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

Date of Notification (1)
2-2-2014

Agencies Notified
- EPA
- DOL
- DOH

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

Name of Building Owner/Operator (2)
Township of Denville

Street Address
1 Saint Mary's Place

City, State, Zip Code
Denville, NJ 07834

Name of Contact
Steven Ward

Telephone Number

FACILITY INFORMATION

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

Street Address
19 Riverside Drive

City (5)
Denville

County (6)
Morris

County Code (7)

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

Square Feet
1,200

# of Floors
2

Bldg. Age
60+

Current Use (Prior to if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
Precision Environmental Consultants LLC

ASCM No.

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
Unit 122, 3111 Route 38, Ste 11

City, State, Zip Code
Mt. Laurel, NJ 08054

Project Manager for Monitoring Firm
Rosa Izzi

Telephone No.
(609) 914-0785

Telephone No.
201-710-9725

License No.
01084

Start Date (10)
1-30-2014

Scheduled Completion Date (11)
2-7-2014 (incclement weather)

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft

- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos Containing Material (ACM)

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

Amount
Specify
SF or LF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Exterior Transite Siding

ACM Siding

1260 SF

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS

City, State
Bloomingdale, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Elena Solakov

Title
President

Signature
 Date
2-2-2014

* 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)
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name of Building Owner/Operator (2)
John Albert

Street Address
315 Orchard Terrace

City, State, Zip Code
Bogota, NJ 07603

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

Square Feet
3,200

# of Floors
3

Bldg. Age
30

Current Use (Prior if being demolished)
Office/Small Business

Name of Facility where Abatement is Taking place (3)
John Albert

Name of Monitoring Firm
D & S Restoration, Inc.

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

Start Date (10)
02/13/14

Sched. Completion Date (11)
02/24/14

Facility 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)
☒ > 2,000 sf or > 500 sq ft
☒ Renovation
☒ ≥ 500 sf or ≥ 250 sq ft
☒ Demolition

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>12 LF</td>
<td></td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td>60 LF</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S Restoration, Inc.

City, State
Paterson, NJ 07603

Disposal Date
02/14/14

Name of Registered Landfill
Tullytown, Resource Recovery

Completed by (Print or Type)
Bogdan Joldzic

Title
President

Signature
02/04/14
## Notification of Asbestos Abatement

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

**Date of Notification (1):** 02/11/14

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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Amended</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including Justification)</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):** JULLIANNA REALTY

**Street Address:** 206 23RD AVENUE

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

**Name of Contact:** JULLIANNA REALTY

**Telephone Number:**

### FACILITY INFORMATION

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

**RESIDENTIAL BUILDING**

**Street Address:** 206 23RD AVENUE

**City (5):** PATerson

**County (6):** PASSAIC

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

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

**Square Feet:** W 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:** 973-385-8020

**License Number:** 01169

**Name of OSHA Monitor:**

**Street Address:** 20 California Avenue

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

**Scope of Work (check all that apply):**
- [x] Renovation
- [ ] Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>Boiler Insulation</td>
<td>30 SQ.FT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

**D & S RESTORATION, INC.**

**NCDEP Hauler Id:** 13306

**Cubic Yards of Waste:** 1 yd

**Name of Registered Landfill:** TULLEYTOWN RESOURCE RECOVERY

**City, State:** TULLEYTOWN, PA

**Disposal Date:** 02/12/14

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

**Title:** PRESIDENT

**Signature:**

**Date:** 02/06/14

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

**FEB. 06. 2014 (THU) 10:32 COMMUNICATION NO. 60 PAGE 1**
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
[0121/06/13]

Name of Building Owner/Operator (2)
JUILLIANNA REALTY

Agency Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA
□ Initial
□ Amended (including justification)

Street Address
206 23RD AVENUE

City, State, Zip Code
PATERSON, NJ 07503

Name of Contact
JUILLIANNA REALTY

FACILITY INFORMATION

Type of Facility (4)
□ School (K - 12)
□ Subchapter 8 (Other than K-12)
✓ Other (Private/Commercial

Square Foot

# of Floors

Bldg. Age

RESIDENTIAL BUILDING

Name of facility where abatement is taking place (3)

206 23RD AVENUE

City (5)
PATERSON

County (6)
PASSAIC

County Code (7)

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
PATERSON, NJ 07503

Start Date (10)
02/11/14

Sched. Completion Date (11)
02/26/14

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 ft  □ Renovation
□ ≥160 sf or ≥260 ft  □ Demolition

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

Is location normally used solely by maintenance/custodial
staff?

