**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:120)

- **Date of Notification (1)**: December 30, 2013
- **Name of Building Owner/Operator**: Sims Metal Management

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place (3)**: New Jersey
- **Street Address**: 76-83 Roanoke Avenue
- **City (5)**: Newark, New Jersey
- **County (8)**: Essex

### Building Information

- **Name of Monitoring Firm Hired by Building Owner (8)**: AET, Inc.
- **ASCM No.**: 0021
- **Name of Abatement Contractor (9)**: The MACK Group, LLC.
- **Street Address**: 907 Doolittle Drive
- **City, State, Zip Code**: Bridgewater, NJ 08807

### Project Management

- **Project Manager for Monitoring Firm**: Eric Houseknecht
- **Telephone No.**: 610-891-0114
- **Scheduled Completion Date (11)**: 1/13/2014

### Occupancy Status

- **Facility Closed/Vacated During Entire Period of Abatement**: No
- **Abatement Performed Outside of Normal Facility Hours**: No

### Scope of Work

- **≥23 sf or ≥3 if**: No
- **≥160 sf or ≥260 if**: No
- **Renovation**: No
- **Demolition**: No
- **Full Containment with Negative Pressure**: Yes
- **Mini-Enclosure**: No
- **Glovebag Procedure**: No
- **Non-Exempted (*) and Non-Resilible Procedure**: No

### Location

- **Asbestos-Containing Material (ACM) TO BE ABATED**: 2 - 358 passenger railcars
- **ACM Insulating Liner**: TBD

### Waste Disposal

- **Name of Registered Waste Hauler**: CSX Transportation / Newark Carting
- **Hauler ID No.**: 4509
- **Cubic Yards of Waste**: TBD

### Disposal Date

- **Disposal Date**: 1/13/2014
- **City, State**: Fostoria, OH / Morristown, PA

### Signatures

- **Signature**: [Signature]
- **Date**: 12/30/13

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

**Date of Notification (1)**
12/24/13

**Name of Building Owner / Operator (2)**
Trenton Board of Education

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Name of Contact**
Everett O. Collins

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munoz Rivera Elementary School</td>
<td>School (K-12) NON SUBCHAPTER 8</td>
</tr>
<tr>
<td>400 North Montgomery Street</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
</tbody>
</table>

**City (5)**
Trenton

**County (6)**
Mercer

**County Code (7)**

**Environmental Connection**

**Street Address**
120 North Warren Street

**City, State & Zip Code**
Trenton, NJ 08608

**Total Square Feet**

**# of Floors**

**Bldg. Age**

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

**School**

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

**Telephone Number**
609-392-4200

**ASCM No.**

**Project Manager for Monitoring Firm**
Dominick Dercole

**Scheduled Start Date (10)**
12/26/13

**Scheduled Completion Date (11)**
12/31/13

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours - 7am to 3pm
- [ ] Facility Occupied During Abatement

**Describe:**

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥60 sf ≥260 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)**

**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)**

**Abatement Type**

**Name of Registered Waste Hauler**
Service Transport Inc.

**Cubic Yards of Waste**
6 Cu Yd

**Name of Registered Landfill**
Grows Landfill

**Disposal Date**
12/31/13

**City, State**
New Castle, DE

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
Project Manager

**Signature**

**Date**
12/24/13
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/27/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Republic Property Company, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>4392 Peachtree Road NE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Atlanta, Georgia 30319</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Seth Morris</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Proposed Restaurant Depot Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7)</td>
<td>Middlesex County</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Valiant Associates, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>145 Mill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-563-5374</td>
</tr>
<tr>
<td>License No.</td>
<td>01108</td>
</tr>
</tbody>
</table>

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

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

**Abatement Type**

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Black floor mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>6,200 SF</td>
</tr>
</tbody>
</table>

**Office area in DHL building**

<table>
<thead>
<tr>
<th>Office in DHL building</th>
<th>12&quot;x12&quot; White Floor Tiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>60 SF</td>
</tr>
</tbody>
</table>

**Office area in DHL building**

<table>
<thead>
<tr>
<th>Office in DHL building</th>
<th>ACM Transite Panels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>2,000 SF</td>
</tr>
</tbody>
</table>

**Southern DHL Facade**

<table>
<thead>
<tr>
<th>Northern DHL Facade</th>
<th>NJDEP Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler ID No.</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>Waynesburg, OH 44688</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Miodrag Stamenovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/14</td>
<td>LILLIAN RESNICK</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Name of Facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>LILLIAN RESNICK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>415 SO. 1ST AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MASON RESNICK</td>
</tr>
</tbody>
</table>

**Facility Information**

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

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGHLAND PARK, NJ 08904</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>415 SO. 1ST AVENUE</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Highlad Park</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
</tr>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K - 12)</td>
<td>01169</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (Private/Commercial Bldg./Homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 ft</td>
</tr>
<tr>
<td>160 sf or ≥260 ft</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment wagon/pressurized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-removable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>480 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/14/14</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ 07503</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/24/13</td>
</tr>
</tbody>
</table>

