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

Date of Notification (1): 12-27-16
Name of Building Owner/Operator (2):
Cooper Lanning Square Renaissance School Facilities

Agencies Notified: EPA, DEP
Type Notification: Initial
Street Address:
200 Federal Street, Suite 146
City, State, Zip Code:
Camden, NJ 08103
Name of Contact:
Dave Millman

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Kipp Cooper Norcross Academy at Whitter
Street Address:
740 Chestnut St.
City (5):
Camden
County Code (6):
Camden

County Code (STATE USE ONLY)  

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

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

ASCM No.:

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

Street Address:
500 Horizon Drive, Suite 540
City, State, Zip Code:
Robbinsville, NJ 08691

Square Feet:
200,000

Bldg. Age:
+-50

Current Use (Prior if being demolished):
vacant

City:
Camden
County:
Camden

County Code (STATE USE ONLY):

FACILITY INFORMATION

Name of OSHA Monitor:
Pars Environmental

Street Address:
500 Horizon Drive, Suite 540
City, State, Zip Code:
Robbinsville, NJ 08691

Telephone No.:
609-990-7277

License No.:
01166

Scope of Work (Check All That Apply):

- Test
- 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 ASATED

In Facility:

1st floor
3rd & 4th fls (7 separate areas)
under radiators-9sf each
throughout

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):

vat & mastic
vat & mastic
mastic glue dots

Amount (Specify SF or LF):
300sf
63sf
500sf

Abatement Type:

- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler:
Minerva Landfill
Service Transport:

City, State:
Newark, DE

Disposal Date:

Name of Registered Landfill:
Minerva Landfill
City, State:
Libson, OH

Completed by:
Jennifer Niven

Title:
Dir. of Operations

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

**State of New Jersey**

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Saint Paul the Apostle Church
- **Street Address:** 23 S. Fifth Avenue
- **City:** Highland Park
- **County:** Middlesex
- **Name of Monitoring Firm Hired by Building Owner:** TTI Environmental, Inc.
- **Address:** 1263 N. Church Street, Metuchen, NJ 08840
- **Project Manager for Monitoring Firm:** Mike Stacke
- **Start Date (10):** 12/21/16
- **Scheduled Completion Date (11):** 12/28/16
- **Occupancy Status During Abatement:** Full
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
  - **Location:**
    - Crawl space
  - **Is Location Normally Used Solely by Maintenance/ Custodial Staff:** No
  - **Description of Asbestos-Containing Material (ACM):**
    - cubic yards or linear feet
  - **Amount:** cubic yards or linear feet
  - **Abatement Type:** Full Confinement with Negative Pressure
  - **Removal:** Yes
  - **End Date:**
- **Name of Registered Waste Hauler:** NDEP Waste Hauler ID No. 169155
- **Disposal Date:** 12/28/2016
- **Name of Registered Landfill:** Cumberland County Landfill
- **City:** Newburg, PA

### PERSONAL INFORMATION

- **Name of Contact:** Ethel Abraham Lothe
- **Telephone No.:** 609-633-8664
- **License No.:** 08642

### OTHER INFORMATION

- **Type of Facility:** Church
- **Square Feet:** 10,000
- **No. of Floors:** 3
- **Building Age:** 80
- **Name of Abatement Contractor:** Shade Environmental, LLC
- **EMBL Analytical, Inc.**
- **License No.:** 08642
- **Disposal Date:** 12/28/2016

### SIGNATURES

- **Vice President of Operations:** Christine Lynch

---

*Do not use this form for asbestos limestone exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:1281)

Name of Building Owner/Operator: Hamze Abu Hassane

Agency Notified:
- EPA
- DEP
- DOL
- DOH
- COA

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

Street Address:
City, State, Zip Code: Clifton, NJ 07011

Name of Contact:
Hamze Abu Hassane

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

Square Feet: 0
# of Floors: 0
Blog Age: 0

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

City (5):
Clifton

County (6):
Passaic

Name of Monitoring Firm Hired by Building Owner (5):
ASCN No.

City, State, Zip Code: Wayne, NJ 07470

Project Manager for Monitoring Firm:
Telephone No.

