVE**

**City, State, Zip Code:**
**OCEAN CITY, NJ 08730**

**Name of Contact:**
**SCOTT**

**Type of Facility:**
**RESIDENCE**

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

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

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

**Amount (Specify SF or LF):**
- 3000 SF

**Abatement Type:**
- Demolition

**Name of Registered Waste Hauler:**
**KLEMCO INC.**

**City, State:**
**MAPLE SHADE, NJ 08052**

**Name of Registered Landfill:**
**CMC MU MA**

**Complied by:**
**MIKE KLEM**

**Signature:**
**MELVIN KLEM 11-27-19**

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

**State of New Jersey**

**Name of Building Owner/Operator:** RJM Realty Group

**Check #:** 1496

**Date of Notification:** 11/27/2019

** Agencies Notified:**
- □ EPA
- □ DEP
- □ DOL
- □ DOH
- □ DCA

**Street Address:** 515 West End Avenue

**City, State, Zip Code:** New York, New York 10024

**Name of Contact:** Harry Uvegi

**Telephone Number:** 917-915-5328

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**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:**
RJM Realty LLC

**Street Address:** 847 Bergen Avenue

**City:** Jersey City, New Jersey 07306

**County:** Hudson

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

**Name of Monitoring Firm Hired by Building Owner:**
Detail Associates, Inc

**ASCM No.:**

**Name of Abatement Contractor:** Lillich Corporation

**Street Address:** 300 Grand Ave

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

**Project Manager for Monitoring Firm:** Anthony Valentine

**Telephone No.:** 201-569-5078

**Telephone No.:** 973-225-8400

**License No.:** 01104

**Start Date:** 11/27/2019

**Scheduled Completion Date:** 11/29/2019

**Name of OSHA Monitor:** Iris Environmental Laboratories, LLC

**Street Address:** 2333 Route 22 West

**City, State, Zip Code:** Union, NJ 07083

**Occupancy Status During Abatement:** Occupied

**Scope of Work:**
- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal System Pipe Insulation</td>
<td>12 LF</td>
</tr>
</tbody>
</table>

**Abatement Type:**
- YES

---

**Name of Registered Waste Hauler:** Lillich Corporation

**NJDSEP Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Totowa, New Jersey

**Disposal Date:** 11/29/2019

**City, State:** Morrisville, PA

**Completed by:** Adriana Olejarova

**Title:** President

**Signature:**

**Date:** 11/27/2019

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

(Duly notified to NJAC 8:60 and 12:120)

**Date of Notification:** 11/25/19

**Name of Building Owner/Operator:** Srinu Mudambi

**Agency Notified:**
- [ ] EPA (Initial)
- [ ] DEP (Amended)
- [ ] DOL (Amendment 
- [ ] DOH (Justification)
- [ ] DCA (Cancellation)

**Street Address:** [Redacted]

**City, State, Zip Code:** Jersey City, NJ 07302

**Name of Contact:** Srinu Mudambi

**Telephone Number:**

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**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:** [Redacted]

**Residence:**

**City:** Jersey City, NJ 07302

**County:** Hudson

**Name of Monitoring Firm Hired by Building Owner:** [Redacted]

**ASCM No.:** [Redacted]

**Name of Abatement Contractor:** Unicorn Contracting Corp.

**Telephone No.:** 973-833-9176

**License No.:** 01331

**Start Date:** 12/07/19

**Scheduled Completion Date:** 12/07/19

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 0700 AM Start

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

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

<table>
<thead>
<tr>
<th>Location</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, VAM, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal System Insulation</td>
<td>35 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Unicorn Contracting Corp.

**NUDEP Waste Hauler ID No.:** 0035844

**Disposal Date:** TBD

**City, State:** Woodland Park, NJ 07424

**Name of Registered Landfill:** Fairless Hills Landfill

**Completed by:** Zhivko Nikolov

**Title:** President

**Signature:**

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**Date:** 11/25/19
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:580 and 12:19C)

**Date of Notification:**
11/23/19

**Name of Building Owner/Operator:**
Woodbridge Township School District

**Street Address:**
PO Box 428, School Street
Woodbridge, NJ 07095

**Name of Contractor:**
Brian Wolfman

**Telephone Number:**
732-750-3200

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### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
Ross Street School #11

**Square Feet:**
35,500

**Building Age:**
1920

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

**City:**
Woodbridge

**County:**
Middlesex

**State:**
New Jersey

**Telephone No.:**
609-852-1553

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### OCCUPANCY STATUS DURING ABATEMENT

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Specify: Mon-Fri 4PM-7:30AM, Sat-Sun Normal Working Hours

**Scheduled Completion Date:**
12/20/2019

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### ABATEMENT PERFORMED OUTSIDE OF NORMAL FACILITY HOURS

**Type of Work:**
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Painted (*) and Non-Pigmented Procedure

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### DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)

**Location of ACM:**
- Upper Roof Parapet 1820 & 1920 Section
- Lower Roof
- Boiler Room Roof

**Amount (square feet or linear ft):**
- Vapor Barrier & Roofing Tar: 600 LF
- Roofing Tar: 118 LF
- Roofing Deck Tar: 350 SF

**Disposal Date:**
11/28/13

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**Name of Registered Vendor:**
Unicorn Contracting Corp.

**Address:**
32 Willow Way
Woodland Park, NJ 07424

**Contact Person:**
John Smoyer

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**Name of Registered Vendor:**
Envirovision Consultants, Inc.

**Address:**
20-21 Wagarow Rd., Bldg. 55-E
Fair Lawn, NJ 07410

**Telephone No.:**
973-293-3976

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**Name of Registered Vendor:**
RIDEF Waste Handler

**Address:**
2020 Cuyler Vanderveer, Montville, NJ 07042

**Telephone No.:**
973-210-2700

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**General Manager:**

**Date:**
11/28/13