**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
1/6/14

**Name of Building Owner/Operator (2)**
National Guard Armory

**Street Address**
1048 Route 206 South

**City, State, Zip Code**
Bordentown, NJ 08505

**Name of Contact**
Tom

**FACILITY INFORMATION**

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

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

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35+

**County Code (7)**
Burlington

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

**Street Address**
PO Box 329
West Berlin NJ 08091

**Telephone No.**
856-753-9800

**License No.**
00727

**Name of OSHA Monitor**
Same

**Start Date (10)**
1/20/14

**Completion Date (11)**
2/7/14

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

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

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

<table>
<thead>
<tr>
<th>Material Location</th>
<th>Location Normally</th>
<th>Is Location Normally</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drill Floor BP3</td>
<td>Used Solely by</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
</tr>
<tr>
<td>BP1, 2, 3, &amp; 4</td>
<td>Maintenance Custodial</td>
<td>No</td>
<td>Fire doors</td>
<td>8 Doors</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen, Dining Room</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>700 LF</td>
<td>X</td>
</tr>
<tr>
<td>offices &amp; Exterior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDPE Waste Hauler ID No. s2265

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

**Disposal Date**
TBD

**City, State**
Morrisville PA 19067

**Freehold Cartage Inc.**

**Name of Building Owner/Operator**
Anthony T Perna

**Title**
President

**Signature**

- Do not use this form for asbestos licensure exempted as

ASB-41 (R-06-06)
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>1/27/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>David Johnson</td>
</tr>
<tr>
<td>Street Address</td>
<td>57 Claybourne Avenue</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Iselin, NJ 08830</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>57 Clayborne Ave</td>
</tr>
<tr>
<td>City</td>
<td>Iselin</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Abatement Services, LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Area Isolated During Abatement</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Demolition X Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Project</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>X Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
<td></td>
</tr>
<tr>
<td>Quantity is ≥ 160 SF or ≥ 260 LF ACM</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Enclosure</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>Other</td>
<td>Non-friable</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>
<tbody>
<tr>
<td>Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>20 LF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>1/29/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>TRRF</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Tullytown, Pa</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Freethold Cartage</td>
<td>NJDEP Waste Hauler ID #18693</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Dominick Tringali</td>
</tr>
</tbody>
</table>

Date: 1/27/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/23/14
Name of Building Owner/Operator (2) FEB 3 2014

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

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

Street Address
395 Ferona Way
City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Jim Rizzo
Telephone Number
Jim Rizzo

FACTORY INFORMATION

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

Street Address
190 Park Avenue
City (5)
Rutherford
County Code (7) (STATE USE ONLY) N/A
County (6)
Bergen

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

Square Feet N/A
# of Floors N/A
Bldg. Age N/A

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9)
D&S Abatement, Inc.

ASCM No.
Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm
Telephone No.
973-345-8885
License No.
#00675

Start Date (10) 2/12/14
Scheduled Completion Date (11) 2/13/14
Name of OSHA Monitor
D&S Abatement, Inc.

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Occupied

Scope of Work (Check All That Apply)
- >=3 sf or >=3 lb
- >=160 sf or >=260 lb
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted () and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>117 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

NJDEP Waste Hauler ID No. #20986
Cubic Yards of Waste TBD
Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ
Disposal Date TBD
City, State
Tullytown, PA

Completed by
Deanna Bkusinin
Title
Project Manager
Signature

Date 1/23/14

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

Date of Notification (1) 1/23/14
Name of Building Owner/Operator (3) Krys Vanier

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

Street Address
157 North Road

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Krys Vanier

FACILITY INFORMATION

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

Street Address
157 North Road

City (5)
Nutley

County (6)
Essex

County Code (7) (STATE USE ONLY)
N/A

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

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

Name of Abatement Firm Hired by Building Owner
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8685

License No.
#000675

Project Manager for Monitoring Firm

Telephone No.

Scheduled Completion Date (11)
2/09/14

Start Date (10)
2/07/14

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

Other – Describe: Occupied

Scope of Work (Check All That Apply)

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Endosil
- 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

Location 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
- Endosil

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

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusancin

Title
Project Manager

Signature

Date 1/23/14

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

Date of Notification (1)
1/23/14

Type Notification

Name of Building Owner/Operator (2)
Marilyn Nuber

Agency Notified

Name of Facility Where Abatement Is Taking Place (3)

House

Street Address
36 South Hillside Place

City (5)
Ridgewood

County Code (7)
Bergen

Type of Facility (4)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

Name of Facility Monitor Hired by Building Owner (8)
N/A

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

License No.
00675

Telephone No.
973-345-8885

Start Date (10)
2/5/14

Scheduled Completion Date (11)
2/6/14

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

Other – Describe: Occupied

Scope of Work (Check All That Apply)

Renovation

Demolition

Yes No N/A

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

In Facility

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

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

Yes No N/A

Description of

Amount
(Specify
SF or LF)

Abatement
Type

X

Full Containment with Negative Pressure

Mini-Enclosure

Gloverbag Procedure

Non-Exempted (*) and Non-Friable Procedure

X

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Bruskasini

Title
Project Manager

Disposal Date
TBD

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

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Bruskasini

Title
Project Manager

Disposal Date
TBD

Signature

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

**Date of Notification (1)**

1/23/14

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

Marc Adler

**Street Address**

15 Bodwell Terrace

**City, State, Zip Code**

Millburn, NJ 07041

**Name of Contact**

Marc Adler

**Telephone Number**

---

### Facility Information

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

House

**Street Address**

15 Bodwell Terrace

**City (5)**

Millburn

**County (6)**

Essex

**County Code (7)**

N/A

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

House

**Square Feet**

N/A

**# of Floors**

N/A

**Bldg. Age**

N/A

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

ASCM No.

N/A

**Name of Abatement Contractor (9)**

D&S Abatement, Inc.

**Street Address**

11 Rosengren Avenue

**City, State, Zip Code**

Totowa, NJ 07512

**Telephone No.**

973-345-885

**License No.**

#00675

**Completion Date (11)**

2/12/14

**Start Date (10)**

2/11/14

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

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

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

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

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

- 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)

- pipe insulation

**Amount (Specify SF or LF)**

210 LF

**Abatement Type**

- 

**Name of Registered Waste Hauler**

D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**

#20996

**Cubic Yards of Waste**

TBD

**Disposal Date**

TBD

**Name of Registered Landfill**

Waste Management of PA

**City, State**

Totowa, NJ

**Completed by**

Deanna Bruscanin

**Title**

Project Manager

**Signature**

[Signature]

**Date**

1/23/14

---

* Do not use this form for asbestos licensure exempted activities.
**Notification of Abatement**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):**
01 / 28 / 14

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

**Street Address:**
262 South Irving Street
City, State, Zip Code
Ridgewood, NJ 07450

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

**County (8):**
Bergen

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

**Street Address:**
262 South Irving Street

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

**Name of Abatement Contractor (9):**
Gr Tech LLC

**Street Address:**
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

**License No.:**
973-638-1777

**Name of OSHA Monitor:**
Envirovision Consultants, Inc

**Street Address:**
20-21 Wagaw Road, Bldg. #34A
City, State, Zip Code
Fair Lawn, NJ 07410

**Start Date (10):**
02 / 06 / 14

**Scheduled Completion Date (11):**
02 / 07 / 14

**Occupancy Status During Abatement (Check only one):**
X Abatement Closed/Abated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement:**
AM, PM