Site Address:
1455 Route 23 South, #111

City, State, Zip Code: Fair Lawn, NJ 07404

Start Date (10): 12/22/2016
Scheduled Completion Date (11): 12/22/2016

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

Escape of Work (Check All That Apply):
- Renovation
- Dissolution
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Encapsulated (C) and Non-Permeable Procedure

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

- Is Location Normally Used Safely by Maintenance/ Custodial Staff? (13):
  - Yes
  - No

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

- Amount (Specify SP or LP):

- Abatement Type:
  - R
  - R
  - E

Name of Abatement Contractor:
GSC Services Corp

License No.: 01283

Site Address:
20-21 Wagarow Road

City, State, Zip Code: Fair Lawn, NJ 07404

Name of Registered Hauler:
GSC Services Corp

Waste Hauler ID No.: 0036308

Disposal Facility:
City, State, Zip Code: Thistle, PA

Name of Registered Landfill:
TRRF

Date:
12/20/2016

Signature: ______________________________

Owner:

[Note: Do not use this form for asbestos license exempted activities, refer to NJAC 8:29 and 12:1281]
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 17/23/14  
**Name of Building Owner/Operator (2):**  
Oakland Waverly, LLC

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

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

**Name of Facility Where Abatement is Taking Place (3):**  
Oakland Waverly, LLC Property  
83 Waverly Street

**City (9):** Jersey City

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

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

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

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

**Street Address:**  
95 Montrose Rd

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

**Start Date (10):** 1/21/17  
**Scheduled Completion Date (11):** 10/17

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

**Scope of Work (Check All That Apply):**  
- ≥30 of ≥36 If
- ≥150 of ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>ACM</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>No</td>
<td>X</td>
<td>Roofing material</td>
<td>4000 SF</td>
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<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td>Flashing</td>
<td>200 LF</td>
<td>X</td>
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</table>

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

**NJDEP Waste Hauler ID No.:** 12086

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:** Chris Landfill

**City, State:**  
Colts Neck, New Jersey

**Date of Disposal:** 11/10/17

**Disposal Date:**  
City, State: Easton, PA

**Completed by:**  
Bree McGuire

**Title:** Secretary Treasurer

**Signature:**  
12/23/16

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12-126)

Date of Notification (1) 12/23/16

Name of Building Owner/Operator (2) Harris Realty

Agencies Notified Type Notification
- EPA - Initial
- DEP
- DOL - Amended
- DOH - Amendment 3
- DCA - Emergency (including justification)
- Conciliation

Street Address 78 Lakeview Ave

Name of Contact Bob

Name of Facility Where Abatement is Taking Place (3) Harris Realty Property

City (5) Piscataway

County (6) Middlesex

County Code (7) (STATE USE ONLY) 07088

Facility Information

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 2500

# of Floors 3

Bldg. Age 57+

Current Use (Prior to being demolished) Commercial

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

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

Street Address 95 Montrose Rd

City, State, Zip Code Colts Neck, New Jersey

Phone Nos. Telephone No. 732 294 1757 License No. 00029

Start Date (10) 12/17

Scheduled Completion Date (11) 1/17

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: 2pm to 6pm

Scope of Work (Check All That Apply)
- ≥ 30 ft or ≥ 150
- ≥ 1500 to 2000 ft
- ≥ 2000 ft

Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Is Location Normally Used Safety 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

Regat-

Encapsulation

Endorse

Full Containment with Negative Pressure

Mist-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Frixtile Procedure

Location

Name of Registered Waste Hauler

Name of Registered Landfill

Name of Registered Waste Hauler

Name of Registered Landfill

Disposal Date 12/17

City, State

City, State Easton, PA

Completed by

Bree McGuire

Secretary Treasurer

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-23-16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>County of Somerset</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>20 Grove Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerville, NJ 08876</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Melanie Kowal</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Washington School</td>
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<tr>
<td>Street Address</td>
<td>606 First Avenue</td>
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<tr>
<td>City (5)</td>
<td>Raritan</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>T &amp; M Associates</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>40 Monmouth Park Hwy.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Long Branch, NJ 07764</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>EHS Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>923 Haws Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Norristown, PA 19401</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Kevin Burns</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-676-4000</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-239-9920</td>
</tr>
<tr>
<td>License No.</td>
<td>00398</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1-16-17</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-17-17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>7AM-3:30PM</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 30 sf or ≥ 3 if</td>
<td>Remanufacture</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</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>Glovebox Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</tr>
<tr>
<td>Ground floor &amp; crawlspace</td>
<td>pipe insulation &amp; fittings 2,260LF x</td>
</tr>
<tr>
<td>1st floor</td>
<td>pipe insulation &amp; fittings 600LF x</td>
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<tr>
<td>Ground Floor</td>
<td>floor tile &amp; mastic 2,630SF x</td>
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<tr>
<td>1st Floor</td>
<td>floor tile &amp; mastic 11,000SF x</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Service Transport Group</td>
</tr>
<tr>
<td>N/DEP Waste Hauler ID No.</td>
<td>Sw2117</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>120</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
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<tr>
<td>City, State</td>
<td>New Castle, DE</td>
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<tr>
<td>Disposal Date</td>
<td>3-17-17</td>
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<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Completed by</td>
<td>James M. Kelly</td>
</tr>
<tr>
<td>Title</td>
<td>Vice-President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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</tbody>
</table>

