State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 11/15/2013

Name of Building Owner/Operator (2): Debbie Albrecht

Street Address: 49 Johnson Road
City, State, Zip Code: West Orange, NJ 07052

Name of Contact: Debbie Albrecht

FACILITY INFORMATION

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

Street Address: 49 Johnson Road
City: West Orange
County: Essex

Name of Monitoring Firm Hired by Bldg. Owner (6): N/A

Scheduled Start Date (10): 02/15/2013
Sched. Completion Date (11): 02/15/2013

Occupancy Status During Abatement: Facility closed/evacuated during entire period of abatement.

Scope of Work (check all that apply): Demolition, Renovation

Location of asbestos-containing material to be abated in facility (13):
- basement boiler room
- boiler room

Registered Waste Hauler: B & G Restoration, Inc.

Cubic Yards of Waste: 1/2

Name of Registered Landfill: Tullytown Resource & Recovery Center

Disposal Date: 02/18/2013

Completed by (Print or Type): Gordana Luna
Title: Secretary/Treasurer
Signature: Gordana Luna
Date: 02/05/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
EMERGENCY  

**Check # 5754**

**Date of Notification (1)**  
(0/1/3/3/1/1/3)

**Agency Notified**  
☐ EPA  ☑ DEP  ☐ DOL  ☐ DOH  ☐ DCA  
Type Notification  
☑ Initial  ☐ Amendment  ☐ Cancellation

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

**Address**  
Street Address: 37-01 Fair Lawn Avenue  
City, State, Zip Code: Fair Lawn, NJ 07410

**Name of Contact**  
Tom Senko

**Facility Information**

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

**Square Feet**  
☐ # of Floors  
☐ Building Age

**Current Use (Prior to being demolished)**  
☑ school non sub Chapter 8

**Name of Facility Where Abatement is Taking Place (5)**  
Henry B. Minnis School (Non-Sub 8)

**Street Address**  
5-01 Bergen Avenue  
Fair Lawn, NJ

**City (6)**  
Bergen  
**County Code (7)**

**Name of Abatement Contractor (9)**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road  
Lincoln Park, NJ 07035

**Telephone Number**  
973-696-5899  
**License Number**  
0378

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

**Street Address**  
105 Ryerson Road  
Lincoln Park, NJ 07035

**Occupied在学校**

**Scheduled Start Date (10)**  
02/01/2013  
**Scheduled Completion Date (11)**  
02/01/2013

**Occupancy Status During Abatement (Check only one)**  
☐ Facility closed/evacuated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
☐ Other/Describe: Occupied school-non sub Chapter 8

**Scope of Work (Check all that apply)**  
☐ Demolition  ☑ Repainting  ☐ Full Containment with negative pressure  ☐ Glovebag procedure  
☐ >3 sft or >3 ft 2  
☐ ≥160 sft or >260 sft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☒</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**  
Pipe insulation (Wrap & Cut)  
11 ft

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☒</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
B & G Restoration, Inc.

<table>
<thead>
<tr>
<th>Name</th>
<th>NURS Hauler #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19563</td>
<td>1 yard</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

**City (State)**  
Lincoln Park, NJ 07035

**Disposal Date**  
02/01/2013

**Completed by (Print or Type)**  
Gordana Luna  
Title: Treasurer  
Signature: 
Date: 01/13/2013
**FACILITY INFORMATION**

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

Henry B. Milnes School (Non-Sub 6)

**Street Address**

5-01 Bergen Avenue

**City (5)**

Fair Lawn, NJ

**County (6)**

Bergen

**Name of Abatement Contractor (9)**

B & G Restoration, Inc

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Telephone Number**

973-595-6869

**Name of OSHA Monitor**

B & G Restoration, Inc

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Scheduled Begin Date (10)**

02/01/2013

**Scheduled Completion Date (11)**

02/01/2013

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

Facility closed/locked during entire period of abatement

Abatement performed outside of normal facility hours.

Other (Describe):

Occupied NON-Sub 6

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

Demolition

Renovation


greater than 25 ft or greater than 250 sq ft


greater than 160 sq ft or greater than 250 sq ft

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

You

No

N/A


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


description of asbestos-containing material (ACSM)

Amount

Specialty or LF

Encapsulate


---

**Registered Waste Hauler**

B & G Restoration, Inc

**N/D/E/P Hauler ID#**

19563

**Tonnage Yards of Waste**

1 yard

**Name of Registered Lessor**

Tulltown Resource & Recovery Center

**City, State**

Lincoln Park, NJ 07035

**Disposal Date**

02/04/2013

**City, State**

Tulltown, PA

**Completed by (Print or Type)**

Gordema Luna

**Date**

01/31/2013
**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-17 and 12:120-7)

***EMERGENCY***

Check # 5754

**B & G proj. #:** 2013-23

**Date of Notification (1)**

01/14/2013 8 PM 2:06

**Name of Building Owner/Operator**

Fair Lawn Board of Education

**Street Address**

37-01 Fair Lawn Avenue

**City, State, Zip Code**

Fair Lawn, NJ 07410

**Name of Contact**

Tom Senko

**FACILITY INFORMATION**

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

Henry B. Milnes School  (Non-Sub 8)

**Type of Facility (4)**

School (K - 12)

**Street Address**

5-01 Bergen Avenue

**City**

Fair Lawn, NJ

**County**

Bergen

**County Code**

Bergen (State use only)

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

n/a

**Street Address**

n/a

**City, State, Zip Code**

n/a

**Project Manager for Monitoring Firm**

n/a

**Phone Number**

n/a

**Scheduled Start Date (10)**

02/01/2013

**Sched. Completion Date (11)**

02/01/2013

**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 NON-Sub 8

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

- Demolition
- Renovation
- Other-Describe

- >3' of or >3' if
- ≥160 sf or >260 lf
- ≥260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation (Wrap &amp; Cut) 11 lf</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID#**

19563

**Cubic Yards of Waste**

1 yard

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Lincoln Park, NJ 07035

**Disposal Date**

02/01/2013

**Completed by (Print or Type)**

Gordana Luna

**Title**

Treasurer

**Signature**

Gordana Luna

**Date**

01/31/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7) 
Check # 5766  

Date of Notification (1) 10/12/11  

Name of Building Owner/Operator (2)  
David deBang  

Agency Notified Type Notification  
EPA Initial  
DEP Department of Health  
DOL Amendment  
DOH Cancellation  

Street Address  
144 Delacy Avenue  

City, State, Zip Code  North Plainfield, New Jersey 07060  

Name of Contact  
David deBang  

Name of facility where abatement is taking place (3)  
David deBang  

Street Address  
144 Delacy Avenue  

City (5)  North Plainfield  

County (6)  NJ  

County Code (7)  07060  

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

ASCM No.  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  Lincoln Park, NJ 07035  

Telephone Number  
(973)696-8669  

License Number  00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  Lincoln Park, NJ 07035  

Scheduled Start Date (10)  02/18/2013  

Scheduled Completion Date (11)  02/19/2013  

Scope of Work (check all that apply)  

Demolition  
Renovation  

>2 sf or >3 if  
>160 sf or >260 if  

Full Containment / negative pressure  
Glovebag procedure  
Mini-enclosure  
Non-Friable procedure  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Encap</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>main room</td>
<td></td>
<td></td>
<td>X</td>
<td>pipe insulation</td>
<td>65 if</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>laundry room</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>37 if</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathroom</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>24 if</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>21 if</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
B & G Restoration, Inc.  
NJ DEP Hauler ID# 19563  

Cubic Yards of Waste  
11/2 yds  

Name of Registered Landfill  
Tullytown Resource & Recovery Center  

City, State  
Lincoln Park, NJ  

Disposal Date  02/19/2013  

Completed by (Print or Type)  
Gordana Luna  
Title  Secretary/Treasurer  
Signature  Gordana Luna  
Date  02/05/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

Date of Notification (1)
1/16/2013

Name of Building Owner/Operator (2)
Atlantic Health System

Street Address
100 Madison Avenue
Morristown, NJ 07960

Name of Contact
Peter Palmer

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Morristown Medical Center, Franklin B (non sub 8)

Street Address
100 Madison Avenue
Morristown

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

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Type of Facility (4)
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
Hospital (non sub 8)

2013 FEB - 8 PM 2:08

Occupancy Status During Abatement (Check only one)
Fairly closed/vacated during entire period of abatement.

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

License Number
00378

Occupancy Status During Abatement (Check only one)
Fairly closed/vacated during entire period of abatement.

Phone Number
908-497-9000 x 6228

Notes on Monitoring/Abatement:
Start Job @ 5:00pm

Comment:

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

Room F-B16

Description of asbestos-containing material (ACM)
Pipe insulation

Amount
10 ft

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

Room F-B16

Description of asbestos-containing material (ACM)
Pipe insulation

Amount (Specify SF or LF)
10 ft

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

Room F-B16

Description of asbestos-containing material (ACM)
Pipe insulation

Amount
10 ft

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

Room F-B16

Description of asbestos-containing material (ACM)
Pipe insulation

Amount
10 ft

Registered Waste Hauler
B & G Restoration, Inc.