**Notes:**

- The document includes information about the notification of asbestos abatement in a building located at 415 SO. 1ST AVENUE in HIGHLAND PARK, NJ. The abatement is to be performed by D & S RESTORATION, INC., and the work is authorized for a maximum of 160 square feet or 260 square feet. The description of asbestos-containing material (ACM) is PIPE INSULATION, with an amount of 480 linear feet. The disposal date is 01/14/14, and the name of the registered landfill is TULLYTOWN, RESOURCE RECOVERY.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/2/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
</tr>
<tr>
<td>☑ DEP</td>
</tr>
<tr>
<td>☑ DOL</td>
</tr>
<tr>
<td>☑ DOH</td>
</tr>
<tr>
<td>☑ DCA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Initial</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Amendment #:</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITLOCK TONI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>181 HARRISON AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>MONTCLAIR, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITLOCK TONI</td>
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</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
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</thead>
<tbody>
<tr>
<td>Pipe Insulation PN: 80 LF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Basemtent &amp; Above Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Basemtent &amp; Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>VINYL TILE</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ DEP Hauler ID#</th>
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<tbody>
<tr>
<td>13506</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 YDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERN, NJ 07503</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/24/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment in negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Mini-enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Exempted (*) and Non-Ritable procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Glovebag procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 LFT</td>
</tr>
</tbody>
</table>

| 490 SQ FT |
**State of NJ**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/13</td>
<td>MENDY SIMONE</td>
<td>Initial</td>
<td>2202 SUNSET AVENUE</td>
<td>OCEAN (WANAMASA), NJ</td>
<td>MENDY SIMONE</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Amendment #:</th>
<th>Name of facility where abatement is taking place</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
<td>MENDY SIMONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td></td>
<td>MENDY SIMONE</td>
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</tbody>
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<tbody>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
<td>MENDY SIMONE</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:** MENDY SIMONE

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

**Square Feet:**

**No. of Floors:**

**Bldg. Age**

**Occupancy Status During Abatement:**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours:
  - Normal Hours
  - Other: Describe:

**Scope of Work:**

- >2 sf or >2 if
- Renovation
- >160 sf or >260 if
- Demolition

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>242 LF</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>TRANSITE PANEL</td>
<td>40 SQ FT</td>
</tr>
<tr>
<td>GARAGE</td>
<td>X</td>
<td>TRANSITE PANEL (LOOSE)</td>
<td>32 SQ FT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NJDEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
<td>5 YDS</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>President</td>
<td></td>
<td>12/23/2013</td>
</tr>
</tbody>
</table>

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

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

**Street Address:** 3 EAST PARK PLACE

**City, State, Zip Code:** MT. TABOR, NJ

**Name of Contact:** BARBARA MITCHELL

**Telephone Number:**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of facility where abatement is taking place (3):** BARBARA MITCHELL

**Street Address:** 3 EAST PARK PLACE

**City (5):** MT. TABOR

**County (6):** MORRIS

**County Code (7):**

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

**Name of Abatement Contractor (9):**

**Street Address:**

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

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

**License Number:** 01169

**Name of OSHA Monitor:**

**Street Address:**

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

**Start Date (10):**

**Sched. Completion Date (11):** 01-24-14

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

**Other-Describe: NORMAL HOURS**

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

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

**Yes**
**No**
**N/A**

**Location of asbestos-containing material (ACM) by maintenance/custodial staff (12):**

**Description of asbestos-containing material (ACM):** PIPE INSULATION

**Amount (S?,?,SF or LF):** 155 LF

**Registered Waste Hauler:**

D & S RESTORATION, INC.

**N.J. DEP Hauler ID#:** 153006

**Cubic Yards of Waste:** 2 YDS

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

**City, State:** TULLYTOWN, PA

**Disposal Date:** 01/08/13

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

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

ROGDAN JOLDZIC

**Title:** PRESIDENT

**Date:** 12/23/2013

[Other asbestos license exempted activities:]

[Full Containment Winetgative pressure]
[Mini-enclosure]
[Glovebag procedure]
[Non-Exempted (X) and Non-Friable procedure]

[Location of asbestos-containing material (ACM) by maintenance/custodial staff (12):]

[Description of asbestos-containing material (ACM):]

[Amount (S?,?,SF or LF):]

[Registered Waste Hauler:]

D & S RESTORATION, INC.