**Scope of Work (Check all that apply):**
X Clean up and decontamination with negative pressure
X Renovation
X Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (12):**
IN Facility

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

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

**Amount (Specify SIF or LF):**
220 LF

**Abatement Type:**
X Suppression
☐ Removal
☐ Encapsulation
☐ Exclusion

**Basement:**
☒ Pipe insulation

**Name of Registered Waste Hauler:**
Gr Tech LLC

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
T.R.R.F. Inc
City, State
Tullytown, PA

**Disposal Date:**
TBD

**Completed By (Print or Type):**
N. Jevic

**Title:**
Owner

**Signature:**


---

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 7:15-2 and 20-22)

**Date:** 1-28-2014  
**Completion Date:** 1-31-14

**Company:** Best Removal Inc

**Address:** 450 S. River St  
**City:** Hackensack, N.J. 07601

**Supervisor:** Omega Environmental Inc

**Address:** 280 Hurley St  
**City:** South Hackensack, N.J. 07606

**Contact:** [Signatures]

**Residence:**

**County:** Hudson

**Address:** 8712 2nd Avenue  
**City:** North Bergen, N.J. 07047

**Supervisor:** C. Prisenda

**Signature:**

**Company:** Best Removal Inc

**Address:** 17109

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

**Estimator:** P. Velikan

**Date:** 1-28-2014

**Location:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (Name, Location, W/C.)</th>
<th>Amount (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation 95' 5/8&quot; x 2'-5&quot;</td>
<td>25 LFX</td>
</tr>
</tbody>
</table>
**State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>1/27/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td></td>
</tr>
<tr>
<td>City of Patterson</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency</td>
</tr>
<tr>
<td>Number of Abatement Contractor</td>
<td>Tricon Enterprises Inc</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Market St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Patterson, N.J. 07505</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | 128 North main St. |
| Type of Facility | School (K-12) |
| Square Feet | 2000 |
| # of Floors | 3.5 |
| Bidg. Age | 100 + |
| Current Use | Prior to being demolished |

**Name of Monitoring Firm Hired by Building Owner**

| ASCM No. |  |

**Project Manager for Monitoring Firm**

| Telephone No. | 732-739-1200 |
| License No. | 01095 |

**Start Date**

| 1/29/14 |

**Occupancy Status During Abatement**

| 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**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Demolition</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Demolition</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>R&amp;B Debris</th>
<th>NJDEP Waste Hauler ID No. 50241</th>
</tr>
</thead>
</table>

**Disposal Date**

| 2/6/14 |

**Name of Registered Landfill Waste Management**

| City, State | Tullytown, P.A. |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>James Mahoney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

### Date of Notification
1/27/14

### Name of Building Owner/Operator
City of Patterson

### Agencies Notified
- EPA
- NOL
- DOH
- DCA

### Type Notification
- Initial

### Street Address
155 Market St.

### City, State, Zip Code
Patterson, N.J. 07505

### Name of Contact
Kathleen Easton

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
24 North Straight St.

#### City
Patterson

#### County
Passaic

#### Square Feet
1500

#### # of Floors
2.5

#### Building Age
100+

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

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

### ASCM No.

### Name of Abatement Contractor
Tricon Enterprises Inc

### Street Address
322 Beers St

### City, State, Zip Code
Keyport, N.J. 07735

### Project Manager for Monitoring Firm

### Telephone No.
Telephone No.

### Telephone No.
732-739-1200

### License No.
01095

### Start Date
2/4/14

### Scheduled Completion Date
2/10/14

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

### Scope of Work (Check All That Apply)
- ≥ 1000 sf or ≥ 1000 sf
- ≥ 1600 sf or ≥ 2600 sf
- Renovation
- Demolition

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

### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- Yes
- No
- N/A

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

### Amount (Specify SF or LF)

### Abatement Type
- Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted and Non-Friable Procedure

### Wet Demolition

### Name of Registered Waste Hauler
R&B Debris

### NJDEP Waste Hauler ID No.
50241

### Cubic Yards of Waste
800

### Name of Registered Landfill
Waste Management

### City, State
Hainesport, N.J. 08036

### Disposal Date
2/11/14

### City, State
Tullytown, P.A.

### Completed by
James Mahoney

### Title
Project Manager

### Signature

### Date
1/27/14

---

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

Date of Notification: 1/27/14
Name of Building Owner/Operator: City of Patterson

Agencies Notified:
- EPA
- DOL
- DOH
- DCA

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

Name of Contact: Kathleen Easton
Telephone Number: FEB 2014

City, State, Zip Code: Patterson, N.J. 07505
Street Address: 155 Market St.

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place:
Street Address: 265 Fair St.
City: Patterson
County: Passaic
County Code: (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner:
N/A
Name of Abatement Contractor:
Tricon Enterprises Inc
Street Address: 322 Beers St
City, State, Zip Code: Keyport N.J. 07735

Project Manager for Monitoring Firm:
Telephone No.: 732-739-1200
License No.: 01095

Start Date: 2/7/14
Scheduled Completion Date: 2/13/14

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

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

Location Normally Used Solely by Maintenance/Custodial Staff:
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endoscopic

Name of Registered Waste Hauler:
R&B Debris
Waste Hauler ID No.: 50241
Cubic Yards of Waste: 750
Name of Registered Landfill:
Waste Management

Disposal Date: 2/14/14
City, State: Tullytown, P.A.

Completed by: James Mahoney
Title: Project manager
Signature:

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 1/27/14

Name of Building Owner/Operator: Patterson City of Patterson

Agencies Notified: EPA, DOL, DOH, DCA

Type Notification: Initial

Street Address: 155 Market St.

City, State, Zip Code: Patterson, N.J. 07505

Name of Contact: Kathleen Easton

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place: 8-10 Godwin Ave

City: Patterson

County Code: Passaic

Type of Facility: School (K-12)

Square Feet: 2000

# of Floors: 3.5

Bldg. Age: 100+

Current Use (Prior if being demolished): Residence

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

ASCM No.: N/A

Name of Abatement Contractor: Tricon Enterprises Inc

Street Address: 322 Beers St

City, State, Zip Code: Keyport N.J. 07735

Project Manager for Monitoring Firm: 

Telephone No.: 732-739-1200

License No.: 01095

Start Date: 2/12/14

Scheduled Completion Date: 2/18/14

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: 

Scope of Work: Renovation, Demolition

≥3 sf or ≥3 if

≥160 sf or ≥260 if

≥260 sf

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Name of Registered Landfill Waste Management

Name of Registered Waste Hauler: R&B Debris

Wet Demolition

Removal

Containment with Negative Pressure Mini-Enclosure

Glovebag Procedure Non-Exempted () and Non-Friable Procedure

Abatement Type

Encapsulation

Signature: James Mahoney

* 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 28, 2014

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

**Street Address:** PO Box 42, FEB 3, 2014

**City, State, Zip Code:** Basking Ridge, NJ 07920

**Name of Contact:** Gary Novello

**Telephone Number:**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] School (k12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (other than k12)</td>
</tr>
<tr>
<td></td>
<td>[ x ] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet:** 1320 sf

**# of Floors:** 1

**Bldg. Age:** 47

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

**Street Address:** 1865 Lookout Drive

**City:** Toms River

**County:** Ocean

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

**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:** 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):**

- [ x ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

**Scheduled Start Date (10):** 01/29/2014

**Scheduled Completion Date (11):** 01/31/2014

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

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ x ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Renovation
- [ x ] Demolition
- [ ] >3 sf or >3 l.f.
- [ ] ≥160 sf or ≥260 l.f.

