## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60-11 and 8:60-12)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type of Facility</th>
<th>Name of Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Initial</td>
<td>01/29/2018</td>
<td>Suburban Terrace Condo Association</td>
<td>School (K-12)</td>
<td>Lilloh Corporation</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (Including Justification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Apartment # 13
- **Street Address:** 485 E Colonial Terrace
- **City, State, Zip Code:** Hackensack, NJ 07504
- **Name of Contact:** Hector Ferrer
- **Telephone No.:** 201-852-1119
- **Type of Facility:** School (K-12)
- **Current Use (Prior to being demolted):** Apartment

### Monitoring Firm

- **Name of Monitoring Firm:** Environmental Monitoring Group
- **Address:** 555 South Broad Street, Glen Rock, NJ 07452
- **Telephone No.:** 973-285-8400

### Project Manager/Monitoring Firm

- **Name:** Lauren Aden
- **Date:** 01/29/2018
- **Scheduled Completion Date:** 01/30/2018

### Occupancy Status During Abatement

- **Facility Closed/Moved During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No
- **End Date:** 02/22/2018

### Scope of Work

- **Asbestos-Containing Material (ACM) TO BE REMOVED IN FACILITY:** Ground floor, pipe insulation
- **Amount (Specify SF or LF):** 30 LF

### Abatement Type

- **Type:** Full Containment with Negative Pressure
- **Procedure:** Manual, Mechanical, Vacuum

### Asbestos-Hauler

- **Name of Asbestos-Hauler:** Lilloh Corporation
- **Hauler ID No.:** 18724
- **City, State:** Woodland Park, NJ

### Disposal Site

- **Name of Registered Landfill:** GROWS Landfill
- **City, State:** Morrisville, PA

### Title, Signature, and Date

- **Title:** Vice President
- **Signature:**
- **Date:** 01/18/2018

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

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 26 / 15</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ EPA</td>
<td>❑ Initial</td>
<td>200 Elm Dr.</td>
</tr>
<tr>
<td>❑ DOLWD</td>
<td>❑ Amended</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>❑ DHSS</td>
<td>❑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>❑ DCA (NJAC 5:23-8)</td>
<td>❑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Firestone Library</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCER</td>
<td>Library</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>005/9</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</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 if</td>
</tr>
<tr>
<td>❑ ≥ 150 sf or ≥ 250 if</td>
</tr>
<tr>
<td>❑ Renovation</td>
</tr>
<tr>
<td>❑ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Levels C, B and A</td>
</tr>
<tr>
<td>Level C North Atrium</td>
</tr>
<tr>
<td>Level A offices</td>
</tr>
<tr>
<td>Ext. Trustees Reading Room</td>
</tr>
</tbody>
</table>

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

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, | Amount |
| surfing, VAT, or other miscellaneous)                                               |
|                                                                                     |
| Floor tile and mastic                                                              | 2,035 SF |
| Windows                                                                             | 14 a     |
| Windows                                                                             | 20 a     |
| Waterproofing                                                                      | 1300 SF  |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scaffro</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Scibilia/1/12</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>NEW CASTLE, DE</td>
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</table>

* Do not use this form for asbestos licensure exempted activities.
Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial Notification</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Amended #</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency notification (including justification)</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Cancelled</td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Peters Episcopal Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 Maple Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (State Use Only)</th>
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<tbody>
<tr>
<td>Morristown</td>
<td>Morris</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
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<tbody>
<tr>
<td>BL Contracting Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Marquette Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Towaco 07082</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>973-901-0183</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
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<tbody>
<tr>
<td>01/29/2016</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2016</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>BL Contracting Inc</td>
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</table>

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<thead>
<tr>
<th>City State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Towaco, NJ 07082</td>
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</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 ft</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maint./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 misc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>63 sf</td>
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<table>
<thead>
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<th>Abatement Type</th>
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<tbody>
<tr>
<td>Remove Repair Encap Enclose</td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Waste Management of Pennsylvania</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID #</th>
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<tbody>
<tr>
<td>52604</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nedo Vasile</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/28/2016</td>
</tr>
</tbody>
</table>
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1/28/16

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

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

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

Street Address
101 Eggerts Crossing Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
William McBride

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hammonton Armory

Street Address
550 S. Egg Harbor Road

City (5)
Hammonton, NJ 08037

County (6)
Atlantic

County Code (7) (STATE USE ONLY)
ASCM No. 0003

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

Street Address
1253 N. Church St.

