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

**Name of Building Owner/Operator:** Union Congregational Church
**Date of Notification (1):** 02/02/2016

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

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

**Street Address:** 176 Cooper Ave
**City, State, Zip Code:** Montclair, NJ 07042

**Name of Contact:** Ann Ayre
**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):** Union Congregational Church

**County Code (7):**

**Name of Monitoring Firm (8):** Detail Associates, Inc
**ASCM No.:**
**Name of Abatement Contractor (9):** Lilich Corporation

**Street Address:** 300 Grand Ave
**City, State, Zip Code:** Englewood, NJ 07631

**Project Manager for Monitoring Firm:** Anthony Valentine
**Telephone No.:** 201-569-5708

**Street Address:** 606 McBride Ave
**City, State, Zip Code:** Woodland Park, NJ 07424

**Name of OSHA Monitor:** J&S Environmental Laboratories, LC
**Telephone No.:** 973-225-8400
**License #:** 01104

**Start Date (10):** 02/18/2016  
**Scheduled Completion Date (11):** 02/18/2016

**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:__

**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)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>bathroom</td>
<td>[x] No</td>
<td>VAT&amp;mastic</td>
<td>75 SF</td>
<td></td>
</tr>
<tr>
<td>archive room</td>
<td>[x] No</td>
<td>VAT&amp;mastic</td>
<td>60 SF</td>
<td></td>
</tr>
<tr>
<td>archive building</td>
<td>[x] No</td>
<td>pipe insulation</td>
<td>10 LF</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJ DEP Waste Hauler ID No. 18724</td>
<td>Cubic Yards of Waste 1yd</td>
<td>Name of Registered Landfill GROWS, Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
<td>Disposal Date</td>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
<td></td>
<td>Morrisville, PA</td>
<td></td>
</tr>
<tr>
<td>Momo Glavatovic</td>
<td>Title: vice president</td>
<td>Signature</td>
<td>02/02/2016</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 04 / 13 / 15
Name of Building Owner/Operator (2) New Jersey Schools Development Authority

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

Type Notification
☐ Initial
☐ Amended
Amendment #003
☐ Emergency (including justification)
☐ Cancellation

Street Address
32 E. Front Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Robert Zeiders
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trenton Central High School

Street Address
400 Chambers Street

City (3)
Trenton

County (6)
Mercer

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
CB&I Government Solutions, Inc.

ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mike Vollo

Telephone No.
609-584-9800

Start Date (10) 04 / 16 / 15
Scheduled Completion Date (11) 2 / 29 / 16

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: 7:00 AM-3:30PM/_______PM-_______AM

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

SEE ATTACHED

Name of Registered Waste Hauler
Service Transport Group

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
250

Name of Registered Landfill
GROWS

City, State
New Castle, DE
Morrisville, PA

Disposal Date
12/31/2015

Completed By (Print or Type)
Dilip Kumar
Title
Program Manager
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 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/2016</td>
<td>SOUNDVIEW PAPER COMPANY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ONE MARKET STREET</td>
<td>ED KNAPICK</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DOH</td>
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<td></td>
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</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
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<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>SOUNDVIEW PAPER COMPANY - BUILDING 41</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE MARKET STREET</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th># of Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGEN</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Bidg. Age</th>
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<tbody>
<tr>
<td>BERGEN</td>
<td></td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>BERGEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWO BROTHERS CONTRACTING</td>
<td>11 VREELAND AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTOWA, NJ</td>
<td>004 4</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/13/2016</td>
<td>2/17/2016</td>
<td>SAME AS (9) ABOVE</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
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<tr>
<td>Other - Describe:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ✓ ≥30 sf or ≥30 if</td>
<td>✓ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ ≥100 sf or ≥200 sf</td>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Demolition</td>
<td>☐ Non-Exempted (*) and Non-Firable Procedure</td>
</tr>
<tr>
<td>☐ Renovation</td>
<td></td>
</tr>
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</table>