Yes  No  N/A

Description of asbestos-containing material (ACM)

PIPE INSULATION  20 LF

BOILER INSULATION  30 SQ FT

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID:
135056

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
02/12/14

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/06/14

* Do not use this form for asbestos licensure exempted activities.
D&S Proj. #: 2014-53

Date of Notification (1): 02/11/14

Name of Building Owner/Operator (2): GEOFFREY PATTON

Address: 94 SO. COLLINWOOD ROAD
City, State, Zip Code: MAPLEWOOD, NJ 07440

Name of Contact: GEOFFREY PATTON
Telephone Number: 

Facility Information

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

GEOFFREY PATTON

Street Address: 94 SO. COLLINWOOD ROAD

City (5): MAPLEWOOD
County (6): ESSEX

County Code (7): (State use only)

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

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

Scope of Work (check all that apply):
- Demolition
- Renovation [X]
- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-Resolvable procedure

Location of asbestos-containing material (ACM) to be abated:

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (linear ft or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[X]</td>
<td>DUCT INSULATION</td>
<td>120 LF</td>
</tr>
<tr>
<td>GARAGE</td>
<td>[X]</td>
<td>DUCT INSULATION</td>
<td>67 LF</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.
NJDEP Hauler ID#: 13506
Cubic Yards of Waste: 2 YDS

Name of Registered Landfill:
TULLY TOWN, RESOURCE RECOVERY

City, State: TULLY TOWN, PA

Signature of Completed:
BOGDAN JOLDZIC
Title: PRESIDENT
Date: 2013
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

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

County College of Morris

**Street Address**

214 Center Grove Rd

**City, State, Zip Code**

Randolph, NJ 07869

**Name of Contact**

Joe Ponturo

**FACILITY INFORMATION**

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

Sheffield Hall - County College of Morris

**Street Address**

214 Center Grove Rd

**City (5)**

Randolph

**County (6)**

Morris

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

Current Use (Prior if being demolished)

*classrooms*

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

Whitman Environmental

**ASCM No.**

00110

**Name of Abatement Contractor (9)**

Controlled Environmental Systems

**Street Address**

7 Pleasant Hill Rd

**City, State, Zip Code**

Cranbury, NJ 08512

**Project Manager for Monitoring Firm**

Kevin Lovely

**Telephone No.**

732 644 5418

**Start Date (10)**

2 / 24 / 14

**Scheduled Completion Date (11)**

3 / 4 / 14

**Name of OSHA Monitor**

CES

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

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

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

PM-7:00AM

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

- 3,000 ft² or ≥3 if
- 1,600 ft² or ≥6 if
- 160 ft² or ≥260 if

- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Classroom-SH153 &amp; 105</th>
<th>Fittings-Elbow/joints-tent/glove bag</th>
<th>5 LF</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

Allied

**NJDEP Waste Hauler ID No.**

20900

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

Constoga Landfill

**City, State**

Telford, PA

**Disposal Date**

3/07/14

**City, State**

Morgantown, PA

**Completed By (Print or Type)**

Patricia Visco

**Title**

Office Manager

**Signature**

[Signature]

**Date**

2/10/14

---

*Do not use this form for asbestos licensure exempted activities.*
New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950  
Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES  
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>2 / 10 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>☑</td>
</tr>
<tr>
<td>Amended</td>
<td>☐</td>
</tr>
<tr>
<td>Cancellation</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency (must include justification)</td>
<td>☐</td>
</tr>
<tr>
<td>Type of Work:</td>
<td>☐ Demolition</td>
</tr>
</tbody>
</table>