City, State, Zip Code
Moorustown, NJ 08057

Project Manager for Monitoring Firm
Mike Stocku

Telephone Number
856-985-8800

Scheduled Start Date (10) 2/8/16
Sched. Completion Date (11) 2/19/16

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

Scope of Work (Check all that apply)
[ ] Demolition
[ ] 3 sf or ≥3 If
[X] ≥160 sf or ≥260 If

[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini – Enclosure
[ ] Gluebag Procedure
[ ] Non – Friable Procedure

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

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

Office
VAT

Amount (Specify SF or LF) 1000 SF x

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04762

Cubic Yards Of Waste 3

Name of Registered Landfill
Minerva Landfill

Disposal Date 2/23/16

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature

Date 1/28/16

ASB-41 JUN 95
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner / Operator</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
<td>Jennifer Zambrano</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Amended Notification</td>
<td></td>
<td></td>
<td>Fairhaven, NJ 07704</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Cancellation</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>School (K-12)</td>
<td>2,800</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
<td>00714</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours:
  - **X** Area Isolated During Abatement
  - Other - Describe:
    - 

**Scope of Work**

- Check all that apply:
  - Demolition
  - Renovation
  - Large Project
  - X Quantity is ≥ 3 SF or ≥ 3 LF ACM
  - Quantity is ≥ 160 SF or ≥ 250 LF ACM
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - X Glovebag Procedure
  - Other:
    - 

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

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Removal</td>
</tr>
<tr>
<td>TSI Pipe Fittings</td>
<td>30 L</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Carting</td>
<td>18693</td>
<td>3</td>
<td>Tullytown, Pa</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Dominick Tringali</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pres.</td>
<td>1/28/16</td>
</tr>
</tbody>
</table>

**Signature**

Dominick Tringali
# Notification of Asbestos Abatement

**Date of Notification:** January 28, 2016

**Name of Building Owner/Operator:** Benjamin H. Realty Corp.

**Street Address:** 7 Glenwood Avenue, Suite 308

**City, State, Zip Code:** East Orange, NJ 07017

**Name of Contact:** Benjamin Herbst

## Facility Information

- **Type of Facility:**
  - [ ] School (1-12)
  - [ ] Subchapter 8 (less than k-12)
  - [ ] Other (e.g., private non-commercial buildings, homes, etc.)

- **Square feet:** 6,000 sf
- **# of Floors:** 80
- **Bldg. Age:**

- **Name of Monitoring Firm Hired by Building Owner:** Guardian Contracting, Inc.
- **ASCM No.:**

- **Street Address:** 1889 Route 9, Unit 61
- **City, State, Zip Code:** Toms River, NJ 08755

- **Name of Abatement Contractor:** Guardian Contracting, Inc.
- **Street Address:** 1889 Route 9, Unit 61
- **City, State, Zip Code:** Toms River, NJ 08755

## Scope of Work

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

- **Location of Asbestos-Containing Material (ACM) to Be Abated:**
  - [X] >3 sf or ≥1 sf
  - [X] ≥160 sf or ≥260 sf

- **Renovation**
- **Demolition**

- **Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff:**
  - [YES] No
  - [X] N/A

- **Description of Asbestos-Containing Material (ACM):**
  - (i.e., thermal systems insulation, surfacing, etc.)