Disposal Date
02/11/2013

City, State
Lincoln Park, NJ

Name of Registered Landfill
Tullytown Resource & Recovery Center

Disposal Date
02/11/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature

Date
02/05/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)

Date of Notification (1):
12/1/19

Name of Building/Operator (2):
Atlantic Health System

Address:
100 Madison Avenue
Morristown, NJ 07960

Name of Contact:
Peter Palmer

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Morristown Medical Center, Franklin B (non sub 8)

Street Address:
100 Madison Avenue

City (9):
Morristown

Name of Monitoring Firm Hired by Bldg. Owner (8):
Birdsall Services Group

ASCM No.:
0017

Name of Abatement Contractor (9):
B & G Restoration, Inc.

Address:
105 Ryerson Road
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm:
Kevin Burns

Phone Number:
908-497-9800 x 6228

Occupancy Status During Abatement (Check only one):

Other-Described:
Start job @ 5:00pm

Scope of Work (check all that apply):

Demolition

Rehabilitation

Full Containment winegative pressure

Glovebag procedure

Mini-enclosure

Non-asbestos procedure

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

Is location normally used solely by maintenance/oilchange

Yes

No

N/A

pipe insulation

10 ft

Registered Waste Hauler:
B & G Restoration, Inc.

Cubic Yards of Waste:
1/2

Name of Registered Licenser:
Tullytown Resource & Recovery Center

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Date:
02/05/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
[0 1 2 3 4 5 6 7 8 9 10 11 12]

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

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

Name of Building Owner/Operator (2)
PAMELA HANS

Street Address
6 CHESTNUT STREET

City, State, Zip Code
ELMWOOD PARK, NJ

Name of Contact
PAMELA HANS

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PAMELA HANS

Street Address
6 CHESTNUT STREET

City (5)
BERGEN

County (6)

County Code (7)
(State use only)

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
# of Floors
Bldg. Age

Site Use

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

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)
☒ >3 sf or >3 if
☒ Renovation

Description of asbestos-containing material (ACM)

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

Yes
No
N/A

BASEMENT

PIPE INSULATION

60 L FT

Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☒ Non-Exempted (*) and Non-friable procedure

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
02/15/13

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/04/13

ASB-41

* 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)  
10/12/14  

Name of Building Owner/Operator (2)  
MARK RODRIGUEZ

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

Street Address  
680 GROVE STREET

City, State, Zip Code  
ELIZABETH, NJ 07205

Name of Contact  
MARK RODRIGUEZ

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
MARK RODRIGUEZ

Street Address  
680 GROVE STREET

City (5)  
ELIZABETH

County (6)  
UNION

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./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

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

Occuancy Status During Abatement (Check only one)  
☒ Other—Describe: NORMAL HOURS

Start Date (10)  
02/05/13

Sched. Completion Date (11)  
02/15/13

Scope of Work (check all that apply)  
☒ >2 sf or >2 lbf  
☒ Renovation  
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (15)  

Description of asbestos-containing material (ACM)  
Boiler Insulation

Amount (Specify SF or LF)  
30 SQ FT

Removal  

Encapsulation  

Disposal Date  
02/06/13

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  
PATERNON, NJ 07503

Disposal Date  
02/06/13

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  
Date  
02/04/13

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification:** 02/15/13

**Name of Building Owner/Operator:** MARK RODRIGUEZ

**Street Address:** 680 GROVE STREET

**City, State, Zip Code:** ELIZABETH, NJ 07205

**Name of Contact:** MARK RODRIGUEZ

**Telephone Number:**

**FACILITY INFORMATION**

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

**MARK RODRIGUEZ**

**Street Address:** 680 GROVE STREET

**City:** ELIZABETH

**County:** UNION

**County Code:** (State use only)

**Name of Asbestos Contractor:** D & S RESTORATION, INC.

**Street Address:** 20 California Ave.

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

**Name of OSHA Monitor:**

**Telephone Number:** 973-345-5020

**License Number:** 01169

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

- [x] 2000 sq ft or 12 ft
- [ ] Renovation
- [x] Demolition

**Location of asbestos-containing material (asbestos-containing material located in facility):**

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

**Amount (Square FT or LF):**

**Disposal Date:** 02/06/13

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

**City, State:** TULLYTOWN, PA

**Flue Insulation:**

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

**KDEP Hauler #:** 13506

**Cubic Yards of Waste:** 1 YD

**Title:** PRESIDENT

**Signature:**

**Date:** 02/04/13

**Note:** Do not use this form for asbestos removal activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 5756  

**Date of Notification (1)**  
1/1/2013  

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

**Street Address**  
50 Sylvan Drive  

**City, State, Zip Code**  
Morris Plains, NJ 07950  

**Name of Contact**  
Katharine Gutshall  

---  

**FACILITY INFORMATION**  

**Name of facility where abatement is taking place (3)**  
Katharine Gutshall  

**Street Address**  
50 Sylvan Drive  

**City (5)**  
Morris Plains  

**County (6)**  
Morris  

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

**Type of Facility (4)**  
☑ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (Private/Commercial Bldgs./Homes, etc.)  

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

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

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

**Name of Abatement Contractor (9)**  
B & G Restoration, Inc.  

**Street Address**  
105 Ryerson Road  

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

**Telephone Number**  
(973)999-6869  

**License Number**  
00378  

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

**Street Address**  
105 Ryerson Road  

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

---  

**Scope of Work (check all that apply)**  
☐ Demolition  
☑ Renovation  
☐ Full Containment w/negative pressure  
☑ Glovebag procedure  
☐ Mini-enclosure  
☐ Non-friable procedure  

---  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encap</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room/laundry room</td>
<td>☑</td>
<td></td>
<td>pipe insulation</td>
<td>4 If</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>basement</td>
<td></td>
<td>☑</td>
<td>contaminated fiberglass insulation</td>
<td>12 If</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>basement/main room</td>
<td>☑</td>
<td></td>
<td>pipe/pipe fittings</td>
<td>15 If / 7 If</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>washer/dryer area</td>
<td>☑</td>
<td></td>
<td>VAT</td>
<td>44 sf</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>water shut off room</td>
<td>☑</td>
<td></td>
<td>pipe insulation</td>
<td>15 If</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
B & G Restoration, Inc.  

**NUDEP Hauler ID**  
19563  

**Cubic Yards of Waste**  
2  

**Name of Registered Landfill**  
Tulltown Resource & Recovery Center  

**City, State**  
Lincoln Park, NJ  

**Disposal Date**  
02/13/2013  

**City, State**  
Tulltown, PA  

**Completed by (Print or Type)**  
Gordana Luna  

**Title**  
Secretary/Treasurer  

**Signature**  
Gordana Luna  

**Date**  
02/01/2013
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>B &amp; G proj. #: 2013-25</th>
</tr>
</thead>
</table>

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>02/11/13</th>
</tr>
</thead>
</table>

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

George & Terri Schneider

**Agency Notified**

- [x] DOL
- [x] DOH
- -
- -

**Type Notification**

- [x] Initial
- [ ] Amendment
- [ ] Cancellation

**Street Address**

1 Barberry Road

**City, State, Zip Code**

Convent Station, NJ 07961

**Name of Contact**

Liz Harper

**Telephone Number**

---

### FACILITY INFORMATION

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

George & Terri Schneider

**Street Address**

1 Barberry Road

**City (5)**

Convent Station

**County (8)**

Morris

**County Code (7)**

(State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

N/A

**Type of Facility (4)**

- [x] Other (Private/Commercial Bldgs./Homes, etc.)
- -

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

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

- [ ] Residential

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Telephone Number**

(973)696-6569

**License Number**

00378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

---

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

- [x] Facility closed/vacated during entire period of abatement.
- -

**Describe:**

---

**Scheduled Start Date (10)**

02/13/2013

**Sched. Completion Date (11)**

02/14/2013

---

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

- [x] Demolition
- [ ] Renovation
- [x] >3 sf or >3 if
- [x] >160 sf or >260 if
- [x] Full Containment w/negative pressure
- [x] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

---

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

- [x] Garage
- [ ] Fire Sprinkler
- [ ] Boiler/Steam
- [ ] Air Handler
- [ ] Chiller/Condenser
- [ ] Ice Machine
- [ ] High Pressure Pipeline
- [ ] Aircraft
- [ ] Tank/Container
- [ ] Not Abated

---

**Description of asbestos-containing material (ACM)**

Pipe insulation

**Amount (Specify SF or LF)**

31 if

**Name of Registered Landfill**

Tulltown Resource & Recovery Center

**City, State**

Tulltown, PA

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler Id#**

19563

**Cubic Yards of Waste**

1

**Disposal Date**

02/13/2013

---

**Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Signature**

Gordana Luna

**Date**

02/01/2013
State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 6:60-7 and 12:120-7)

Date of Notification (1)
02/13/2013

Name of business
West Orange School District

179 Eagle Rock Avenue
West Orange, NJ 07052

Name of Contact
Robert Csirgi

FACILITY INFORMATION

Name of facility where abatement is taking place (5)
St. Cloud Elementary School

Street Address
71 Sheridan Ave.

City (8)
West Orange

County (6)
Essex

County Code (7)
(38) (State use only)

Name of Abatement Contractor (6)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Telephones Number
(973) 980-2000

License Number
000278

Scheduled Start Date (10)
02/22/2013

Occupancy Status During Abatement (Check only one)
Facility shut down during entire period of abatement.

Scope of Work (check all that apply)
Renovation

Location of asbestos-containing material to be abated in facility (13)
Yes
No
K

Boiler Room

Registered Waste Hauler
B & G Restoration, Inc.