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Asbestos siding</th>
<th>1250 sf</th>
<th>X</th>
</tr>
</thead>
</table>

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

**NIDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** TRRF

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

**Disposal Date:** 02/03/2014

**Name of Project Manager:** Nicholas Fernicola

**Title:** Project Manager

**Signature:**

**Date:** 1/28/2014

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

Date of Notification (1): 1-28-2014  
Name of Building Owner/Operator (2): Nicholas Hatcher  

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

Street Address: 977 Madison Avenue  
City, State, Zip Code: Plainfield, NJ 07060  

Name of Contact: Nicholas Hatcher  
Telephone Number:  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3): Residential  
Street Address: 977 Madison Avenue  
City (5): Plainfield  
County Code (7): (STATE USE ONLY)  
County (6): Union  

Square Feet: 6000  
# of Floors: 2  
Bldg. Age: 60+  

Name of Abatement Contractor (9): Green Environmental Services, LLC  
Street Address: 235 Virginia Avenue  
City, State, Zip Code: Jersey City, NJ 07304  

License No.: 01174  
Telephone No.: 201-333-8855  

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:  
Street Address:  
City, State, Zip Code:  

Project Manager for Monitoring Firm:  
Telephone No.:  

Start Date (10): 2-6-2014  
Scheduled Completion Date (11): 2-6-2014  

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

Scope of Work (Check All That Apply):  
- ≥30 sq ft or ≥50 lbs  
- ≥150 lbs or ≥250 lbs  
- Renovation  
- Demolition  

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):  
- basement: X  
- Pipe insulation: 225 LF  

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12): No  
Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):  
Amount (Specify SF or LF): 225 LF  

Abatement Type:  
- Removal  
- Repair  
- Encapsulate  
- Encapsulate Endorsement  

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 0034889  
Name of Registered Landfill: G.R.O.W.S. North landfill  
Disposal Date: 2-7-2014  
City, State: Morrisville, PA  

Waste Management:  

Completed by: Lilliana Pedraza  
Title: Office Manager  
Signature:  
Date: 1-28-2014  

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

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

Date of Notification (1)
1/29/14

Name of Building Owner/Operator (2)
Alfredo D'alessandro Private Home

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

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

Street Address
120 N Ensign Dr.
City, State, Zip Code
Little Egg Harbor NJ 08070

Name of Contact
Alfredo
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Alfredo D'alessandro Private Home

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

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)
ASCM No.
N/A

Name of Abatement Contractor (9)
Pernaco Inc.
Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800
License No.
00727

Name of OSHA Monitor
Same

Project Manager for Monitoring Firm

Start Date (10)
1/30/14
Scheduled Completion Date (11)
1/31/14

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

Scope of Work (Check All That Apply)
- [x] ≥23 sf or ≥23 If
- ≥160 sf or ≥2250 sf
- Renovation
- Demolition

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

Amount (Specify SF or LF)

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

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

Exterior Siding
- x

Exterior Siding
- 1000 SF

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
1/31/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
1/29/14

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/29/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John Guarino</td>
</tr>
<tr>
<td>Street Address</td>
<td>8 East Church St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sea Bright, New Jersey, 07760</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residence</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Montrose Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1757</td>
</tr>
<tr>
<td>License No.</td>
<td>00029</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/13/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1000 sq ft</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>12086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/13/14</td>
</tr>
<tr>
<td>Signature</td>
<td>Breen ref.</td>
</tr>
<tr>
<td>Date</td>
<td>1/29/14</td>
</tr>
</tbody>
</table>

*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) 1/29/14

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

Type of Notification
- Initial

Name of Building Owner/Operator (2)
Tom & Joe Smyth

Street Address
215 South Lake Drive
Belmar, New Jersey
FEB 3, 2014

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

Square Feet
3000

# of Floors
2

Bidg. Age
1925

Current Use (Prior if being demolished)
Commercial Building

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

Street Address
604 Main St.
Belmar, Monmouth

County Code (7) (STATE USE ONLY)

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

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

Street Address
95 Montrose Road
Colts Neck, N.J. 07722

City, State, Zip Code

Telephone No.
732-294-1757

License No.
000029

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

Other - Describe:

Start Date (10)
2/7/14

Scheduled Completion Date (11)
2/12/14

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
- Abatement

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

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

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

Amount (Specify SF or LF)
300 LF

Abatement Type
- Full Containment with Negative Pressure
- Encapsulation
- Non-Exempted (*) and Non-Friable Procedure

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

NDEP Waste Hauler ID No.
12066

Cubic Yards of Waste
6

Name of Registered Landfill
I.E.S.I.

City, State
Bethlehem, PA

Compliance Date
2/12/14

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature
1/31/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/31/14</th>
</tr>
</thead>
</table>

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

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

**Name of Building Owner/Operator (2)**  
The Heller Group  
FEB 3 2014

**Street Address**  
PO Box 700

**City, State, Zip Code**  
Madison, NJ 07940

**Name of Contact**  
Chris Hricko

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Madison Plaza - Sages Pages

**Street Address**  
306 Main Street  
Madison, NJ 07940

**Square Feet**  
3500

**# of Floors**  
2

**Bid. Age**  
60

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

**Current Use (Prior if being demolished)**
- Retail Store

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

**County Code (7) (STATE USE ONLY)**
- Morris

**ASCM No.**

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

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ 08515

**Telephone No.**  
(609) 298-4070

**License No.**  
00493

**Name of OSHA Monitor**  
MECS

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ

**Start Date (10)**  
1/31/14

**Scheduled Completion Date (11)**  
2/4/14

**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 (Check all that apply)**
- [X] ≥20 sf or ≥3 if  
- [X] ≥160 sf or ≥260 if  
- [ ] Renovation  
- [X] 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>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Main Floor</th>
<th>VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Amount (Specify SF or LF)**
- [X] 1440 sf

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

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

**Name of Registered Waste Hauler**  
Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
6 CU

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

**Disposal Date**  
2/4/14

**City, State**  
Allentown, NJ 08501

**Completed By**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**  

**Date**  
1/31/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:66 and 12:120)

---

**Name of Building Owner/Operator:** Ed Genoino Private Home

**Address:**
- **Street Address:** 1429 Island View
- **City, State, Zip Code:** Forked River NJ 08731

---

**FACILITY INFORMATION**

- **Type of Facility:**
  - Subchapter 8 (Other than K-12)
- **Square Feet:** 1000+
- **Building Age:** 35+

---

**Name of Facility Where Abatement Is Taking Place:** Ed Genoino Private Home

**Street Address:** 1429 Island View

**City:** Forked River NJ 08731

**County:** Ocean

---

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

**ASCM No.:**

**Name of Abatement Contractor:** Pernaco Inc.

**Street Address:** PO Box 329

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

**Telephone No.:** 856-753-9800

**License No.:** 00727

---

**Start Date:** 2/3/14

**Completion Date:** 2/7/14

---

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

---

**Scope of Work:**
- **33 sf or 33 If**
- **160 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)**

- **Throughout**
- **Exterior Siding**

---

**Name of Registered Waste Hauler:** United Containers

**NJ/DEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 2

---

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

**City, State:** Morrisville PA 19067

**Disposal Date:** 2/7/14

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 1/31/14

---

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

Date of Notification (1) 1/31/14

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

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Emergency (Including justification)
DOH Cancellation