- **Amount (Specify SF or L):**
  - Pipe insulation: 500 ft²
  - Boiler breeching: 50 ft
  - Duct insulation: 35 ft

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

- **Disposal Date:**

- **City, State:** Toms River, New Jersey
- **Tallytown, Pennsylvania**

- **Completed by (Print or Type):**
  - Nicholas Fernicola

- **Title:** Project Manager

- **Date:** 1/28/2016

---

*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)
1-29-2016

Name of Building Owner/Operator (2)
Eglentowicz Wrecking, LLC

Name of Contact
Gerald Eglentowicz

FACILITY INFORMATION

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

Street Address
977-979 Broadway

City (6)
Bayonne, NJ 07002

County Code (7) (STATE USE ONLY)
Hudson

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

Square Feet
10000

Current Use (Prior to being demolished)
70+

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

Name of Abatement Contractor (9)
Green Environmental Service , LLC

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855

License No.
011 4

Start Date (10)
2-8-2016

Scheduled Completion Date (11)
2-13-2016

Name of OSHA Monitor
Same as above

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

Is Location Normally Used Solely by Maintenance/Custodial 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

Endorse
Reclaim
Illegal
Endorse

Location

Name of Registered Waste Hauler
Green Environmental Services

NJ/DEP Waste Hauler ID No.
00343889

Cubic Yards of Waste
30

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

City, State
Jersey City, NJ

Disposal Date
2-15-2016

City, State, Zip Code
Morrisville, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
1-29-2016

* Do not use this form for asbestos line non-exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

### Date of Notification (1)
01-28-16

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

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

### Name of Building Owner/Operator (2)
Caravella Demolition

### Street Address
40 Deforest Ave.

### City, State, Zip Code
East Hanover, NJ 07936

### Name of Contact
Tom Bandelt

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
[Redacted]

#### City (5)
Wayne

#### County (6)
Bergen

#### County Code (7)
State Use Only

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

### Square Feet

### # of Floors

### Bldg. Age

### Current Use (Prior if being demolished)

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

### ASCM No.

### Name of Abatement Contractor (9)
Delma Contracting LLC

### Street Address
522 7th St.

### City, State, Zip Code
Union City NJ 07087

### Telephone No.

### License No.
201 216-9603
01216

### Project Manager for Monitoring Firm

### Start Date (10)
02-09-16

### Scheduled Completion Date (11)
02-10-16

### 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)
- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Nor Friable Procedure

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

#### In Facility (13)

#### Location
- [ ] Yes
- [ ] No
- [ ] N/A

#### Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

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

#### Amount (Specify SF or LT)

#### Abatement Type
- [ ] Removal
- [ ] Encapsulation
- [ ] Endorsement

### Name of Registered Waste Hauler
Delma Contracting LLC

### NJDEP Waste Hauler ID No.
35240

### Cubic Yards of Waste

### Name of Registered Landfill
Tullytown Resource Recovery Facility

### City, State
Union City, NJ

### Disposal Date
02-15-16

### City, State
Tullytown, PA

### Completed by
Jaime Delgado

### Title
Proj. Manager.

### Signature

### Date
01-28-16

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1):
01-28-16

Name of Building Owner/Operator (2):
Caravella Demolition

**FACILITY INFORMATION**

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

Street Address:
40 Deforest Ave.

City, State, Zip Code:
East Hanover, NJ 07936

Name of Contact:
Tom Bandelt

FACILITY INFORMATION

Private Residence

Square Feet:

Type of Facility (4):

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

Current Use (Prior if being demolished):

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

Scope of Work (Check All That Apply):
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>In Facility</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 (Specified SF or LFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Siding</td>
<td>1200</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Della Contracting LLC.

NJDEP Waste Hauler ID No.:
35240

Cubic Yards of Waste:
5

Name of Registered Landfill:
Tullytown Resource Recovery Facility

City, State:
Union City, NJ

Completed by:
Jaime Delgado

Title:
Proj. Manager.