Contractor's Name
Tullytown Resource & Recovery Center

Sent to Name
Gordana Luna

To: 91973695599

FEB-01-2013 15:13 From: ASBESTOS

6896338564
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G prog. #: 2013-26
Check #: 5758

Date of Notification (1)
10/12/10

Name of Building Owner/Operator:
West Orange School District

Address:
179 Eagle Rock Avenue
City, State, Zip Code: West Orange, NJ 07082

Name of Contact:
Robert Ceigi

Agencies Notified:
- EPA
- DOL
- DOH
- DCA

Type of Notification:
- Initial

Name of facility where abatement is taking place (3)
St. Cloud Elementary School

Street Address:
71 Steward Ave.

City (5)
West Orange

County (6)
Essex

County Code (7)
(State use only)
N/A

Name of Monitoring Firm hired by Bldg. Owner (6)
N/A

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

Schedule Start Date (10)
02/02/2013

Scheduled Completion Date (11)
02/2/2013

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

Scope of Work (check all that apply):
- Demolition
- Renovation
- ≥300 sf or <3,000 sf
- >180 sf or ≥2,600 sf

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

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

Amount (Specify SF or LF)
9 LF

Registered Waste Handler
B & G Restoration, Inc.

Name of Registered Landfill:
Tullytown Resource & Recovery Center

City, State:
Tullytown, PA

Completed by (Part or Type)
Gordana Luna

Title:
Secretary/Treasurer

Date:
02/01/2013
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 6:60-7 and 12:120-7)

---

**B & G proj. #:** 2013-26  
**EFM 2 PM 2:08**  
**Check #: 5758**

**Date of Notification (1):**
- 12/10/2013

**Name of Building Owner/Operator (2):**
- West Orange School District

**Street Address:**
- 179 Eagle Rock Avenue

**City, State, Zip Code:**
- West Orange, NJ 07052

**Name of Contact:**
- Robert Csiga

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**
- St. Cloud Elementary School

**Street Address:**
- 71 Sheridan Ave.

**City:**
- West Orange

**County:**
- Essex

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

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

**Name of Abatement Contractor (9):**
- B & G Restoration, Inc.

**Phone Number:**
- (973) 896-6869

**License Number:**
- 00378

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

**Street Address:**
- 105 Ryerson Road

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

**Scheduled Start Date (10):**
- 02/2/2013

**Occupancy Status During Abatement:**
- Facility occupied

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

---

### BOILER ROOM

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td>pipe insulation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**
- B & G Restoration, Inc.
- NJDEP Hauler ID#: 19563

**Cubic Yards of Waste:**
- 1/4 yd

**Name of Registered Landfill:**
- Tullytown Resource & Recovery Center

---

**City, State:**
- Tullytown, PA

**Disposal Date:**
- 02/04/2013

---

**Completed by (Print or Type):**
- Gordana Luna

**Title:**
- Secretary/Treasurer

**Signature:**
- [Signature]

**Date:**
- 02/01/2013
# NOTIFICATION OF ASBESTOS ABATEMENT

## State of New Jersey

**Date of Notification (1)**
02/05/2013

**Name of Building Owner/Operator (2)**
GLEN RIDGE CONGREGATIONAL CHURCH

### FACILITY INFORMATION

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

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

### Name of Facility Where Abatement is Taking Place (3)
GLEN RIDGE CONGREGATIONAL CHURCH

### Street Address
195 RIDGEWOOD AVE

### City (5)
GLEN RIDGE

### County (6)
ESSEX

### Current Use (Prior if being demolished)

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

### Name of Abatement Contractor (9)
KIELCZEWSKI CORPORATION

### Street Address
235 WATCHUNG AVENUE

### City, State, Zip Code
WEST ORANGE NJ 07052

### Telephone No.
973-243-9872

### License No.
01171

### Name of OSHA Monitor

### Project Manager for Monitoring Firm
FREDERICK LARSON

### Telephone No.
973-636-9145

### Start Date (10)
02/18/2013

### Scheduled Completion Date (11)
02/18/2013

### 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 ft³
- ≥160 sf or ≥260 ft³

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>kitchen</td>
<td>No</td>
<td>pipe insulation</td>
<td>15 LF</td>
</tr>
<tr>
<td>boiler room</td>
<td>No</td>
<td>pipe insulation</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

### Name of Abatement Contractor
KIELCZEWSKI CORPORATION

### City, State
WEST ORANGE NJ

### Name of Registered Waste Hauler
KIELCZEWSKI CORPORATION

### Title
President

### Signature

### Name of Registered Landfill
CONESTOGA LANDFILL

### City, State
MORGANTOWN PA

### Disposal Date
02/05/2013

---

* ASB-41 (R-06-08)
* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/13/2012

Name of Building Owner/Operator (2)
ONE EXCHANGE JC, LLC

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

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

Street Address
1410 COMMON OAKS DRIVE

City, State, Zip Code
RALEIGH, NC 27614

Name of Contact
Christopher Brenner

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HYATT BUILDING

Street Address
1 EXCHANGE PLACE

City (5)
JERSEY CITY

County (6)
HUDSON

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
KIELCZEWSKI CORPORATION

Street Address
235 WATCHUNG AVE

City, State, Zip Code
WEST ORANGE NJ 07052

Project Manager for Monitoring Firm
WILLIAM MORALES

Telephone No.
973-636-9145

Licensed No.
973-243-9872
01171

Start Date (10)
12/17/2012

Scheduled Completion Date (11)
02/15/2013

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)
☐ 23 sf or 23 if
☐ 1600 sf or 2600 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

(12)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Location

Yes

No

N/A

Floor Tiles and Mastic

Floor Tile

Pipe Insulation

Tile and Mastic

Amount (Specify SF or LF)

Location

Main Building- Ban Vault

Bank Side- Basement

Basement across bank vault

1st Floor Hallway

CIRCULAR RUBBISH

NJ/DEP Waste Hauler ID No.
18816

Cubic Yards of Waste

Disposal Date

City, State

LINDEN NJ

Name of Registered Waste Hauler

TULLYTOWN RESOURCE FACILITY

City, State

MORISVILLE PA

Name of Registered Landfill

Completed by

SLAWOMIR KIELCZEWSKI

Title
PRESIDENT

Signature

Date
02/04/2013

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location – Main Building</th>
<th>Material</th>
<th>Approx. Quantity of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement 3, Boiler Room – Boiler left of center “Betsy” boiler.</td>
<td>(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.</td>
<td>1,900 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Behind boiler left of center “Betsy” boiler.</td>
<td>White (top layer) and grey (bottom layer) duct insulation.</td>
<td>1,800 Square Feet (3” Thick).</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Center “Betsy” and boiler right of “Betsy”.</td>
<td>(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.</td>
<td>3,800 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.</td>
<td>Grey / brown boiler &amp; wrap insulation (cylindrical top on top of middle “Betsy” &amp; right boiler).</td>
<td></td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Behind center “Betsy” and boiler on right side.</td>
<td>White (top layer) and grey (bottom layer) duct insulation.</td>
<td></td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>Grey / White Elbow Insulation.</td>
<td>40 Large / Small Elbows.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>Grey Pipe Wrap Insulation.</td>
<td>2,865 Linear Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>White / Grey Ceiling Insulation.</td>
<td>2,400 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room, next to entrance.</td>
<td>White hot-water-tank (cylinder) wrap insulation.</td>
<td>150 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Main Center Room w/ freight elevator.</td>
<td>White boiler insulation (small boiler).</td>
<td>180 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Main Center Room w/ freight elevator.</td>
<td>Green, Red &amp; Grey/White Pipe Insulation &amp; Elbow Insulation.</td>
<td>540 Linear Feet &amp; 98 Elbows.</td>
</tr>
<tr>
<td>Basement 3, Room Right of Electrical Room.</td>
<td>White / Grey Pipe Insulation.</td>
<td>160 Linear Feet.</td>
</tr>
<tr>
<td>Sub-Basement, Telephone Equipment Room.</td>
<td>Grey Duct Insulation.</td>
<td>40 Square Feet.</td>
</tr>
<tr>
<td>Small Room, off of stair well, left of Telephone Equipment Room.</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>65 Linear Feet &amp; 7 Elbows.</td>
</tr>
<tr>
<td>Basement, Electrical Room, Room B1, Electrical Room.</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>60 Linear Feet &amp; 10 Elbows.</td>
</tr>
<tr>
<td>Basement, Meter Room (water room).</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>80 Linear Feet &amp; 12 Elbows.</td>
</tr>
<tr>
<td>Basement, Vent Room (exterior lining).</td>
<td>White duct vent lining (assume interior also).</td>
<td>400 – 500 Square Feet.</td>
</tr>
<tr>
<td>Upper Basement Hallway, small room.</td>
<td>Grey Duct Insulation.</td>
<td>112 Square Feet.</td>
</tr>
</tbody>
</table>
**FACILITY INFORMATION**

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

**HYATT BUILDING**

**Street Address**

1 EXCHANGE PLACE

**City (5)**

JERSEY CITY

**County (6)**

HUDSON

**Name of Operating Firm**

EVIROVISION

**Telephone No.**

973-636-9146

**Name of Abatement Contractor (5)**

KIELCZEWSKI CORPORATION

**Street Address**

20-21 WAGARAW RD

**City, State, Zip Code**

FAIRLAWN NJ 07410

**Telephone No.**

973-243-9072

**Name of CSHA Monitor**

SCHNEIDER LABORATORIES GLOBAL

**Street Address**

2512 W. CARY STREET

**City, State, Zip Code**

RICHMOND VA 23220

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

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Remote Sampling
- Non-Exempted (*) and Non-Fireproof Procedure