Street Address 104 Albert
City, State, Zip Code Manahawkin NJ 08050

Name of Contact Robert
Telephone Number

FACILITY INFORMATION

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

Street Address 104 Albert
City (5) Manahawkin NJ 08050
County (6) Ocean
County Code (7) (STATE USE ONLY) 

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

Square Feet 1000+
# of Floors 1
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 PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No. 856-753-9800
License No. 00727

Start Date (10) 2/3/14
Scheduled Completion Date (11) 2/7/14

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

Scope of Work (Check All That Apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (19)

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

Throughout X Floor Tile *

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

Amount (Specify SF or LF) 400 SF x

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

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

City, State Elm NJ
Disposal Date 2/7/14
City, State Morrisville PA 19067

Completed by Anthony T Perna Title President
Signature 
Date 1/31/14

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

#### Date of Notification (1)
01/24/14

#### Name of Building Owner/Operator (2)
Hoboken University Center

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

#### Street Address
308 Willow Ave

#### City, State, Zip Code
Hoboken, NJ 07030

#### Name of Contact
Sam Liu

#### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Hoboken Medical Center

#### Street Address
308 Willow Avenue

#### City (5)
Hoboken

#### County Code (7) (STATE USE ONLY)
Hudson

#### NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (6)
Aero Environmental

#### STREET ADDRESS
275 Rt 10 East

#### CITY, STATE, ZIP CODE
Succasunna, NJ 07876

#### NAME OF ABATEMENT CONTRACTOR (9)
Nick Restoration LLC

#### STREET ADDRESS
72 Brookside Rd

#### CITY, STATE, ZIP CODE
Randolph, NJ 07869

#### PROJECT MANAGER FOR MONITORING FIRM
Michael Berta

#### TELEPHONE NO.
973-920-9061

#### LICENSE NO.
01133

#### SCOPE OF WORK (CHECK ALL THAT APPLY)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Finable Procedure

#### OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: AREA non occupied, Fascisity open

#### LOCATION OF ASPEROS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (13)

| Mechanical Room | TSI elbows | 160 LF | X |
| Mechanical Room | TSI Pipe run insulation | 30 LF | X |

#### LOCATION OF ASPEROS-CONTAINING MATERIAL (ACM) (12)
- Yes
- No
- N/A

#### NAME OF REGISTERED WASTE HAULER
Nick Restoration LLC

#### ADDRESS
Randolph, NJ 07869

####完场脚本

#### COMPLETED BY
Elvira Mrda

#### TITLE
President

#### SIGNATURE

#### DATE
01/24/2014
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
1-28-14

Name of Building Owner/Operator (2)
Joanne Klein

Street Address
378 Thornden Street

City, State, Zip Code
South Orange, NJ, 07079

Name of Contact
Joanne Klein

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

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

Square Feet
1600

[# of Floors] [Bldg. Age]
2 [75]

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm
AZTECH MANAGEMENT, INC.

Street Address
N/A

City, State, Zip Code

Scheduled Start Date (10)
2-7-14

Sched. Completion Date (11)
2-10-14

Month Day Year
Month Day Year

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

Other - Describe:

Scope of Work (Check all that apply)
[X] >3 sq ft or >3 l.f.
[X] Renovation
[ ] Demolition

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

TO BE ABRATED In Facility

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

Yes [X] No [ ] N/A

Is

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Abatement Type

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

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

Location

Cubic Yards

Disposal Date

City, State

Montclair, NJ 07042

2-11-14

Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
[Signature]

Date
1-28-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1): 1/29/14
Name of Building Owner/Operator (2): ROVER SCRAP YARD
Street Address: 516 CENTRAL AVE
City, State, Zip Code: HARRISON N.J.

Facility Information

Name of Facility Where Abatement is Taking Place (3):
Street Address: 506 CENTRAL AVE
City (5): HARRISON N.J.

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

Name of Monitoring Firm Hired by Building Owner (9):
ASCM No.:
Name of Abatement Contractor (9):
NOVATECH INC
Street Address:
P.O. Box 814

City, State, Zip Code:
OLD BRIDGE N.J. 08857

Telephone No.:
432-238-7500
License No.:
08806

Name of OSHA Monitor:
NOVATECH INC
Street Address:
P.O. Box 814

City, State, Zip Code:
OLD BRIDGE N.J. 08857

Details of Work (Check all that apply):

- 180 or 2.68 ft
- 3 or 3.3 ft

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

Location Normally Headed by Maintenance/ Custodial Staff (12)

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

Amount (Sprayed SF or LT)

Abatement Type

- Full Containment with Negative Pressure
- Sheet-Enclosure
- Glazing Procedure
- Non-Exempted C and Non-Verified Procedure
- Removal
- Repair
- Encapsulate
- Blank

Name of Registered Waste Handler:
NOVATECH INC
MDWEP Waste-Handler ID No.:
18501
Cubic Yards of Waste:
10

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

City, State:
OLD BRIDGE N.J. 08857

Completed by:
CANG AL EIDA
Title:
President

* Do not use this form for asbestos license exempted activities.
**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Asbestos is Taking Place (5)</th>
<th>Residential Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Family Abandoned House for Demolition</td>
<td>Residential Home</td>
</tr>
</tbody>
</table>

**County:** Essex

**City:** Orange

**Square Feet:** 1500

**# of Floors:** 2

**Age:** 60+...

**Type of Facility:** 3

**Description:** Other (i.e., private & commercial buildings, homes, etc.)

**Name of Abatement Contractor (6):** Loznica Management Corp

**Street Address:** 22 Troy Lane

**License No.:** 01193

**Name of OSHA Monitor:** Loznica Management Corp

**Street Address:** Lincoln Park, NJ 07035

**Telephone No.:** 973-708-7950

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

- [x] 25' of or less
- [x] 2,000 square feet or 2,000 sq ft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Solely by Maintenance/ Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x] VAT and Linoleum</td>
<td>350 SF</td>
<td>x</td>
<td></td>
</tr>
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</table>

**Name of Registered Waste Handler:** Loznica Management Corp

**Disposal Date:** TBD

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Lincoln Park, NJ 07035

**Title:** Secretary

**Signature:** E. Cirovic

**Date:** 1-29-2013

---

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

**Date of Notification (3)**  
12-30-14

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
<td>□ EPA</td>
<td>Initial</td>
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<tr>
<td>□ OEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment 8</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Street Address**  
109 Water Mill Dr

**City, State, Zip Code**  
Medina Pa 07039

**Name of Contact**  
Archie

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>5 Water Way Rd</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Ocean City</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Atlantic</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

**Name of Abatement Contractor (9)**  
Arnold's Abatement

**Street Address**  
1212 Burlington Ave  
Delanco NJ 08075

**License No.**  
01-070

**Use Only**

- [ ] USE ONLY

**Project Manager for Monitoring Firm**

**Telephone No.**  
866-624-0871

**Name of OSHA Monitor**  
Self

**Start Date (10)**  
2-1-14

**Scheduled Completion Date (11)**  
2-10-14

**Occupancy Status During Abatement**

- [ ] 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] 300 sq. ft. or 200 sq. ft.
- [ ] 200 sq. ft. or 260 sq. ft.
- [ ] Full Containment with Negative Pressure
- [ ] Wet-Enclosure
- [ ] Glimmer Procedure
- [ ] Non-Emergent (*) and Non-Friable Procedure