[N.J. DEP Hauler ID#:]

[Cubic Yards of Waste:]

[Name of Registered Landfill:]

[City, State:]

[Disposal Date:]

[Completed by (Print or Type):]

[Title:]

[Date:]
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 12/23/2013

Name of Building Owner/Operator (2) Downse Realty, LLC.
Street Address 15 Brairfield Road
City, State, Zip Code Barrington, NJ 08006
Name of Contact Chris Downse
Phone

Agencies Notified
(x) EPA
(x) DOL
(x) DOH
( ) DCA
Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Canceled
( ) Emergency Notification

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
A & P Supermarket

Street Address
110 Washington Street
City (5) Morristown
County (6) Morris
County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Briggs Associates
ASCM No. 00004

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

Sq. Feet 20,180

No. of Floors: 2

Bldg. Age 59 Years

Current Use (prior if being demolished) Supermarket

Name of Contractor (9) Superior Abatement, Inc.
Street Address
2 Henderson Drive, Ste A
City State, Zip Code West Caldwell, NJ 07006

Telephone Number (609) 298-5520
License Number 00411

Scheduled Start Date (10) 1/8/2014

Scheduled Completion Date (11) 2/21/2014

Source of Work (Check all that apply)
( ) Demolition (X) Renovation
( ) Large Proj. (>100 SF or >260 LF ACM) ( ) SM Proj. (>25<100 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure (X) Mini-Enclosure ( ) Glovebag Procedure (X) Non-triable Procedure for Asbestos Roof Removal.

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maint/Custodial Staff? (12)</th>
<th>NA</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Pit</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Pit</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor above Ceiling</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior windows</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interior window</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Door Units</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of Reg. Labor Hauler SW2117 Cubic Yards of Waste
NJDEP Waste Hauler ID #: 400 Name of Reg. Landfill
City, State New Castle, DE Minerva Landfill
Disp. Date 2/21/2014
City State 9000 Minerva Road Disposal Date
Waynesburgh OH 44688

Completed by (Print or Type) Nick Petrovski
Title President
Signature
Date 12/23/2013

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

State of New Jersey

Date of Notification (1)

12 / 27 / 13

Name of Building Owner/Operator (2)
Southern New Jersey Family Medical Centers, Inc

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

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

Street Address
1 Whitehorse Circle

City, State, Zip Code
Hammonton, NJ 08037

Name of Contact
Ms. Linda Flake

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Southern NJ Family Medical Center

Street Address
651 High Street

City (5)
Burlington

County (6)
Burlington

Square Feet
20,000

County Code (7) (STATE USE ONLY)

# of Floors
2

Current Use (Prior if being demolished)
Medical Facility

Bldg. Age
60

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

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Hwy, Suite 500

City, State, Zip Code
Exton, PA 19341

Telephone No.
609-3868800

License No.
610-755-7563

Name of OSHA Monitor
EMSL

Start Date (10)
1 / 13 / 14

Scheduled Completion Date (11)
1 / 24 / 14

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

Time of Abatement: 7:00AM-5:00PM PM - AM

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

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

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

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
Enclosure

☐ Crawlspace, main building
☐ pipe insulation/transite conduit
955 If

☐ Garage roof
☐ flashing
330 SF

☐ Garage exterior
☐ windows
2 ea

☐ Garage furnace room
☐ boiler breeching
30 If

Name of Registered Waste Hauler
ecoservices, LLC

NJDEP Waste Hauler ID No.
13012602

Cubic Yards of Waste
8

Name of Registered Landfill
Minerva Landfill

City, State
Exton, PA

Disposal Date
TBD

City, State
Waynesburg, OH

Completed By (Print or Type)
Jack Bally

Title
Sr. P.M.

Signature

Date
12/27/13

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

ASB-41
JAN 13
# Notification of Asbestos Abatement

## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/30/13</td>
<td>Verizon</td>
</tr>
</tbody>
</table>

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

### City

- **City**: East Orange NJ
- **County**: Bergen
- **Name of Monitoring Firm Hired by Building Owner**: TTI Environmental, Inc.
- **Name of Abatement Contractor**: JVN Restoration Inc
- **Project Manager for Monitoring Firm**: Harold Balwin
- **Telephone No.**: 856-840-8800
- **Date of Abatement**: 1/13/14
- **Scheduled Completion Date**: 2/24/14
- **Occupancy Status During Abatement**: 23 sf or >3 if
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**: IN Facility
- **Location Normally Used Solely by Maintenance/Custodial Staff**: Yes
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?**: Yes
- **Description of Asbestos-Containing Material (ACM)**: (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- **Amount (Specify SF or LF)**: 1,650 SF
- **Abatement Type**: Full Containment with Negative Pressure
- **Endorsement**: 

### Telephone Number

- **City, State, Zip Code**: East Orange, NJ 07017
- **Name of Contact**: Alex Baylor
- **Number of Floors**: 2
- **Bidg. Age**: 75 years
- **Square Feet**: 15000

### Certificate of Origin

- **City, State, Zip Code**: Staten Island NY 10309
- **Street Address**: 47 Foster Road
- **Name of OSHA Monitor**: Testor Tech
- **Street Address**: 10 59 Jackson Avenue
- **City, State, Zip Code**: LIC, NY 11101