**Location of Asbestos-Containing Material (ACM) To Be Abated**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal insulation and/or Tarps</td>
<td>300sf</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>200sf</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>150sf</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>100sf</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>50sf</td>
<td>Total</td>
</tr>
</tbody>
</table>

**Asbestos-Containing Material (ACM) To Be Abated**

- Floor Tiles and Mastic
- Floor Tile
- Pipe Insulation
- Tile and Mastic

**Name of Registered Waste Handler**

CIRCLE RUBBISH

**City, State**

LINDEN NJ

**Signature**

KIELCZEWSKI

**Date of Notification (1)**

12/13/2012

**Date of Completion (11)**

02/08/2012

**Do not use this form for asbestos licensure exempted activities.**
<table>
<thead>
<tr>
<th>Location – Main Building</th>
<th>Material</th>
<th>Approx. Quantity of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement 3, Boiler Room – Boiler left of center “Betsy” boiler.</td>
<td>(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.</td>
<td>1,900 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.</td>
<td>Grey boiler insulation (cylindrical top on top of large left boiler).</td>
<td>900 Square Feet (3’’ Thick).</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Behind boiler left of center “Betsy” boiler.</td>
<td>White (top layer) and grey (bottom layer) duct insulation.</td>
<td></td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Center “Betsy” and boiler right of “Betsy”.</td>
<td>(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.</td>
<td>3,800 Square Feet.</td>
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<tr>
<td>Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.</td>
<td>Grey / brown boiler &amp; wrap insulation (cylindrical top on top of middle “Betsy” &amp; right boiler).</td>
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<tr>
<td>Basement 3, Boiler Room – Behind center “Betsy” and boiler on right side.</td>
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<td>1,800 Square Feet (3’’ Thick).</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>Grey / White Elbow Insulation.</td>
<td>40 Large / Small Elbows.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>Grey Pipe Wrap Insulation.</td>
<td>2,865 Linear Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room – Above all boilers.</td>
<td>White / Grey Ceiling Insulation.</td>
<td>2,400 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Boiler Room, next to entrance.</td>
<td>White hot-water-tank (cylinder) wrap insulation.</td>
<td>150 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Main Center Room w/ freight elevator.</td>
<td>White boiler insulation (small boiler).</td>
<td>180 Square Feet.</td>
</tr>
<tr>
<td>Basement 3, Main Center Room w/ freight elevator.</td>
<td>Green, Red &amp; Grey/White Pipe Insulation &amp; Elbow Insulation.</td>
<td>540 Linear Feet &amp; 98 Elbows.</td>
</tr>
<tr>
<td>Basement 3, Room Right of Electrical Room.</td>
<td>White / Grey Pipe Insulation.</td>
<td>160 Linear Feet.</td>
</tr>
<tr>
<td>Sub-Basement, Telephone Equipment Room.</td>
<td>Grey Duct Insulation.</td>
<td>40 Square Feet.</td>
</tr>
<tr>
<td>Small Room, off of stairwell, left of Telephone Equipment Room.</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>65 Linear Feet &amp; 7 Elbows.</td>
</tr>
<tr>
<td>Basement, Electrical Room, Room B1, Electrical Room.</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>60 Linear Feet &amp; 10 Elbows.</td>
</tr>
<tr>
<td>Basement, Meter Room (water room).</td>
<td>White / Grey Pipe Insulation &amp; White / Grey Elbow Insulation.</td>
<td>89 Linear Feet &amp; 12 Elbows.</td>
</tr>
<tr>
<td>Basement, Vent Room (exterior lining).</td>
<td>White duct vent lining (assume interior also).</td>
<td>400 – 500 Square Feet.</td>
</tr>
<tr>
<td>Upper Basement Hallway, small room.</td>
<td>Grey Duct Insulation.</td>
<td>112 Square Feet.</td>
</tr>
</tbody>
</table>
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
01/11/13

**Name of Building Owner/Operator (2)**
DEBBIE RYBKA HOWARD

**Street Address**
38 SHADYSIDE AVENUE

**City, State, Zip Code**
SUMMIT, NJ

**Name of Contact**
DEBBIE RYBKA HOWARD

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
DEBBIE RYBKA HOWARD

**Street Address**
38 SHADYSIDE AVENUE

**City, State, Zip Code**
SUMMIT, NJ

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

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

**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

**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) Sched. Completion Date (11)**
03/04/13 03/22/13

**Scope of Work (check all that apply)**
- [ ] >3 sf or >3 lf
- [x] Renovation
- [ ] ≥150 sf or ≥260 lf
- [ ] Demolition
- [ ] Other

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

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

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

**Amount (Specify SF or LF)**
85 LN FT

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

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
1 YD

**Name of Registered Landfill**
TULLY TOWN, RESOURCE RECOVERY

**City, State**
PATERSON, NJ 07503

**Disposal Date**
03/05/13

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

**Title**
PRESIDENT

**Signature**

**Date**
01/31/13

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/13/13</td>
<td>CHARLES BALDASSARI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment #</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td>(including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>430 GREGORY AVEUE</td>
<td>WEEHAWKEN, NJ 07087</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES BALDASSARI</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES BALDASSARI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Blgd. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>430 GREGORY AVEUE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (Commercial)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>20 California Avenue</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Full Containment with negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt;3 sf or &gt;3 ft</td>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>□ &gt;160 sf or &gt;260 ft</td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>□ Demolition</td>
<td>Non-Exempted (*) and Non-triable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>PIPE INSULATION &amp; FITTINGS</td>
<td>130 L FT</td>
</tr>
<tr>
<td>BASEMENT BACK ROOM</td>
<td>PIPE INSULATION</td>
<td>12 L FT</td>
</tr>
<tr>
<td>FIRST FLOOR</td>
<td>PIPE INSULATION</td>
<td>10 L FT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
<td>2 YDS</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/14/13</td>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
<td>01/31/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☒ Initial
☐ Amended
Amendment #: 
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
JOE MCHALE
Street Address
79 FOREST AVENUE
City, State, Zip Code
GLEN RIDGE, NJ 07028

Name of Contact
JOE MCHALE
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JOE MCHALE
Street Address
79 FOREST AVENUE
City (5) 
GLEN RIDGE
County (6) 
ESSEX
County Code (7)
(State use only)

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

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Start Date (10)
02/23/13
Sched. Completion Date (11)
02/28/13

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

Scope of Work (check all that apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)
Basement (4 REGISTERS)

Is location normally used solely by maintenance/custodial staff(12)
Yes No N/A

Description of asbestos-containing material (ACM)
DUCT INSULATION

Amount (Specify SF or LF)
6 SQ FT

Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-removable procedure

Registered Waste Hauler
D & S RESTORATION, INC.
NJDH Hauler ID# 13506
Cubic Yards of Waste
1 YD
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATerson, NJ 07503
Disposal Date
02/25/13

Registered Waste Hauler
D & S RESTORATION, INC.
NJDH Hauler ID# 13506
Cubic Yards of Waste
1 YD
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATerson, NJ 07503
Disposal Date
02/25/13

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
01/31/13

ASB-41
* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:130)

Date of Notification (1) 2/05/13
Name of Building Owner/Operator (2) Renaldo Quispe

Agencies Notified Type Notification

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

Name of Facility Where Abatement Is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (6)

Type of Facility (4)

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

Street Address
81 Alexander Ave

City (6)
Montclair

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

Square Feet
1850

# of Floors
3

Bldg. Age +50

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
2/14/13

Scheduled Completion Date (11)
3/14/13

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)

≥68 sf or ≥25 ft
3/160 sf or ≤260 ft

Renovation
Demolition

Pipe Insulation

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

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

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

Amount (Specify SF or LF)
175 LF

Abatement Type
Removal

Name of Registered Mold Hauler
Rovic Transport

HUD Waste Hauler ID No.
20785

Cubic Yards of Waste

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Bethlehem, PA 18015

Disposal Date
2/14/13

Completed by
Joseph Votling

Title
C.O.O

Signature

2/05/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:189)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/05/13</td>
<td>Susan Johnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>45 Lowell Rd.</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (meeting justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Rock, NJ 07452</td>
<td>Susan Johnson</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lowell Rd.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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</thead>
<tbody>
<tr>
<td>Glen Rock</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCN No.</th>
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<tbody>
<tr>
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</tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>A. Mac Contracting Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Lowell Road</td>
<td>201-232-5841</td>
<td>00156</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Rock, NJ 07452</td>
<td>201-232-5841</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>2/15/13</td>
<td>3/15/13</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>290 Hoyler Street</td>
<td>201-232-5841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07606</td>
<td>201-232-5841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf of or 23 If</td>
</tr>
<tr>
<td>210 sf of or 2280 If</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (19)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>1.721 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Min-Evaporate</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NDEP Waste Handler ID No.</th>
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<tbody>
<tr>
<td>20785</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem, PA 18015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Bethlehem, PA 18015</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Vaculov</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.O.O.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Vartic</td>
<td>2/05/13</td>
</tr>
</tbody>
</table>

* Do not use this form for abatement for asbestos treatment exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2/05/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Identified</td>
<td>EMA, DOL, DOT, DCA</td>
</tr>
<tr>
<td>Types of Notifications</td>
<td>Initial, Amended, Emergency (including extensions)</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>ELIZABETH NEILAND</td>
</tr>
<tr>
<td>Street Address</td>
<td>171 PROSPECT PL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rutherford, NJ 07070</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-562-0207</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>106 Lowell Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, NJ 07452</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-282-5041</td>
</tr>
<tr>
<td>License No.</td>
<td>69-166</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>A. Mac Contracting Inc.</td>
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<td>69-166</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Abatement</th>
<th>VAT &amp; NESTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE REMOVED</td>
<td>BASEMENT</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>None</td>
</tr>
<tr>
<td>Method of Containment</td>
<td>Mechanical</td>
</tr>
<tr>
<td>Type of Abatement</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Abatement Officer</th>
<th>J. Varrione</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>2/05/13</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
2/14/13  

Agencies Notified Type Notification  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Emergency  
- Cancellation  

Name of Building Owner / Operator (2)  
Cherry Hill B.O.E.  