II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>County College of Morris - Sheffield Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>214 Center Grove Road</td>
</tr>
<tr>
<td>City:</td>
<td>Randolph</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07869</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td></td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Joe Ponturo</td>
</tr>
</tbody>
</table>

III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Sheffield Hall - County College of Morris Science Classrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>214 Center Grove Road</td>
</tr>
<tr>
<td>City:</td>
<td>Randolph</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07869</td>
</tr>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>2 / 24 / 2014</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>3 / 4 / 2014</td>
</tr>
<tr>
<td>Occupancy Status During Activity (check only one):</td>
<td></td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Activity</td>
<td></td>
</tr>
<tr>
<td>☑ Activity Performed Outside Normal Facility Hours—Describe:</td>
<td>7:00 pm to 7:00 am</td>
</tr>
<tr>
<td>☐ Other—Describe:</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (check all that apply):

| ☑ Floor Tile | Square Footage: | 2,583 |
| ☑ Mastic     | Square Footage: | 2,583 |
| ☑ Transite   | Square Footage: |       |
| ☑ Roofing    | Square Footage: |       |
| ☑ Siding     | Square Footage: |       |
| ☑ Other: black board mastic | Square Footage: | 50 |

Percentage Asbestos:  
%  
%  
%  
%  
%  
%  
%  
%  
%  
%

IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name: Ctrlled Environmental Systems</th>
<th>Telephone No.: 215 542 7600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: 1121 N Bethlehem Plke</td>
<td>City: Spring House</td>
</tr>
<tr>
<td>New Jersey Asbestos License Number (if applicable):</td>
<td>00847</td>
</tr>
<tr>
<td>Whitman Environmental</td>
<td>Telephone No.: 732 644 5418</td>
</tr>
<tr>
<td>Monitoring Firm (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By: Patricia Visco</th>
<th>Title: Office Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: Patricia Visco</td>
<td>Date: 2/10/14</td>
</tr>
</tbody>
</table>

CEOH-2  
APR 13
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1) 02-06-14**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Firmenich Inc.</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 1</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Plainsboro Road</td>
<td>Plainsboro Township</td>
<td>Raymond Burns</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Plainsboro Road</td>
<td>Plainsboro Township</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

| Current Use (Prior if being demolished) | Commercial |

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>288,000</td>
<td>1</td>
<td>58 yrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pinnacle Environmental Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Broad Street</td>
<td>Carlstadt, NJ 07072</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-939-6565</td>
<td>00756</td>
</tr>
</tbody>
</table>

**Start Date (10) (1) 02-15-14**

**Scheduled Completion Date (11) (1) 02-22-14**

**Occupancy Status During Abatement**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Facility Closed/Vacated During Partial Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Area is vacant

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

- [X] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥220 sf
- [ ] Renovation
- [X] Demolition
- [X] Intact Removal
- [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 Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
</tr>
</tbody>
</table>

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

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

- [X] Other miscellaneous
- [X] i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous

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

<table>
<thead>
<tr>
<th>Roof: Exhaust Hoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weather Seal 60SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC, Inc. / JBT (50071)</td>
<td>24310</td>
<td>TBD</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirley, NY / Bronx, NY</td>
<td>TBD</td>
</tr>
<tr>
<td>Waynesburg, OH 44688</td>
<td></td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Kevin Moriarty</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td></td>
<td></td>
<td>02-06-14</td>
</tr>
</tbody>
</table>

