State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:11:20)

Date of Notification (1) 12/3/94

Name of Building Owner/Operator (2) MEN + MACHINES

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOH
☐ DOM
☐ DCA
☐ Initial
☐ Amended
☐ Amendment
☐ Emergency (Including justification)
☐ Cancellation

Street Address 225 FREMONT AVE

City, State Zip Code WOODBINE, N.J. 07428

Name of Contact LISA

Telephone Number

FACILITY INFORMATION

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

Street Address 369 S. SPRUCE AVE

City (5) STRATFORD

County (6) CAPE MAY

Name of Monitoring Firm Hired by Building Owner N/A

ASG No

Name of Abatement Contractor (9) KLEEMCO INC

Street Address 369 S. SPRUCE AVE

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

Project Manager for Monitoring Firm JOSPEH KLEMME

Telephone No. 736-779-0422

License No. 00444

San Date (10) 1/5/15

Scheduled Completion Date (11) 11/5/15

Occuany 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)
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Non-Enclosure
☐ Dry Sandblasting
☐ Non-Enclosed (1) and Non-Enclosed (2)

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

Location Normally Used for Maintenance / Custodial Services?
☐ Yes ☐ NO N/A

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

Amount (Specify SF or LF)

Asbestos Removal

Completion

Name of Registered Waste Handler KLEEMCO INC

Waste Type NDEC Waste

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

City, State MAPLE SHADE, N.J. 08052

Date of Completion 1/5/15

Owner JOSEPH KLEMME

Signature

Date 1/5/15

Combed By

Do not use this form for asbestos reinspection exempted activities.
Date of Notification (1) 12/18/14

Name of Building Owner/Operator (2) Newark Public Schools

Street Address 2 Cedar Street

City, State, Zip Code Newark, NJ 07102

Name of Contact Douglas Bland, Bus. Admin.

Telephone Number

FACILITY INFORMATION

Name Of Facility Where Abatement Is Taking Place (3)

Avon Avenue School

Street Address 219 Avon Avenue

City, State, Zip Code Newark, NJ 07108

County (5) Essex

Name of Monitoring Firm Hired by Building ASCM No. TTI Environmental, Inc. 00003

Street Address 1253 North Church Street

City, State, Zip Code

Project Manager for Monitoring Firm雄厚town, NJ 08007

Telephone Number Jim Guillardi 856-840-8800

Scheduled Start Date (10) 12/1/14

Completed Date (11) 12/1/14

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:

□ Demolition

□ 3 sf or 3 ft

□ 260 sf or 260 ft

□ Renovation

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

□ Non-Priable Procedure

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

□ Location Normally Used Solely By Maintenance/Custodial Staff (12)

□ Cubic Yards of Waste

□ Name of Registered Landll

□ Cubic Yards of Waste

□ Name of Registered Landll

□ Name Of Registered Waste Hauler

□ NJDEP Waste Hauler ID No.

□ Disposal Date

□ City, State

□ 12609

□ Tullytown, PA

□ 12/18/14

□ Bilyana Kulakowska Office Administrator

□ Signature

□ Date

□ Made By (Print or Type)

□ Title

□ 09/24/14

□ Made By (Print or Type)

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

Date of Notification (1)
13 DEC 2014

Name of Building Owner/Operator (2)
R. Chod A. Kaban

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
123A Rendall Ave
City, State, Zip Code
Point Pleasant, New Jersey 08742

Name of Contact
Mike

FACILITY INFORMATION

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

Square Feet
1500

County Code (7) (STATE USE ONLY)
Ocean

Name of Monitoring Firm Hired by Building Owner (6)
ACSM No.