Signature:

Date:
01-28-16

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

**Date of Notification (1)**
01-28-16

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Mahwah, NJ 07430

**Name of Contact**
[Redacted]

**Telephone Number**
[Redacted]

**AGENCIES NOTIFIED**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Mahwah

**County (6)**
Bergen

**County Code (7)**
[Redacted]

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

**ASCM No.**
[Redacted]

**Name of Abatement Contractor (9)**
Delfa Contracting LLC.

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**Start Date (10)**
02-08-16

**Scheduled Completion Date (11)**
02-09-16

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

**Square Feet**
[Redacted]

**# of Floor**
[Redacted]

**Bldg. Age**
[Redacted]

**Current Use (Prior if being demolished)**
[Redacted]

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

**Telephone No.**
201 216-9003

**License No.**
01216

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

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Name of Registered Waste Hauler**
Delfa Contracting LLC.

**NJ/DEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
02-11-16

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado
Title
Proj. Manager.

**Signature**
[Signature]

**Date**
01-28-16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

---

**Date of Notification (1)**
01-28-16

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

---

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

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

**Street Address**
40 Deforest Ave.

**City, State, Zip Code**
East Hanover, NJ 07936

---

**Name of Contact**
Tom Bandelt

**Telephone Number**

---

**FACILITY INFORMATION**

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

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

**Square Feet**

**# of Floor**

**Bldg. Age**

**County Code (7)**
(BERGEN)

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

---

**Name of Monitoring Firm Hired by Building Owner (5)**
N/A

**ASCM No.**

**Name of Abatement Contractor (9)**
Della Contracting LLC.

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**
012 16

**Start Date (10)**
02-09-16

**Scheduled Completion Date (11)**
02-10-16

**Name of OSHA Monitor**
Della Contracting LLC

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**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

---

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

**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)
Transite Boards

**Amour (Special SF or L)**
620 S:

**Abatement Type**

---

**Name of Registered Waste Hauler**
Della Contracting LLC.

**NJ/DEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
02-15-16

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
01-28-16

---

*Do not use this form for asbestos related activities.*

---

ASB-41 (R-06-08)
### 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>January 29, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Zarrilli Homes</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type of Notification</td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>[ ] Amendment</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[X] Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>186 Mantoloking Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brick, New Jersey 08723</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rich Zarrilli</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>28813</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>Brick</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>[ ] Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>[ ] ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>N/A</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>2/1/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/2/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[X] 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>[ ] &gt;3 sf or ≥1 ft</td>
</tr>
<tr>
<td>[X] ≥160 sf or ≥2400 ft</td>
<td></td>
</tr>
<tr>
<td>[X] Demolition</td>
<td></td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>[X] Non-Exempted (*) and Not Failable Procedure</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>[ ] School</td>
</tr>
<tr>
<td>[ ] Subcha. for Other Than 12</td>
<td></td>
</tr>
<tr>
<td>[X] Other (i.e., a mobile &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square feet</td>
<td>1200 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>80</td>
</tr>
<tr>
<td>Current Use (Prior to being decided)</td>
<td>Residence</td>
</tr>
<tr>
<td>License Number</td>
<td>0624</td>
</tr>
<tr>
<td>Name of GSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

| Category | N/A |
| Location Normally used | Exterior X |
| Is Location | Asbestos siding |
| Description of Asbestos-Containing Material (ACM) | 325 sf |
| Abatement Type | X |

| 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 | 2/3/16 |
| Completed by (Print or Type) | Nicholas Fornicola |
| Title | Project Manager |
| Signature | [Signature] |
| Date | 1/29/2016 |

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

Date of Notification (1) | January 29, 2016

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

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

Name of Building Owner/Operator (2)
Gary Allen, LLC

Street Address
P.O. Box 813

City, State, Zip Code
Red Bank, NJ 07701

Name of Contact
Gary Casazza

Telephone

FACILITY INFORMATION

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

Street Address

City
Rumson

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
1/29/16

Scheduled Completion Date (11)
2/16/16

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

Scope of Work (Check all that apply)
- [X] >3 sf or >3 ft
- [ ] 160 sf or >260 ft
- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Remote Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED (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 (Specified SF or L)

