**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:62 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/15</td>
<td>Mill Creek</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- EPA
- DCP
- DOL
- DOH
- DCV

**Street Address**
135 Route 202/206
**City, State, Zip Code**
Boonton, NJ 07005

**Name of Content**
Larry Bennett

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 Warren Street</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Non-Residential K-12</td>
</tr>
<tr>
<td>Township</td>
<td>Other i.e. private &amp; commercial buildings names, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Type of Use (such as: office, hotel, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

**Hudson**

<table>
<thead>
<tr>
<th>Name of Managing Firm Assigned by Building Owner (5)</th>
<th>Name of Accountability Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Stanmark Contractors, LLC</td>
</tr>
</tbody>
</table>

**Preventive Measures**

<table>
<thead>
<tr>
<th>Person in Charge of Preventive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marko Stankovic</td>
</tr>
</tbody>
</table>

**Start Date**
02/04/18

**Schedule and Completion Date (11)**
02/08/15

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

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

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

<table>
<thead>
<tr>
<th>Amount (in cubic feet or linear feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

**Exemption**

<table>
<thead>
<tr>
<th>Description of Method of Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Pro-Tech</th>
<th>NJDEP Waste Hauler ID No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>190713</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

| G.R.O.W.S.                   | 5 |

**Disposal Date on Completion**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morristown, PA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Prepared by**

<table>
<thead>
<tr>
<th>Marko Stankovic</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>President</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Marko Stankovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>marko.stankovic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/15</td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
01/30/2015

Agencies Notified
(X) EPA  ( ) Initial Notification
(X) NJDEP  ( ) Amended
(X) NJ DOL  Amendment #
(X) DOH  ( X ) Emergency (including justification)
( ) DCA  ( ) Cancellation

Name of Building Owner/Operator (2)
Tony Felella

Street Address
906 Bloomfield Street

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Tony Felella

FACILITY INFORMATION

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

Street Address
906 Bloomfield Street, Hoboken, NJ

City (5)  County (6)  County Code (7)
Newark  Hudson  N/A

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

ASCM No.
N/A

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
02/02/2015

Scheduled Completion Date (11)
02/04/2015

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Other - Describe:
Work area in basement unoccupied during abatement

Source of Work (Check all that apply)
Demolition
Renovation

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

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

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
YES  NO  N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)
TSI Pipe Insulation

Amount (Specify SF or LF)
80 LFT

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Reg. Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID #
04509

Cubic Yards of Waste
.5

Name of Reg. Landfill
IESI BETHLEHEM LANDFILL

City, State
569 Raymond Blvd., Newark, NJ 07105

Disp. Date
12/18/2014

City, State
BETHLEHEM, PA 18015

Completed by (Print or Type)
David Camacho

Title
Project Supervisor

Signature

Date
01/30/2015
### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
1/28/15

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

**Type Notification**
- [x] Initial
- [ ] Amended

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

**Street Address**
190 Blanchard Street

**City, State, Zip Code**
Newark, NJ, 07105

**Name of Contact**

**Telephone Number**

#### FACILITY INFORMATION

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

**Street Address**
190 Blanchard Street

**City (5)**
Newark

**County (6)**
Essex

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

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

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

**ASCM No.**

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

**Street Address**
1009 87th Street Suite A4

**City, State, Zip Code**
North Bergen, NJ 07047

**Project Manager for Monitoring Firm**

**Telephone No.**
201-293-5305

**License No.**
01223

**Start Date (10)**
2/6/15

**Scheduled Completion Date (11)**
2/23/15

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
- [x] 13,125 SF
- [x] 2,433 LF
- [x] 144 SF

**Name of Registered Waste Hauler**
SAN TON SERVICES

**NJDEP Waste Hauler ID No.**
22430

**Cubic Yards of Waste**

**Name of Registered Landfill**
MEDOWLANCHES COMMISSION

**City, State**
KENILWORTH, NJ

**Completed by**
Bryan Parra
**Title**
Project Manager
**Signature**

**Disposal Date**

**City, State**
KEARNY, NJ
**Date**
1/28/15

---

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

(State of NJ)
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
- 1/11/13

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

**Type Notification**
- Initial
- Amended

**Name of Building Owner/Operator (2)**
- Ben Smith

**Street Address**
- 645 SHERWOOD ROAD

**City, State, Zip Code**
- Ho-Ho-Kus, NJ, 07423

**Name of Contact**
- Ben Smith

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**
- Smith Residence

**Street Address**
- 645 SHERWOOD ROAD

**City (5)**
- Ho-Ho-Kus,

**County (6)**
- Bergen

**County Code (7)**
- (State use only)

**Type of Facility (4)**
- ☑ Other (Private/Commercial Blgs./Homes, etc.)

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

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

**Name of Abatement Contractor (9)**
- D & S RESTORATION, INC.

**Street Address**
- 20 California Ave.

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

**License Number**
- 01169

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

**Name of OSHA Monitor**
- D & S Restoration, Inc.

**Street Address**
- 20 California Avenue

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

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

- ☑ Other - Describe: NORMAL HOURS

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

- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment w/negative pressure
- ☑ Mini-enclosure
- ☑ Glovebag procedure
- ☑ Non-Exempted (*) and Non-Friable procedure