Street Address  
45 Ranoldo Terrace  
City, State & Zip Code  
Cherry Hill, NJ 08034  

Name of Contact  
John Middleton  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Cherry Hill HS East  

Street Address  
1750 Kresson Rd.  

City (5)  
Cherry Hill  
County (6)  
Camden  
County Code (7)  

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

Square Feet  
# of Floors  
Bldg. Age  

Current Use (Prior if being demolished)  
School  

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

Project Manager for Monitoring Firm  
Jim Gullardi  
Telephone Number  
609-314-1683  

Scheduled Completion Date (11)  
2/16/13  

Occupy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours  
- FRI 4PM start & Saturday daytime  
- Occupied During Abatement  

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

Name of Abatement Contractor (9)  
AbateTech, Inc.  

Street Address  
PO Box 25  
City, State & Zip Code  
Lumberton, NJ 08048  

Name of OSHA Monitor  
EMSL Analytical  

Street Address  
108 Haddon Ave.  
City, State & Zip Code  
Westmont, NJ 08108  

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours  
- FRI 4PM start & Saturday daytime  
- Occupied During Abatement  

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

Boiler Room  

Fittings  
20 SF  

Name of Registered Waste Hauler  
AbateTech, Inc.  

NJDEP Waste Hauler ID No.  
18750  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
TRRF Landfill  

City, State  
Lumberton, NJ  

Completed By (Print or Type)  
Gwen Trumbetti  

Title  
Office Coord.  
Signature  

Disposal Date  
2/19/13  

City, State  
Tullytown, PA  

Date  
2/4/13  


# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

**State of New Jersey**

**Check #4912**

### Date of Notification (1)

2/4/13

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

Newark Community Health Centers, Inc.

### Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

### Type Notification

- Initial
- Amended #
- Emergency
- Cancellation

### Street Address

741 Broadway

### City, State & Zip Code

Newark, NJ 07107

### Name of Contact

Business Office

### FACILITY INFORMATION

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

**Newark Community Health Center**

### Street Address

741 Broadway

### City (5)  County (6)  County Code (7)

Newark  Essex

### Type of Facility (4)

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

### Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)

#### Health Center

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

Environmental Connection, Inc.

### ASCM No.

#### Name of Abatement Contractor (9)

AbateTech, Inc.

### Street Address

120 North Warren Street

### City, State & Zip Code

Trenton, NJ 08608

### Project Manager for Monitoring Firm

Ryan Broadwater

### Telephone Number

609-392-4200

### Scheduled Start Date (10)  Scheduled Completion Date (11)

2/19/13  3/29/13

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

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

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

- 3 sf or 3 sf
- ≥160 sf ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

**TO BE ABATED in Facility (13)**

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

<table>
<thead>
<tr>
<th>Phase 3 First &amp; Second Floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 North Bldg.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 1 North Bldg.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2 Cellar/Basement Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2 Cellar/Basement Level</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,500 SF</td>
</tr>
<tr>
<td>1,220 SF</td>
</tr>
<tr>
<td>1,600 SF</td>
</tr>
<tr>
<td>100 SF</td>
</tr>
<tr>
<td>2,100 SF</td>
</tr>
<tr>
<td>72 SF</td>
</tr>
<tr>
<td>235 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

AbateTech, Inc.

### NJDEP Waste Hauler ID No.

18750

### Cubic Yards of Waste

TBD

### Name of Registered Landfill

TRRF Landfill

### City, State

Lumberton, NJ

### Disposal Date

TBD

### City, State

Tullytown, PA

### Completed By (Print or Type)

Gwen Trumbetti

### Title

Office Coord.

### Signature

Date

2/4/13
# NOTIFICATION OF ASBESTOS ABATEMENT

**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>2 / 7 / 13</td>
<td>JC Penney Corporation Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6501 Legacy Drive</td>
<td>Plano, TX 75024</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soy Thomas</td>
<td></td>
</tr>
</tbody>
</table>

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockaway Town Square</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>305 Mount Hope Avenue</td>
<td>150000</td>
<td>2</td>
<td>75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockaway NJ</td>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillmann Consulting LLC</td>
<td>JVN Restoration Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 Route 22 East</td>
<td>908-956-1233</td>
<td>718-565-5256</td>
</tr>
<tr>
<td></td>
<td></td>
<td>00774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 12 / 13</td>
<td>3 / 12 / 13</td>
<td>Testor Tech</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>47 Foster Road</td>
<td>Staten Island</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td>Street Address</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Time of Abatement: AM: PM</td>
<td>10:00AM-6:00AM</td>
<td>LIC, NY 11101</td>
</tr>
</tbody>
</table>

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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>☑ ≥3 sf of ≥3 if</td>
<td></td>
</tr>
<tr>
<td>☑ ≥160 sf of ≥260 if</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Level Home Street Dept.</td>
<td>Yes</td>
<td>VAT/MASTIC</td>
<td>13200SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td>2nd Level Joe Fresh Dept.</td>
<td>No</td>
<td>Glue Dots</td>
<td>160SF</td>
<td>☑ Repair</td>
</tr>
<tr>
<td>3rd Level Joe Fresh Dept.</td>
<td>No</td>
<td></td>
<td></td>
<td>☑ Encapsulate</td>
</tr>
<tr>
<td>4th Level Joe Fresh Dept.</td>
<td>No</td>
<td></td>
<td></td>
<td>☑ Non-Friable</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Express Waste Services LLC</th>
<th>NJ-804</th>
<th>120</th>
<th>Global Waste Industries, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newark NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Tardy</td>
<td>Senior Project Manager</td>
<td>[Signature]</td>
<td>2/13</td>
</tr>
</tbody>
</table>

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

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<td>Soy Thomas</td>
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**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 Wayne Town Center</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Wayne</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<td>150000</td>
<td>2</td>
<td>75</td>
</tr>
</tbody>
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<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic</td>
<td></td>
<td></td>
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<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<td>62252</td>
<td>JVN Restoration Inc</td>
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<th>License No.</th>
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<td>908-956-1233</td>
<td>00774</td>
</tr>
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<td>47 Foster Road</td>
<td>718-605-6256</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Rubino</td>
<td>908-956-1233</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 11 / 13</td>
<td>3 / 11 / 13</td>
<td>Testor Tech</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>10 59 Jackson Avenue</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 10:00PM 5:00AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 if</td>
<td>VAT/MASTIC</td>
<td>Yes</td>
<td>Full Containment with Negative Pressure</td>
<td>3755</td>
<td>X</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥260 if</td>
<td></td>
<td>No</td>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Waste Services LLC</td>
<td>40</td>
<td>Global Waste Industries, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ</td>
<td>3/11/13</td>
<td>Hackettstown, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Tardy</td>
<td>Senior Project Manager</td>
<td>2/11/13</td>
</tr>
</tbody>
</table>

*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:** 2 / 6 / 2013

**Name of Building Owner/Operator:** CSX Corporation

**Street Address:** 500 Water Street  
City, State, Zip Code: Jacksonville, FL 32202

**Name of Contact:** Gary Wywra
**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**  
CSX Railyard - Car Shop Office Building

**Street Address:** 1150 Newark Turnpike  
Kearny, Hudson County

**Square Feet:** 3375  
**# of Floors:** 2  
**Bldg. Age:** 30+

**Type of Facility:** Industrial

**Name of Monitoring Firm Hired by Building Owner:** Shaw Environmental, Inc.

**Telephone No.:** 732-939-3707

**Start Date:** 2 / 12 / 2013  
**Scheduled Completion Date:** 2 / 15 / 2013

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Offices &amp; Corridors</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 3100 SF

**Abatement Type:**

- Removal
- Repair
- Encapsulation
- Endorsement

**Name of Registered Waste Hauler:** Waste Management

**City, State:** Camden, New Jersey

**Completed By:** Jessica Busch  
**Title:** Administrative Support  
**Signature:**

**Date:** 2/6/2013

*Do not use this form for asbestos license exempted activities.*
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)  

Date of Notification (1) 01/21/13

Name of Building Owner / Operator (2) HOFFMAN LAROCHE

Street Address 340 KINGSLAND AVENUE

City, State, Zip Code NUTLEY, NJ 07110

Name of Contact BEHRAM IRANI

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE - BLDG 85

Type of Facility (4)

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

Square Feet 155,000

# Of Floors 8

Building Age 40+

Current Use (Prior if being demolished)

OFFICE/RESEARCH

Name of Abatement Contractor (5) LVI Environmental Services Inc.