*ASB-41 (R-06-98)*  
*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)
12/22/2016

Name of Building Owner/Operator (2)
NJDEP OFFICE OF RESOURCE DEVELOPMENT

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
P.O. BOX 420

City, State, Zip Code
TRENTON, NJ 08625

Name of Contact
AL PAYNE

Facility Information

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

Street Address
D&R CANAL STATE PARK

City (5)
FRANKLIN TOWNSHIP

County (6)
SOMERSET

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT, INC.

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
344 WEST STATE STREET

City, State, Zip Code
TRENTO, NJ 08618

Telephone No.
609-856-8101

License No.
973-956-8700

00494

Start Date (10)
ON HOLD

1/6/2017

Scheduling Completion Date (11)

Name of OSHA Monitor
SAME AS (9) ABOVE

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: VACANT

Scope of Work (Check All That Apply)

x ≥20 sf or ≥20 if

≥160 sf or ≥260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Location

Normal

Use

Staff?

(12)

Description of Asbestos Containing Material (ACM)

(i.e. thermal systems insulation,

surfacing, VAT, or

other miscellaneous)

Amount

(Specify

SF or LF)

Abatement

Type

Removal

Repair

Encapsulation

Endorsement

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards
of Waste
20

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

City, State
TOTOWA, NJ

Complated by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
12/22/2016

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**

12 / 21 / 16

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

Pennsville School District

**Street Address**

30 Church Street

**City, State, Zip Code**

Pennsville, NJ 08070

**Name of Contact**

Richard Davidson

**Telephone Number**

**FACILITY INFORMATION**

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

PENNsville Memorial HIGH SCHOOL

**Street Address**

110 S BROADWAY

**City (5)**

PENNsville

**County (6)**

SALEM

**Type of Facility (4)**

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

>50,000

**# of Floors**

2

**Bidg. Age**

50+

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

**SCHOOL**

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

EPIC ENVIRONMENTAL

**Street Address**

1930 BROWN ROAD

**City, State, Zip Code**

NEWFIELD, NJ 08344

**Project Manager for Monitoring Firm**

JIM EBERTS

**Telephone No.**

856 889-1736

**Start Date (10)**

12 / 25 / 16

**Scheduled Completion Date (11)**

01 / 1 / 17

**Name of Abatement Contractor (9)**

DELTABJDS, INC

**Street Address**

1345 INDUSTRIAL BLVD

**City, State, Zip Code**

SOUTHAMPTON, PA 18966

**Telephone No.**

215 322-2900

**License No.**

00783

**Name of OSHA Monitor**

CRITERION LABS

**Street Address**

3370 PROGRESS AVE

**City, State, Zip Code**

BENSALEM PA 19020

**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

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

Yes

No

N/A

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

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

**Amount (Specify SF or LF)**

250 LF

**Abatement Type**

Removal

Repair

Encapsulate

Enclosure

**ATTIC CRAWLSPACE ABOVE THE AUDITORIUM and BEHIND WALL PANELS AT STAGE RIGHT AND STAGE LEFT**

PIPE INSULATION

<3 LF

**ATTIC CRAWLSPACE**

PIPE INSULATION DEBRIS

**Service Transport**

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No. 20890

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**Disposal Date**

City, State

WAYNESBURG, OH 44688

**Completed By (Print or Type)**

MICHAEL PARSON

**Title**

PROJECT MGR.