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

| Location | Is location normally used solely by maintenance/custodial staff? | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R | E | M | P | R | E | C | E | N | L |
|----------|---------------------------------------------------------------|-----------------------------------------------------|---------------------------|---|---|---|---|---|---|---|---|---|---|---|
| Basement | ☑                                                              | Pipe Insulation                                     | 23 LF                     | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |

**Registered Waste Hauler**
- D & S RESTORATION, INC.

**NJDEP Hauler ID#**
- 13506

**Cubic Yards of Waste**
- 1 CY

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

**City, State**
- TULLYTOWN, PA

**Disposal Date**
- 2/4/15

**Completed by (Print or Type)**
- BOGDAN JOLDZIC

**Title**
- PRESIDENT

**Signature**
- Date: 1/23/2015
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

Checking box: Emergency (must include justification)
Date of Notification: 1/23/15

Building Information

Name of Building Owner/Operator: BEN SMITH
Street Address: 645 SHERWOOD ROAD
City: HO-HO-KUS
State: NJ
Zip: 07423
Name of Contact: BEN SMITH
Telephone No.

Facility Information

Name of Facility Where Work Activity is to Take Place: SMITH RESIDENCE
Describe Facility Use: RESIDENTIAL BUILDING
Street Address: 645 SHERWOOD ROAD
City: HO-HO-KUS
State: NJ
Zip: 07423
County Name: Bergen
County Code (state use only): _____________
Scheduled Start Date: 1/26/15
Scheduled Completion Date: 1/28/15

Occupancy Status During Activity (check only one):

Checking box: Facility Closed/Vacated During Entire Activity
Activity Performed Outside Normal Facility Hours—Describe:
Other—Describe:

Scope of Work (check all that apply):

Checking box: Floor Tile
Square Footage: 160 SF
Percentage Asbestos: _______
Mastic
Square Footage: _____________
Percentage Asbestos: _______
Other: _____________
Square Footage: _____________
Percentage Asbestos: _______

Contractor Information

Company Name: D & S Restoration, Inc.
Telephone No.: 973-345-8020
Street Address: 20 California Avenue
City: Paterson
State: NJ
Zip: 07503
New Jersey Asbestos License Number (if applicable): 01169
Monitoring Firm (if applicable): N/A
Telephone No.: N/A

Signature

Completed By (type or print legibly): IAN MELHUISH
Title: PROJECT MANAGER
Date: 1/23/15
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/11/2015

Name of Building Owner/Operator (2)
Michael Brooks

Type Notification
Initial

Street Address
1859 NEW BEDFORD ROAD

City, State, Zip Code
WALL TWP., NJ

Name of Contact
Michael Brooks

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Michael Brooks

Type of Facility (4)

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial
  Bidgs./Homes, etc.)

Square Feet # of Floors

Bidg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bidg. Owner (8)

- ASOM No.

License Number
01169

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Phone Number
973-345-8020

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
01/29/15

Schedule Completion Date (11)
02/10/15

Occupancy Status During Abatement (Check only one)
- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.

Describe:
NORMAL HOURS

Other-Describe:

Scope of Work (check all that apply)
- >3 sf or >3 ft
- Renovation
- >180 sf or >260 ft
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

- Basement
- Pipe Insulation

Description of asbestos-containing material (ACM)

- Location normally used solely by maintenance/custodial staff

Amount (Specify SF or LF)
100 LFT

Removal/Repair

Enroll

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
01/30/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
01/28/15

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

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:90 and 12:120)

**State Restoration**

**PAGE** 02/84

---

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/12/18</th>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>RPA</th>
<th>DPW</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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<tbody>
<tr>
<td>Type Notification</td>
<td>Initial</td>
<td>Amended</td>
<td>Amendment #</td>
<td>Emergency (including justification)</td>
<td>Cancelation</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Michael Brooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1859 NEW BEDFORD ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WALL TWP., NJ</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Michael Brooks</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

---

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)

Michael Brooks

Street Address

1859 NEW BEDFORD ROAD

WALL TWP., MONMOUTH

County (6) County Code (7)

(Private Use only) Current Use (Prior to being demolished)

- 0.500 ft
- 2000 sq ft

---

**Type of Facility (4):**

- School (K - 12)
- Suburban B (Other than K-12)
- Other (Private/Commercial: Bldg., Premises, etc.)

---

**Start Date (10):** 01/29/15

**School Completion Date (11):** 02/10/15

Occupancy Status During Abatement (Check only one):

- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.