---

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

State of New Jersey

Date of Notification (1)
01/27/14

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

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

Name of Building Owner/Operator (2)
PATERSON PUBLIC SCHOOLS

Address
90 DELAWARE AVE
City, State, Zip Code
PATERSON, NJ 07503

Name of Contact
BRENDA ZEMO

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
PATERSON SCHOOL # 13

Street Address
690 E. 23RD STREET
City (5)
PATERSON

County (6)
PASSAIC

Current Use (Prior if being demolished)
school

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

Square Foot
# of Floors
Bidg Age

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
BOJAN DEVELOPMENTS, LLC

Street Address
120 GREYLOCK AVE
City, State, Zip Code
BELLEFONTE, NJ 07109

Telephone No.
973-844-1971
License No.
10049

Name of OSHA Monitor
J & S ENVIRONMENTAL LABORATORIES

Project Manager for Monitoring Firm
JIM GUILLARDI

Telephone No.
856-840-8800

Start Date (10)
01-31-2014
Scheduled Completion Date (11)
02-01-2014

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

Scope of Work (Check All That Apply)
- 23 sq ft or 23 sf
- 2160 sq ft or 2160 sf
- 2500 sq ft or 2500 sf

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

BASEMENT ART ROOM

Renovation
Demolition

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

| Description of Asbestos-Containing Material (ACM) |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? |
| Amount (Specify SF or LF) |
| Abatement Type |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION 24 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT ART ROOM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING, INC

City, State
NEWARK, NJ

Completed by
Bob Mrkailovic

Title Member

Name of Registered Landfill
TRRF, TULLY TOWN

Disposal Date
n/a

City, State
TULLY TOWN, PA

Signer
01/27/14

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1) 02-05-14

Name of Building Owner/Operator (2) Decor Inc.

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

Street Address 60 Cedar Lane
City, State, Zip Code Englewood, NJ, 07631

Name of Contact Sean Wood
Telephone Number

FACILITY INFORMATION

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

Street Address 60 Cedar Lane
City (5) Englewood
County Code (7) Bergen
County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9) Indian Arrow Industries Inc.
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

Street Address 144 Mill St
City, State, Zip Code Paterson, NJ, 07501

Telephone No. 973-633-9652
License No. 1183

Start Date (10) 02-15-14
Scheduled Completion Date (11) 04-15-14

Occupancy Status During Abatement (Check 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 sq ft or ≥ 3 If
☐ ≥ 160 sq ft or ≥ 2,600 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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Is Location Normally Used Solely by Maintenance/Custodial Staff? | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
|-------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|----------------|-------------------------------------------------------------|
| Mechanical Room                                             | X                                                              | Duct Insulation                                                 | 80 SF                    | ☑ Removal |
| Mechanical Room                                             |                                                                | Oven Insulation                                                 | 80 SF                    | ☑ Repair |
| Mechanical Room                                             |                                                                | TSI                                                            | 200 LF                   | ☑ Encapsulate |

Name of Registered Waste Hauler: Atlantic Carting
NJ/DEP Waste Hauler ID No. 26085
Cubic Yards of Waste TBD

Name of Registered Landfill: G.R.O.W.S.
Disposal Date TBD

City, State Wayne, NJ
City, State Morrisville, PA.

Completed by Goran Igev
Title Secretary
Signature
Date 02-05-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)

21 / 14

Name of Building Owner/Operator (2)
Cumberland County College

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

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

Street Address
3322 College Dr.

City, State, Zip Code
Vineland, NJ 08360

Name of Contact
Phyllis Siedner

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cumberland Co. College-Administration Bldg

City (5)
Vineland

County (6)
Cumberland

County Code (*) (STATE USE ONLY)

Current Use (Prior if being demolished)
Offices

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.
00098

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

License No.
00509

Telephone No.
215-788-6040

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

Start Date (10)
2 / 4 / 14

Scheduled Completion Date (11)
2 / 17 / 14

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

Scope of Work (Check all that apply)
☒ Renovation
☒ Demolition

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

Amount (Specify SF or LF)
390 SF

Location of Asbestos-Containing Material (ACM)