**Signature**

**Date**

12-30-2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/12/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJDEP OFFICE OF RESOURCE DEVELOPMENT</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 420</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TRENTON, NJ 08625</td>
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<tr>
<td>Name of Contact</td>
<td>AL PAYNE</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE & GARAGE |
| City (5) | FRANKLIN TOWNSHIP |
| County (6) | SOMerset |
| Name of Monitoring Firm Hired by Building Owner (3) | USA ENVIRONMENTAL MANAGEMENT, INC. |
| Telephone No. | 509-658-8101 |
| Start Date (10) | 12/27/2016 |
| Scheduled Completion Date (11) | 1/5/2017 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | Renovation, Demolition |

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

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

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

- Amount (Specify SF or LF) kg

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**

- TWO BROTHERS CONTRACTING
- NJDEP Waste Hauler ID No. 18743
- Cubic Yards of Waste 20
- Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.

**Completed by**

- VIVECA RAMOS
- PROJECT COORDINATOR
- Signature
- Date 12/12/2016

* Do not use this form for asbestos licensure exempted activities.
### Residence, Franklin Township, NJ

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drywall Joint Compound</td>
<td>Throughout 1st Floor &amp; Stairwell</td>
<td>5,800 SF</td>
</tr>
<tr>
<td>Brown Adhesive Associated with Wood Wall Paneling</td>
<td>103</td>
<td>264 SF</td>
</tr>
<tr>
<td>Grey Cementitious Wall Panels</td>
<td>001</td>
<td>45 SF</td>
</tr>
<tr>
<td>Black Tar Wrapped Pipe Insulation</td>
<td>001</td>
<td>5 LF</td>
</tr>
<tr>
<td>Corrugated Paper Pipe Insulation</td>
<td>001</td>
<td>80 LF</td>
</tr>
<tr>
<td>Black Tar Flashing at Chimney &amp; Vents</td>
<td>Exterior Roof</td>
<td>16 SF</td>
</tr>
<tr>
<td>Window Glazing</td>
<td>Exterior/Windows</td>
<td>27 Units/36 LF per</td>
</tr>
<tr>
<td>Duct (Imbedded in Concrete Slab)</td>
<td>Buried in Concrete Slab</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

### Garage, 13 April Lane, Franklin Township, NJ

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Mineral Coat Rolled Roofing</td>
<td>Exterior Roof</td>
<td>550 SF</td>
</tr>
<tr>
<td>Black Tar Flashing at Roof Edges</td>
<td>Exterior Roof</td>
<td>100 LF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  Name of Building Owner/Operator (2)
Essex County, Division of PW & Engineering

Agencies Notified Type Notification Street Address
☐ EPA Initial 900 Bloomfield Avenue
☐ DEP Amended
☐ DOL Amendment #
☐ DOH Emergency (including justification)
☐ DCA Cancellation

City, State, Zip Code
Verone, NJ 07044

Name of Contact Rasheed Yusuf

FACILITY INFORMATION

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

Street Address

Counties
Newark

County Code (7)
Essex

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

Name of Abatement Contractor (9) Unicorn Contracting Corp.

Street Address
205 Route 46, Suite 7A
City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm Telephone No.

Telephone No.
973-333-9176
City, State, Zip Code
Fair Lawn, NJ 07410

License No.
01232

Start Date (10) 1/3/2017
Scheduled Completion Date (11) 1/17/2017

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 ≥ 3,000 sf
☒ ≥ 100 sf. or ≥ 2,000 sf
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Min-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)

Abatement Type

Removal ☒ Repair ☐ Encapsulation ☐

Entoilation ☒

Name of Registered Waste Hauler Unicorn Contracting Corp.

NJDEP Waste Hauler ID No. 0036544

Cubic Yards of Waste 450 CY

Name of Registered Landfill Tullytown Resource Recovery Facility

City, State
Totowa, New Jersey

Disposal Date TBD

Completed by Dimo Golcev Title General Manager

Signature  Date 12/23/2016

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:9-30 and 8-16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 22 / 2016</td>
<td>Bill &amp; Kathy Van Jure</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

- **Type of Facility:** Other (i.e., private and commercial buildings, homes, etc.)
- **Type of Notice:** Emergency (including justification)

**Site Information**

- **City:** Hasbrouck Heights, NJ 07604
- **County:** Bergen

**Amendment:**

- **Amendment Type:**
  - **General:**
    - **Address:** 378 River Rd.
    - **City, State:** Hasbrouck Heights, NJ 07604
    - **Date:** 12/22/2016

**Abatement Type:**

- **Description:**
  - **Location:**
    - **Asbestos-Containing Material (ACM) TO BE ABATED**
      - **Location Normally Used:**
        - **Maintenance:** Yes
        - **Custodial Staff:** No
- **Abatement Type:**
  - **Removal**
  - **Containment**