- Normal Hours

---

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>100 LFT</td>
<td></td>
</tr>
</tbody>
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**Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
</tbody>
</table>

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**Name of Registered Hauler:**

<table>
<thead>
<tr>
<th>TULLY TOWN, RESOURCE RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
</tbody>
</table>

---

**Completed By:**

<table>
<thead>
<tr>
<th>BOGDAN JOLDSZ</th>
<th>PRESIDENT</th>
</tr>
</thead>
</table>

---

The person who filled the above fields performed the asbestos abatement activity.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) | 8/11/15
------------------------|-----------------|
Name of Building Owner/Operator (2) | tom lane

Agency Notified | Type Notification | Name of Contact | Telephone Number
--- | --- | --- | ---
[ ] EPA | Initial | tom lane | 
[ ] DEP | Amended | | 
[ ] DOL | Emergency (including justification) | | 
[ ] DOH | Cancellation | | 
[ ] DCA | | | 

Facility Information

Name of facility where abatement is taking place (3) | tom lane
Street Address | 302 woodside avenue
City, State, Zip Code | RIDGEWOOD, NJ 07450
County (6) | borgen
County Code (7) | 

Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No.
Street Address | | |
City, State, Zip Code | | |
Project Manager for Monitoring Firm | | |
Phone Number | | |
Start Date (10) | 02/16/15
Scheduled Completion Date (11) | 02/20/15
Occupancy Status During Abatement (Check only one)
[ ] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours.
[ ] Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
[ ] 12 sf or >2 sf
[ ] 160 sf or >260 sf
[ ] Demolition
[ ] Renovation
[ ] Full Containment w/negative pressure
[ ] Mini-enclosure
[ ] Glovebag procedure
[ ] Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)
<table>
<thead>
<tr>
<th>Location 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>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT (4 LOCATIONS)</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>30 L ft</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID # | 13506
Cubic Yards of Waste | 1

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State | PATERSON, NJ 07503
Disposal Date | 02/17/15

Completed by (Print or Type)
BOGDAN JOLDZIC
Title | PRESIDENT
Signature | Date | 01/29/2015

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

Date of Notification (1):

[11/1/15]

Agencies Notified:

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification:

☑ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner/Operator (2):

ROB RUST

Street Address:

218 SOUTH MOUNTAIN AVENUE

City, State, Zip Code:

MONTCLAIR, NJ 07042

Name of Contact:

ROB RUST

Telephone Number:

FACILITY INFORMATION

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

ROB RUST

Street Address:

218 SOUTH MOUNTAIN AVENUE

City (5):

MONTCLAIR

County (6):

ESSEX

County Code (7):

(State use only)

Name of Abatement Contractor (9):

D & S RESTORATION, INC.

Street Address:

20 California Ave.

City, State, Zip Code:

Paterson, NJ 07503

Telephone Number:

973-345-8020

License Number:

01169

Name of OSHA Monitor:

D & S Restoration, Inc.

Street Address:

20 California Avenue

City, State, Zip Code:

Paterson, NJ 07503

Scope of Work (check all that apply):

☒ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>2ND FLOOR</th>
<th>1ST FLOOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUCT INSULATION</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>8 SQ FT</td>
<td>8 L FT</td>
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</table>

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID:

13506

Cubic Yards of Waste:

1 yd.

Name of Registered Landfill:

TULLYTOWN, RESOURCE RECOVERY

City, State:

PATerson, NJ 07503

Disposal Date:

02/02/15

Completed by (Print or Type):

BOGDAN JOLDZIC

Title:

PRESIDENT

Signature:

Date:

01/29/2015

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

**Date of Notification:** 10/11/2015

**Name of Building Owner/Operator:** ROB RUST

**Street Address:**

**218 SOUTH MOUNTAIN AVENUE**

**City, State, Zip Code:** MONTCLAIR, NJ 07042

**Name of Contact:** ROB RUST

**Telephone Number:**

### FACILITY INFORMATION

**Name of facility where abatement is taking place:**

**ROB RUST**

**Street Address:**

**218 SOUTH MOUNTAIN AVENUE**

**City:** MONTCLAIR

**County:** ESSEX

**County Code:** J56

**Type of Facility:** (9)

**School (K-12):**

**Subchapter 8 (Other than K-12):**

**Other (Private/Commercial Buildings, etc.):**

**Squad Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Abatement Contractor:**

**D & S RESTORATION, INC.**

**Street Address:** 20 California Ave.

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

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

**License Number:** 01169

**Name of OSHA Monitor:**

**D & S Restoration, Inc.**

**Street Address:** 20 California Ave.

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

**Start Date (10):** 01/30/15

**Sched. Completion Date (11):** 02/20/15

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

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

**Other - Describe:** NORMAL HOURS

**Scopes of Work (check all that apply):**

- [x] Demolition
- [ ] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>2ND FLOOR DUCT INSULATION</td>
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<tr>
<td>2ND FLOOR PIPE INSULATION</td>
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**Registered Waste hauler:**

