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

Date of Notification (1)
2-15-2017

Name of Building Owner/Operator (2)
Jorge Carmona

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

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

Street Address
City, State, zip Code
Jersey City, NJ 07304

Name of Contact
Jorge Carmona

FACILITY INFORMATION

☐ Residential

City (5)
Jersey City, NJ 07304

County (6)
Hudson

County Code (7)
(State Use Only) [ ]

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Green Environmental Services, LLC

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Telephone No.
201-333-8655

License No.
01174

Name of OSHA Monitor
Same as above

Square Feet
1120

# of Floors
2

Bldg. Age
117+

Current Use (Prior if being demolished)

Start Date (10)
2-25-2017

Scheduled Completion Date (11)
2-25-2017

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥260 ft
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
110 LF

Abatement Type
Endorse
Removal
Repair
Encapsulate

Name of Registered Waste Hauler
Green Environmental Services, LLC

City, State
Jersey City, NJ

Completed by
Liliana Serrano
Title
Office Manager

Signature
Date
2-15-2017

ASB-41 (R-08-08)

* 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)
2/16/17

Name of Building Owner/Operator (2)
Norma Zamorano

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

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

Street Address

City, State, Zip Code
Clifton, NJ 07011

Name of Contact
Allen Stone

Telephone Number

FACILITY INFORMATION

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

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

County Code (7)

Current Use (Prior to being demolished)
Private Dwelling

City (5)
Clifton

County (6)
Passaic

# of Floors
n/a

County Code (7)

Bldg. Age
n/a

Name of Building Owner (8)
Standard Enviromental

Name of Abatement Contractor (9)
Amax Contracting LLC

Standard Address
2108 Fulton St Suite 2A

Street Address
PO Box 734

City, State, Zip Code
Brooklyn NY 11233

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Kayode Adefisoye

Telephone No.
347-2417673

Telephone No.
973-692-6298

License No.
01266

Start Date (10)
2/27/2017

Name of OSHA Monitor
Amax Contracting LLC

Scheduled Completion Date (11)
3/05/2017

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

Other – Describe:

Scope of Work (Check All That Apply)
☐ 23 sf or 23 sq ft
☐ 160 sf or 160 sq ft
☐ 260 sf or 260 sq ft
☐ 35 SF or 35 sq 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

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

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

Amount (Specify SF or LF)
35 LF

Abatement Type

Disposal Date
2/28/2017

Name of Registered Waste Hauler
Amax Contracting LLC

City, State
Woodland Park, NJ

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless Hills

Disposal Date
2/28/2017

City, State
Fairless Hills, PA

Completed by
Tomasz Maslarkov

Title
Project Manager

Signature

Date
2/16/17

* 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)**: 2-13-17

<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, DEP, DOL, DOH, DCA</td>
<td>[ ] Initial [ ] Amended [ ] Emergency (including justification) [ ] Cancellation</td>
<td>TRANSFORMATION SERVICES CONTROL &amp; LICENSING</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>201 W. CLARKS Landing Rd</td>
<td>EGG HARBOR N J 08218</td>
<td>Tom</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>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td>VINAC UNIT</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (?)</th>
<th>(STATE USE ONLY)</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
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<tbody>
<tr>
<td>OCTAH CITY</td>
<td>50+</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KREMCO INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>369 S. SPRUCE Ave</td>
<td>MAPLE SHADE N J 08052</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-779-0472</td>
<td>00 44 4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥23 sf or ≥23 ft²</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>≥1,800 sf or ≥2,600 ft²</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</table>

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
</tr>
<tr>
<td>TRANSITE</td>
<td>1000 SF</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KREMCO INC.</td>
<td>15904</td>
<td>10</td>
<td>CMYCMULIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-13-17</td>
<td>WOODBINE N J</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 8:69 and 12:120)

Date of Notification (1) 2/16/17

Name of Building Owner/Operator (2) MR. CHRISTOPHER KROEGER

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

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

Street Address

Name of Facility Where Abatement is Taking Place (3) MR. KROEGER

City (5) MONTCLAIR

County (6) ESSEX

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. Name of Abatement Contractor (9)