TRC

Street Address 1430 BROADWAY

City, State, Zip Code NEW YORK, NY 10018

Project Mgr. For Monitoring Firm EDWARD GERDTS

Telephone Number 212-221-8014

Scheduled Completion Date (11) 03/04/13

Occupancy Status During Abatement (Check Only 1)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MON-FRI 7:00AM-3:00PM

Scope of Work (Check All That Apply)

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

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

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

Description of Asbestos - Containing Material (ACM)

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

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATERPROOFING TAR</td>
<td>45.68 CF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler EPIC TRANSPORTATION

Cubic Yards of Waste

Name of Registered Landfill LONE MOUNTAIN

City, State 319 AVE P NEWARK, NJ 07105-4800

Disposal Date WAYNOKA, OK 73860

Completed by (Print or Type) STEVE STILES

Title PROJECT MANAGER

Signature Date 02/07/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12.20/N.J.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1):

Name of Building Owner/Operator (2):
Newark Public School

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [ ] SOL
- [ ] DOH
- [ ] DCA

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

Street Address:
2 Cedar Lane

City, State, Zip Code:
Newark, NJ 07102

Name of Contact:
Benjamin T. Olagado

Telephone Number:

FACILITY INFORMATION

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

Street Address:
388 Bergen Street, Newark, NJ 07103

City (5):
Newark

County (6):
N.J.

Country Code (7):
07106

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

ASCM No.:

Street Address:
1233 North Church Street

City, State, Zip Code:
Moorstown, NJ 08065

Project Manager for Monitoring Firm:
James A. Guatieri

Telephone No.:
856-840-8800

Start Date (10):
01/18/13

Scheduled Completion Date (11):
01/20/13

Occupy Status During Abatement (Check only one)

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

Other

Describe:
non-frangible asbestos containing building materials

Scope of Work (Check all that apply):

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Closet under the stairwell</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By the boiler room,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close to custodian office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No

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

- Pipe Insulation
  - Location: Basement
  - Amount: 35 LF

- Pipe Insulation
  - Location: Closet under the stairwell
  - Amount: 20 lf

Abatement Type

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler:
Newark Carting, Inc.

NJDEP Waste Hauler ID No.:
4506

Cubic Yards of Waste:
Name of Registered landfill:
Tullytown Re. Facility

City, State:
Newark, NJ 07102

Disposal Date:

Completed By:
Patrick Kwokje

Title:
Project Manager

Signature:

Date:
01/8/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 2013 FEB 8 PM 2: 56
Name of Building Owner/Operator (2): 2 Cedar Lane
Newark Public School

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

Street Address: 2 Cedar Lane
City, State, Zip Code: Newark, NJ 07102
Name of Contact: Benjamin T. Olagado

FACILITY INFORMATION

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

Street Address: 87 Richelieu Terrace
City (5): Newark
County (6): N.J.
County Code (7): 07106

Name of Monitoring Firm Hired by Building Owner: ASCM No.:

(8)T1

Street Address: 1253 North Church Street
City, State, Zip Code: Motorostown, NJ 08057

Project Manager for Monitoring Firm: Telephone No.:
James A. Guillard 856-840-8800

Start Date (10): 01/18/13
Scheduled Completion Date (11): 01/20/13

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☐ Other

Describe: non-ferrous asbestos containing building materials

Scope of Work (Check all that apply):

☐ ≥ 3 sf or ≥ 3 ly
☐ ≥ 160 sf or ≥ 260 sf
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial/Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>13 LF</td>
</tr>
<tr>
<td>Ceiling plaster</td>
<td></td>
<td></td>
<td>36 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Newark Carting, Inc.
NJDEP Waste Hauler ID No.: 4506

Cubic Yards of Waste: Name of Registered landfill: Tullytown. Re. Pecility

City, State: Newark, NJ 07102
Disposal Date: 01/18/13

Completed By: Patrick Nwokobi
Title: Project Manager
Signature: [Signature]
Date: [Date]
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 7:28-2.12)

Date of Notification (1) 1/29/2013

Name of Building Owner/Operator (2)
EDUARDO ALBUQUERQUE

Street Address
52-54 POORE AVENUE

City, State, Zip Code
NORTH ARLINGTON, NJ 07031

Name of Contact
DOMINIC MANGIOLE

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

Sq. Feet: 700

# of Floors: 2

Bldg. Age: 80 Years

Current Use (prior if being demolished)

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone: 609-984-6620

NJ DEP Waste Hauler ID #

Cubic Yards of Waste

1930

+ 20

Name of Reg. Landfill

Contractor (9)

Name of Contractor
HWSA CONSTRUCTION INC

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation
( ) Major Proj. (>160 SF or >260 LF ACM)
( ) SM Proj. (>25-160 SF or >10-260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Cablebag Procedure

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

Is Location Normally Used Solely by Maint./Customer Staff? (12)

YES NO NA

Description of ACM (i.e. thermal systems, insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF)

20 Cubic Yards

Abatement Type

Double ENP

(Owner)

EDUARDO ALBUQUERQUE

Signature

DOMINIC MANGIOLE
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:28-2.12)

Date of Notification: 2/4/2013

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) EPA</td>
<td>( ) Initial Notification</td>
</tr>
<tr>
<td>( ) DEP</td>
<td>( ) Amended Certification</td>
</tr>
<tr>
<td>( ) DOL</td>
<td>( ) Cancelled</td>
</tr>
<tr>
<td>( ) DOH</td>
<td></td>
</tr>
<tr>
<td>( ) DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator: ANTONIA MANGOLA
Street Address: 657 Albert St
City, State, Zip Code: NORTH Arlington, NJ 07032
Name of Contact: EDuardo Almeida
Tel. Number: 

Name of Facility Where Abatement Is Taking Place: MANGOLA - PRIVATE HOME
Street Address: 141 Sanford Avenue
City, State, Zip Code: Lynhurst, Bergen
Name of Monitoring Firm Hired by Bldg. Owner: ASCM No.

Name of Contractor: FUSA Construction
Street Address: 52-54 Porrino Avenue
City, State, Zip Code: North Arlington, NJ 07031
Telephone Number: 201.994.7761
License Number: 

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

Sq. Feet: 350
# of Floors: 2
Bldg. Age: 80 years
Current Use (prior if being demolished): 

Name of OSHA Monitor: 

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

Describe: Preparing for Demolition

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

Location Normally Used Solely by Maint./Custodial Staff: 

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other misc.): 

Amount (Specify SF or LF): 20 Cubic yards

Abatement Type: 


Non-Firable Roof Shingles: X Double Bag

Name of Reg. Waste Hauler: 
NJDEP Waste Hauler ID #: 09330

Cubic Yards of Waste: 20 Cubic yards

Name of Reg. Landfill: Central Landfill
Disp. Date: 

City, State: 

Completed by (Print or Type): 

Title: Property Owner
Signature: ANTONIA MANGOLA
Date: 2/4/2013

Mail to: NJDEP-DSHW-RRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): February 6, 2013
Name of Building Owner / Operator (2): Bank of America

Agencies Notified: 
- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA
Type Notification: 
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Cancellation
Street Address: 1345 Chews Landing Road
City, State & Zip Code: Laurel Springs, NJ 08021
Name of Contact: Dino Nappi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bank of America
Street Address: 1345 Chews Landing Road
City (5): Laurel Springs
County (6): Camden

Name of Monitoring Firm Hired by Building Owner (8): Environmental Testing Consultants, LLC
Street Address: One Mail Drive, Suite 404
City, State & Zip Code: Cherry Hill, NJ 08002
Project Manager for Monitoring Firm: Howard Zenobi
Telephone Number: 856-482-1311

Scheduled Start Date (10): February 16, 2013
Scheduled Completion Date (11): March 1, 2013

Occupy Status During Abatement (Check only one): 
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours
- [ ] Other — Describe:
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply):
- [ ] ≥3 sf or ≥50 if
- [ ] ≥160 sf or ≥260 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted(*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF): 250 SF

Abatement Type:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Envelope

Name of Registered Waste Hauler: Synatech, Inc.
NJDEP Waste Hauler ID No.: 28429

Cubic Yards of Waste: 3

Name of Registered Landfill: Grows Landfill
City, State: Morrisville, PA

Disposal Date: March 4, 2013

Completed By: Diane Aloia
Title: Executive Administrator
Signature: [Signature]
Date: February 6, 2013

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

Date of Notification (1): February 6, 2013

Name of Building Owner / Operator (2):
Bank of America
Street Address:
470 North Delsea Drive
City, State & Zip Code:
Vineland, NJ 08360
Name of Contact:
Dino Nappi
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Bank of America
Street Address:
470 North Delsea Drive
City (5):
Vineland
County (6):
Cumberland
COUNTY CODE (7): USE ONLY

Name of Monitoring Firm Hired by Building Owner (8):
Environmental Testing Consultants, LLC
Street Address:
One Mall Drive, Suite 404
City, State & Zip Code:
Cherry Hill, NJ 08002
Project Manager for Monitoring Firm:
Howard Zenobi
Telephone Number:
856-482-1311

Type of Facility (4):

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

Square Feet: 4,000
# of Floors: 2
Bldg. Age: 60

Current Use (Prior to being demolished):
Bank

Name of Abatement Contractor (9):
Synatech, Inc.
Street Address:
829 Radio Road
City, State & Zip Code:
Little Egg Harbor, NJ 08087
Telephone Number:
609-298-6916
License Number:
00817

Name of OSHA Monitor:
Synatech, Inc.
Street Address:
829 Radio Road
City, State & Zip Code:
Little Egg Harbor, NJ 08087

Scheduled Start Date (10):
February 16, 2013
Scheduled Completion Date (11):
March 1, 2013

Occupancy Status During Abatement (Check only one):
- [X] Abatement Performed Outside of Normal Hours
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply):
- [X] 3 sf or > 50 ft
- [ ] 160 sf or > 260 ft
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted(*) and Non-Friable Procedure

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

- [X] Teller Line and 1st & 2nd Floor Stairwell Landings
  - Location Normally Used Solely by Maintenance or Custodial Staff?: Yes
  - Description of Asbestos-Containing Material (ACM)
    - (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
  - Amount (Specify SF or LF):
    - Cove Base Mastic: 165 LF

Name of Registered Waste Hauler:
Synatech, Inc.
NJDEP Waste Hauler ID No.:
27429
Cubic Yards of Waste:
2
Name of Registered Landfill:
Grows Landfill
City, State:
Little Egg Harbor, NJ 08087
Disposal Date:
March 4, 2013
City, State:
Morrisville, PA

Completed By:
Diane Aloia
Title:
Executive Administrator
Signature:
Date:
February 6, 2013

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

Date of Notification (1)  
2/6/13

Name of Building Owner/Operator (2)  
Vinnie Renz / Private Home

Agencies Notified  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
[ ] Initial  
[ ] Amended  
[ ] Amendment #  
[ ] Emergency (Including Justification)  
[ ] Cancellation

Street Address  
4 West Scott Dr.