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Road
City, State, Zip Code
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No.
732-294-1757

License No.
00029

Start Date (10)
12/24/14

Scheduled Completion Date (11)
12/31/14

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)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

In Facility
(13)

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

Cubic Yards of Waste

Name of Registered Landfill
Chri

City, State
Colts Neck, New Jersey

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
12/24/14

* 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)**  
12/17/14

**Name of Building Owner/Operator (2)**  
Bridge Development Partners, LLC

**Street Address**  
One Gateway Drive, Suite 201

**City, State, Zip Code**  
 Parsippany, NJ 07054

**Name of Contact**  
John Porcek  
**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**  
750 Union Avenue

**City (5)**  
Union

**County (6)**  
Union

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

**Name of Abatement Contractor (9)**  
Stanmark Contractors, LLC

**Street Address**  
27 Edsall Drive

**City, State, Zip Code**  
Sussex, NJ 07461

**Project Manager for Monitoring Firm**  

**Telephone No.**  
973-864-2022

**License No.**  
01137

**Start Date (10)**  
12/30/14

**Scheduled Completion Date (11)**  
2/18/15

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Other – Describe:**

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

- 25' or Less
- 26' to 50' or 26' to 60' If

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

- To Be Abated in Facility

- Dimension

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

- No
- N/A

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

- Surface
- Other

**Amount (Specify SF or LF)**

**Abatement Type**

- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (7) and Non-Friable Procedure

**Abatement Endorsements**

- Removal
- Repair
- Encapsulation

**Name of Registered Waste Hauler**

Atlantic Carting

**City, State**  
Wayne, NJ

**Completed By**

Marko Stankovic  
Title  
President

**Signature**  

**Date**  
12/17/14

---

*Do not use this form for asbestos licensure exempted activities.*
The analyses of samples taken from the buildings inspected confirmed the presence of asbestos at levels greater than the regulatory limit of one percent in the following materials:

<table>
<thead>
<tr>
<th>Building</th>
<th>Material</th>
<th>Location</th>
<th>Condition</th>
<th>Approximate Amount</th>
<th>Estimated Removal Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12</td>
<td>Vinyl Floor Tile</td>
<td>Office Area</td>
<td>Good</td>
<td>260 SF ✓</td>
<td>$910.00</td>
</tr>
<tr>
<td>11/12</td>
<td>Pipe Insulation</td>
<td>Garage &amp; Small Boiler Room</td>
<td>Fair</td>
<td>425 LF ✓</td>
<td>$10,625.00</td>
</tr>
<tr>
<td>13</td>
<td>Pipe Insulation</td>
<td>Boiler Area</td>
<td>Fair</td>
<td>50 LF ✓</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>13</td>
<td>Vinyl Floor Tile</td>
<td>Office Area</td>
<td>Good</td>
<td>300 SF ✓</td>
<td>$1,050.00</td>
</tr>
<tr>
<td>13</td>
<td>Transite® Ceiling</td>
<td>Throughout</td>
<td>Good</td>
<td>2,750 SF ✓</td>
<td>$19,250.00</td>
</tr>
<tr>
<td>14</td>
<td>Vinyl Floor Tile</td>
<td>Rooms behind Lab</td>
<td>Good</td>
<td>370 SF ✓</td>
<td>$1,295.00</td>
</tr>
<tr>
<td>14</td>
<td>Transite® Ceiling</td>
<td>Motor Control Center</td>
<td>Good</td>
<td>1,500 SF ✓</td>
<td>$10,500.00</td>
</tr>
<tr>
<td>14</td>
<td>Transite® Ceiling</td>
<td>Pasteurizing Area</td>
<td>Good</td>
<td>2,000 SF ✓</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>14</td>
<td>Transite® Ceiling</td>
<td>Link between buildings</td>
<td>Good</td>
<td>2,000 SF ✓</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>15</td>
<td>Transite® Ceiling</td>
<td>Creamer Room Area</td>
<td>Good</td>
<td>3,400 SF ✓</td>
<td>$23,800.00</td>
</tr>
<tr>
<td>14</td>
<td>Transite® Ceiling</td>
<td>Filler Room Area</td>
<td>Good</td>
<td>900 SF ✓</td>
<td>$6,300.00</td>
</tr>
<tr>
<td>14</td>
<td>Transite® Wall/Ceiling</td>
<td>Rooms behind Lab</td>
<td>Good</td>
<td>470 SF ✓</td>
<td>$3,290.00</td>
</tr>
<tr>
<td>15</td>
<td>Vinyl Floor Tile</td>
<td>2nd Floor Drawing Room</td>
<td>Good</td>
<td>400 SF ✓</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>16</td>
<td>Texture Paint</td>
<td>Stairway Ceiling</td>
<td>Good</td>
<td>500 SF ✓</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>16</td>
<td>Joint Compound</td>
<td>Throughout</td>
<td>Good</td>
<td>6,000 SF ✓</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>17</td>
<td>Radiator Backing</td>
<td>Behind Radiators</td>
<td>Good</td>
<td>260 SF ✓</td>
<td>$910.00</td>
</tr>
<tr>
<td>17</td>
<td>Flooring Middle Layer</td>
<td>Entrance Room, 1st Floor</td>
<td>Good</td>
<td>120 SF ✓</td>
<td>$480.00</td>
</tr>
<tr>
<td>18</td>
<td>Floor Tile Mastic</td>
<td>Stairway Landing</td>
<td>Good</td>
<td>120 SF ✓</td>
<td>$300.00</td>
</tr>
<tr>
<td>18</td>
<td>Joint Compound</td>
<td>Throughout</td>
<td>Good</td>
<td>2,400 SF ✓</td>
<td>$16,800.00</td>
</tr>
<tr>
<td>23</td>
<td>Vinyl Floor Tile</td>
<td>Rear Storage Room</td>
<td>Good</td>
<td>350 SF ✓</td>
<td>$1,225.00</td>
</tr>
<tr>
<td>23</td>
<td>Vinyl Floor Tile*</td>
<td>Office</td>
<td>Good</td>
<td>200 SF ✓</td>
<td>$700.00</td>
</tr>
<tr>
<td>23</td>
<td>Joint Compound*</td>
<td>Office</td>
<td>Good</td>
<td>800 SF ✓</td>
<td>$5,600.00</td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED REMOVAL COST** $179,700.