**D & S RESTORATION, INC.**

**Hauler ID:** 13506

**Quant. Yrd. of Waste:**

**Name of Registered Landfill:**

**TULLY TOWN, RESOURCE RECOVERY**

**City, State:**

**Disposal Date:**

**02/23/15**

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

**ROMAN JOZDJIC**

**Position:**

**PRESIDENT**

**Signature:**

**Date:**

**01/29/2015**
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  

Name of Building Owner/Operator (2)  

Janine Barone  

Agencies Notified | Type Notification | Initial  
--------------------|------------------|---------  
EPA | Amended  
DEP | Emergency  
DOL | (including justification)  
DOH | Cancellation  

Street Address  

26 Viewmont Terrace  

City, State, Zip Code  

Little Falls, NJ 07424  

Name of Contact  

Janine Barone  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  

Janine Barone  

Type of Facility (4)  

School (K-12)  

Subchapter B (Other than K-12)  

Other (Private/Commercial Blgs./Homes, etc.)  

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

Start Date (10)  

02/10/15  

Occupancy Status During Abatement (Check only one)  

Facility closed/vacated during entire period of abatement.  

Abatement performed outside of normal facility hours—Describe:  

Other—Describe: NORMAL HOURS  

Start Date (10)  

02/10/15  

Schedule Completion Date (11)  

02/27/15  

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

Yes | No | N/A  
---|---|---  
BASEMENT - lower | X |  
BASEMENT - upper | X |  
BASEMENT - with carpet | X |  
PIPE INSULATION | 100 ft |  
PIPE INSULATION | 30 ft |  
BARE HEATING PIPES | 36 ft |  

Registered Waste Hauler  

D & S Restoration, Inc.  

NJ DEP Hauler ID#  

13506  

Cubic Yards of Waste  

2 yds  

Name of Registered Landfill  

Tullytown, Resource Recovery  

City, State  

PATERSON, NJ 07503  

Disposal Date  

02/11/15  

Completed by (Print or Type)  

Bogdan Joldzic  

Title  

President  

Signature  

Date  

01/29/2015  

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Initial</th>
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Name of Building Owner/Operator (2)

- Karen Fallowes
- Address: 12 Laurel Avenue
- City, State, Zip Code: Summit, NJ 07901
- Name of Contact: Allen J. Gondeck

FACILITY INFORMATION

- Name of Facility where abatement is taking place (3)
  - Karen Fallowes
- Street Address: 12 Laurel Avenue
- City, State, Zip Code: Summit, NJ 07901

Name of Monitoring Firm Hired by Bldg. Owner (8)

- Union
- ASCM No.

Name of Abatement Contractor (9)

- D & S Restoration, Inc.
  - Street Address: 20 California Ave.
  - City, State, Zip Code: Paterson, NJ 07503
  - Telephone Number: 973-345-8020
  - License Number: 01169

- Name of OSHA Monitor: D & S Restoration, Inc.
  - Street Address: 20 California Avenue
  - City, State, Zip Code: Paterson, NJ 07503

Start Date (10) 01/30/15
- Sched. Completion Date (11) 02/20/15

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Normal Hours

Scope of Work (check all that apply)
- >200 sf or >200 ft
- Renovation
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

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<th>Feature</th>
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<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
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<tr>
<td>Basement kitchen</td>
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<td>X</td>
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<td>Pipe Insulation 741 ft</td>
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<tr>
<td>VAT</td>
<td></td>
<td>X</td>
<td></td>
<td>95 sq ft</td>
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Registered Waste Hauler
- D & S Restoration, Inc.
- NJDEP Hauler ID: 13506
- Cubic Yards of Waste: 2 Yds

Name of Registered Landfill
- Tullytown, Resource Recovery
  - City, State: Tullytown, PA
  - Disposal Date: 02/02/15

Completed by (Print or Type)
- Bogdan Joldzic
  - Title: President
  - Signature: Date: 01/29/15
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>Karen Fallowes</td>
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<tr>
<td>DOL</td>
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<td>SUMMIT, NJ 07901</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
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<tr>
<td>Allen, John</td>
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**FACILITY INFORMATION**

<table>
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<th>Name of Facility where abatement is taking place</th>
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<td>Karen Fallowes</td>
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**SUMMIT**

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<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
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<tr>
<td>ASCM No.</td>
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<th>City, State, Zip Code</th>
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<th>Project Manager for Monitoring Firm</th>
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<td>02/20/15</td>
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</table>

**Occupancy Status During Abatement**

- Facility closed/vacated during entire period of abatement (Check one only)
- Abatement performed outside of normal facility hours (Check one only)
- Other/Describe: NORMAL HOURS

**Removal, Encapsulation, or Sealing**

-✔️ Full Containment with negative pressure
-✔️ Mini encapsulation
-✔️ Glovebag procedure
-✔️ Non-exempted (*) and Non-table procedure