### Certificate of Disposal

- **City, State, Zip Code**: Morrisville, PA
- **Disposal Date**: 2/24/14
- **Name of Registered Landfill**: G.R.O.W.S., Inc.
- **Cubic Yards of Waste**: 5

### Signature

- **Completed By**: John Tardy
- **Title**: Senior Project Manager
- **Date**: 12/30/13

*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: December 27, 2013

Name of Building Owner/Operator: William Hodgson Builders, LLC

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

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

Street Address: 414 North 3rd Street
City, State, Zip Code: Surf City, NJ 08088

Name of Contact: William Hodgson
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
- Residence
- [ ] School (k-12)
- [ ] Subchapter 8 (other than k-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

Square feet: 2000sf
# of Floors: 2
Bldg. Age: 60

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

Scope of Work (Check all that apply):
- [X] >3 sf or ≥3 if
- [X] ≥160 sf or ≥2600 sf
- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>2400 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

Exterior: X Asbestos siding

Name of Registered Waste Hauler:
Guardian Contracting, Inc.
Waste Hauler ID No.: 20223

Cubic Yards of Waste: 4

Name of Registered Landfill:
T.R.R.F.

City, State: Toms River, New Jersey
Disposal Date: 1/3/14

City, State: Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola
Title: Project Manager
Signature: [Signature]
Date: 12/27/2013

*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)**
12/27/2013

**Name of Building Owner/Operator (2)**
A to Z Site Contractors, Inc.

**Street Address**
940 Park Avenue

**City, State, Zip Code**
Lakewood, New Jersey 08701

**Name of Contact**
Irving Perlstein

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
501 Chestnut Street

**City**
Lakewood

**County (6)**
Ocean

**County Code (7)**

**Square feet**
1500 sf

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

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

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

**Street Address**
1889 Route 9, Unit 61

**City, State, Zip Code**
Toms River, New Jersey 08755-1271

**Telephone Number**

**License Number**
00624

**Name of OSHA Monitor**
E.M.S.L. Analytical

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

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

**Scope of Work (Check all that apply)**
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**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**

**Enclosure**

**Exterior**

**Asbestos siding**
1200 sf

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NIDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
T.R.R.F.

**City, State**
Toms River, New Jersey

**Disposal Date**
1/3/14

**Completed by (Print or Type)**
Nicholas Fennica

**Title**
Project Manager

**Signature**

**Date**
12/27/2013

*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: 12/27/2013

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

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

### Name of Building Owner/Operator
Slamm Canz, Inc.

### Street Address
P O Box 7091

### City, State, Zip Code
Monroe Twp., NJ 08831

### Name of Contact
Rich

### Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
Residence

### Street Address
216 Longview Drive

### City
Bayville

### County
Ocean

### County Code (STATE USE ONLY)

### Square feet
1200 sf

### # of Floors
1

### Bldg. Age
60

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

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

### ASCM No.

### Name of Abatement Contractor
Guardian Contracting, Inc.

### Street Address
1889 Route 9, Unit 61

### City, State, Zip Code
Toms River, New Jersey 08755-1271

### License Number
00624

### Name of OSHA Monitor
E.M.S.L. Analytical

### Street Address
1056 Seltum Road

### City, State, Zip Code
Piscataway, New Jersey 08854

### Project Manager for Monitoring Firm

### Telephone Number

### Scheduled Start Date
12/27/13

### Scheduled Completion Date
12/31/13

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

### Scope of Work
- [X] >3 sf or ≥1 l
- [X] ≥160 sf or ≥260 l
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

### TO BE ABATED

#### in facility

- Exterior

#### (13)

- [ ] NO
- [X] YES
- [ ] N/A

#### Asbestos siding

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

### Amount (Specify SF or LF)
1100 sf

### Abatement Type
- [X] REMOVAL
- [ ] REPAIR
- [ ] ENCAPSULE
- [ ] ENCLOSURE

### Name of Registered Waste Hauler
Guardian Contracting, Inc.

### NJDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
3

### Name of Registered Landfill
T.R.R.F.

### City, State
Toms River, New Jersey

### Disposal Date
1/2/14

### City, State
Tullytown, Pennsylvania

### Completed by (Print or Type)
Nicholas Fernicola

### Title
Project Manager

### Signature

### Date
12/27/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/26/13</td>
<td>John P Dunphy Private Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>John</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 east Texas</td>
<td>Long Beach Township NJ 08008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>John P Dunphy Private Home</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>2 east Texas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Ocean</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Ocean</td>
<td>Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/13</td>
<td>1/10/13</td>
<td>Same</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ ≥33 sf or ≥35 ft</td>
</tr>
<tr>
<td>❑ ≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>❑ Renovation</td>
</tr>
<tr>
<td>❑ Demolition</td>
</tr>
<tr>
<td>❑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>❑ Mini-Enclosure</td>
</tr>
<tr>
<td>❑ Glovebag Procedure</td>
</tr>
<tr>
<td>❑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 SF</td>
<td>Exterior Siding</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>22459</td>
<td>3</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elm NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/13</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>12/26/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:129)