*Presumed ACM – material not sampled due to damage considerations (Tuscan leases this space to others)

**The exterior of Building 17 is Transite® shingles (not included in the scope of work)

The cost to abate all the interior ACM identified at the Tuscan site is estimated to be $179,700.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:61 and 12:120)

Date of Notification (1): 10-22-14
Name of Building Owner/Operator (2): Caldwell Banker

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Name of Facility Where Abatement is Taking Place (3):
Street Address: 600 North Avenue West
City, State, Zip Code: Westfield, NJ 07090

Current Use: (Prior if being demolished)
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Name of Abatement Contractor (9):
ABS Environmental Services, LLC

Street Address: 4 E Gate Drive, PO Box 483
City, State, Zip Code: Glenwood, NJ 07418

Telephone No.: 973-583-8500
License No.: 703

Start Date (10): 12/22/14
Scheduled Completion Date (11): 1/18/15
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:
Street Address:
City, State, Zip Code:

Scope of Work (Check All That Apply):
- Less than 2500 sf or 25 ft
- 2500 sf or greater
- 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 (13):
 In Facility

Basement

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):
pipe insulation

Amount (Specify SF or LF): 65 LF

Abatement Type:

Name of Registered Waste Hauler:
Freehold Cartage
Name of Registered Landfill:
TBD

City, State:
Freehold NJ
Disposal Date:
TBD

Completed by:
A. Scott Higgins
Title: President
Signature:
Date: 12-22-14

* 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)
12/22/14

Name of Building Owner/Operator (2)
Diocese of Paterson

Agencies Notified
EPA

Type Notification
Initial

Street Address
777 Valley Road

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Patrick Peace

Name of Facility Where Abatement is Taking Place (3)
St. Brendan School

Street Address
154 E First Street

City (5)
Clifton

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Detail Associates 00012

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood NJ 07631

Telephone No.
201-559-6708

License No.
973-583-8500

Name of OSHA Monitor

Start Date (10)
12/24/14

Scheduled Completion Date (11)
1/31/15

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

Scope of Work (Check All That Apply)
33 ft or 33 ft

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type
Full Containment with Negative Pressure