<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 AsbestosContaining Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SP or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEZZANINE</td>
<td>Yes</td>
<td>PIPE (WRAP &amp; CUT)</td>
<td>40 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Liability Party</th>
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</thead>
<tbody>
<tr>
<td>TWO BROTHERS CONTRACTING</td>
<td>2</td>
<td>WASTE MANAGEMENT G.R.O.W.S.</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
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<tbody>
<tr>
<td>TOTOWA, NJ</td>
<td>2/17/2016</td>
<td>2/2/2016</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIVECA RAMOS</td>
<td>PROJECT COORDINATOR</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  2/11/16

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

Name of Building Owner/Operator (2)
Potters Industries, LLC
Street Address
600 Industrial Rd.
City, State, Zip Code
Carlstadt, NJ 07022

Name of Contact
Eric Plackis
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Potters Industries, LLC
Street Address
600 Industrial Rd.
City (5)
Carlstadt
County (6)
Bergen
County Code (7) (STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

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

Name of Abatement Contractor (9)
Brick Industries Inc.
Street Address
P.O. Box 915
City, State, Zip Code
Brick, New Jersey 08723
License No.
0196

Project Manager for Monitoring Firm
Telephone No.
(732) 899-7499

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

Name of OSHA Monitor

Occuany 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)
- 2,3 sf or 2,3 if
- 160 sf or 280 if

Renovation
Demolition

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

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

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

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

Amount (Specified SF or Ft)

Abatement Type

Endorse
Remove
Repair
Encapsulate

Name of Registered Waste Hauler
Brick Industries Inc.
NJDEP Waste Hauler ID No.
21602
Cubic Yards of Waste
6
Name of Registered andfill
GROWS Inc.
Disposal Date
2/10/16
City, State
PA

Completed by
Eric Plackis
Title
President
Signature
Date
2/11/16

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

**Date of Notification (1)**
02/01/2016

**Name of Building Owner/Operator (2)**
International Flavors & Fragrance

**Street Address**
1515 State Highway 36

**City, State, Zip Code**
Union Beach, NJ 07735

**Name of Contact**
Garry Stapperfenne

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

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

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>International Flavors &amp; Fragrance</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Union Beach</th>
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<table>
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<tr>
<th>County (9)</th>
<th>Monmouth</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Garden State Environmental</th>
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<table>
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<tr>
<th>Street Address</th>
<th>555 S. Broad Street</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Glen Rock, NJ 07452</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Lauren Adron</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-652-1119</th>
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<th>Start Date (10)</th>
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<th>02/16/2016</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
</table>

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

**Scope of Work (Check All That Apply)**
- [x] ≥30 sf or ≥33 if
- [ ] ≥100 sf or ≥200 if
- [x] Renovation
demolition

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>300 SF</td>
</tr>
<tr>
<td>transite panels</td>
<td>75 SF</td>
</tr>
<tr>
<td>elbows</td>
<td>66a</td>
</tr>
<tr>
<td>duct</td>
<td>30 LF</td>
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**Name of Registered Waste Hauler**
Lillich Corporation

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18724</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Grows, Landfill</th>
</tr>
</thead>
</table>

**Completed by**
Momo Glavatovic
Title: Vice President

**Signature**
[Signature]

**Date**
02/01/2016

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

**Date of Notification:** February 1, 2016

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

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

**Name of Building Owner/Operator:** Palisade Partners

**Street Address:** One University Plaza, Suite 407

**City, State, Zip Code:** Hackensack, NJ 07601

**Name of Contact:** Elliot Schechter

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Apartment Building

**Street Address:** 59 Garrison Avenue

**City:** Jersey City

**County:** Hudson

**County Code:**

**Number of Floors:** 10,000 sq ft

**Square Footage:** 10,000 sq ft

**# of Floors:** 3

**Building Age:** 80 years

**Current Use:** Apartment Building

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

**Square Footage:** 10,000 sq ft

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

**Occupancy Status During Abatement:**

**Scheduled Start Date:** 2/2/16

**Scheduled Completion Date:** 2/4/16

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

**Location:**

**Basement:** X

**Is Location Normally Used:**
- [ ] Yes
- [ ] No
- [x] N/A

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

**Amount:**

**Abatement Type:**

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

**Disposal Date:** 2/5/16

**Tomm River, New Jersey**

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

**Signature:**

**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) 02/02/16

Name of Building Owner/Operator (2) SUN UNION, LLC

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

Street Address
31 WEST 34TH STREET, SUITE 1012
City, State, Zip Code
NEW YORK, NY 10001