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

- [X] Outside

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

- [ ] Yes
- [X] No
- [ ] N/A

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

**Amount (Specify SF or LF)**

**Location of Registered Waste Hauler**

- [X] Inside
- [X] Outside

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Deposit Date**

**City, State**

**Completed By**

**Title**  
VP

**Signature**

**Date**  
1-26-14

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

Date of Notification (1): January 29, 2014

Name of Building Owner / Operator (2): Santander Bank, NA

Agencies Notified:

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

Type Notification:

- [x] Initial
- [ ] Amended
- [ ] Amendment #_
- [ ] Cancellation

Street Address:

108 Lacey Road

City, State & Zip Code:

Whiting, NJ 08759

Name of Contact:

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

Santander Bank

Street Address:

108 Lacey Road

City (5):

Whiting

County (6):

Ocean

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

Hillman Consulting

Street Address:

1600 Route 22 East, Ste. 107

City, State & Zip Code:

Union, NJ 07083

Project Manager for Monitoring Firm:

Brian Nemetz

Telephone Number:

908-586-2635

ASCM No.:

Name of Abatement Contractor (9):

Synatech, Inc.

Street Address:

829 Radio Road

City, State & Zip Code:

Little Egg Harbor, NJ 08087

Telephone Number:

609-295-6916

License Number:

00817

Name of OSHA Monitor (10):

Synatech, Inc.

Street Address:

829 Radio Road

City, State & Zip Code:

Little Egg Harbor, NJ 08087

Scheduled Start Date (11):

February 9, 2014

Scheduled Completion Date (12):

March 9, 2014

Occupancy Status During Abatement (Check only one):

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

Scope of Work (Check all that apply):

- [ ] ≥3 sf or ≥50 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition

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

IN Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (14):

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:

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

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

IN Facility (13)

Storage Area:

Floor Tile 140 SF

Cubic Yards of Waste:

2

Disposal Date:

March 10, 2014

Name of Registered Landfill:

Name of Registered Waste Hauler:

Synatech, Inc.

State:

New Jersey

Little Egg Harbor, NJ 08087

Completed By:

Diane Aloia

Title:

Executive Administrator

Signature:

Date:

January 29, 2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (9)</th>
</tr>
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<tbody>
<tr>
<td>1/25/12</td>
<td>PINELANDS CONSTRUCTION</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>EPA</td>
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<td>DEP</td>
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</tr>
<tr>
<td>DOL</td>
<td>□ Amendment #</td>
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<td></td>
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<tr>
<td>DCM</td>
<td>□ Emergency (including justification)</td>
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<td>DCA</td>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>USE Code (7)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>2/7/14</td>
<td>2/14/14</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>□ Other - Describer:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 ft of 23 ft</td>
</tr>
<tr>
<td>□ 2160 sf or 2660 sf</td>
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<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY</td>
</tr>
<tr>
<td>(13)</td>
</tr>
<tr>
<td>IS LOCATION Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
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<td>N/A</td>
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<table>
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<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
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<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>AMOUNT (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<tr>
<td>Removal</td>
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<td>☑ Non-Friable Procedure</td>
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<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>☑ Full Containment with Negative Pressure</td>
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<tr>
<td>☑ Non-Enclosure</td>
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<tr>
<td>☑ Glovebag Procedure</td>
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<table>
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<th>SANDING</th>
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<table>
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<th>TRANSITE</th>
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<table>
<thead>
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<th>Amount</th>
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<td>2400 ft</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.M.O.G.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>WOODSIDE, N.J.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSPEH KLEMM</td>
<td>JOSPEH KLEMM</td>
<td>9/25/34</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12-120)

Date of Notification (1) 13-21-14
Name of Building Owner/Operator (2)
Joseph Strempelk FEB 3 2014

Agencies Notified
EPA
DEP
DOH
DCA
Initial
Amended
Emergency (including Justification)
Cancellation

Type Notification

Street Address
311 Madison Ave
City, State, Zip Code
Spring Lake, New Jersey

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

Name of Monitoring Firm Hired by Building Owner (6)
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
4000
# of Floors
2
Bldg. Age
65

Current Use (Prior if being demolished)
RESIDENCE

County Code (7) (STATE USE ONLY)
Monmouth

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

Project Manager for Monitoring Firm

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

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: Jan 1 - Feb

Scope of Work (Check All That Apply)
23 sf or 23 ft
246 sf or 260 ft
Renovation
Demolition

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

Location of
Asbestos-Containing Material (ACM)

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)
Paper

Amount (Specify SF or LF)
300 LF

Abatement Type

Endorse
Repair
Encapsulate
Removal

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

NDEP Waste Hauler ID No. 12086

Cubic Yards of Waste

Name of Registered Landfill
I.E.S.I.

Disposal Date 2/14/14
City, State
Bethlehem, PA

Completed by
Bree McGuire
Title
Secretary Treasurer

Signature

Date 13-21-14

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

Date of Notification (1)
1/30/14

Name of Building Owner/Operator (2)
Camden City Public Schools

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

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

Street Address
201 N Front Street

City, State, Zip Code
Camden NJ 08102

Name of Contact
Steve Nicolla

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Whittier Elementary School Class Room 35

Street Address
8th and Chestnut Streets

City (6)
Camden NJ 08102

County (8)
Camden

County Code (7)
N/A

Current Use (Prior to being demolished)

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+

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
856-753-9800

00727

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
- [x] Other - Describe: night & weekend

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
1/31/14

Scheduled Completion Date (11)
2/3/14

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

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

In Facility (13)

Yes
No
N/A

Class Room 35

Floor Tile only

800 SF

Name of Registered Waste Hauler
United Containers

NUDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

Disposal Date
2/4/14

City, State
Morristown PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
1/30/14

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
1/30/14

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

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

Name of Building Owner/Operator (2)  
Albert Sherman (Private Home)

Street Address  
22 West Alabama  
City, State, Zip Code  
Long Beach Twp NJ 08008

Name of Contact  
Albert

FACILITY INFORMATION

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

Street Address  
22 West Alabama

City (5)  
Long Beach Twp NJ 08008

County Code (7) (STATE USE ONLY)  

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Telephone No.  
856-753-9800

License No.  
00727

Facility Use (Prior if being demolished)  
Home

Current Use  

Name of OSHA Monitor  
Same

Start Date (10)  
1/31/14

Scheduled Completion Date (11)  
2/5/14

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 sf or 250 if
- 166 sf or 1660 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)  
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

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

United Containers

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

Disposal Date  
2/5/14

City, State  
Morrисville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature  
1/30/14

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

### Date of Notification (1)
- 12 / 16 / 13

### Name of Building Owner/Operator (2)
- **Verizon**

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

### Type Notification
- □ Initial
- □ Amended
- □ Amendment #3-1/30/14
- □ Emergency (including justification)
- □ Cancellation