City, State, Zip Code  
Holgate NJ 08008

Name of Contact  
Vinnie

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Vinnie Renz / Private Home

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

Square Feet  
1000+

# of Floors  
2

Bldg. Age  
35+

Current Use (Prior if being demolished)  
Home

County (6)  
Ocean

County Code (7)  
(State Use Only)

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

ASCM No.  

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08008

Start Date (10)  
2/19/13

Scheduled Completion Date (11)  
2/25/13

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 sf or >3 if
☒ >160 sf or >500 sf

☒ Renovation  
☒ Demolition

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

13

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

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

Amount (Specify SF or LF)  

Abatement Type  

Endorse

Removal  
Repair  
Encapsulate

Exterior Siding  
1800 SF  

Ext

End

Completed by  
Anthony T Perna

Title  
President

Signature

Date  
2/6/13

ASB-41 (R-06-06)  
* Do not use this form for asbestos licensure exempted activities.
### Emergency Request for Waiver

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:50 and 12:121)

#### Request Information

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-4-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Requested</td>
<td>EPA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>R. Di Donato</td>
</tr>
<tr>
<td>Address</td>
<td>20 Amherst Court Maplewood, N.J. 07040</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

#### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>R. Di Donato</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20 Amherst Court</td>
</tr>
<tr>
<td>City (5)</td>
<td>Maplewood</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex County</td>
</tr>
<tr>
<td>County Code (7) (STATE USE)</td>
<td>03134</td>
</tr>
</tbody>
</table>

#### Name of Monitoring Firm Held by Building Owner

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (8)</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>450 S River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
</tbody>
</table>

#### Abatement Status During Abatement

- Facility Closed/Abandoned During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

#### Scope of Work

- 8 AM to 5 PM

#### Description of Abatement Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>ACM Material</th>
<th>Amount (SF or LF)</th>
</tr>
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<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
<td>80 LF</td>
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### Additional Information

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

**Not to Be Used for Asbestos Removal Activities**

- **EPA**
- **DEP**
- **DOH**
- **DCA**

---

**PD-81**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
02/05/13 CK# 2480 $200

Name of Building Owner/Operator (2)
Olive Tree Child Care Center

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

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

Street Address
314 Broad Street

City, State, Zip Code
Bloomfield, New Jersey 07003

Name of Contact
Jackie

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Olive Tree Day Care Center

Street Address
314 Broad Street

City (5)
Bloomfield, New Jersey 07003

County Code (7)
Essex

Square Feet
10,000

# of Floors
2

Bldg. Age
55+

Current Use (Prior if being demolished)
Day Care

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Telephone No.
609-298-5520

License No.
973-225-8400

Name of OSHA Monitor
J&S Environmental Labs

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check All That Apply)
☐ ±3 sf or ±3 if  ☑ ±160 sf or ±260 if  ☐ Renovation  ☑ Demolition

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

Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 6am Start

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

In Facility

☐ Yes  ☑ No  ☐ N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Location of Asbestos-Containing Material (ACM)

Attic Storage Area

☐ Yes  ☑ No  ☐ N/A

Clean up Asbestos Debris
180 SF

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
2

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

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President
Signature

Date
02/05/13

ASB-41 (R-06-08)

* 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)
February 5, 2013

Name of Building Owner / Operator (2)
360 Sylvan Associates

Street Address
580 Sylvan Avenue, Suite M-E

City, State & Zip Code
Englewood Cliffs, NJ 07632

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
US Post Office

Street Address
360 Sylvan Avenue

City (5)
Englewood Cliffs

County (6)
Bergen

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

Street Address
16 West Elizabeth Avenue

City, State & Zip Code
Linden, NJ 07036

Project Manager for Monitoring Firm
Kelly Walton

Telephone Number
908-862-4301

Scheduled Start Date (10)
February 5, 2013

Scheduled Completion Date (11)
March 1, 2013

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

Scope of Work (Check all that apply)
□ ≥3 sf or ≥ 50 if
□ >160 sf or ≥200 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

First Floor

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

Location
Floor Tiles

Amount (Specify SF or LF)
4.5 SF

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
<1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
March 4, 2013

Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
February 5, 2013

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

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

**State of New Jersey**

**Name of Building Owner/Operator:** Wall Township Public Schools

**Date of Notification:** 02/05/13  CK# 2481  $200

**Agencies Notified:**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- DGA

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

**Street Address:** 1620 13th Avenue

**City, State, Zip Code:** Wall, New Jersey 07719

**Name of Contact:** Torri Somers

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Old Mill School

**Street Address:** 2119 Old Mill Road

**City (5):** Sea Girt, New Jersey 08750

**County:**

**County Code (7):** Essex

**Type of Facility:**
- [X] School (K-12)

**Square Feet:** 20,000

**2 of Floors:**

**Bldg. Age:** 55+

**Current Use:** School

---

**Name of Monitoring Firm Hired by Building Owner:** Birdshall Services Group

**ASCM No.:**

**Name of Abatement Contractor:** Lillich Corporation

**Street Address:** 606 McBride Avenue

**City, State, Zip Code:** Woodland Park, New Jersey 07424

**Project Manager for Monitoring Firm:** Kevin Burns

**Telephone No.:** 609-298-5520

**License No.:** 01104

**Start Date:** 02/15/13

**Scheduled Completion Date:** 02/17/13

**Name of OSHA Monitor:** J&S Environmental Labs

**Street Address:** 2333 Route 22 West

**City, State, Zip Code:** Union, New Jersey 07083

---

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 2am Start

**Scope of Work:**
- [X] 23 sf or 23 if
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Extraction Method</th>
<th>Normal Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Stage foyer</td>
<td>X</td>
<td>No</td>
<td>N/A</td>
<td>Elbows</td>
<td>4</td>
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<tr>
<td>Stage foyer</td>
<td>X</td>
<td>No</td>
<td>N/A</td>
<td>VAT &amp; Mastic</td>
<td>50 SF</td>
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</table>

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**Name of Registered Waste Hauler:** Lillich Corporation

**NU/DEP Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:** 1

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

**City, State:** Woodland Park, New Jersey 07424

**Disposal Date:** 02/18/13

**Completed by:** Tatiana Kalenikova

**Title:** Vice President

**Signature:**

**Date:** 02/05/13

---

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

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>2-6-13</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Noelia Mercado</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>400 Bound Brook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Middlesex, NJ 08846</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Noelia Mercado</td>
</tr>
<tr>
<td>City (5)</td>
<td>Middlesex</td>
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<tr>
<td>County (6)</td>
<td>Middlesex</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
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<tr>
<td>Square Feet</td>
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<td>Age</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>ASCM No</td>
<td>N/A</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2-18-13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-19-13</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Tech</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenkew</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2-18-13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-19-13</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>□ 23 sf or 23 ft</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥260 ft</td>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
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<tr>
<td>□ Mini-Enclosure</td>
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<tr>
<td>□ Glovebag Procedure</td>
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</tr>
<tr>
<td>□ Non-Exempted (V) and Non-Friable Procedure</td>
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</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):</td>
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</tr>
<tr>
<td>Pipe Insulation</td>
<td>400 LF</td>
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<td>Floor Tile</td>
<td>100 SF</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Basement</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Amount Specified SF or LF</td>
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<td>Abatement Type</td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management</td>
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<td>City, State</td>
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<tr>
<td>Disposal Date</td>
<td>2-19-13</td>
</tr>
<tr>
<td>City, State</td>
<td>Mounseville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenkew</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2-6-13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 - 6 - 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ian Sykes</td>
</tr>
<tr>
<td>Street Address</td>
<td>112 West Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hopewell, NJ 08525</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ian Sykes</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>112 West Broad Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hopewell, NJ 08525</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2-20-13</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-21-13</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00-394</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Tech</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X Renovation, X Demolition</td>
</tr>
<tr>
<td>Quantity</td>
<td>23 sf or less, X 160 sf or more</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Basement, Crawlspace</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation, 140 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Disposal Date</td>
<td>2-21-13</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>2-6-13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-6-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>American Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Kristin Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerset, NJ 08873</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Zavodnick</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Office/Warehouse</td>
</tr>
<tr>
<td>Address</td>
<td>100 Frontage Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07114</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Phone</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Start Date</td>
<td>2-16-13</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>2-18-13</td>
</tr>
</tbody>
</table>
| Scope of Work (Check All That Apply) | 23 sf or 23 if
| 2560 sf or 280 if |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Bathroom (Only) x |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Pipe Insulation |
| Amount (Specify SF or LF) | 100 LF |
| Name of Registered Waste Hauler | EPC Technologies |
| NJDEP Waste Hauler ID No. | 17000 |
| Name of Registered Landfill | Waste Management |
| City, State | Monroeville, PA |
| Completed by | Steve Schenker |
| Title | President |
| Signature | Steve Schenker |
| Date | 2-6-13 |