Name of Contact
ZVI PINTER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SHOPPING CENTER

Street Address
1235 WEST CHESTNUT STREET
City (5)
UNION, NJ

County (6)
UNION COUNTY

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

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

Square Feet
100,000 SF

# of Floors
1

Current Use (Prior to being demolished)
SHOPPING CENTER

City, State, Zip Code
6 WHITE DOVE COURT
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
02/12/16

Scheduled Completion Date (11)
04/29/16

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

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 sf or ≥3 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition

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

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

In Facility (13)

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

Yes ☒ No ☐ N/A ☐

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

Amount (Specify SF or LF)

SKATING RING KITCHEN
LAMINATE FLOORING
2,000 SF

FURNITURE STORE CEILING
PIPE INSULATION
20 LF

EXTERIOR
ROOFING / CAULKING
93,000 SF

HALLOWEEN STORE
MASTIC UNDER TILE
9,000 SF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste
300 YARDS

Name of Registered Lda
IESI

Disposal Date
04/29/16

City, State
LAKEWOOD, NJ

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
02/02/16

* Do not use this form for asbestosoice sure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 8:16)

**MO#23037701084**

**Date of Notification (1)**

02 / 02 / 16

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

Barbara Kupacz

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

Summit, NJ 07901

**City, State, Zip Code**

Summit, NJ 07901

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

**FACILITY INFORMATION**

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

Residence

- **Street Address**
- **City, State, Zip Code**

**Square Feet**

**# of Floors**

**Bldg. Age**

**County (5)**

Summit, NJ 07901

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

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

**Union**

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

Gr Tech LLC

**ASCM No.**

**Name of Abatement Contractor (9)**

Envirovision Consultants, Inc

**Street Address**

576 Valley Rd #283

**City, State, Zip Code**

Wayne, NJ 07470

**Telephone No.**

973-638-1777

**License No.**

01127

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**

02 / 11 / 16

**Scheduled Completion Date (11)**

02 / 12 / 16

**Name of OSHA Monitor**

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

- [x] > 3 sf or > 300 sf
- [x] > 100 sf or > 260 sf
- [ ] Renovation
- [x] Demolition
- [x] Clean up and decontamination
- [x] Removal of Asbestos
- [ ] Full containment with negative pressure
- [ ] Drywall procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Location**

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

**Yes**

**No**

**N/A**

**Name of Registered Waste Hauler**

Gr Tech LLC

**Waste Hauler ID No.**

0033785

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

**Disposal Date**

TBD

**City, State**

Wayne, NJ 07470

**Completed By (Print or Type)**

N.Jevtic

**Title**

Owner

**Signature**

[Signature]

**Date**

02/02/2016

*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)  
*** EMERGENCY ***

Date of Notification: 02/11/2016

Name of Building Owner/Operator: Elizabeth Hughson

Street Address:  
City, State, Zip Code: Netcong, NJ 07867

Name of Contact: Elizabeth Hughson

FACILITY INFORMATION

Name of facility where abatement is taking place: Netcong, NJ 07867

Type of Facility: Other (Private/Commercial Bldg/ Homes, etc.)

Square Feet:  
# of Floors:  
Bldg. Age:  

Name of Abatement Contractor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

License Number: 00376

Name of OSHA Monitor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

Glovebag procedure

Scope of Work: Demolition, Renovation

Occupancy Status During Abatement: Abatement performed outside of normal facility hours

Location of asbestos-containing material to be abated: boiler room, crawl space, basement

Description of asbestos-containing material (ACM): pipe insulation

Amount (Specify SF or LF): 65 if, 33 if, 27 if

Registered Waste Hauler: B & G Restoration, Inc.