**Other Details:**

- **Name of Registered Vapor Hauler:**
  - **Name:** T.P.R.F. Inc
  - **City:** Tullytown, PA
  - **Disposal Date:** TBD

**Certification:**

- **Owner:**
  - **Signature:**
  - **Date:** 12/22/16

---

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

**Date of Notification (1)**  
12/24/2016  
**Name of Building Owner/Operator (2)**  
Judy Martin

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

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Teaneck, NJ 07666

**Name of Contact**  
Judy Martin

**FACILITY INFORMATION**

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

**Street Address**  
[Redacted]

**City (5)**  
Teaneck

**County (6)**  
Bergen

**County Code (7)**  
N/A  
(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

**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.**  
973-345-8685

**License No.**  
01311

**Start Date (10)**  
01/04/2017

**Scheduled Completion Date (11)**  
01/05/2017

**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: occupied

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

- [x] ≥33 sf or ≥33’  
- [ ] ≥160 sf or ≥260 sf  
- [x] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [x] Mini-Enclosure  
- [x] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

- **TO BE ABATED**
  - In Facility (13)
  - **Yes**
  - **No**
  - **N/A**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[x]</td>
<td></td>
<td>pipe insulation</td>
<td>45 LF</td>
<td>[x]</td>
</tr>
<tr>
<td>basement</td>
<td>[x]</td>
<td></td>
<td>pipe fittings</td>
<td>20 LF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**  
20996

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Waste Management of PA

**City, State**  
Totowa, NJ

**Disposal Date**  
TBD

**City, State**  
Tullytown, PA

**Completed by**  
Oliver Hegedus

**Title**  
Project Manager

**Signature**

**Date**  
12/24/2016

---

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

Date of Notification (1)
12/23/2016

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

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

Name of Building Owner/Operator (2)
Edgewood properties

Street Address
1260 Stetton Rd

City, State, Zip Code
Piscataway NJ

Name of Contact
Jim Towle

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

Street Address

City (5)
South Plainfield NJ

County (6)
middlesex

County Code (7)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Telephone No.
N/A

License No.
201-552-9685 01320

Start Date (10)
1/6/2017

Scheduled Completion Date (11)
1/27/2017

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 sf
[ ] 160 sf or 260 sf
[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

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

Amount (Specify SF or LF)

Abatement Type

Yes
No
N/A

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISED Bethlehem Rd Landfill

City, State
Po Box 5670

Completed by
Marcos Regato

Title
President

Signature

Date
12/23/2016

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:56 and 12:120)

**Date of Notification (1):**

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

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

| Essex County, Division of PW & Engineering |

**Street Address:**

900 Bloomfield Avenue

**City, State, Zip Code:**

Verone, NJ 07044

**Name of Contact:**

Rasheed Yusuf

**FACILITY INFORMATION**

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

**Street Address:**

[Redacted]

**City:**

Newark

**County:**

Essex

**Type of Facility (4):**

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

**Square Feet:**

2071 SQ FT

**# of Floors:**

2

**Bldg, Age:**

Built 1906

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

- [ ] Residential

**Name of Monitoring Firm Hired by Building Owner (5):**

ASCM No.

**Name of Abatement Contractor (8):**

Unicorn Contracting Corp.

**Street Address:**

205 Route 46, Suite 7A

**City, State, Zip Code:**

Totowa, NJ 07512

**Project Manager for Monitoring Firm:**

**Telephone No.:**

973-333-9176

**License No.:**

01232

**Start Date (10):**

1/3/2017

**Scheduled Completion Date (11):**

1/17/2017

**Name of OSHA Monitor:**

Envirovision Consultants, Inc.

**Street Address:**

20-21 Wagaraw Rd., Bldg. 35 E

**City, State, Zip Code:**

Fair Lawn, NJ 07410

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

- [x] ≥3 sf or ≥3 fl
- [ ] ≥180 sf or ≥260 fl
- [ ] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Entire House</th>
<th>Wall &amp; Ceiling Plaster</th>
</tr>
</thead>
</table>

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

Yes

No

N/A

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

Wall & Ceiling Plaster

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

450 CY

**Abatement Type:**

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

**Name of Registered Waste Hauler:**

Unicorn Contracting Corp.