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

State of New Jersey

**REMEMBER - MAIL IN HARD COPY**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 1, 2013</td>
<td>William Hooper</td>
<td>33 Woodside Ave, West Orange, NJ 07052</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility:** Single Family Shore House
- **Street Address:** 107 West Bay View Drive
- **City, State, Zip Code:** Lavallette, NJ 08753

**ASBESTOS TECHNOLOGIES**

- **ASCA No.:** N/A
- **Name of Abatement Contractor:** EPC Technologies, Inc.
  - **Address:** P.O. Box 337, New Egypt, NJ 08533
  - **Telephone No.:** 609-758-3365
  - **License No.:** 06394

**PROJECT MANAGER:** Steve Schenk

**START DATE:** 2-4-13

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

**SCOPE OF WORK:**

- Removal
- Renovation

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED:**

- **Exterior Walls**: Siding Shingles 900 sq ft
- **Inside: Front half of floor tiles**: 200 sq ft

**WASTE MANAGEMENT OF ACM:**

- **Waste Hauler:** EPC Technologies
  - **Hauler ID No.:** 17000
  - **Disposal Date:** 2-6-13

**SIGNATURES:**

- **President:** Steve Schenk
  - **Title:** President
  - **Date:** 2-1-13

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-6-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Karen Labalestrier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>End Date (11)</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Waste Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

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

*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 8:60 and 12:120)

**Date of Notification:** February 5, 2013

**Name of Building Owner/Operator:** Zarrilli Homes

**Address:** 186 Mantoloking Road, Brick, New Jersey 08723

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Telephone Number</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] EPA</td>
<td>[ ] Initial Notification</td>
<td>Guardian Contracting, Inc.</td>
<td>732-349-9932</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td></td>
<td>[ ] Amended Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[X] Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Residence
- **Street Address:** 424 Main Street
- **City:** Manasquan, County: Monmouth

- **Name of Project Manager for Monitoring Firm:** Nicholas Fernicola
- **Telephone Number:** 732-349-9932
- **Scheduled Start Date:** 2/5/13
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility:** Exterior
- **Scope of Work:** [X] >3 sf or ≥3 ft, [X] Demolition

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or I.F.)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos transite panels</td>
<td>10 sf</td>
<td>X</td>
</tr>
<tr>
<td>Fireplace insulation</td>
<td>25 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Additional Information:**

- **Location of Registered Waste Hauler:** Guardian Contracting, Inc.
- **Disposal Date:** 2/7/13
- **City, State:** Toms River, New Jersey
- **Cubic Yards of Waste:** 3
- **Name of Registered Landfill:** T.R.R.F.
- **Completed by:** Nicholas Fernicola

---

*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) 2/5/2013

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

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

Name of Building Owner/Operator
Silverline Construction

Street Address
19 High Street

City, State, Zip Code
Lakewood, New Jersey 08701

Name of Contact
Yossi Jacobowitz

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Residence

Street Address
117 Melville Avenue

City
Lakewood

County
Ocean

County Code (STATE USE ONLY)

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

Square feet
1000 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

[ ] >3 sf or ≥3 l.f.
[ ] ≥160 sf or ≥260 l.f.
[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in facility

Is Location Normally used

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)

Removal
Repair
Encapsulation
Enclosure

Exterior
X

Asbestos siding
800 sf
X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
1/11/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
2/5/2013

*Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/6/13</th>
</tr>
</thead>
</table>

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

Mr. Harold Cotler

### Street Address

306 Monmouth Ave.

### City, State, Zip Code

Bradley Beach, NJ 07720

### Name of Contact

Harold Cotler

### Telephone Number


### FACILITY INFORMATION

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

### Type of Facility (4)

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

### Square Feet

2500

### # of Floors

2

### Bldg. Age

75

### Current Use (Prior if being demolished)

Residence

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

MECS

### Street Address

PO Box 341

### City, State, Zip Code

Crosswicks, NJ 08515

### Project Manager for Monitoring Firm

William Weisgarber Jr.

### Telephone No.

(609) 298-4070

### Start Date (10)

2/8/13

### Scheduled Completion Date (11)

2/11/13

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8AM - 4:30PM

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

- ≥3,000 sf or ≥3,000 ft²
- ≥1,600 sf or ≥1,600 ft²

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

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

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

**Thermal Pipe Insulation**

65 ft

### Amount (Specify SF or LF)

- 

### Abatement Type

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

### Name of Abatement Contractor (9)

Stevens Environmental Services, Inc.

### Street Address

PO Box 322

### City, State, Zip Code

Allentown, NJ 08501

### Telephone No.

(609) 259-9688

### License No.

00493

### Name of OSHA Monitor

MECS

### Street Address

PO Box 341

### City, State, Zip Code

Crosswicks, NJ 08515

### Name of Registered Waste Hauler

Stevens Environmental Services Inc.

### NJDEP Waste Hauler ID No.

18292

### Cubic Yards of Waste

2 CU

### Name of Registered Landfill

T.R.R.F., Inc.

### City, State

Tullytown, PA

### Disposal Date

2/11/13

### Completed By

Mahlon E. Stevens

### Title

Project Manager

### Signature

2/6/13

### * Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 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>2-6-13</td>
<td>America Decar</td>
</tr>
</tbody>
</table>

Agency Notified
☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DOA

Type of Notification
☐ Initial  ☐ Amended  ☐ Amendment #

Emergency (Including
Justification)
☐ Yes  ☐ No  ☐ N/A

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., normal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>Yes</td>
<td>Siding (ACM)</td>
<td>2500 yd²</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NJDEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Lessor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Waste</td>
<td>25628</td>
<td>5</td>
<td>WM of PA</td>
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</tbody>
</table>

City, State

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Site</th>
<th>City, State</th>
<th>Disposal Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belleville NJ</td>
<td>TBD</td>
<td>Tullytown PA</td>
<td></td>
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</tbody>
</table>

Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe H.</td>
<td>VP</td>
<td></td>
</tr>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Whose Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td></td>
</tr>
</tbody>
</table>

Street Address

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 N Decatur Ave</td>
<td>Margate NJ 08056</td>
</tr>
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</table>

Project Manager for Monitoring Plan

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-846-0146</td>
<td>1212 Burlington Ave</td>
</tr>
</tbody>
</table>

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)
☐ 1-3 SF or a 3 Yr
☐ 2-160 SF or a 280 Yr
☐ Renovation
☐ Demolition
☐ Air/Gas Containment with Negative Pressure
☐ Midi-Enclosure
☐ Gloves
☐ Non-Exempted F and Non-Firable Procedure

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Total Costs</td>
</tr>
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</table>

County Code (7) (STATE USE ONLY)

<table>
<thead>
<tr>
<th>County Code</th>
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</thead>
<tbody>
<tr>
<td>Atlantic</td>
</tr>
</tbody>
</table>

Current Use (Prior to being demolished)

<table>
<thead>
<tr>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
</tr>
</tbody>
</table>

License No.

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01070</td>
</tr>
</tbody>
</table>

ASB-41

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

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
2/6/13

**Name of Building Owner/Operator (2)**
Weonah Fire Department

**Street Address**
14 South West Avenue

**City, State, Zip Code**
Wenonah, NJ 08090

**Name of Contact**
Tom

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
14 South West Avenue

**City**
Wenonah, NJ 08090

**County Code (7)**
Gloucester

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

---

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

---

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

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

**License No.**
00727

**Start Date (10)**
2/7/13

**Scheduled Completion Date (11)**
2/8/13

**Name of OSHA Monitor**
Same

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

---

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Bathroom</td>
</tr>
<tr>
<td>next to batroom</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Containers

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

**Cubic Yards of Waste**
1

**Disposal Date**
2/8/13

**City, State**
Morristown PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
2/6/13

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/6/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EarthTech Contracting</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Rte. 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Greenfield, N.J.</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bruce Amelung</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>2738</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility (4)**: VACANT
- **County (5)**: Atlantic
- **County Code (7) (STATE USE ONLY)**: 004
- **Current Use (Proof if being demolished)**: VACANT

- **Name of Abatement Contractor (9)**: Klemco Inc.
  - **Street Address**: 369 S. Revenue Ave.
  - **City, State, Zip Code**: Maple Shade, N.J. 08052
  - **Telephone No.**: (856) 774-0472
  - **License No.**: 00494

- **Name of OSHA Monitor**: Joseph Klemm
  - **Street Address**: 369 S. Revenue Ave.
  - **City, State, Zip Code**: Maple Shade, N.J. 08052

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

- **Siding**: X
- **Transite**: 1400A

**Name of Registered Waste Hauler**: Klemco Inc.
- **New Jersey Waste Hauler ID No.**: 17790

**Cubic Yards of Waste**: A.C.V.A.

**Disposal Date**: 2/6/13

**City, State**: Pleasantville, N.J.

**Signature**: Joseph Klemm

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