Disposal Date: 02/02/2016

Date: 01/29/2016

Gordana Luna

Secretary/Treasurer

Signature: Gordana Luna
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-2-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td><strong>GINA KOURTESIS</strong></td>
</tr>
</tbody>
</table>
| Agency Notified | □ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA |
| Type Notification | □ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including justification)  
□ Constellation |
| Name of Building Owner/Operator | **GINA KOURTESIS** |
| Street Address |  
□ CLEVELAND  
□ GLADSTONE  
□ LINWOOD  
□ MOUNTAIN LAKES  
□ PATerson  
□ ROY HOPKINS  
□ STRATFORD  
□ VERNON  
□ BERGEN |
| City, State, Zip Code | **Cleveland, NJ 07412** |
| Phone Number | **GINA KOURTESIS** |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | **GINA KOURTESIS** |
| Street Address |  
□ BERGEN  
□ CLAYTON  
□ DEARBORN  
□ MOUNTAIN LAKE  
□ PATerson  
□ ROY HOPKINS  
□ STRATFORD  
□ VERNON  
□ BERGEN |
| City, State, Zip Code |  
□ BERGEN  
□ CLAYTON  
□ DEARBORN  
□ MOUNTAIN LAKE  
□ PATerson  
□ ROY HOPKINS  
□ STRATFORD  
□ VERNON  
□ BERGEN |
| County (4) | BERGEN |
| County Code (5) (STATE USE ONLY) |  |
| Current Use (Prior to being demolished) | **RESIDENCE** |
| Type of Facility | □ School (K-12)  
□ Subchapter 8 (Other than K-12)  
□ Other (i.e. private & commercial buildings, etc.) |
| Square Foot | 1560 |
| # of Floors | 2 |
| Bldg. Age | 1935 |

**Name of Monitoring Firm Hired by Building Owner (6) | **Best Removal Inc** |
| ASCM No. |  |
| Street Address | Hackensack, N.J. 07606 |
| Telephone No. | 201-329-7444 |
| License No | 00318 |
| Name of Abatement Contractor (8) | **Omega Environmental** |
| Street Address | 280 Huylcr St |
| City, State, Zip Code | Hackensack, N.J. 07606 |
| Phone Number |  |  |

**Start Date (10) | 2-12-2016  
Scheduled Completion Date (11) | 2-13-2016**

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

- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours
- □ Other - Describe: **8 AM 5PM**

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

- □ ≥ 3 sf or ≥ 3 sq ft
- □ ≥ 160 sf or ≥ 260 sf

**Abatement Method**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Basemen</td>
</tr>
<tr>
<td>□ Thermal Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler | **Best Removal Inc** |
| NJDEP Waste Handler ID No. | 17109 |
| Cubic Yards of Waste | 146 YDS |
| Name of Registered Landfill | **Minerva Enterprises, LLC** |
| Disposal Date | 2-13-16 |
| City, State | Waynesburg, O.C. 44688 |

**Completed by | R. VELDRAAN**  
**Title | Estimator**  
**Signature | R. VELDRAAN**  
**Date | 2-2-16**

*Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:7A and 12:182)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/27/16</td>
<td>YEREN, C W. WIRELESS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent(s) Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Route 9 East</td>
</tr>
<tr>
<td>DEP</td>
<td>Remedial</td>
<td>Sayville Blvd</td>
</tr>
<tr>
<td>DOT</td>
<td>Emergency (including justification)</td>
<td>08527</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Cell Tower</td>
<td>School [K-12]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>County Code</th>
<th>County Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route 9 East</td>
<td>Sayville Blvd, Sayville, NJ 08527</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.MAC Contracting Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Lowell Road</td>
<td>Glen Rock, NJ 07452</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (6)</th>
<th>Status of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1/16</td>
<td>Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify CFT or BC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.65 BC</td>
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</table>

<table>
<thead>
<tr>
<th>Discription of Asbestos-Containing Material (ACM) (Includes total asbestos content, methods of removal, enclosure, or other misclassification)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAFF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>Rupture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roto Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Hauler ID No.</th>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI PA Bethlehem</td>
<td>20785</td>
<td>Bethlehem, PA 11 015</td>
<td>3/11/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Vatallo</td>
<td>Vice President</td>
<td>J. Vatallo</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos in non-compliant activities.
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification**: 2/1/16