### Street Address
- 15 East Montgomery Place, Lower Level

### City, State, Zip Code
- Pittsburgh, PA 15212

### Name of Contact
- Anthony Porta

### Telephone Number

### Name of Facility Where Abatement is Taking Place (3)
- **Verizon Market CO**

### Street Address
- 95 William St

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

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

### Name of Monitoring Firm Hired by Building Owner (8)
- USA Environmental Management

### ASCM No.

### Name of Abatement Contractor (9)
- BRISTOL ENVIRONMENTAL, INC.

### Street Address
- 8438 Enterprise Ave

### City, State, Zip Code
- Philadelphia, PA 19153

### Project Manager for Monitoring Firm
- Mark Jenkins

### Telephone No.
- 215-365-5810

### Telephone No.
- 215-788-6040

### License No.
- 00509

### Start Date (10)
- 1 / 14

### Scheduled Completion Date (11)
- 2 / 14

### Name of OSHA Monitor
- BRISTOL ENVIRONMENTAL, INC.

### Street Address
- 1123 BEAVER STREET

### City, State, Zip Code
- BRISTOL, PA 19007

### 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

#### 11th Fl. AC equipment room
- □ 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)

#### (13)

### Amount

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Fl. AC equipment room</td>
<td>Floor tile and mastic</td>
<td>1820 SF</td>
</tr>
<tr>
<td>10th Fl. AC equipment room</td>
<td>Floor tile and mastic</td>
<td>45 SF</td>
</tr>
<tr>
<td>9th Fl. AC equipment room</td>
<td>Floor tile and mastic</td>
<td>35 SF</td>
</tr>
<tr>
<td>6th Fl. AC equipment room</td>
<td>Floor tile and mastic</td>
<td>85 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- SERVICE TRANSPORT GROUP, INC.

### NJDEP Waste Hauler ID No.
- 209590

### Cubic Yards of Waste

### Name of Registered Landfill
- MINERVA LANDFILL

### City, State
- NEW CASTLE, DE 19720

### Disposal Date
- City, State
- WAYNESBURG, OH 44688

### Completed By (Print or Type)
- Brian Scafiro

### Title
- Estimator

### Signature
- Brian Scafiro

### Date
- 1/30/14

---

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

**Date of Notification (1)**
12 / 16 / 13

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

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #3-1/30/14
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
15 East Montgomery Place, Lower Level

**City, State, Zip Code**
Pittsburgh, PA 15212

**Name of Contact**
Anthony Porta

**Facility Information**

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

**Street Address**
95 William St

**City (5)**
Newark

**County (6)**
Essex

**County Code (7) [STATE USE ONLY]**

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

**Name of Monitoring Firm HIred by Building Owner (8)**
USA Environmental Management

**ASCM No.**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
8436 Enterprise Ave

**City, State, Zip Code**
Philadelphia, PA 19153

**Telephone No.**
215-365-5810

**License No.**
00509

**Project Manager for Monitoring Firm**
Mark Jenkins

**Start Date (10)**
1 / 2 / 14

**Scheduled Completion Date (11)**
2 / 14 / 14

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM, PM - 8:00AM
  - [ ] Scope of Work (Check all that apply)
    - [ ] ≥ 3 sf or ≥ 3 ft
    - [ ] ≥ 160 sf or ≥ 260 ft
    - [ ] Renovation
    - [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th Fl. AC equipment room</td>
<td>[ ] Yes</td>
<td>Pipe fitting insulation</td>
<td>5 LF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5th Fl. AC equipment room</td>
<td>[ ] Yes</td>
<td>Valve insulation</td>
<td>2 LF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>6th Fl. Machine Rm (#4/5 Elevators)</td>
<td>[ ] Yes</td>
<td>VAT/Mastic</td>
<td>350 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>14th Fl. Machine Rm (#7/8 Elevators)</td>
<td>[ ] Yes</td>
<td>VAT/Mastic</td>
<td>440 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
WAYNESBURG, OH 44688

**Disposal Date**

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**
Brian Scafiro

**Date**
1/30/14

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

### Date of Notification

<table>
<thead>
<tr>
<th>12</th>
<th>16</th>
<th>13</th>
</tr>
</thead>
</table>

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

### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #3-1/30/14
- [ ] Emergency (including justification)
- [ ] Cancellation

### Name of Building Owner/Operator
- Verizon

### Street Address
- 15 East Montgomery Place, Lower Level

### City, State, Zip Code
- Pittsburgh, PA 15212

### Name of Contact
- Anthony Porto

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- Verizon Market CO

#### Street Address
- 95 William St

#### City
- Newark

#### County
- Essex

#### County Code (STATE USE ONLY)

#### Current Use (Prior to being demolished)

#### Office

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

#### Square Feet

#### # of Floors

#### Bidg. Age

#### Name of Monitoring Firm Hired by Building Owner
- USA Environmental Management

#### ASCM No.

#### Name of Abatement Contractor
- BRISTOL ENVIRONMENTAL, INC.

#### Street Address
- 1123 BEAVER STREET

#### City, State, Zip Code
- BRISTOL, PA 19007

#### Project Manager for Monitoring Firm
- Mark Jenkins

#### Telephone No.
- 215-365-5810

#### License No.
- 00509

#### Name of OSHA Monitor
- BRISTOL ENVIRONMENTAL, INC.

#### Street Address
- 1123 BEAVER STREET

#### City, State, Zip Code
- BRISTOL, PA 19007

#### Start Date
- 1 / 2 / 14

#### Scheduled Completion Date
- 2 / 14 / 14

#### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM AM - EFF SITE 1/30/14-2/14/14 - RETURN 2/15/14

#### Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 ll
- [ ] ≥150 sf or ≥260 lf
- [ ] 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)

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

#### Amount (Specify SF or LF)

#### Abatement Type

### 11th Fl Machine Rm (# 6 Freight Elev)
- [ ] Yes
- [ ] No
- [ ] N/A

#### VAT/Mastic
- 220 SF

### 12th Fl Machine Rm (#2/3 Elevators)
- [ ] Yes
- [ ] No
- [ ] N/A

#### VAT/Mastic
- 1,000 SF

### 12th Fl Machine Rm (#2/3 Elevators)
- [ ] Yes
- [ ] No
- [ ] N/A

#### VAT/Mastic
- 200 SF

### Mechanical Room
- [ ] Yes
- [ ] No
- [ ] N/A

#### Fittings
- 25

### Name of Registered Waste Hauler
- SERVICE TRANSPORT GROUP, INC.

### NJDEP Waste Hauler ID No.
- 20990

### Cubic Yards of Waste

### Name of Registered Landfill
- MINERVA LANDFILL

### City, State
- WAYNESBURG, OH 44588

### Completed By (Print or Type)
- Brian Scafiro

### Title
- Estimator

### Signature

### Date

1/30/14

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60:5.16)

Date of Notification (1)
12 / 16 / 13

Name of Building Owner/Operator (2)
Verizon

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

Type Notification
☑ Initial
☑ Amended
Amendment #1-1/31/14

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Market CO

Street Address
95 William St

City (5)
Newark

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
8436 Enterprise Ave

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-385-5810

License No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
1 / 2 / 14

Scheduled Completion Date (11)
1 / 17 / 14

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:7:00AM-3:30PM PM- ___ AM

Upon Set Date 1/3/14

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

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

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, VAM, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Reheats
End Cap
Pare