**Date of Notification (1)**
12/26/13

**Name of Building Owner/Operator (2)**
Robert Rejent Private Home

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

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

**Street Address**
53 Budd Drive

**City, State, Zip Code**
Manahawkin NJ 08050

**Name of Contact**
Robert

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
Robert Rejent Private Home

**Street Address**
53 Budd Drive

**Square Feet**
1000+

**City (5)**
Manahawkin

**County (6)**
Ocean

**Bldg. Age**
35+

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

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

**ASCM No.**

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

**Street Address**
P.O. Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**
00727

**Start Date (10)**
12/27/13

**Scheduled Completion Date (11)**
12/30/13

**Name of OSHA Monitor**
Same

**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)**
- [ ] 203 sf or 230 ft
- [X] 2160 sf or 2260 ft
- [X] Renovation
- [ ] Demolition

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

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

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)**
- [X] Exterior Siding 1200 SF

**Amount (Specify SF or LF)**

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

**Name of Registered Waste Hauler**

**United Containers**

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
12/30/13

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
12/26/13

*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 / 27 / 13

Name of Building Owner/Operator (2)
Eric Zuria

Agencies Notified
☑ EPA
☑ DOLWD
☐ DHSS
☐ DCA

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

Street Address
15 Broad Terrace

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Charles Holmes

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
15 Broad Terrace

City (4)
Bloomfield (5)

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No.
01127

Start Date (10)
12 / 28 / 13

Scheduled Completion Date (11)
12 / 29 / 13

Name of OSHA Monitor
Envirospection Consultants, Inc

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

Name of Registered Waste Hauler

NDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F., Inc

City, State
Wayne, NJ 07470

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jovetic

Title
Owner

Signature
Date
12/27/2013

* 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)  
12/26/13

Name of Building Owner/Operator (2)  
Tom McArdle  Private Home

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

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

Street Address  
2307 Central Ave

City, State, Zip Code  
Ship Bottom NJ 08008

Name of Contact  
Tom

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Tom McArdle  Private Home

Street Address  
2307 Central Ave

City (5)  
Ship Bottom NJ 08008

County (6)  
Ocean

County Code (7)  
(State Use Only)  
_____  

Square Feet  
1000+

# of Floors  
1

Bldg. Age  
35+

Current Use (Prior to being demolished)  
Home

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

ASCM No.  
Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

License No.  
000727

Start Date (10)  
1/6/13

Scheduled Completion Date (11)  
1/10/13

Name of OSHA Monitor  
Same

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)  
- ≥3 sf or ≥3 ft  
- ≥193 sf or ≥290 ft

- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Fnable 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)  
1500 SF

Abatement Type  

Endorsement

Exterior Siding  

Exterior Siding

Name of Registered Waste Hauler

United Containers  

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

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

City, State  
Elm NJ

Disposal Date  
1/10/13

City, State  
Morristsville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature  

Date  
12/26/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:69 and 12:120)

Date of Notification (1)
12/26/13

Name of Building Owner/Operator (2)
Samuel D Williams Jr. Private Home

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

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

Street Address
19 West 13th Street
City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
Samuel
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Samuel D Williams Jr. Private Home

Street Address
19 West 13th Street
City (5)
North Beach Haven NJ 08008
County (6)
Ocean
County Code (7) (STATE USE ONLY) [ ]

Square Feet
1000+
Bldg. Age
35+
Current Use (Prior if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (8)
Pernaco Inc.

Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
Name of OSHA Monitor
Same

License No.
00727

Start Date (10)
1/6/14
Scheduled Completion Date (11)
1/10/14

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 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Yes
- No
- N/A

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

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

In Facility

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

Endorsement

Removal
Repair

Completed by
Anthony T Perna
Title
President

Signature
Date
12/26/13

Name of Registered Waste Hauler
United Containers
NJ/DEP Waste Hauler ID No. 22459

Cubic Yards of Waste
3
Name of Registered Landfill
G.R.O.W.S.

City, State
Elm NJ

Disposal Date
1/10/14
City, State
Morrismville PA 19067

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification:** 12-27-13

**Name of Building Owner/Operator:** Rebecca Davis

**Street Address:** 15 Crescent Drive

**City, State, Zip Code:** Morristown, NJ, 07950

**Name of Contact:** Rebecca Davis

---

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

**City:** N/A

**County:** Essex

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

---

**Name of Monitoring Firm hired by Building Owner:**

**ASCN No.:** N/A

**Street Address:**

**City, State, Zip Code:**

---

**Project Manager for Monitoring Firm:**

**Telephone Number:** N/A

---

**Scheduled Start Date (10):** 1-7-14

**Sched. Completion Date (11):** 1-8-14

**Month:** N/A

**Day:** N/A

**Year:** N/A

---

**Occupancy Status During Abatement (Check only one):**

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

---

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

- [X] Asbestos-containing Material (ACM)
- [ ] Duct Insulation

---

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

**Location Normally Used:**

**Soldily by Maintenance/Custodial Staff:**

**Yes:** X

**No:** N/A

**N/A:**

---

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

(i.e., thermal systems insulation, surfacing, etc.)