**Name of Building Owner/Operator**: Joe Mancini Private Home

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

**Type of Notification**: Initial

**Street Address**: [Redacted]

**City, State, Zip Code**: Beach Haven NJ 08008

**Name of Contact**: Joe

**Telephone Number**: [Redacted]

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place**: Joe Mancini Private Home

**Street Address**: [Redacted]

**City**: Beach Haven NJ

**County**: Ocean

**County Code**: [STATE USE ONLY]

**Square Feet**: 1000+

**# of Floors**: 2

**Built Age**: 35+

**Current Use**: House & Garage

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

**ASCM No.**: [Redacted]

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

**Street Address**: PO Box 329

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

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

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

**License No.**: 0727

**Start Date**: 2/2/16

**Scheduled Completion Date**: 2/5/16

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

**Abatement Performed Outside of Normal Facility Hours**: [X]

**Other - Describe**:

**Scope of Work (Check All That Apply)**:
- [ ] ± 3 sq ft or ± 3 if
- [ ] ± 160 sq ft or ± 260 if
- [X] Renovation
- [X] 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>Asbestos-containing insulation, VAC, or other miscellaneous</td>
<td>2000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**: 22459

**Cubic Yards of Waste**: 4

**Name of Registered Waste Hauler**: G.R.O.W.S.

**City, State**: Morrisville NJ 013091

**Disposal Date**: 2/5/16

**Completed by**: Anthony T Perna

**Title**: President

**Signature**: [Signature]

**Date**: 2/1/16

---

* 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)**
2/2/16

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

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

**Name of Building Owner/Operator (2)**
James Price Private Home

**Street Address**
[Redacted]

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

**Name of Contact**
James

**Telephone Number**
[Redacted]

**FACILITY INFORMATION**

**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**
1

**Bldg. Age**
35+

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

**Name of Facility Where Abatement Is Taking Place (3)**
James Price Private Home

**Street Address**
Little Egg Harbor NJ 08087

**County Code (7)**

**County Use Only**

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

**ASCM No.**

**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.**
727

**Start Date (10)**
2/3/16

**Scheduled Completion Date (11)**
2/8/16

**Name of OSHA Monitor**
same

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

**Other - Describe:**

**Scope of Work (Check All That Apply)**
- ≥3 if or ≥3 if
- ≥100 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Remediation

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

**In Facility**

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Exterior Siding</th>
<th>120</th>
<th>SF</th>
<th>X</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Elm NJ

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
2/2/16

*Do not use this form for asbestos: licensed exempted activities.*
Date of Notification (1)
02/01/2016

Name of Building Owner/Operator (2)
Mark Forman

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

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

Street Address

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

Name of Contact
Donna

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mark Forman

Street Address

City (5)
South Orange

County (6)
Essex

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

Current Use (Prior if being demolished) HGUSE

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

ASCM No.

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

Street Address
11 ROSENGREN AVE

City, State, Zip Code
TOTOWA, NJ, 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
006 75

Start Date (10)
02/12/2016

Scheduled Completion Date (11)
02/13/2016

Name of OSHA Monitor
D&S ABATEMENT INC.

Street Address
11 ROSENGREN AVE

City, State, Zip Code
TOTOWA, NJ, 07512

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

Scope of Work (Check All That Apply)
- ≥3 af or ≥3 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and No -Friable Procedure

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

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

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

Amount (Specify SF or L)

Abatement Type

Location

Removal

Repair

Encapsulate

Endure

BASEMENT

Yes

No

N/A

pipe&pipe fitting insulation

72 L

X

Name of Registered Waste Hauler
D&S ABATEMENT INC.