Abatement Type

X

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
2/2/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
1/29/2016

*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)**
January 29, 2016

**Name of Building Owner/Operator (2)**
Jacobs Demolition & Carting

**Street Address**
P O Box 9

**City, State, Zip Code**
Manasquan, NJ 08736

**Name of Contact**
Linda

**Telephone Number**

---

### FACILITY INFORMATION

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

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

- **Square Feet (5)**
  - 1500 sf

- **Building Age (6)**
  - 60

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

- **ASCM No.**

- **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**
  - 732-349-9932

- **License Number**
  - 0624

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

- **Street Address**
  - 1056 Stetson Rd

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

---

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

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

---

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[x] YES, NO, N/A</td>
<td>Asbestos siding</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or L**)**
Asbestos siding: 1500 sf

**Abatement Type**

---

### Name of Registered Waste Hauler

Guardian Contracting, Inc.

**Disposal Date**
2/3/16

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

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

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

**Title**
Project Manager

---

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

Date of Notification (1)
01/21/2016

Name of Building Owner/Operator (2)
Kelvin Leach

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

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

Street Address
City, State, Zip Code
Newark NJ

Name of Contact
Kelvin Leach

Telephone Number

FACILITY INFORMATION

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

City (5)
Newark

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Competent Supervisor

ASCM No.
Academy Construction Inc

Name of Abatement Contractor (9)

Street Address
205 Route 46 West

City, State, Zip Code
Totowa NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973 832 4244

License No.
011-5

Start Date (10)
01/22/2016

Scheduled Completion Date (11)
01/27/2016

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
☒ 23 ft or 23 ft
☒ 180 sf or 260 sf
☐ Renovation
☐ Demolition
☒ Full Containment with Nags: Live Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-FriableProcedure

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

Yes
No
N/A

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

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

Amour (Specif SF or L)
179 L

Abatement Type
Removal
Repair
Encapsulate
Encourage

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
00334422

Cubic Yards of Waste
4

Name of Registered Landfill
GROWS Landfill

City, State
Totowa NJ

Completed by
Zlate Geleski
Title
VP

Signature
Date
01/21/2016

* Do not use this form for asbestos II ensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-26-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Legow Management</td>
</tr>
<tr>
<td>Address</td>
<td>160 South Livingston Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Livingston, NJ 07039</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Brandywine East Apt. # 9B |
| Street Address | Brandywine East Court |
| City (5) | Brielle, N.J. |
| County (6) | Monmouth |
| County Code (7) | |
| Current Use (Prior if being demolished) | Apartment Unit |
| Planned Use | |

| Name of Monitoring Firm Hired By Building Owner (6) | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Telephone No. | |
| Project Manager for Monitoring Firm | |

| Start Date (10) | 1-27-16 |
| Scheduled Completion Date (11) | 1-28-16 |

| Occupancy Status During Abatement (Check Only One) | |
| Facility Closed/Restricted During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |

**Asbestos**

| Location of Asbestos Containing Material (ACM) TO BE ABATED | Throughout Apartment |
| Year No N/A | VAT | 270 SF |

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, oating, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | |

| Asbestos Abatement Type | |
| Preventative | |

**Disposal**

| Name of Registered Waste Hauler | N.CEP Waste Hauler ID No. 33137 |
| Disposal Date | TBD |

| Name of Registered Landfill | G.R.O.W.S. Landfill |
| City, State | Morrisville, PA 19067 |

**Completion**

| Completion by | E. Cirovic |
| Title | Secretary |
| Signature | |
| Date | 1-26-16 |