Location Normalized Used Solely by Maintenance/ Custodial Staff?
Yes
No
N/A

Location to Be Abated
IN Facility

1st floor bathrooms

Location

13

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20950

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By
Brian Scafino

Signature
Brian Scafino

Date
2/7/14

ASB-41
MAY 11

B S13045-D

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

**Cumberland County College**  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 21 / 14</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cumberland County College</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 70.75</td>
<td>Initial</td>
<td>3322 College Dr.</td>
</tr>
<tr>
<td>DOLWD 745/3</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DHSS 709b</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DCA 70.52</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code**  
Vineland, NJ 08360  

**Name of Contact**  
Phyllis Siedner  

**Telephone Number**  

**FACILITY INFORMATION**  

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Co. College-Administration Bldg</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3322 College Dr.</td>
<td>20000</td>
<td>1</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (5)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>Offices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardno ATC</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>609-386-8800</td>
<td>215-788-6040</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lutz</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (8)</th>
<th>Scheduled Completion Date (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 4 / 14</td>
<td>2 / 10 / 14</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>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 3:30PM PM - AM</td>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td>≥2 sf or ≥2 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥200 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (11)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>1st floor bathrooms</td>
<td>Plaster</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>SERVICE TRANSPORT GROUP, INC.</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td>WAYNESBURG, OH 44688</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>Brian Scafaro</td>
<td>Estimator</td>
<td>Brian Scafaro</td>
<td>1/21/14</td>
</tr>
</tbody>
</table>

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ASB-41  
MAY 11  
BS 13065-D. 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)

Date of Notification (1)
1/30/14

Agencies Notified
☑ EPA 9/128
☑ DEP
☑ DOL 9/35
☑ DOH 9/42
☑ DCA

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

Name of Building Owner/Operator (2)
VERIZON

Street Address
15 EAST MONTGOMERY PLACE

City, State, Zip Code
PITTSBURGH, PA 15212

Name of Contact
C/O ALEX BAYLOR

FACILITY INFORMATION

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

Street Address
789 WAYSIDE ROAD

City (5)
NEPTUNE

County (6)
MOMMOUTH

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

ASCM No.

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

Street Address
8436 ENTERPRISE AVENUE

City, State, Zip Code
PHILADELPHIA, PA 19153

Project Manager for Monitoring Firm
MARK JENKINS

Telephone No.
215-365-5810

License No.
00509

Start Date (10)
2/13/14

Scheduled Completion Date (11)
2/21/14

Occupancy Status During Abatement (Check Only One)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☑ Other – Describe: 7:00 AM - 3:30 PM

Scope of Work (Check All That Apply)
☑ Renovation
☑ Demolition

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

In Facility

Location Normaly Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulate
Enclose

BASEMENT BOILER ROOM
X

VAT & MASTIC
550 SF
X

BASEMENT BOILER ROOM
X

TSI
30 SF
X

BASEMENT BOILER ROOM
X

PIPE FITTINGS
6 EA
X

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date
City, State
WAYNESBURG, OH 44688

New Castle, DE 19720

Completed by
PATRICK T. DeCARO

Title
ESTIMATOR

Signature
Patrick T. DeCaro

Date
1/30/14

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**  
1/30/14

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

**Type Notification**  
- Initial  
- Amended  
- Amendment #1-27/14  
- Emergency (including justification)  
- Cancellation

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

**Street Address**  
15 EAST MONTGOMERY PLACE

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

**Name of Contact**  
C/O ALEX BAYLOR

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
VERIZON

**Street Address**  
789 WAYSIDE ROAD

**City (5)**  
NEPTUNE

**County (6)**  
MONTMOUTH

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
USA ENVIRONMENTAL MANAGEMENT INC

**ASCM No.**

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

**Street Address**  
8436 ENTERPRISE AVENUE

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

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

**License No.**  
00509

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

**Street Address**  
1123 BEAVER STREET

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

**Project Manager for Monitoring Firm**  
MARK JENKINS

**Telephone No.**  
215-788-6040

**Start Date (10)**  
2/15/14

**Scheduled Completion Date (11)**  
2/20/14

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 2/15/14 - 7 AM - 7 PM, 2/19/14 - 2/20/14 - 5 PM - 1 AM