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

See attached list

Location Normally Used Solely by Maintenance/Custodial Staff?
No

See attached list

N/A

See attached list

Name of Registered Waste Hauler
Freehold Cartage

Waste Hauler ID No.
15959

Cubic Yards of Waste

Name of Registered Landfill
TBD

City, State
Freehold, NJ

Disposal Date
TBD

City, State

Completed by
A. Scott Higgins
Title
President/Owner
Signature

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Area</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>20 LF</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Room #4</td>
<td>50 SF</td>
<td>ceiling plaster</td>
</tr>
<tr>
<td>Room #4</td>
<td>12 LF</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Room #25</td>
<td>50 SF</td>
<td>ceiling plaster</td>
</tr>
<tr>
<td>Room #25</td>
<td>12 LF</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Maintenance Office</td>
<td>10 LF</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Annex Power Meter Rm</td>
<td>12 LF</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>
## NOTIFICATION OF ASPEROS ABATEMENT

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

### Date of Notification (1)
12/17/2014

### Name of Building Owner/Operator (2)
Vineland BOE

### Street Address
17 West Landing Avenue

### City, State, Zip Code
Vineland, NJ 08360

### Name of Contact
Paul Farnacchio

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Vineland High School South

#### Street Address
2880 Chestnut Avenue

#### City (5)
Vineland

#### County (6)
Cumberland

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

#### ASCM No.

#### Name of Abatement Contractor (9)
VMC Company, Inc.

#### Street Address
208 Piaget Avenue

#### City, State, Zip Code
Clifton, NJ 07011

#### Telephone No.
856-205-1077

#### License No.
00704

#### Project Manager for Monitoring Firm
Jim Eberts

#### Start Date (10)
12/20/2014

#### Scheduled Completion Date (11)
12/21/2014

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

#### 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>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation &quot;wrap &amp; cut&quot;</td>
<td>75 LF</td>
</tr>
</tbody>
</table>

#### Cubic Yards of Waste

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 05409</td>
<td>05409</td>
</tr>
</tbody>
</table>

#### Name of Registered Landfill

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

#### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

#### Completed by

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

#### Date

12/17/2014

---

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

Date of Notification (1)
12-22-2014

Name of Building Owner/Operator (2)
Logow Management

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

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

Street Address
160 South Livingston Ave.

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brandywine East Apt. # 52 B

Street Address
Brandywine East Court

City (5)
Brielle, NJ

County Code (7)
Monmouth

Name of Abatement Contractor (9)
Loznica Management Corporation

ASCM No.
n/a

License No.
01193

Street Address
22 Troy Lane

Telephone No.
973-705-7950

City, State, Zip Code
Lincoln Park, NJ 07035

Start Date (10)
1-5-2015

Scheduled Completion Date (11)
1-6-2015

Name of OSHA Monitor
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check Only)
☒ 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 ≥33 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

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

Name of Registered Waste Hauler
Loznica Management Corporation

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Morrisville, PA 19067

Completed by
E. Cirotic

Title
Secretary

Printed Form

Date
12-22-2014

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1) 11/3/14
Name of Building Owner/Operator (2) Union Township Public Schools

Agencies Notified Type of Notification
[ ] EPA Initial Notification
[ ] DEP Emergency Notification
[x] DOL Amended Notification
[x] DOH Cancellation

Street Address
2369 Morris Ave.

City, State, Zip Code
Union, NJ 07083

Name of Contact
Thomas Wiggins

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burnett MS

Street Address
1000 Caldwell Ave.

City (5) Union
County (6) Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Omega Environmental Services, Inc.

ASCM No.

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

Street Address
280 Huyler St.