**Location of asbestos-containing material (ACM) to be abated in facility (19)**

-✔️ Base
-✔️ Kitchen

<table>
<thead>
<tr>
<th>Location</th>
<th>Presence</th>
<th>ACM to be removed</th>
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<tbody>
<tr>
<td></td>
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<td>ACM</td>
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<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
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<tr>
<td>PIPE INSULATION, 54 ft.</td>
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<table>
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<th>Amount (Specify SF or LF)</th>
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<th>Name of Registered Handler</th>
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<td>Tullytown, Resource Recovery</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
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<table>
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<tr>
<th>Registered Vendor Name</th>
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<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Paterson, NJ 07503</td>
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**Completed by**

<table>
<thead>
<tr>
<th>Name (Print or Type)</th>
<th>Title</th>
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<tbody>
<tr>
<td>BOGDAN JOLIDZIC</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/29/15</td>
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</table>
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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 30 / 15</td>
<td>Goya Foods, Inc. / Job #1412-4857</td>
</tr>
</tbody>
</table>

Agency Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Others
- Other

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
350 County Road
Jersey City, NJ 07307

Name of Contact
Matthew Montour

 FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Goya Maintenance Garage

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huyler Street
South Hackensack, NJ 07606

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
201-481-6209

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Cinnaminson, NJ 08077

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Endurant

Effective Date
1/30/15

Name of Registered Waste Hauler
AbateTech, Inc.

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

Disposal Date
2/15/15

City, State
Tullytown, PA

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste

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

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 30 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Goya Foods, Inc. / Job #1412-4857 Check #8914</th>
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<td>Agencies Notified</td>
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<td>350 County Road</td>
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<td>Jersey City, NJ 07307</td>
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<tr>
<td>DOLWD</td>
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<td>Name of Contact</td>
<td>Matthew Montour</td>
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<td>DHSS</td>
<td></td>
<td>Telephone Number</td>
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<td>DCA (NJAC 5:23-8)</td>
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<td>FACILITY INFORMATION</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Goya Maintenance Garage</td>
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<td>Street Address</td>
<td>390 New County Road</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
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<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td></td>
<td></td>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Completion Date</td>
<td>2 / 6 / 15</td>
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<td></td>
<td>Time of Abatement</td>
<td>AM- PM- PM- AM</td>
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<tr>
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<td></td>
<td>Scope of Work</td>
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</tr>
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<td></td>
<td>200 sf or 250 ft</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1000 sf or 2500 ft</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1000 sf or 2500 ft</td>
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</tr>
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<td></td>
<td></td>
<td>Renovation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
1/30/15

Name of Building Owner/Operator (2)
PSEG

Agencies Notified

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

Street Address
4000 Hadley Rd

City, State, Zip Code
South Plainfield NJ 07080

Name of Contact
Joe Mannon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Lumberton Substation

Street Address
388 Main St. (Rt 541)

City (5)
Lumberton NJ 08048

County (6)
Burlington

County Code (7)

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

Square Feet
500

# of Floors
1

Bidg. Age
40 plus

Current Use (Prior if being demolished)
Control Room

Name of Monitoring Firm Hired by Building Owner (8)

n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
WRS Environmental Services Inc.

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

Project Manager for Monitoring Firm

n/a

Telephone No.
n/a

Licensor No.

Telephone No.
631 924-8111

Name of OSHA Monitor
Michael J DiMaria / WRS Supervisor

Start Date (10)
2/10/15

Scheduled Completion Date (11)
2/13/15

Occupancy Status During Abatement (Check Only)

Facility Closed/Vacated During Entire Period of Abatement
same as above

Abatement Performed Outside of Normal Facility Hours
same as above

Other – Describe:

Scope of Work (Check All That Apply)

- 3 or more
- 1000 or more
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

Is Location Normally Used Solely by Maintenance/Custodial Staff?

No

(13)

(12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endure

Exterior Roof

Asbestos Roof Flushing

75 LF

x

Name of Registered Waste Hauler
NUDEP Waste Hauler
ID No. 1125

Cubic Yards of Waste
10

Name of Registered Landfill
Grows Landfill

City, State
Tullytown, PA

Camden NJ

Disposal Date
TBD

Completed by
Michael J DiMaria

Title
Proj MGR/ Site Supervisor

Signature

Date
1/30/15

* 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 21 / 15</td>
<td>PSE&amp;G / Job #1501-4861 Check #1</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>4000 Hadley Road</td>
</tr>
<tr>
<td>Amended Amendment #1</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- Name of Facility Where Abatement is Taking Place (3):
PSE&G Control House
- Street Address:
  - Front Street
- City, State, Zip Code:
  - Scotch Plains, NJ 07080
- County Code (7) (STATE USE ONLY): Union

**Name of Monitoring Firm Hired by Building Owner (6):**

- Health & Safety Services

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

- AbateTech, Inc.