**Amount:** 145 SF

**Abatement Type:** X

---

**Name of Registered Waste Hauler:**

**AZTECH MANAGEMENT, INC.**

**NJDEP Waste Hauler ID No.:** 17040

**Cubic Yards of Waste:** 2.0

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

**City, State:** Montclair, NJ 07042

**Disposal Date:** 1-10-14

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

**Completed By:** (Print or Type)

**Title:** Constantine Vivian

**Signature:**

**Date:** 12-27-13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Check # 9303

Date of Notification (1)  
December 27, 2013

Name of Building Owner / Operator (2)  
Lord & Taylor

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

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #_  
☐ Cancellation

Street Address  
424 6th Avenue

City, State & Zip Code  
New York, NY 10018

Name of Contact  
Jeremy Munck

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Lord & Taylor @ The Fashion Center

Street Address  
34 East Ridgewood Avenue

City (5)  
Paramus

County (6)  
Bergen  
County Code (7)  
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)  
Advanced Environmental Corp.

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

Square Feet  
155,717

# of Floors  
3

Bldg. Age  
47

Current Use (Prior if being demolished)  
Retail

Name of Abatement Contractor (9)  
Synatech, Inc.

Street Address  
829 Radio Road

City, State & Zip Code  
Little Egg Harbor, NJ 08087

Telephone Number  
212-545-1855

License Number  
00817

Name of USAT/RA Monitor  
Synatech, Inc.

Street Address  
829 Radio Road

City, State & Zip Code  
Little Egg Harbor, NJ 08087

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

☒ Abatement Performed Outside of Normal Hours

☐ Other - Describe:

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥ 50 lf

☐ ≥160 sf or ≥260 lf

☐ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure  
☐ Glovebag Procedure

☐ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
IN Facility (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)  
Pipe Fittings/Insulation

Amount (Specify SF or LF)  
40 LF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate

Endorse

HVAC Room  
X  
Pipe Fittings/Insulation  
40 LF

Name of Registered Waste Hauler  
Synatech, Inc.

NJDEP Waste Hauler ID No.  
27429

Cubic Yards of Waste  
1

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

City, State  
Morrisville, PA

Disposal Date  
January 7, 2014

Completed By  
Diane Aloia

Title  
Executive Administrator

Signature  

Date  
December 27, 2013

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 3rd, 2013

Agencies Notified Type Notification

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

Name of Building Owner/Operator (2) RBH GROUP
Street Address
89 Market Street, 8th Floor
City, State, Zip Code
Newark, New Jersey 07102

Name of Contact Michael McAleer
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RBH GROUP
Street Address
101 Market Street
City (5)
Newark,
County (6)
Essex
County Code (7) [STATE USE ONLY] 
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Tiger Environmental
Street Address
16 W. Elizabeth Ave.
City, State, Zip Code
Linden, New Jersey 08724-1731

Project Manager for Monitoring Firm
Telephone No.
908-682-4301

License No.
00724

Start Date (10) December 3rd, 2013
Scheduled Completion Date (11) February 28, 2013
Name of Abatement Contractor (9) Slavco Construction Inc.
Street Address
164 Getty Ave.
City, State, Zip Code
Clifton, New Jersey 07011-1802

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: Friday-Monday 7:00am-3:30pm

Name of OSHA Monitor
Slavco Construction Inc.
Street Address
164 Getty Ave.
City, State, Zip Code
Clifton, New Jersey 07011-1802

Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 if
- [ ] 160 sf or 260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Enclosed (*) and Non-Friable Procedure

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

In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>First Floor</td>
<td>No</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
<td>Removal x</td>
</tr>
<tr>
<td>First Floor</td>
<td>Yes</td>
<td>Plaster Walls</td>
<td>384SF</td>
<td>Repair x</td>
</tr>
<tr>
<td>First Floor</td>
<td>Yes</td>
<td>Flooring</td>
<td>300SF</td>
<td>Encapsulate x</td>
</tr>
<tr>
<td>Second Floor</td>
<td>Yes</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Slavco Construction Inc.
NJDEP Waste Hauler ID No.
168508
Cubic Yards of Waste
TBD
Name of Registered Landfill
G.R.O.W.S Landfill
Disposal Date
TBD
City, State
Clifton, New Jersey 07011-1802
City, State
Morristown, Pa
Completed by
Vivian D. Jurcevic
Title
Office Manager
Signature
Date December 3rd, 2013

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

CONTINUATION SHEET

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance /Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Floor</td>
<td>Yes</td>
<td>x</td>
<td>Plaster Wall</td>
</tr>
<tr>
<td>Second Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
</tr>
<tr>
<td>Third Floor</td>
<td>x</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
</tr>
<tr>
<td>Third Floor</td>
<td>x</td>
<td>Plaster Walls</td>
<td>490SF</td>
</tr>
<tr>
<td>Third Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
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<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Plaster Walls</td>
<td>490SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:189)

Name of Building Owner/Operator (2)
RBH GROUP

Street Address
89 Market Street, 8th Floor

City, State, Zip Code
Newark, New Jersey 07102

Name of Contact
Michael McGee

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RBH GROUP

Street Address
101 Market Street

City (6)
Newark,

County (8)
Essex

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

Street Address
16 W. Elizabeth Ave.