City, State, Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Anton Rezin

Telephone Number
201-489-8700

Scheduled Start Date (10) 11/6/14
Sched. Completion Date (11) 11/10/14

Occupancy Status During Abatement (Check only one)

[x] Abatement Performed Outside of Normal Facility Hours – Describe: school off days

Other – Describe:

Scope of Work (Check all that apply)

[x] Demolition
[ ] Renovation

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

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

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

Yes No N/A

Fan room x debris cleanup 20 SF x

Amount (Specify SF or LF) 20 SF

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

Abatement Type

Full Containment with Negative Pressure
[x] MPA – Enclosure
[x] Glovebag Procedure
[ ] Non – Friable Procedure

Amount

Type

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04732

Cubic Yards Of Waste 1

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date 11/21/14

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature

Date 11/3/14

ASB-41
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-22-2014</th>
</tr>
</thead>
</table>

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

**Agency Notified**  
- DEP
- DOL
- DOH
- DCA

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

**Street Address**  
31 Absecon Way

**City, State, Zip Code**  
Parsippany, NJ

**Name of Contact**  
Dhavel Patel

**Telephone Number**

**FACILITY INFORMATION**

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

**Location**  
31 Absecon Way

**County (6)**  
Morris

**Square Feet**  
1000

**# of Floors**  
1

**Bldg. Age**  
50+

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

**Name of Abatement Contractor (9)**  
Loznica Management Corp

**Street Address**  
22 Troy Lane

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

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**

**Telephone No.**  
973-706-7950

**License No.**  
01193

**Start Date (10)**  
1-2-2015

**Scheduled Completion Date (11)**  
1-3-2015

**Name of OSHA Monitor**  
Loznica Management Corp

**Street Address**  
22 Troy Lane

**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
- Other — Describe: Sam - Sem

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

- ≥3.5 ft or ≥3 Lf
- ≥160 sf or ≥260 sf
- 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Asbestos Pipe Insulation</td>
<td>30 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>VAT</td>
<td>150 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Loznica Management Corp

**NUDEP Waste Hauler ID No.**  
0033137

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
GROWS

**Disposal Date**  
TBD

**City, State**  
Morrisville PA 19067

**Completed by**  
E. Cirovic

**Title**  
Secretary

**Signature**  
Chover

**Date**  
12/22/2014

---

*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)
04/01/14

Name of Building Owner/Operator (2)
SUSAN REEVES

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

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

Street Address
618 PARKVIEW AVENUE

City, State, Zip Code
NORTH PLAINFIELD, NJ 07083

Name of Contact
DIANE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
618 PARKVIEW AVENUE

City (5)
NORTH PLAINFIELD, NJ

County (6)
SOMERSET COUNTY

County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

AAA LEAD PROFESSIONALS

Street Address

6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

732-688-9078

License No.

1200

Start Date (10)
12/23/14

Scheduled Completion Date (11)
12/23/14

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

Scope of Work (Check All That Apply)

☐ ≥3,000 sf or ≥3 if
☐ ≥150 sf or ≥250 sf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

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

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

Amount (Specify SF or LF)

18 LF

Abatement Type

Endorse
Repair
Encapsulation

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No.
04599

Cubic Yards of Waste
1 YD

Name of Registered Landfill
IESI

Disposal Date
12/23/14

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
12/22/14

* 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: 12-23-2014  
Name of Building Owner / Operator: The Kamson Corporation

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended #3-Street Address</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address: 270 Sylvan Avenue  
City, State & Zip Code: Englewood Cliffs, NJ

Name of Contact: Joe Spadaccini

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place: Valley Manor Apartment Buildings  
Street Address: 131 Marina Drive - Building #149  
City: Edison, NJ  
County: Middlesex  
County Code:  

Name of Monitoring Firm Hired by Building Owner: Health & Safety Services, LLC  
ASCM No.: 117  
Name of Abatement Contractor: Resource Management Group, LLC  
License Number: 01185  
Name of OSHA Monitor: J&S Environmental Laboratories, Inc.