NJDEP Waste Hauler ID No.
20966

Cubic Yards of Waste
TBD

Name of Registered and fill
WASTE MANAGEMENT OF PA

City, State
TOTOWA, NJ

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by
Oliver Hegedris

Title
Project Manager

Signature

Date
02/01/2016

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

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

**Date of Notification (1)**
2/14/16

**Name of Building Owner/Operator (2)**
Value Industry, Inc.

**Street Address**
349 Avenue W

**City, State, Zip Code**
Brooklyn, NY 11223

**Name of Contact**
Sam Turkieh

**FACILITY INFORMATION**

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

**Street Address**
400 Doremus Avenue

**City (5)**
Newark

**County (6)**
Bergen

**Square Feet**
120,000

**# of Floors**
5

**Bldg. Age**
50+

**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)**
Chemical plant

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

**Name of Abatement Contractor (6)**
ecosystems, LLC

**Street Address**
28 Pennell Road

**City, State, Zip Code**
Lima, PA

**Telephone No.**
484-872-8884

**License No.**
01161

**Name of OSHA Monitor**
EMSL

**Street Address**
407 West Lincoln Highway Suite 500

**City, State, Zip Code**
Exton, PA 19341

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 if

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

**Name of Registered Waste Hauler**
Waste Management

**Cubic Yards of Waste**
10

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

**Disposal Date**
TBD

**City, State**
Trenton, NJ

**Completed by**
Jack Bally

**Title**
Sr. Project Manager

**Signature**

**Date**
2/14/16

**Do not use this form for asbestos lii insure exempted activities.**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**
2 / 2 / 16

**Name of Building Owner/Operator (2)**
PSE&G / Job # 1509-4953 Check #

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

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

**Street Address**
4000 Hadley Road

**City, State, Zip Code**
South Plainfield, NJ 07080

**Name of Contact**
Matt Dandurand

**Telephone**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
PSE&G New Freedom

**Street Address**
552 Erial Road

**City (5)**
Sicklerville, NJ 08081

**County (6)**
Camden

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

**Switching Station**

**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 Floor**

**Bldg. Age**

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

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

**Street Address**
PO Box 385

**City, State, Zip Code**
Berlin, NJ 08009

**Project Manager for Monitoring Firm**
Jim Proctor

**Telephone No.**
856-452-1311

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

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

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

**Start Date (10)**
1 / 25 / 16

**Scheduled Completion Date (11)**
2 / 5 / 16

**Occupancy Status During Abatement**
- [ ] 200 Route 130 North
- [ ] City, State, Zip Code
- [ ] Cinnaminson, NJ 08077

**Scope of Work (Check all that apply)**
- [ ] 3 sf or ≥3 If
- [ ] ≥150 sf or ≥250 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

**Name of Registered Waste hauler**
NJDEP Waste Hauler ID No. 18750

**Cubic Yards of Waste**

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

**Disposal Date**

**City, State**
Camden, NJ

**Tullytown, PA**

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

**Title**
Operations Coordinator

**Signature**

**Date**
2/2/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 28 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>IAT Project Development LLC/ Job #1510-4960 Check #</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>746 E Winchester, Suite 150</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Murray, UT 84107</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Tammy Sweeris, VP- Construction</th>
</tr>
</thead>
<tbody>
<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>Former Trenton Times Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>500 Perry Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Trenton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Office Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1012 Industrial Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin, NJ 08091</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Matthew DePalma</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>866-809-1202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10 / 26 / 15</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2 / 29 / 16</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM--PM--PM--AM</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 ft</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>FULL Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Yes</td>
</tr>
<tr>
<td>Throughout</td>
<td>No</td>
</tr>
<tr>
<td>Throughout</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport</th>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwandalyn Trumpbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/29/16</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>Date</td>
<td>11/28/16</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 2/2/16  

Name of Building Owner/Operator (2)  The Hun School  

Street Address  176 Edgerstoune Rd.  

City, State, Zip Code  Princeton, NJ 08542  

Name of Contact  Mr. Matt Sozio  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  Buck Building - Middle School  

Street Address  176 Edgerstoune Rd.  

City (5)  Princeton, NJ 08542  

County (6)  Mercer  

County Code (7)  08  

Type of Facility (4)  

□ School (K-12)  

□ Subchapter 8 (Other than K-12)  

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

Square Feet  10000  

# of Floors  2  

Bldg. Age  55+/-  

Current Use (Prior to being demolished)  

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

ASCM No.  