**Street Address:**

- 30 Maple Ave. PO Box 25

**City, State, Zip Code:**

- Lumberton, NJ 08048

**Project Manager for Monitoring Firm:**

- Jim Proctor

**Telephone No.:**

- 609-285-2107

**License No.:**

- 00529

**Start Date (10):**

- 1 / 19 / 14

**Scheduled Completion Date (11):**

- 2 / 4 / 15

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

- Control House

**Type of Facility (4):**

- School (K-12)

**Square Feet: # of Floors: Bidg. Age:**

- Current Use (Prior if being demolished)

**Name of OSHA Monitor:**

- EMSL Analytical

**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:**

- AM - PM - AM

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

- 2600 sf or 2600 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (i) and Non-Friable Procedure

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

- Exposed Exterior of Control House
  - exterior pipe
  - 1,000 LF

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

- Yes

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

- 1,000 LF

**Abatement Type:**

- Encapsulate

**Waste Management:**

- NJDEP Waste Hauler ID No. 1125

**Cubic Yards of Waste:**

- 4

**Name of Registered Landfill:**

- G.R.O.W.S. Landfill

**City, State:**

- Camden, NJ

**Disposal Date:**

- 2/4/15

**City, State:**

- Tullytown, PA

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

- Gwendolyn Trumbetti

**Title:**

- Operations Coordinator

**Signature:**

- [signature]

**Date:**

- 1/21/15

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

Date of Notification (1) 1 / 28 / 15

Agencies Notified
☐ EPA
☐ DOL/WD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Federal Aviation Administration / Job #1409-4P

Street Address
FAA Technical Center

City, State, Zip Code
Atlantic City International Airport, NJ 08405

Name of Contact
Bob Cook

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center

Street Address
Building #182

City (5)
Atlantic City

County (6)
County Code (7) [STATE USE ONLY]

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Technical Center

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

ASCM No. 117

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
318 12th Street

City, State, Zip Code
Hamonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No. 609-704-9850

Start Date (10) 1 / 26 / 15
Scheduled Completion Date (11) 2 / 6 / 15

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: AM PM 3:30PM-12AM

Scops of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥150 sf or ≥250 If
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Container Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

Location
Furnace Room ☒ ☐ ☐ Floor tile & mastic 40 SF ☒ ☐ ☐

Air Handler Room ☒ ☐ ☐ Floor tile & mastic 25 SF ☒ ☐ ☐

Bathroom ☐ ☒ ☒ Floor tile & mastic 70 SF ☒ ☐ ☐

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 16

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

City, State
Lumberton, NJ

Disposal Date 2/6/15

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 1/28/15

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

**State of New Jersey**

**Date of Notification (1)**
- 1 / 21 / 15

**Name of Building Owner/Operator (2)**
- State of NJ DPMC/Job #1412-4857 Check #6958

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

**Type Notification**
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

**Street Address**
- 33 West State Street PO Box 034

**City, State, Zip Code**
- Trenton, NJ 08625-0034

**Name of Contact**
- John DeAngelo

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
- 109 Route #36

**City (5)**
- Eatontown

**County (6)**
- Monmouth

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

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

**Type of Facility (4)**
- School (K-12)
- Subchapter 5 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

---

**Name of Monitoring Firm Hired by Building Owner (8)**
- Environmental Conenction, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
- AbateTech, Inc.

**Street Address**
- 30 Maple Ave. PO Box 25

**City, State, Zip Code**
- Lumberton, NJ 08048

**Project Manager for Monitoring Firm**
- Rolly Jones

**Telephone No.**
- 609-392-4200

**License No.**
- 00529

---

**Start Date (10) 1 / 21 / 15**

**Scheduled Completion Date (11) 1 / 30 / 15**

**Name of OSHA Monitor**
- EMSL, Analytical

**Street Address**
- 200 Route 130 North

**City, State, Zip Code**
- Cinnaminson, NJ 08077

**Scope of Work (Check all that apply)**
- Yes
- No
- NA

- 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)**

- Exterior
- SlopSink Closet

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- Yes
- No
- NA

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

**Amount**
- Specify SF or LF

**Abatement Type**
- Removal
- Repair
- Encapsulation

**Name of Registered Waste Hauler**
- AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
- 18750

**Cubic Yards of Waste**
- 12

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

**City, State**
- Lumberton, NJ

**Disposal Date**
- 1/30/15

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Gwendolyn Trumbetti

**Title**
- Operations Coordinator

**Signature**

**Date** 1/21/15

---

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

Date of Notification (1)  1 / 26 / 15

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Federal Aviation Administration / Job #1409-4815, Check #6960

Street Address
FAA Technical Center

City, State, Zip Code
Atlantic City International Airport, NJ 08405

Name of Contact
Bob Cook

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center

Street Address
Building #162

City
Atlantic City

County
Atlantic

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

Technician Services

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8650

Start Date (10)
1 / 26 / 15

Scheduling Completion Date (11)
1 / 30 / 15

Name of OSHA Monitor
EMSL Analytical

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

Time of Abatement: AM
PM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥160sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
IN Facility

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Furnace Room</td>
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<td>Floor tile &amp; mastic</td>
<td>40 SF</td>
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<tr>
<td>Air Handler Room</td>
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<td>Floor tile &amp; mastic</td>
<td>25 SF</td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td>Floor tile &amp; mastic</td>
<td>70 SF</td>
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Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
16