Street Address: 2115 Hamilton Ave, Suite 202  
City, State & Zip Code: Trenton, NJ 08619

Project Manager for Monitoring Firm: Mr. Jim Proctor  
Telephone Number: 609-977-6159

Scheduled Start Date: 12-29-2014  
Scheduled Completion Date: 1-10-2015

Occupancy Status During Abatement:  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed During 1st Shift  
- Describe: 9:00am to 6:00pm & Wknd hours  
- Facility Occupied During Abatement

Scope of Work (Check all that apply):  
- ≥3 sf or ≥3 if  
- ≥160 sf ≥260 if  
- 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:  

<table>
<thead>
<tr>
<th>Room</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Yes</td>
<td>Pipe Wrap</td>
<td>Pipe Wrap</td>
<td>3 LF</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td>No</td>
<td></td>
<td></td>
<td>5 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 0035218  
Name of Registered Landfill: Grows Landfill

City, State: Trenton, NJ  
Disposal Date: TBD  
Name of President: Brian J. Haney  
Signature: [Signature]

Date: 12/23/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12-23-2014

Name of Building Owner / Operator (2)
The Karson Corporation

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

Type Notification
- Initial
- Amended #3-Street Address
- Emergency
- Cancellation

Street Address
270 Sylvan Avenue

City, State & Zip Code
Englewood Cliffs, NJ

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Valley Manor Apartment Buildings

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

Square Feet 126,000
# of Floors 2.5
Bidg. Age 49

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

ASCM No. 117

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
P.O. Box 385

City, State & Zip Code
Berlin, NJ 08009

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

Project Manager for Monitoring Firm
Mr. Jim Proctor

Telephone Number 856-452-1311

Scheduled Start Date (10) 12-29-2014
Scheduled Completion Date (11) 1-10-2015

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During 1st Shift
- Describe: 9:00am to 5:00pm & Wknd hours
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥23 sf or ≥23 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 (13)

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

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

Amount (Specify SF or LF) 12 LF

Room #1

Pipe Wrap

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No. 0035218

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ

Disposal Date TBD
City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

Date 12/23/2014
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
12-23-2014

Name of Building Owner / Operator (2)  
The Kamson Corporation

Agencies Notified (3)  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  

Type Notification  
☐ Initial  
☐ Amended -Street Address  
☐ Emergency  
☐ Cancellation

Street Address  
270 Sylvan Avenue

City, State & Zip Code  
Englewood Cliffs, NJ

Name of Contact  
Joe Spadaccini

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Valley Manor Apartment Buildings

Street Address  
131 Marina Drive- Building # 136

City (5)  
Edison, NJ

County (6)  
Middlesex

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  
128,000

# of Floors  
2.5

Blg. Age  
49

Current Use (Prior if being demolished)  
Apartment Building

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

ASCM No.  
117

Name of Abatement Contractor (9)  
Resource Management Group, LLC

Street Address  
P.O. Box 365

City, State & Zip Code  
Berlin, NJ 08009

Phone Number  
856-452-1311

Name of OSHA Monitor  
J&S Environmental Laboratories, Inc.

Project Manager for Monitoring Firm  
Mr. Jim Proctor

Scheduled Start Date (10)  
12-29-2014

Scheduled Completion Date (11)  
1-10-2015

Occupy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed During 1st Shift  
☐ Describe: 9:00am to 5:00pm & Wknd hours  
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 if  
☐ ≥150 sf ≥260 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
Yes  
No  
N/A  
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  

Amount (Specify SF or LF)  
6 LF

Abatement Type  
Pipe Wrap

Room #1  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 0035218

Resource Management Group, LLC

City, State  
Trenton, NJ

Completed By (Print or Type)  
Mr. Brian J. Haney

Title  
President

Signature  

Disposal Date  
TBD

Name of Registered Landfill  
Grows Landfill

City, State  
Morrisville, PA

Date  
12/23/2014
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12-23-2014

Name of Building Owner / Operator (2) The Kamson Corporation

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

Type Notification
- Initial
- Amended #3-Street Address
- Emergency
- Cancellation

Street Address 270 Sylvan Avenue
City, State & Zip Code Englewood Cliffs, NJ

Name of Contact Joe Spatafore

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Valley Manor Apartment Buildings

City (5) Edison, NJ
County (6) Middlesex
County Code (7)

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

ASCM No. 117

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

Square Feet 128,000
# of Floors 2.5
Bldg. Age 49

Current Use (Prior if being demolished)
Apartment Building

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address 2115 Hamilton Ave, Suite 202
City, State & Zip Code Trenton, NJ 08619