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

**State of New Jersey**

**Date of Notification (1)**
01/29/2016

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

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

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

**Street Address**
[Redacted]

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

**Name of Contact**
Adam Heaven

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Newark

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

**Current Use (Prior if being demo shed)**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Academy Construction Inc

**Street Address**
205 Route 46 West

**City, State, Zip Code**
Totowa NJ 07512

**Start Date (10)**
02/10/2016

**Scheduled Completion Date (11)**
02/24/2016

**Name of OSHA Monitor**
Same as above

**Telephone No.**
973 832 4244

**License No.**
01151

**Project Manager for Monitoring Firm**

**Telephone No.**

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

**Scope of Work (Check All That Apply)**
- ☒ Renovation
- ☒ Demolition
- ☒ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glovebox Procedure
- ☒ Non-Exempted (*) and Non-Enclosable Procedure

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

| Basement | Yes | No | 4N/A | Pipe insulation (wrapping) | 300LF |

**Is Location Normally Serviced by Maintenance/Custodial Staff? (12)**
- Yes
- No
- 4N/A

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

**Amount (Specify SF or LF)**
300LF

**Abatement Type**
- ☒ Removal
- ☒ Repair
- ☒ Encapsulation
- ☒ Envelope

**Name of Registered Waste Hauler**
Academy Construction Inc

**NJDEP Waste Hauler ID No.**
00334422

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville PA

**Completed By**
Zlate Geleski

**Title**
VP

**Signature**

**Date**
01/29/2016

---

*Do not use this form for asbestos licensed exempted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:65 and 12:120)

**Date of Notification:** 1/28/16

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/Operator:**
- [ ] BASF

**Street Address:**
- 2655 RAMSEY West UNION, N.J. 07083

**City:**
- UNION

**County Code (7) (STATE USE ONLY):**
- UNION

**Name of Facility Where Abatement is Taking Place:**
- 2655 RAMSEY West

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

**Square Feet:**
- 15,500

**# of Floors:**
- 1

**Bldg. Age:**
- 66 yrs

**Current Use (Prior if being demolished):**
- [ ] Storage
- [ ] Office

**Name of Monitoring Firm Hired by Building Owner:**
- EHI

**ASCM No.:**
- [ ]

**Name of Abatement Contractor:**
- Best Removal Inc

**Street Address:**
- 450 South River St

**City, State, Zip Code:**
- Hackensack, N.J. 07601

**Project Manager for Monitoring Firm:**
- J P Von DOEHEN

**Telephone No.:**
- 201-329-7444

**Telephone No.:**
- 973-651-7041

**Licens No.:**
- 00388

**Start Date (10):**
- 2/6/16

**Scheduled Completion Date (11):**
- 2/12/16

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

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

**Name of OSHA Monitor:**
- Omega Environment

**Name of Registered Waste Hauler:**
- Best Removal Inc

**NJDW Waste Hauler ID No.:**
- 17109

**Cubic Yards of Waste:**
- [ ]

**Name of Registered Liddill:**
- Minerva Enterprises, LLC

**City, State:**
- Hackensack, N.J. 07601

**Disposal Date:**
- 2/12/16

**City, State:**
- Waynesburg, Oh. 44788

**Completed by:**
- J. Maurano

**Title:**
- Estimator

**Signature:**
- [ ]

**Date:**
- 1/28/16

---

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

Date of Notification (1)
1/29/16

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

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

Name of Building Owner/Operator (2)
Allrisk

Street Address
501 Kennedy Blvd.

City, State, Zip Code
Somerdale NJ 08083

Name of Contact
Tom

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden County technical School

Street Address
6008 Browning Road

City (5)
Pennsauken NJ 08110

County (6)
Camden

County Code (7)

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc.

Street Address
1253 North Church St.

City, State, Zip Code
Moorestown NJ 08057

Project Manager for Monitoring Firm
Jim Guliardi

Telephone No.
856-840-8800

Start Date (10)
1/30/16

Scheduled Completion Date (11)
1/31/16

Name of Abatement Contractor (5)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
0727

License Category

Name of OSHA Monitor
Same

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

Scope of Work (Check All That Apply)
☐ ≥2 sf or ≥2 ft
☐ ≥150 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Teachers Conference Room

x

Floor Tile / Mastic

22 SF

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 (SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorse

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

Disposal Date
2/1/16

City, State
Morristown PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
1/29/16