**NJDEP Waste Hauler ID No.:**

0035844

**Cubic Yards of Waste:**

450 CY

**Name of Registered Landfill:**

Tullytown Resource Recovery Facility

**City, State:**

Tullytown, PA

**Disposal Date:**

TBD

**Completed by:**

Dimo Golcev

**Title:**

General Manager

**Signature:**

[Signature]

**Date:**

12/23/2016

* Do not use this form for asbestos licensure exempted activities.
NO CL ON HOLD

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
12/15/16

Name of Building Owner/Operator (2)
52 Van Dyke, LLC

Agency Notified

Type Notification

Name of Facility Where Abatement Is Taking Place (3)
52 Van Dyke LLC

Street Address
52-64 Van Dyke Street

City, State, Zip Code
Wallington, NJ 07057

Name of Contact
Milt Mroczek

FACILITY INFORMATION

Type of Facility (4)

Name of Abatement Contractor (9)
Super, LLC

Address
203 Belmont Ave

City, State, Zip Code
Haledon, NJ 07508

Current Use (Prior to if being demolished)

Square Feet # of Floors Bldg. Age

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

Street Address
2200 Paterson Plank Road

City, State, Zip Code
North Bergen, NJ 07047

Name of OSHA Monitor
Testor Tech

Project Manager for Monitoring Firm
Carmelo Allomonte

Telephone No.
201 864-6583

Telephone No.
201 336-0477

License No.
01196

Start Date (10)
11/10/16

Scheduled Completion Date (11)
2/25/16

Name of Registered Waste Hauler
Super, LLC

Street Address
10-59 Jackson

City, State, Zip Code
Lic NY 11101

Occuincy 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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

Is Location Normally Used Solely by Maintenance/ Custodian Staff?

Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Roof 16,000 SF & Pipes 146LF

ACM Roof 16,000 SF

Pipes 146 LF

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Landfill

Waste Management

City, State
Tullytown, PA

Completed by
Taital Dominguez

Title
Project Manager

Signature

Print Form

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

Date of Notification (1):
12/23/2016

Name of Building Owner/Operator (2):
Bob Cermak

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

Type Notification:
- Initial

Address:

Street Address:
City, State, Zip Code:
Cranford, NJ 07016

Name of Contact:
Bob Cermak

FACILITY INFORMATION

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

Street Address:

City of:
Cranford

County (6):
Union

County Code (7) [STATE USE ONLY]:
N/A

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

Start Date (10):
01/05/2017

Scheduled Completion Date (11):
01/06/2017

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):
- ≥ 25 ft or ≥ 3 ft
- ≥ 160 ft or ≥ 260 ft
- Renovation
- Demolition

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

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):
Pipe insulation

Amount (Specify SF or LF):
85 LF

Abatement Type:
Full Containment with Negative Pressure
Mint-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler:
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.:
20996

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Waste Management of PA

City, State:
Totowa, NJ

Disposal Date:
TBD

City, State of:
Tullytown, PA

Completed by:
Ned Joksimovic
Title:
PM

Signature:

Date:
12/23/2016

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

Date of Notification (1)
12/22/16

Name of Building Owner/Operator (2)
MENZI DEVELOPERS

Name of Building Owner/Operator (2)
MENZI DEVELOPERS

Date of Notification (1)
12/22/16

Name of Building Owner/Operator (2)
MENZI DEVELOPERS

Name of Building Owner/Operator (2)
MENZI DEVELOPERS

Street Address
SUMMIT, NJ

City, State, Zip Code
SUMMIT, NJ

County (6) UNION

County Code (7) (STATE USE ONLY)

County (6) UNION

County Code (7) (STATE USE ONLY)

Name of Facility Where Abatement is Taking Place (3)
SUMMIT, NJ

Type of Facility (4)

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

Square Feet 1500

# of Floors 2

City, State, Zip Code
SUMMIT, NJ

County (6) UNION

County Code (7) (STATE USE ONLY)

County (6) UNION

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No. 1200

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Start Date (10)
12/26/16

Scheduled Completion Date (11)
12/27/16

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

□ 63 sf or 63 ft
□ 160 sf or 2260 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

INTERIOR

INTERIOR

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Yes No N/A

Floor Tile

Floor Tile

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NEWARK CARTING

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 2

Name of Registered Landfill
IESI

Disposal Date 12/27/16

City, State
BETHELHEM PA

City, State
BETHELHEM PA

Completed by
JOSEPH PERLSTEIN

Title OWNER

Signature

Date

ASB-41 (R-06-09)

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