Telephone Number 609-977-6159
License Number 01185

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During 1st Shift
- Description: 9:00am to 5:00pm & Wknd hours
- Facility Occupied During Abatement

Scheduled Start Date (10) 12-25-2014
Scheduled Completion Date (11) 1-10-2015

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

Street Address 2333 Route 22 West
City, State & Zip Code Union, NJ 07083

Scope of Work (Check all that apply)
- >3 sf or >3 ft
- ≥160 sf ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
</tr>
<tr>
<td>#2</td>
</tr>
<tr>
<td>#3</td>
</tr>
<tr>
<td>#4</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Wrap</td>
</tr>
<tr>
<td>Pipe Wrap</td>
</tr>
<tr>
<td>Pipe Wrap</td>
</tr>
<tr>
<td>Pipe Wrap</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 LF</td>
</tr>
<tr>
<td>2 LF</td>
</tr>
<tr>
<td>10 LF</td>
</tr>
<tr>
<td>8 LF</td>
</tr>
</tbody>
</table>

Abatement Type

Removal

Entasolve

Endorse

Name of Registered Waste Hauler
Resource Management Group, LLC

Waste Hauler ID No. 0035216

Name of Registered Landfill
Grows Landfill

Disposal Date TBD

City, State

Morrisonville, PA

Completed By (Print or Type) Mr. Brian J. Haney
Title President
Signature
Date 12/23/2014
**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>12/23/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Camden City School District</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Emergency (including Cancellation)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Camden High School</td>
</tr>
<tr>
<td>Street Address</td>
<td>201 N Front Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden NJ 08102</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Steve</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | Smithsoh Engineering Group |
| ASCM No. | |
| Street Address | 808 Market Street Suite 336 |
| City, State, Zip Code | Camden NJ |
| Project Manager for Monitoring Firm | Sean Smith |
| Telephone No. | 856-365-9111 |

| Start Date (10) | 12/26/14 |
| Scheduled Completion Date (11) | 12/29/14 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours | |
| Other – Describe: | |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥150 sf or ≥2260 if</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Room 107 storage room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Floor Tile &amp; mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1000 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>United Containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22459</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/23/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  December 22, 2014

Name of Building Owner/Operator (2)  Barclay Developments

Agency(s) Notified   Type of Notification
[X] EPA   Initial Notification
[ ] DEP   Amended Notification
[X] DOL   Emergency (Including Justification)
[ ] DOH   Cancellation
[ ] DCA

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

Street Address  351 Grant Avenue
City  Middlesex
County (6)  Middlesex
County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

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

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

Square feet 2500 sf
# of Floors 2
Bldg. Age 80

Current Use (Prior to being demolished)
Residence

Street Address  1889 Rte, 9, Unit 61
City, State, Zip Code  Toms River, NJ 08755

Project Manager for Monitoring Firm Nicholas Fernicola
Telephone Number 732-349-9932
Scheduled Start Date (10) 12/22/14
Scheduled Completion Date (11) 12/23/14

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

Scope of Work (Check all that apply)
[X] >3 sf or >3 if
[X] ≥160 sf or ≥2260 if
[X] Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
[ ] YES  NO  N/A

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

Amount (Specify SF or LF) 150 if X

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

Abatement Type  REMOVAL  REPAIR  ENCAPSULATION  ENCLOSURE

Basement  Exterior
X  X  Asbestos pipe insulation
X  Asbestos siding  1700 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 5

Name of Registered Landfill T.R.R.F.
City, State, Zip Code  Piscataway, New Jersey 08854

Disposal Date 12/24/14
City, State, Zip Code  Toms River, New Jersey 08755-1271

Completed by (Print or Type) Nicholas Fernicola
Title Project Manager
Signature
Date 12/22/2014

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

Date of Notification (1) 12/02/14
Name of Building Owner/Operator (2) 

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

Street Address 165 NORTH GREEN STREET
City, State, Zip Code 2) SOMERVILLE, NJ 08876

Name of Contractor JACK FINNER
Telephone Number 

Name of Facility Where Abatement Is Taking Place (3) SOMERVILLE REALTY APARTMENTS

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

Square Feet 8000 # of Floors 2
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (5)

ASCM No.