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

Street Address  PO Box 341  

City, State, Zip Code  Crosswicks, NJ 08515  

Phone No.  (609) 298-4070  

Name of OSHA Monitor  MECS  

Street Address  PO Box 341  

City, State, Zip Code  Crosswicks, NJ 08515  

Start Date (10)  3/7/16  

Scheduled Completion Date (11)  3/18/16  

Occupancy Status During Abatement (Check only one)  

□ Facility Closed/Vacated During Entire Period of Abatement  

□ Abatement Performed Outside of Normal Facility Hours  

□ Other  

Scope of Work (Check all that apply)  

□ ≥3 sf or ≥3 if  

□ ≤180 sf or ≥260 if  

□ Renovation  

□ Demolition  

□ Full Containment with Negative Pressure  

□ Mini-Enclosure  

□ Glovebag Procedure  

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

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

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

□ Yes  

□ No  

□ N/A  

Yes  

Exterior  

Exterior Transite Panels  

800 sf  

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  GROWS Landfill  

City, State  Morrisville, PA  

Disposal Date  3/18/16  

Completed By  Mahlon E. Stevens  

Title  Project Manager  

Signature  

Date  2/2/16  

* 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: 02/03/16

Name of Building Owner/Operator: Glenwood Apartments & County Club

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

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

Street Address:
1 Cherry Hill Lane
Oldbridge, NJ 08857

City, State, Zip Code:
Oldbridge, NJ 08857

Name of Contact:
Bernadette Poppel

Telephone Number:

Name of Facility Where Abatement is Taking Place:
Glenwood Apartments

Street Address:
2-4 Aspen Mall
Oldbridge, NJ

City:
Oldbridge

County:
County Code (STATE USE ONLY):

Square Feet:
2,000

# of Floor:
2

Bldg. Age:
65+

Current Use (Prior to being determined):
Apartment

Name of Monitoring Firm Hired by Building Owner:
DIA General Construction, Inc.

ASCN No.:

Name of Abatement Contractor:
DIA General Construction, Inc.

Street Address:
1380 Clifton Avenue, PMB Suite 218
Clifton, NJ 07012

City, State, Zip Code:
Clifton, NJ 07012

Project Manager for Monitoring Firm:

Telephone No.:
973-389-0089

License No.:
00633

Start Date:
02/18/16

Scheduled Completion Date:
02/22/16

Name of OSHA Monitor:
DIA General Construction, Inc.

Street Address:
1380 Clifton Avenue, PMB Suite 218
Clifton, NJ 07012

City, State, Zip Code:
Clifton, NJ 07012

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):

≥30 ft or ≥23 if
≥160 sq ft or ≥280 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:

Yes
No
N/A

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

(12)

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

Pipe/Elbow Insulation

Amount (Specified SF or LI):
180 LF

Abatement type:

Removal
Repair
Encapsulate
Encase

Name of Registered Waste Hauler:

Service Transport Group

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:
6 CY

Name of Registered Landfill:
Minerva Landfill

City, State:
Waynesburg, OH 4688

Disposal Date:
02/22/16

Completed by:
Krutarth Jagad

Title:
President

Signature:

Date:
02/03/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/02/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Perth Amboy BOE</td>
</tr>
<tr>
<td>Street Address</td>
<td>178 Barracks Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Perth Amboy, NJ 08861</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mario Cofin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Perth Amboy High School |
| Street Address | 300 Eagle Avenue |
| City (5) | Perth Amboy |
| County (6) | Middlesex |
| Name of Monitoring Firm Hired by Building Owner (8) | Ahera Consultants Inc. |
| ASCM No. | 00057 |
| Name of Abatement Contractor (9) | VMC Company Inc. |
| Street Address | 208 Piaget Avenue |
| City, State, Zip Code | Clifton, NJ 07011 |

**Start Date (10)**

| 02/12/2016 |

**Scheduled Completion Date (11)**

| 02/15/2016 |

**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: 3pm Friday start thru wind

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

- [X] ±3 sf or ±3 ft²
- [ ] ±100 sf or ±280 ft²
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flexible Procedure

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

| Room 224 |

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>[X]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [X] Pipe fitting insulation
- [ ] Other

**Amount (Specify SF or LF)**

| 15 LF |

**Abatement Type**

- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

**Name of Registered Waste Hauler**

- Newark Carting Inc. 
- NJ DEP Waste Hauler ID No. 04509

**Cubic Yards of Waste**

| GROWS |

**Name of Registered Landfill**

- GROWS

**Disposal Date**

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

**Completed by**

- Voytek Roszkowski
- Title: President

**Signature**

- [Handwritten Signature]