City, State, Zip Code
Linden, New Jersey 07036-1731

Project Manager for Monitoring Firm

Telephone No.
908-882-4631

License No.
06724

Type of Facility (4)
School (K-12), Subchapter 8, Other (e.g., office, commercial buildings, homes, etc.)

Square Feet
10,000

# of Floors
4

Current Use (Prior to being demolished)
Vacant Commercial Building

Name of Abatement Contractor (8)
Slavco Construction Inc.

Street Address
164 Gatty Ave.

City, State, Zip Code
Clifton, New Jersey 07011-1802

Name of OSHA Monitor
Slavco Construction Inc.

Street Address
164 Gatty Ave.

City, State, Zip Code
Clifton, New Jersey 07011-1802

Sample Completion Date (11)
February 28, 2013

Name of Registered Waste Handler
Slavco Construction Inc.

NUDEP Waste Handler ID No.
18858

Disposal Date
TBD

City, State
Clifton, New Jersey 07011-1802

N/A

Abatement Type

A

Abatement of Asbestos-Containing Material (ACM)

First Floor
Yes
Plaster Ceiling
300SF

First Floor
x
Plaster Walls
384SF

First Floor
Flooring
500SF

Second Floor
x
Plaster Ceiling
300SF

Location of Asbestos-Containing Material (ACM)

(to be abated in facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (13)

Location
First Floor
First Floor
First Floor
Second Floor

Description of Asbestos-Containing Material (ACM)

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

Amount
300SF
384SF
500SF
300SF

Full Compliment with Negative Pressure
Mini-Enclosure
Glueless Procedure
Non-Exempted (*) and Non-Friabile Procedure

Note: This form is not to be used for asbestos license exempted activities.

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

Date of Notification: December 24, 2013
Name of Building Owner / Operator: Caldwell Board of Education

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

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

Street Address:
104 Gray Street
City, State & Zip Code:
West Caldwell, NJ 07006

Name of Contact:
Frank Ennis

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Grover Cleveland Middle School
Street Address:
36 Academy Road
City:
Caldwell
County:
Essex

Name of Monitoring Firm Hired by Building Owner:
Hillman Consulting
Street Address:
1600 Route 22 East, Ste. 107
City, State & Zip Code:
Union, NJ 07083

Project Manager for Monitoring Firm:
Brian Nemetz
TelephoneNumber:
908-686-2636

Scheduled Start Date:
December 27, 2013
Scheduled Completion Date:
December 31, 2013

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

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:

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Normally Used Solely by Maintenance or 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>106</td>
<td>X</td>
<td>Floor Tile</td>
<td>700 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Synatech, Inc.

Name of Registered Landfill:

City, State:
Little Egg Harbor, NJ 08087

Disposal Date:
January 3, 2014
City, State:
Morrisville, PA

Completed By:
Diane Aloia
Title:
Exec. Administrator
Signature:
Date:
December 24, 2013

*Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACAM) TO BE ABATED in Facility (13)</th>
<th>In Location Normally Used Solely by Maintenance Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACMs) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Square Feet or Linear Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Floor</td>
<td>x</td>
<td>Plaster Wall</td>
<td>240SF</td>
</tr>
<tr>
<td>Second Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
</tr>
<tr>
<td>Third Floor</td>
<td>x</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
</tr>
<tr>
<td>Third Floor</td>
<td>x</td>
<td>Plaster Walls</td>
<td>400SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Plaster Ceiling</td>
<td>300SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Plaster Walls</td>
<td>400SF</td>
</tr>
<tr>
<td>Fourth Floor</td>
<td>x</td>
<td>Flooring</td>
<td>300SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12-26-13

Name of Building Owner/Operator (2)
Canoe Brook Country Club

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

Street Address
1108 Morris Turnpike
City, State, Zip Code
Summit, NJ 07901

Name of Contact
Albert Constantini

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Canoe Brook Country Club
Street Address
1108 Morris Turnpike
City (5)
Summit
County (6)
Essex

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

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm
Telephone No.
Name of OSHA Monitor

License No. 703

Start Date (10) Scheduled Completion Date (11)
1/2/14 3/1/14

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)
□ 25sf or 25 if
□ 2180 sf or 2260 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
plaster wall material
Amount (Specify SF or LF) 300 SF