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

Date of Notification (1)  
January 29, 2016  

Name of Building Owner/Operator (2)  
Mondelez  

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

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

Street Address  
22-11 State Route 208  

City, State, Zip Code  
Fair Lawn, NJ 07410  

Name of Contact  
Herbert  

Telephone  

classified information  

FACILITY INFORMATION  

Type of Facility (4)  
- School (K-12)  
- Subchapter 9 (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  

Square Feet  
# of Floors  
Bldg. Age  

Name of Facility Where Abatement is Taking Place (3)  
Pilot Test Building  
22-11 State Route 208  
Fair Lawn, NJ  

County Code (5)  
Bergen  

Current Use (Prior if being demolished)  
bakery  

Name of Monitoring Firm Hired by Building Owner (8)  
J&S Environmental  
11832  

Name of Abatement Contractor (9)  
The MACK Group, LLC  
1500 Kings HWY N. STE 209  

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

Start Date (10)  
2/15/16  

Scheduled Completion Date (11)  
3/31/16  

Name of OSHA Monitor  
The MACK Group, LLC  
1500 Kings HWY N. STE 209  

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

1st Fl, Employee Break room & adjacent hallway  
2nd Fl, Lab. Suites, Countertops & Fume Hoods  
2nd Fl, Lab.  

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)  

Floor tile & mastic  
Ebony Board  
Pipe Fitting insulation  

Amount (Specify SF or L)  
appr. 66 SF  
805 SF  
60 P  

Abatement Type  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovesbag Procedure  
Non-Exempted (*) and Non-Viable Procedure  

Location of Registered Waste Hauler  
Newark / Freehold Carting  
NJ DEP Waste Hauler ID No. 22253  
Cubic Yards of Waste 8.7  
Name of Registered Landfill  
GROWS / TRRF / WM / Blue Ridge  

Disposal Date  
3/31/16  

Completed by  
Steve King  
Title  
V.P.  

Signature  
Date  
1/29/16  

* Do not use this form for asbestos II/III ensure 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) 1/25/2016

Name of Building Owner / Operator (2)
Edna Mahan Correctional Facility for Women

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

Type Notification
☐ Initial
☒ Amended #2-1/29/16
☐ Emergency
☐ Cancellation

Street Address
30 Route 513

City Address
Clinton, NJ 08809

Name of Contact
Brian O’Neill

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Edna Mahan Correctional Facility for Women

Street Address
30 Route 513

City (5) County (6) County Code (7)
Clinton Mercer

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

Bidg. Age

Current Use (Prior if being demolished)
Prison

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 086010

Telephone Number
609-392-4200

License Number
00519

Name of OSHA Monitor
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

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

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 086010

Project Manager for Monitoring Firm
Steve Fairless

Telephone Number
(215) 788-6040

Project Manager
Steve Fairless

Telephone Number
609-392-4200

Scheduled Start Date (10)
1/29/16

Scheduled Completion Date (11)
1/30/16

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

 Describe: 4:00 PM – 12:30 AM

Facility Occupied During Abatement: 8:30 AM to 3 PM

Scope of Work (Check all that apply)
☒ √≥ 3 sf or ≥ 3 lf
☒ ≥160 sf ≥260 lf

Renovation

Demolition

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

Admin Building - Basement

Pipe Insulation

8 LF

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

Yes No N/A

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

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

Admin Building - Basement

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
<1 Cu yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Name of Registered Waste Hauler
Service Transport Inc.

City, State
New Castle, DE

Completed By (Print or Type)
Nino Pizzigoni

Title
Project Manager

Signature
Nino Pizzigoni

Date
1/29/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
Jan. 28, 2016

Name of Building Owner/Operator (2)
City of Clifton

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

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

Street Address
900 Clifton Ave

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Debbie Oliver

FACILITY INFORMATION

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

Square Feet
800

Current Use (Prior if being demolished)
40

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

County Code (7)
Passaic

Name of Building Owner/Operator (8)
Hillsdale Consulting

ASCM No.