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>550 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>TSI</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>6 EA</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJ/DEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**  
MINERVA LANDFILL

**City, State**  
WAYNESBURG, OH 44688

**Completed by**  
PATRICK T. DeCARO

**Title**  
ESTIMATOR

**Signature**

**Date**  
1/30/14

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABRASION**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
2-6-14

**Name of Building Owner/Operator (2)**
Five Star Adult Medical Day Care

**Street Address**
1201 Deerfield Terrace

**Name of Contact**
Dominique Saintil

**Type of Facility (4)**

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

**Square Feet**
17,000

**$ of Floors**
1

**Bldg. Age**
45

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

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

**City (5)**

**County (6)**
Essex

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

**Name of Abatement Contractor (5)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

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

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

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

**Name of Monitoring Firm**
AZTECH MANAGEMENT, Inc.

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Scheduled Start Date (10)**
2-15-14

**Scheduled Completion Date (11)**
2-17-14

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

- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: N/A
- [ ] Other - Describe: N/A

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

- [X] Revocation
- [ ] Demolition
- [ ] Non-Friable Procedure
- [ ] Full Containment with Negative Pressure

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

**TO BE ABRASION**

- [ ] In Facility

**Yes**

**No**

**N/A**

**Location Normally Used**

- [ ] Solely by Maintenance/Custodial Staff (12)

**To**

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

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

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

**Abatement Type**
Pipe Insulation

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.5

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

**City, State**
Morrisville, PA 19067

**Disposal Date**
2-18-14

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
2-6-14
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/07/14</td>
<td>BANK OF AMERICA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>4200 AMON CARTER BLVD</td>
<td>FORT WORTH TX 76155</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
</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>247 JACKSON RD BERLIN</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>CAMDEN</td>
<td>VACANT HOME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 WHITE DOVE COURT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-668-9078</td>
<td>1200</td>
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</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>02/17/14</td>
<td>02/17/14</td>
<td>AAA LEAD PROFESSIONALS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</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></td>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</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>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>EXTERIOR</td>
<td>SIDING</td>
<td>1200</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>NEWARK CARTING</td>
<td>10</td>
<td>IESI</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>02/17/14</td>
<td>BETHLEHEM PA</td>
</tr>
</tbody>
</table>

 Completed by

<table>
<thead>
<tr>
<th>JOSEPH PERLSTEIN</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OWNER</td>
<td></td>
<td>02/07/14</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)

Date of Notification (1):
2-7-2014

Name of Building Owner/Operator (2):
Township of Neptune

Street Address:
25 Neptune Blvd

City, State, Zip Code:
Neptune, NJ 07754

Name of Contact:
Leanne Hoffman, PE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
*The former Welsh Farms Dist. Center*

Street Address:
703 Corlies Ave.

City (5):
Neptune

County (6):
Monmouth

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

ASCM No.:
n/a

Name of Abatement Contractor (9):
Loznica Management Corp

Street Address:
22 Troy Lane

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

Project Manager for Monitoring Firm:
n/a

Telephone No.:
n/a

License No.:
973-706-7950 01193

Name of OSHA Monitor:
Loznica Management Corp

Street Address:
22 Troy Lane

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

Start Date (10):
2-17-2014

Scheduled Completion Date (11):
2-24-2014

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Demo, Collapsed Roof

Scope of Work (Check All That Apply):
X 2≥3 sf or ≥3 ft
X 2≥160 sf or ≥250 ft

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:

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

Name of Registered Waste Hauler:
Loznica Management Corporation

N.J. DEP Waste Hauler ID No.:
0033137

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
GROWS Landfill

Disposal Date:
TBD

City, State:
Morrisville PA 19067

Completed by:
E. Cirovic

Title:
Secretary

Signature:
E. Cirovic

Date:
2-7-2014

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

*LOZNICA MANAGEMENT CORP WILL SUPPLY 1 SUPERVISOR AND 1 HANDLER TO LINE THE DUMPSTER AND DISPOSE OF ROOF MATERIAL FOR YANNUZZI AND SONS DEMOLITION.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 02-07-2014