Abatement Type
Repair
Endorse
Encapsulate

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No. 15939
Cubic Yards of Waste 10
Name of Registered Landfill
GROWS
Disposal Date TBD
City, State Morrisville, NJ

Completed by
Andrew Scott Higgins
Title President
Signature

Date 1-26-13

* 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)** 12-26-13
**Name of Building Owner/Operator (2)** Canoe Brook Country Club

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>1108 Morris Turnpike</td>
<td>Summit, NJ 07901</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**
Canoe Brook Country Club

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ASCM</td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1108 Morris Turnpike</td>
<td></td>
</tr>
<tr>
<td>Summit, NJ 07901</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>15939</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Subchapter 6 (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Current Use (Prior if being demolished)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/14</td>
<td>3/1/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Refrigeration and Wiring</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Yes No N/A</td>
<td>pipe fitting</td>
<td>15 LF</td>
<td></td>
</tr>
<tr>
<td>basement storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attic over kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attic over dining room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dining room ceiling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Yes No N/A</td>
<td>pipe insulation &amp; debris</td>
<td>160 LF</td>
<td></td>
</tr>
<tr>
<td>dining room ceiling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>plaster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>10</td>
<td>TBD</td>
<td>Morrisville, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
</tr>
</tbody>
</table>

**Note:** 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/26/13</td>
<td>Marti Realty</td>
</tr>
</tbody>
</table>

<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>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>222 Grand Avenue</td>
<td>Englewood, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Schmidt, Jr.</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1070 Main Street</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>River Edge</td>
<td>Bergen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>703</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/14/14</td>
<td>2/4/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Other – Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ 23 sf or ≥23 ft</td>
</tr>
<tr>
<td>≥150 sf or ≥260 sf</td>
</tr>
<tr>
<td>✗ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes      No      N/A</td>
</tr>
<tr>
<td>floor tile &amp; mastic (2 layers)</td>
</tr>
<tr>
<td>2400 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>15939</td>
<td>10</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Morrisville, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
<td>12/26/13</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 8:50 and 12:120)

Date of Notification (1)
12/27/13  Ck:2956  $200

Name of Building Owner/Operator (2)
Infante Associates, Inc.

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

Street Address
9 Robinson Lane

City, State, Zip Code
Ridgewood, New Jersey 07450

Name of Contact
Mark Infante

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toyota Building

Street Address
1096 Route 17 North

City (6)
Ramsey, New Jersey 07446

County Code (7)
Bergen

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

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

Square Feet
10,000

# of Floors
2

Bldg. Age
55+

Car Dealership

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
J&S Environmental

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Start Date (10)
01/06/14

Scheduled Completion Date (11)
01/20/14

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)
☐ 250 sq ft or 250 ft
☒ 23 ft of 23 ft
☐ 150 sq ft of 1500 ft

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

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

Location
Roof

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

Amount (Specify SF or LF)
420 SF

Abatement Type

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

Name of Registered Waste Hauler
Lilich Corporation

Hauler ID No. 18724

Cubic Yards of Waste
10

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
01/24/14

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President

Signature

Date
12/27/13

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

Date of Notification (1) 27 / 13

Name of Building Owner/Operator (2)
499 Lincoln Park Care Center LLC

Agencies Notified
☑ EPA
☑ DOHWS
☑ DOLWD
☑ DHSS
☐ DCA
(NJAC 8:23-8)

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

Street Address
499 Pine Brook Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of Contact
Ari Rosenberg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Nursing home

Street Address
521 Pine Brook Road, Renaissance Bldg.

City (5)
Lincoln Park, NJ 07035

County Code (7) (STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

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)

MORRIS

Name of Monitoring Firm Hired by Building Owner (8)
Envirospection Consultants, Inc

ASCM No. 00079

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
20-21 Wagaw Road, Bldg. #35 E

City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Envirospection Consultants, Inc

Street Address
20-21 Wagaw Road, Bldg. #34 A

City, State, Zip Code
Fair Lawn, NJ 07410

License No.
01127

Name of Monitoring Firm (10)
Guillermo Morales 973-636-9145

Telephone No.

Project Manager for Monitoring Firm
Guillermo Morales

Telephone Number

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

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

IN FACILITY

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 SIF or LF)

Abatement Type

Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Removable Procedure

☐ Repair
☐ Removal
☐ Encapsulate

☐ Complete
☐ Partial

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

IN FACILITY

Corridors-first floor
☐ ☐ ☒ Elbows insulation
200 each

☐ ☐ ☐ Elbows insulation
30 each

☐ ☐ ☒ Elbows insulation
3 each

☐ ☐ ☒ Elbows insulation

☐ ☐ ☐ Elbows insulation

Name of Registered Waste Hauler
Gr Tech LLC

T.R.R.F. Inc

Cubic Yards of Waste
TBD

Name of Registered Landfill
Wayne, NJ 07470

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
12/27/2013

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