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

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
1/26/15

City
Tullytown, PA

ASB-41
MAY 11

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

**State of New Jersey**

**ASBESTOS ABATEMENT**

[Signature]

Jan 14 2015 03:52pm

**Department of Health & Senior Services**

Name of Building Owner/Operator (2): Hiram Quiñones Check # 3475

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tr>
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<td>Emergency (Including justiﬁcation)</td>
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**Name of Facility Where Abatement is Taking Place (3)**

<table>
<thead>
<tr>
<th>Residence</th>
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</thead>
<tbody>
<tr>
<td>42 Iroquois Trail</td>
</tr>
</tbody>
</table>

**City (4):** Wayne, New Jersey 07470

**County Code (7):** 0466

**County Name:** Passaic

**Name of Registered Waste Hauler (9):** Litch Corporation

- **Street Address:** 2333 Route 22 West
- **City, State, Zip Code:** Woodland Park, New Jersey 07424

**Name of Registered Landﬁll (10):** G.R.O.W.S. Landﬁll

- **City, State:** Morrisville, Pennsylvania

**Name of Contractor (11):** J & S Environmental Laboratories LLC

- **Street Address:** 2333 Route 22 West
- **City, State, Zip Code:** Woodland Park, New Jersey 07424

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

- ≥ 3,000 ft²
- ≥ 1,600 ft² or ≥ 200 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedures

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

- Attic Ceiling
- Vermiculite Insulation

- **Name of Registered Waste Hauler (12):** Litch Corporation

- **Waste Hauler ID No.:** 17824

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

Momo Glavatovic

**Title:** Vice President

**Signature:**

**Date:** 01/19/15

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 8:16)

**DOH - 10 DAY**

**WAIVER APPROVED**

**Date of Notification (1)**

| 02 | 02 | 15 |

**Agency Notified**

- [ ] EPA
- [ ] NDEP
- [ ] OSHA
- [ ] DCA (NJAC 8:23-a)

**Type of Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justifications)
- [ ] Cancellation

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

**Virtua**

**Street Address**

20 SWOY ROAD SUITE 3 MARLTON, NJ 08053

**Phone Number**

**Name of Contact**

PAT GIORDANO

**FACILITY INFORMATION**

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

**VIRTURA MARLTON CAMPUS**

**Street Address**

90 BRICK ROAD

**City (5)**

MARLTON

**County Code (6)**

BURLINGTON

**Name of Monitoring Firm / Hire by Building Owner (8)**

VERTEX ENVIRONMENTAL

**ASCM No.**

**Name of Abatement Contractor (8)**

DELTABJDS, INC

**Telephone No.**

810 899-8000

**Telephone No.**

215 322-3678

**Project Manager for Monitoring Firm**

DON HEIM

**License No.**

00700

**Start Date (10)**

02 / 03 / 15

**Duration of Project (11)**

02 / 17 / 15

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

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

**Time of Abatement:**

ZAM: 7AM - PM, 12AM

**License No.**

00700

**Name of OSHA Monitor**

CRITERION LAB

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

- [ ] 23' or 33'
- [ ] 180' or 280' W

**Description of Asbestos-Containing Material (ACM) (i.e., thermal materials, insulations, surfacing or other miscellaneous)**

- [ ] Full Containment with Negative Pressure
- [ ] Milli-Enclosure
- [ ] Stovepipe Procedure
- [ ] Non-Exempted (*) and Non-Exempted Procedure

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

<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>

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

- [ ] Maintenance/Custodial Staff (12)

**Amount (Specify SP or LF)**

**Abatement Type**

- [ ] Demolition
- [ ] Enclosure

**ADMINISTRATION**

- [ ] TILE AND MASTIC WITH CARPET

**Name of Registered Waste Handler**

**SERVICE TRANSPORT CORP.**

- [ ] NDEP Waste hauler ID No. 29090

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**Disposal Date**

WAYNESBURG, OH 44688

**Completed By / Print of Type**

DAMIAN LAVELLE

**Signature**

**Date**

2/15

**Additional Notes**

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

Date of Notification (1) 02 / 02 / 15

Name of Building Owner/Operator (2) Virtua

Agencies Notified
☑ EPA  ☑ Initial
☑ DOLWD  ☑ Amended
☑ DHSS  ☑ Amendment #
☑ DCA  ☑ Emergency (including justification)
(NJAC 5:23-8)  ☐ Cancellation

Street Address
20 STOW ROAD SUITE 3

City, State, Zip Code
MARLTON, NJ. 08053

Name of Contact  PAT GIORDANO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VIRTURA MARLTON CAMPUS

Street Address
90 BRICK ROAD

Square Feet >50,000

City (5) MARLTON  # of Floors 5

County (6) BURLINGTON  Bidg. Age 40

County Code (/7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD.