Name of Building Owner / Operator (2) Kennedy University Hospital

Agencies Notified Type Notification
EPA Initial
DEP Amended (2nd)
DOL Emergency
DOL Cancellation
DOH
DCA

Street Address 18 E. Laurel Road
City, State & Zip Code Stratford, NJ 08084
Name of Contact Mr. John Fariana

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital

Street Address 18 E. Laurel Road
City (5) Stratford, NJ 08084 County (6) Camden County Code (7)

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

ASCM No. 117

Project Manager for Monitoring Firm Mr. Jim Proctor Telephone Number 609-704-8950

Scheduled Start Date (10) 02-21-2014 Scheduled Completion Date (11) 4-21-2014

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Hours 4:30pm-1:00am

Describe:

Facility Occupied During Abatement

Scope of Work (Check all that apply)

≥3 sf or ≥3 If

≥160 sf ≥260 If

Renovation
Demolition

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

4th Floor patient bathroom

4th Floor patient bathroom

4th Floor patient bathroom

4th Floor patient bathroom

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

Floor Tile & Mastic

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Abatement Type

Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.

City, State Voorhees, NJ

Title President

NJDEP Waste Hauler ID No. 17384

Disposal Date TBD

Name of Registered Landfill Grows Landfill

Cubic Yards of Waste TBD

City, State Morrisville, PA

Name of Contact Mr. John Fariana

Signature

Date 02/07/2014
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**

02/03/2014

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

JAMES LAWLER

**Agencies Notified**

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

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

**Street Address**

46 ILFORD AVE.

**City, State, Zip Code**

NORTH ARLINGTON N.J.

**Name of Contact**

JAMES LAWLER

---

**FACILITY INFORMATION**

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

PRIVATE

**Street Address**

46 ILFORD AVE.

**City (5)**

NORTH ARLINGTON

**County (6)**

N/A

**County Code (7)**

(NOT USED)

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

N/A

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

N/A

**ASCM No.**

**Name of Abatement Contractor (9)**

SHARON QUALITY CONSTRUCTION LLC

**Street Address**

22 VAN ORDEN PL.

**City, State, Zip Code**

HACKENSACK N.J. 07601

**Project Manager for Monitoring Firm**

**Telephone No.**

201-708-4270

**License No.**

01135

**Start Date (10)**

02/04/2014

**Scheduled Completion Date (11)**

02/05/2014

**Facility Closed/Vacated During Entire Period of Abatement**

[ ] Yes

**Abatement Performed Outside of Normal Facility Hours**

[ ] Yes

**Other – Describe:**

---

**Facility Occupancy Status During Abatement**

[ ] School (K-12)

[ ] Other (Private & Commercial Buildings, Homes, etc.)

**Square Feet**

1,700

**# of Floors**

2

**Bidg. Age**

82

---

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

- [x] ≥3 sf or ≥2 If
- ≥160 sf or ≥2250 If

- [x] Renovation

- [ ] 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**

- [ ] In Facility

- [ ] In Ground

- [ ] In Health Care Facility

- [ ] In other Facility

- [ ] In Presence of Occupants

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

[ ] Yes

[ ] No

N/A

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

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

**Amount (Specify SF or LF)**

18 LF

**Abatement Type**

- [ ] Encapsulate

- [ ] Repair

- [ ] Remove

---

**Name of Registered Waste Hauler**

SHARON QUALITY CONSTRUCTION LLC

**NJDEP Waste Hauler ID No.**

0003967

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

MINERVA ENTERPRISE INC.

**City, State**

HACKENSACK N.J. 07601

**Disposal Date**

TBD

**City, State**

WAYNESBURG OHIO.

**Completed by**

CARLOS ESQUIVEL

**Title**

SAFETY MANAGER

**Signature**

[Signature]

**Date**

02/03/2014

**ASB-41 (R-06-08)**

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