Location

11th Fl. AC equipment room

Floor tile and mastic

1820 SF

10th Fl. AC equipment room

Floor tile and mastic

45 SF

9th Fl. AC equipment room

Floor tile and mastic

35 SF

6th Fl. AC equipment room

Floor tile and mastic

85 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date

City, State

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
1/3/14
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>12 / 16 / 13</td>
<td>Verizon</td>
</tr>
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<tr>
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<th>Type Notification</th>
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<tbody>
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<td>[ ] EPA</td>
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<td>[ ] DOILWD</td>
<td>[ ] Amended</td>
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<tr>
<td>[ ] DHSS</td>
<td>[ ] Amendment #</td>
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<td>[ ] DCA</td>
<td>[ ] Emergency (including justification)</td>
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<td>(NJAC 5:23-8)</td>
<td>[ ] Cancellation</td>
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<tbody>
<tr>
<td>15 East Montgomery Place, Lower Level</td>
<td>Pittsburgh, PA 15212</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>Anthony Porta</td>
<td></td>
</tr>
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### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 William St</td>
<td>Essex</td>
<td>Office</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>
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<tbody>
<tr>
<td>USA Environmental Management</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>8436 Enterprise Ave</td>
<td>215-365-5810</td>
<td>00509</td>
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</table>

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Names of Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jenkins</td>
<td>215-365-5810</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>1 / 2 / 14</td>
<td>1 / 17 / 14</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
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<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>[ ] More than 2500 SF</th>
<th>[ ] Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] More than 2600 SF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Fitting Insulation</td>
<td>5 LF</td>
</tr>
<tr>
<td>Valve Insulation</td>
<td>2 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>20580</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>20580</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>WAYNESBURG, OH 44688</td>
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### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Brian Scalfato</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Estimator</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>Brian Scalfato</td>
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<table>
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<tbody>
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:19b)  

<table>
<thead>
<tr>
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<tr>
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<td>☑ DOLWD 5-6-6</td>
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<td>☑ DHSS 6-6/6</td>
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</tr>
<tr>
<td>☑ OCA (NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Porto</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Market CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>95 William St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitory Firm Hired by Building Owner (8)</td>
<td>USA Environmental Management</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-365-5810</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19153</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

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

- ☑ ≥ 36 ft or ≥ 360 ft
- ☑ ≥ 160 sf or ≥ 260 sf
- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)**

11th Fl. AC equipment room
10th Fl. AC equipment room
9th Fl. AC equipment room
8th Fl. AC equipment room

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>11th Fl. AC equipment room</td>
<td>☑</td>
<td>☑ Floor tile and mastic</td>
<td>1820 SF</td>
</tr>
<tr>
<td>10th Fl. AC equipment room</td>
<td>☑</td>
<td>☑ Floor tile and mastic</td>
<td>45 SF</td>
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<tr>
<td>9th Fl. AC equipment room</td>
<td>☑</td>
<td>☑ Floor tile and mastic</td>
<td>35 SF</td>
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<tr>
<td>8th Fl. AC equipment room</td>
<td>☑</td>
<td>☑ Floor tile and mastic</td>
<td>85 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**Disposal Date**

City, State

**completed by (Print or Type)**

Brian Scalfino

**Title**

Estimator

**Signature**

Brian Scalfino

**Date**

12/16/13
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**

12 / 16 / 13

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

Verizon

**Agencies Notified (3)**

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

**Type Notification**

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

**Street Address**

15 East Montgomery Place, Lower Level

**City, State, Zip Code**

Pittsburgh, PA 15212

**Name of Contact**

Anthony Porta

**Telephone Number**


**FACILITY INFORMATION**

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

Verizon Market CO

**Street Address**

95 William St

**City (5)**

Newark

**County (6)**

Essex

**County Code (7) [STATE USE ONLY]**

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

**Office**

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

8436 Enterprise Ave

**City, State, Zip Code**

Philadelphia, PA 19153

**Telephone No.**

215-365-5910

**License No.**

00509

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 19007

**Start Date (10)**

1 / 2 / 14

**Scheduled Completion Date (11)**

1 / 17 / 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 - 3:30PM
  - 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
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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<tr>
<th>Location of ACM TO BE ABATED</th>
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<th>Description of ACM (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>6th Fl. AC equipment room</td>
<td>Yes</td>
<td>Pipe fitting insulation</td>
<td>5 LF</td>
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<tr>
<td>5th Fl. AC equipment room</td>
<td>No</td>
<td>Valve insulation</td>
<td>2 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**

20580

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

NEW CASTLE, DE 19720

**Disposal Date**

**City, State**

WAYNESBURG, OH 44688

**Completed By (Print or Type)**

Brian Scafford

**Title**

Estimator

**Signature**

Brian Scafford

**Date**

12/6/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:59 and 8:16)

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</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Porta</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Verizon Market CO

Street Address  
95 William St

City (5)  
Newark

County (6)  
Essex

County Code (7) (STATE USE ONLY)  

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

ASCM No.  

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
8436 Enterprise Ave

City, State, Zip Code  
Philadelphia, PA 19163

Project Manager for Monitoring Firm  
Mark Jenkins

Telephone No.  
215-365-5810

License No.  
00509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

Start Date (10)  
1 / 2 / 14

Scheduled Completion Date (11)  
2 / 14 / 14

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

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM AM

☐ 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 if

☐ 160 sf or >260 sf

☐ Renovation

☐ Demolition

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

IN Facility (13)

<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, VAV, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>11th Fl. AC equipment room</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>1820 SF</td>
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<td>8th Fl. AC equipment room</td>
<td>☑</td>
<td>Floor tile and mastic</td>
<td>85 SF</td>
<td>☑ ☑ ☑ ☑</td>
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</tbody>
</table>

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  

Name of Registered Landfill  
MINERVIA LANDFILL

City, State  
NEW CASTLE, DE 19720

Disposal Date  

City, State  
WAYNESBURG, OH 44688

Completed By (Print or Type)  
Brian Scafito

Title  
Estimator

Signature  
Brian Scafito

Date  
11/7/14

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

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

### Name of Building Owner/Operator
**Verizon**

#### Street Address
**15 East Montgomery Place, Lower Level**

#### City, State, Zip Code
**Pittsburgh, PA 15212**

### Name of Contact
**Anthony Porta**

#### Telephone Number
**00509**

### FACILITY INFORMATION

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

- **Square Feet**
- **# of Floors**
- **Bldg. Age**

### Name of Facility Where Abatement is Taking Place
**Verizon Market CO**

#### Street Address
**95 William St**

#### City (5)
**Newark**

#### County (5)
**Essex**

### Current Use (Prior if being demolished)

#### Name of Monitoring Firm Hired by Building Owner
**ASCM No.**

### Name of Abatement Contractor
**BRISTOL ENVIRONMENTAL, INC.**

#### Street Address
**1123 BEAVER STREET**

#### City, State, Zip Code
**BRISTOL, PA 19007**

### Project Manager for Monitoring Firm
**Mark Jenkins**

#### Telephone No.
**215-356-5810**

### Name of OSHA Monitor
**BRISTOL ENVIRONMENTAL, INC.**

#### Street Address
**1123 BEAVER STREET**

#### City, State, Zip Code
**BRISTOL, PA 19007**

### Start Date
**1/2/14**

### Scheduled Completion Date
**2/14/14**

### 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-3:30PM/ PM-AM

### Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥250 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th Fl. AC equipment room</td>
<td>[ ]</td>
<td>Pipe fitting insulation</td>
<td>5 LF</td>
<td>[ ] Remov.</td>
</tr>
<tr>
<td>5th Fl. AC equipment room</td>
<td>[ ]</td>
<td>Valve insulation</td>
<td>2 LF</td>
<td></td>
</tr>
<tr>
<td>6th Fl. Machine Rm (#4/5 Elevators)</td>
<td>[ ]</td>
<td>VAT/Mastic</td>
<td>350 SF</td>
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</tr>
<tr>
<td>11th Fl. Machine Rm (#7/8 Elevators)</td>
<td>[ ]</td>
<td>VAT/Mastic</td>
<td>440 SF</td>
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</tbody>
</table>