**Date**

- 02/02/2016

---

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

(State of New Jersey)

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

**Date of Notification**: 2 / 3 / 16

**Name of Building Owner/Operator**: Westward Pharmaceuticals

**Street Address**: 2 Esterbrook Lane

**City, State, Zip Code**: Cherry Hill, NJ 08003

**Type of Facility**: Office Building

**Current Use**: Prior to being demolished

**Name of Facility Where Abatement is Taking Place**: Westward Pharmaceuticals

**Street Address**: 2 Esterbrook Lane

**City**: Cherry Hill, NJ 08003

**County**: Camden

**Street Address**: 140 South Village Ave, Suite 130

**City**: Exton, PA 19341

**Name of Monitoring Firm Hired by Building Owner**: One Source Safety & Health

**ASCM No.**: ASCM No.

**Name of Abatement Contractor**: AbateTech, Inc.

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

**City**: Lumberton, NJ 08048

**Telephone No.**: 610-524-5525

**License No.**: 609-285-2107

**Name of OSHA Monitor**: EMSL Analytical

**Street Address**: 200 Route 130 North

**City**: Cinnaminson, NJ 08077

**Start Date**: 2 / 16 / 16

**Scheduled Completion Date**: 2 / 29 / 16

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

**NDEP Waste Hauler ID No.**: 18750

**Disposal Date**: 2/29/16

**Cubic Yards of Waste**: 40

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

**City, State**: Tullytown, PA

**Completed By**: Gwendolyn Trumbetti

**Title**: Operations Coordinator

**Signature**: [Signature]

**Date**: 2/3/16

---

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

**Date of Notification (1)**
2 / 4 / 16

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

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

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

**Street Address**
PO Box 95120

**City, State, Zip Code**
Camden, NJ 08101

**Name of Contact**
John Bond

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Camden

**County (6)**
CAMDEN

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

**Square Feet**
varies

**# of Floors**
varies

**Bldg. Age**
50+

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

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

**HOUSING DEEMED UNSAFE**

**Name of Monitoring Firm Hired by Building Owner (6)**
Health and Safety Services

**ASCM No.**
117

**Name of Abatement Contractor (9)**
Controlled Environmental Systems

**Street Address**
1121 N. Bethlehem Pike - Suite 60

**City, State, Zip Code**
Spring House, PA 19477

**Project Manager for Monitoring Firm**
Jim Proctor

**Telephone No.**
C 609-839-2432

**License No.**
215 542 7000

**License No.**
00847

**Start Date (10) 2 / 5 / 16**

**Scheduled Completion Date (11) 3 / 15 / 16**

**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-5:00PM PM - AM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if

**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)

**Location Name**

**Amount**

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

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

**Name of Registered Waste Hauler**
Waste Management of NJ

**NDEP Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
200/residence

**Name of Registered Landlord**
GROWS

**City, State**
Fairless Hills, PA

**Disposal Date**
3/15/16

**City, State**
Tullytown PA

**Complanted By (Print or Type)**
Patricia Visco

**Title**
Office Manager

**Signature**
Patriice Visco

**Date**
2/4/16

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

Date of Notification (1)
2/1/2016

Name of Building Owner/Operator (2)
Concord Properties

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

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

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

Street Address
296 Delancy Street

City, State, Zip Code
Newark NJ 07105

Name of Contact
Mario Ferreira
Telephone Number
973 901-2233

FACILITY INFORMATION

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

ASCM No.
N/A

Name of Abatement Contractor (4)
Dinago Environment LLC

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 07015

Telephone No.
973-491-0877

License No.
1240

Current Use (Prior if being demolished)
4200 sq ft

# of Floors
3

Bldg. Age
50

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Start Date (10)
2/1/2016

Scheduled Completion Date (11)
2/15/2016

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and/or Fragile Procedure

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem landfill

City, State
Po Box 5670 Newark NJ 07105

Disposal Date
2335 Applebeet Rd Bethlehem PA

Completed by
Carlos Gornes
Title
President
Signature
Date
2/1/2016

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