Name of Abatement Contractor (9)
Aztech Management

Street Address
217 Sunset Ave

City, State, Zip Code
Hightstown, NJ 08520

Project Manager for Monitoring Firm
Randy Lenhart

Telephone No.
509-915-0821

License No.
00371

Start Date (10)
Feb. 1-2016

Scheduled Completion Date (11)
Feb. 5-2016

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Performable Procedure

Scope of Work (Check All That Apply)
- 23 sf or 25 sf
- 2180 sf or 2260 sf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

field house
exterior vapor barrier paper
800 sf

field house
VAT & Mastic
220 sf

field house
window glazing
16 lf

field house
air-cell pipe insulation
6 lf

Name of Registered Waste Hauler
Weigle Trucking Co.

Hauler ID No.
Cubic Yards
Name of Registered Landfill
of Waste
Minerva Enterprise

50

City, State, Zip Code
Reynolds, Linden, PA

Disposal Date
Feb. 5, 2016

City, State, Zip Code
Waynesburg, Ohio

Completed by
Constantine
Title
President

Signature
Date
1/28/16

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

Date of Notification (1)  
1/29/16

Name of Building Owner/Operator (2)  
Glen Ridge Country Club

Agencies Notified  
- [X] EPA  
- [X] DEP  
- [X] DOL  
- [ ] DOH  
- [ ] DCA  
Type Notification  
- [X] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

Street Address  
555 Ridgewood Avenue

City, State, Zip Code  
Glen Ridge, NJ

Name of Contact  
Jim

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

Type of Facility (4)  
- [X] School (K-12)  
- [ ] Subchapter 5 (Other than K-12)  
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

Street Address  
555 Ridgewood Avenue

City (5)  
Glen Ridge

County (6)  
Essex

Square Feet  
5000

County Code (?)  

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

Telephone No.  
973-764-2276

License No.  
703

Start Date (10)  
2/8/16

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

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

Scope of Work (Check All That Apply)  
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [X] Demolition

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

lower level, old locker room  

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, VRT, or other miscellaneous)  
pipe insulation

Amount (Specified SF or LT)  
600 LT  

Abatement Type  

Name of Registered Waste Hauler  
Freehold Cartage

NJDEP Waste Hauler No.  
15939

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Western Berks Landfill

City, State  
Birdsboro, PA

Completed by  
A. Scott Higgins  
Title  
President  
Signature  

Disposal Date  
TBD

Date  
1/29/16

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

State of New Jersey

Date of Notification (1)
1/29/2016

Name of Building Owner/Operator (2)
SOUNDVIEW PAPER COMPANY

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial

Street Address
ONE MARKET STREET

City, State, Zip Code
ELMWOOD PARK, NJ 07407

Name of Contact
ED KNAPIK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SOUNDVIEW PAPER COMPANY - BUILDING 40

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)

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

Street Address
ONE MARKET STREET

County (6)
BERGEN

Current Use (Prior if being demolished)

City (5)
ELMWOOD PARK

Square Feet

# of Floor

Bldg. Age

County Code (7)

(State Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Telephone No.
973-956-8700

License No.
004 34

Start Date (10)
2/10/2016

Scheduled Completion Date (11)
2/22/2016

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:

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 If
- ≥100 sf or ≥2600 lf

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

Location
1ST FL BEHIND WEST OFFICE
2ND FL OFFICE CONVEYER AREA
3RD FL HVAC ROOM
BASEMENT STORE RM

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

Yes
No
N/A

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

PIPE
PIPE
PIPE
PIPE INSULATION

Amount (Specify SF or LF)
6 LF
6 LF
6 LF
10 LF

Abatement Type

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

Endorsement

Endorsement

Endorsement

Endorsement

Endorsement

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NUDEP Waste Hauler ID No. 18743

Cubic Yards of Waste
6

Disposal Date
2/22/2016

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

City, State
TOTOWA, NJ

MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
1/29/2016

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