### Name of Registered Waste Hauler
**SERVICE TRANSPORT GROUP, INC.**

#### NJDEP Waste Hauler ID No.
**20990**

#### Cubic Yards of Waste
**Name of Registered Landfill**
**MINERVA LANDFILL**

#### City, State
**NEW CASTLE, DE 19720**

#### Disposal Date
**City, State**
**WAYNESBURG, OH 44688**

### Completed By (Print or Type)
**Brian Scafro**

### Title
**Estimator**

### Signature
**Brian Scafro**

### Date
**1/17/14**

---

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

(Pursuant to NJAC 8:50 and 5:16)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>12</th>
<th>16</th>
<th>13</th>
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</table>

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

- Verizon

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

- Verizon Market CO

**Street Address**

- 95 William St

**City (5)**

- Newark

**County (6)**

- Essex

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

- USA Environmental Management

**Name of Abatement Contractor (9)**

- BRISTOL ENVIRONMENTAL, INC.

**Street Address**

- 8436 Enterprise Ave

**City, State, Zip Code**

- Philadelphia, PA 19153

**Project Manager for Monitoring Firm**

- Mark Jenkins

**Telephone No.**

- 215-365-5810

**Date (10)**

- Start Date: 1/2/14

**Scheduled Completion Date (11)**

- 2/14/14

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

- Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement:** 7:00AM-3:30PM

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

- Renovation
- Demolition

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

- TO BE ABATED IN Facility (13)

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

- Yes No N/A

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

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

**Amount (Specify SF or LF)**

- 220 SF

**Abatement Type**

- Removal Repair
- Encapsulate

**Name of Registered Waste Hauler**

- SERVICE TRANSPORT GROUP, INC.

**City, State**

- NEW CASTLE, DE 19720

**Cubic Yards of Waste**

- 20990

**Name of Registered Landfill**

- MINERVA LANDFILL

**City, State**

- WAYNESBURG, OH 44685

**Disposal Date**

- City, State

**Completed By (Print or Type) + Title + Signature + Date**

- Brian Scafidi + Estimator + Brian Scafidi + 1/7/14

---

**Note:** Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): January 29, 2014


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

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

Street Address: 2156 Camplain Road

City, State, Zip Code: Hillsborough, NJ 08844

Name of Contact: Antonio Dimuzio

Telephone Number:

FACILITY INFORMATION

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

Address: 23 Arlington Avenue

City: South River, County (6): Middlesex

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

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

Street Address: 1889 Route 9, Unit 61

City, State, Zip Code: Toms River, NJ 08755-1271

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

Telephone Number: 732-349-9932

License Number: 00624

Scheduled Start Date (10): 1/29/14

Scheduled Completion Date (11): 1/30/14

Occupy Status During Abatement (Check only one):

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

Scope of Work (Check all that apply):

[ ] >3 sf or ≥3 if

[ ] ≥160 sf or ≥260 if

[ ] Renovation

[ ] Demolition

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

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

[ ] YES

[ ] NO

[ ] N/A

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

Asbestos pipe insulation

Amount (Specify SF or LF): 62 if

Abatement Type:

REMOVAL

REPAIR

ENCAPSULANT

Name of Registered Waste Hauler (14):

Guardian Contracting, Inc.

Disposal Date: 1/31/14

City, State: Tullytown, Pennsylvania

Cubic Yards of Waste: 2

Name of Registered Landfill (15): T.R.R.F.

NJDEP Waste Hauler ID No.: 20223

City, State: Toms River, New Jersey

Title: Project Manager

Completed by (Print or Type): Nicholas Fernicola

*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 28, 2014

<table>
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<tr>
<td>[ ] DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>45 West Water Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
</tr>
</tbody>
</table>

Name of Contact: Tibor Kramer

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>1017 Curtis Avenue</td>
</tr>
<tr>
<td>City, County</td>
<td>Point Pleasant Boro, Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check only one)</th>
<th>Scheduled Start Date (10)</th>
<th>01/29/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Scheduled Completion Date (11)</td>
<td>01/31/2014</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Work Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or ≥3 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥160 if</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Asbestos siding</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>[ ] 1800 sf</td>
<td>NUDIP Waste Hauler ID No. 20223</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/2014</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Fennica</td>
<td>Signature</td>
</tr>
</tbody>
</table>

*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: January 28, 2014

Name of Building Owner/Operator: Seminole Construction

Street Address: 128 Bartlett Avenue
City, State, Zip Code: West Creek, NJ 08092

Name of Contact: Joyce
Telephone Number: 920-817-0001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 11900 Sunset Terrace
Residence: Long Beach Twp.

City: Ocean
County Code: (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner: N/A
ASCM No.: Guardian Contracting, Inc.
Name of Abatement Contractor: E.M.S.L. Analytical
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm: Telephone Number: 732-349-9932
License Number: 00624

Scheduled Start Date: 1/28/14
Scheduled Completion Date: 1/31/14

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Scope of Work: >3 sf or ≥ 3 if

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

Is Location Normally used Solely by Maintenance/Custodial Staff: YES

YES NO N/A

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

Abatement Type: Demolition

Amount (Specify SF or LF):

Abatement Type: REMOVAL

Name of Registered Waste Handler: Guardian Contracting, Inc.
GDQEP 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: 2/3/14

City, State: Tullytown, Pennsylvania

Completed by (Print or Type): Nicholas Fernicola
Title: Project Manager
Signature: Signature
Date: 1/28/2014

*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 30, 2014

Name of Building Owner/Operator (2): EDM

Agencies Notified: [x] EPA, [x] DOL
Type of Notification: [ ] Initial Notification, [x] Emergency (including justification)
Amendment #: N/A

Street Address: 5 Benchley Drive
City, State, Zip Code: Marlboro, NJ 07746

Emergency (including justification)

Name of Contact: Matt Martino
Telephone Number: FEB 3 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 132 E. Brig Drive
City, State, Zip Code: Little Egg Harbor, Ocean N/A

County (6): Ocean
County Code (7): ASCM No.

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

Sacred Heart (STATE USE ONLY)

Project Manager for Monitoring Firm: N/A
Telephone Number: N/A

Scheduled Start Date (10): 1/31/14
Scheduled Completion Date (11): 2/3/14

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
[ ] Demolition
[ ] Renovation

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

Exterior: X

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): 2000 sf

Abatement Type:

Renovation

Abatement Contractor (9): 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 Stellon Road
City, State, Zip Code: Piscataway, New Jersey 08854

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

Name of Registered Landfill: T.R.R.F.
City, State: Tullytown, Pennsylvania
Disposal Date: 2/4/14

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3

Completed by (Print or Type):
Nicholas Fernicola
Title: Project Manager

Signature: Nicholas Fernicola
Date: 1/30/2014

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