City, State, Zip Code
ASTON, PA 19014

License No. 00783

Project Manager for Monitoring Firm
DON HEIM

Telephone No. 610 558-8902

Street Address
3370 PROGRESS DRIVE

City, State, Zip Code
ASTON, PA 19014

Telephone No. 215 322-2900

License No. 00783

License No. 00783

Start Date (10)
02 / 03 / 15

Scheduled Completion Date (11)
02 / 17 / 15

Name of GSHA Monitor
CRITERION LAB

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: 7AM-PM/PM-12AM

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

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

TILE AND MASTIC WITH CARPET 125

Location of Asbestos-Containing Material (ACM)

ADMINISTRATION

NJ/DEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State, Zip Code
WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type) DAMIAN LAVELLE
Title PROJECT MGR

Signature Date 2/3/15

ASB-41 MARY 11

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

**Date of Notification (1)**
1/29/15

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

**Name of Building Owner/Operator (2)**
New Jersey Department of Human Services

**Street Address**
222 South Warren Street

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
Ted Wardanci

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Ancora Psychiatric Hospital (Residences)

**Street Address**
49 Fern Avenue

**City (8)**
Ancora

**County (6)**
Camden

**County Code (7)**
(state use only)

**Square Feet (11)**
1,600

**# of Floors**
1

**Bldg. Age**
30+

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

**ASCM No.**

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

**Street Address**
152 Route 206 South

**City, State, Zip Code**
Hillsborough, NJ 08844

**Project Manager for Monitoring Firm**
Kevin Herrington

**Telephone No.**
973-912-2480

**Start Date (10)**
2/9/15

**Scheduled Completion Date (11)**
2/19/15

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

**Scope of Work (Check All That Apply)**
- [x] ≥ 360 sf or ≥ 600 sf
- [ ] ≥ 160 sf or ≥ 260 sf
- [x] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Normal Location Used Solely by Maintenance/Custodial Staff (13)</th>
<th>Description of ACM (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement &amp; Crawlspace</td>
<td>x</td>
<td>Mg Composite Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Floor Tile &amp; Associated Mastic</td>
<td>90 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Kitchen (sink)</td>
<td>x</td>
<td>White Soundproofing</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>x</td>
<td>Roof Flashings</td>
<td>20 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Yannuzzi Group, Inc.

**NJDEP Waste Hauler ID No.**
17467

**Cubic Yards of Waste**
10 CY

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

**City, State**
Hillsborough, NJ

**Disposal Date**
9/23/14

**City, State**
Morrisville, PA

### Completed by
Anna Bastos
Title: Administrative Assistant

**Signature**

**Date**
1/29/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 30 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td>(NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>☑ Initial</td>
<td></td>
</tr>
<tr>
<td>☐ Amended</td>
<td></td>
</tr>
<tr>
<td>☐ Amendment #</td>
<td></td>
</tr>
<tr>
<td>☐ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG</td>
</tr>
<tr>
<td>Street Address</td>
<td>South Plainfield, NJ 07080</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>South Plainfield, NJ 07080</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Andrew Yassa</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>PSE&amp;G Control House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>56 Nelson Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paramus</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Gelser Fajardo</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-489-8700</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave, PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

| Start Date (10)                                       | 2 / 9 / 15 |
| Scheduled Completion Date (11)                        | 2 / 20 / 15 |
| 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: AM:PM:AM:PM |
| Scope of Work (Check all that apply)                  |             |
| ☐ 33 ft or ≥3 ft                                      |             |
| ☐ 150 ft or ≥250 ft                                   |             |
| ☐ Renovation                                         |             |
| ☐ Demolition                                         |             |
| ☐ Full Containment with Negative Pressure             |             |
| ☐ Mini-Enclosure                                      |             |
| ☐ Glovebag Procedure                                  |             |
| ☐ Non-Exempted ( ) and Non-Friable Procedure          |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Yes | No | N/A |
| Control House Roof                                   | ☐ | ☐ | ☒ |
| Control House Interior                               | ☐ | ☐ | ☒ |
| Exterior                                             | ☐ | ☒ | ☐ |
| Name of Registered Waste Hauler Waste Management     | NJDEP Waste Hauler ID No. 1125 |
| Cubic Yards of Waste                                 | 20 |
| Name of Registered Landfill                          | G.R.O.W.S. Landfill |
| City, State                                          | Camden, NJ        |
| Completed By (Print or Type)                         | Gwendolyn Trumbetti |
| Title                                                | Operations Coordinator |
| Signature                                            | Date: 2/20/15 |

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/2015</td>
<td>Robert Immediato</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td>Robert Immediato</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Springhill Road</td>
<td>Randolph, NJ 07869</td>
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</table>

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

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lincoln Park, NJ 07035</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/09/2015</td>
<td>02/10/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Facility closed/vacated during entire period of abatement.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>location normally used solely by maintenance/custodial staff (12)</td>
</tr>
<tr>
<td>is linoleum, 36 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>linoleum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/10/2015</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna, Secretary/Treasurer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
<td>01/30/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>residential</td>
</tr>
</tbody>
</table>