Name of Abatement Contractor (9)

A. MAC Contracting Inc

Street Address 185 Vreeland Ave.
City, State, Zip Code MIDLAND PARK, NJ 07432

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code 280 Huyer Street

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address

City, State, Zip Code Hackensack, NJ 07605

Start Date (10) 1/1/15

Scheduled Completion Date (11) 1/31/15

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 sq or >= 30 ft
☐ >=160 sq or >=260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (X) and Non-Fireable Procedure

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

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

Yes No N/A

Name of Registered Waste Hauler Amazing Waste Hauler ID No. 04509

Cubic Yards of Waste 5

Name of Registered Landfill IESI PA Bethlehem Landfill Corp.

City, State, Zip Code Bethlehem, PA 18015

Complted by R. McDonald Title President

Signature 

Date 12/02/14

* 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)
22/14

Name of Building Owner/Operator (2)
HANKIEZ & CO INC

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA
□ Initial
□ Amended
□ Emergency (Including justication)
□ Cancellation

Street Address
505 MAIN ST

City, State, Zip Code
HECKSCHER NT 07602

Name of Contact
Paul Rizzo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RETAIL STORE

Street Address
336 MAIN ST

City
HECKSCHER

County Code (7)
601-8

County Name (6)
NEW JERSEY

Name of Monitoring Firm Hired by Building Owner (6)
ACSM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Street Address
185 Vreeland Ave.

City
HECKSCHER

State
NJ

Zip Code
07602

Project Manager for Monitoring Firm

Telephone No.

License No.
201-262-5841
00165

Start Date (10) 1/1/15

Scheduled Completion Date (11) 1/10/15

Name of OSHA Monitor
Omega Environmental Services Inc

Street Address
230 Huyer Street

City
HECKSCHER

State
NJ

Zip Code
07605

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

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥180 sf or ≥600 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM)

Location

Description of

Amount

Abatement

Type

To Be Abated

Usage

Material (ACM)

Location

Material

 Normally

Used Solely

by

Maintenance

Custodial Staff?

Yes

No

N/A

In Facility

Description

Material

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

SF or LF

Removal

Repair

Encase

Encase

Name of Registered Waste Hauler

Newark Carting, Inc

NJDEP Waste
Hauler ID No.
04509

Cubic Yards
of Waste
2

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp

Disposal Date
1/18/15

City
BETHLEHEM

State
PA

Zip Code
18015

Completed by
R. McDonald

Title
President

Signature

Date
1/31/14

* 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)  
12 / 24 / 14

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

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

Name of Building Owner/Operator (2)  
WELLS FARGO BANK

Street Address  
303 BROAD STREET

City, State, Zip Code  
RED BANK NJ 07701

Name of Contact  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
WELLS FARGO RED BANK

Street Address  
303 BROAD STREET

City (5)  
RED BANK

County (6)  
Monmouth

County Code (7)  
STATE USE ONLY

Square Feet  
>50,000

# of Floors  
2

Bldg. Age  
40+

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

Current Use (Prior if being demolished)

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

ASCM No.  

Name of Abatement Contractor (9)  
DELTAVJDS, INC

Street Address  
1345 INDUSTRIAL BLVD.

City, State, Zip Code  
SOUTHAMPTON, PA 18966

Project Manager for Monitoring Firm  
DON HEIM

Telephone No.  
610558-8902

Telephone No.  
215 322-2900

License No.  
00783

Start Date (10)  
01 / 09 / 15

Scheduled Completion Date (11)  
03 / 06 / 15

Name of OSHA Monitor  
CRITERION LAB

Occupy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-12PM-AM

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 l f  
- ≥160 sf or ≥260 sf

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Enclose

Name of Registered Waste Hauler  
SERVICE TRANSPORT GRP.

NJDEP Waste Hauler ID No.  
20999

Cubic Yards of Wastes  

Name of Registered Landfill  
MINERVA LANDFILL

City, State  
WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type)  
MICHAEL PARSON  
Title  
PROJECT MGR  
Signature

Date  
12/20/14

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