Best Removal Inc

Street Address

450 South River Street

City, State, Zip Code Hackensack, NJ 07601

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 201-329-7444

License No. 00388

Name of OSHA Monitor

Omega Environmental

Street Address

280 Huyler Street

City, State, Zip Code South Hackensack, NJ 07606

Start Date (10) 2/28/17

Scheduled Completion Date (11) 3/2/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:00 AM to 5:00 PM

Scope of Work (Check All That Apply)
- ≥ 3,000 sf or ≥ 3,000 ft
- ≥ 1,600 sf or ≥ 2,600 ft
- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF) Removal Repair Encapsulate Encourage

BASEMENT

VAT

220 SF X

BASEMENT

THERMAL SYSTEM INSULATION

75 LF X

Name of Registered Waste Hauler

Best Removal Inc

NDEP Waste Hauler ID No. 17109

Cubic Yards of Waste 3.267

Name of Registered Landfill

Minverna Enterprises, LLC

City, State Hackensack, NJ 07601

Disposal Date 3/2/17

City, State Waynesburg, OH 44688

Completed by J. MAIORANO

Title Estimator

Signature 2/16/17

Date

* 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)
02/15/2017

Name of Building Owner/Operator (2)
Mario Vignola

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

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

Street Address
Pallisades Park, NJ 07650

City, State, Zip Code
Name of Contact
Mario Vignola

Telephone Number

FACILITY INFORMATION

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

Street Address
Pallisades Park

City (5)
Bergen

County (6)
County Code (7)
/S/ STATE USE ONLY ) N/A

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
01311

Start Date (10)
02/25/2017

Scheduled Completion Date (11)
02/28/2017

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 if
☒ ≥160 sf or ≥260 lf
□ 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)

Yes ☑ No ☐ N/A

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

Amount (Specify SF or LF)
130 LF

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

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

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic
Title
Project Manager

Signature

Date
02/15/2017

* 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)
2/16/17

Name of Building Owner/Operator (2)
Esposito Construction

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

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

Street Address
253 Main St, PMB 385

City, State, Zip Code
Matawan, NJ 07747

Facility Information

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

City (5)
Newark

County (6)
Essex

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

Name of Abatement Contractor (9)
Harmony Contracting Inc

Street Address
360 Palisade Ave

City, State, Zip Code
Garfield, NJ 07026

Start Date (10)
2/27/17

Scheduled Completion Date (11)
3/5/17

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

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

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

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

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

Amount (Specify SF or LF)
1300 SF

Abatement Type
☐ Removal
☐ Repair
☐ Grouping
☐ Encapsulation

Date
2/16/17

Name of Registered Waste Hauler
Harmony Contracting Inc

Disposal Date
TBD

City, State
Garfield, NJ

Completed by
Kristina Caporino
Title
Secretary

Signature

Name of Registered Landfill
GROWS LANDFILL

Cubic Yards of Waste
TBD

City, State
Morrisville, PA

* 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 5:16)

---

**Date of Notification (1)**

02 / 16 / 17

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

Jay D. Kurtis

**Agencies Notified**

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

**Type Notification**

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

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

Private house

**City (5)**

Flemington, NJ 08822

**County (8)**

Hunterdon

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

Current Use (Prior if being demolished)

**Type of Facility (4)**

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

---

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

ASCM No.

Gr Tech LLC

**Name of Abatement Contractor (9)**

Envirosion Consultants, Inc

**Street Address**

576 Valley Rd #283

Wayne, NJ 07470

**City, State, Zip Code**

**Telephone No.**

973-638-1777

**License No.**

01127

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**

02 / 25 / 17

**Scheduled Completion Date (11)**

02 / 26 / 17

**Name of OSHA Monitor**

**Street Address**

20-21 Wagarow Rd, Bldg. # 35E

Fair Lawn, NJ 07410

---

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

- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Groovebag Procedure
- Tent with Negative Pressure
- 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?**

Yes, No, N/A

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

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

**Amount (Specify SIF or LF)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
<td>95 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler insulation</td>
<td>30 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Gr Tech LLC

**NDEP Waste Hauler ID No.**

0033785

**Name of Registered Landfill**

T.R.R.F. Inc

**Disposal Date**

TBD

**City, State**

Wayne, NJ 07470

Tullytown, PA

**Completed By (Print or Type)**

N. Jovic

**Title**

Owner

**Signature**

**Date**

02/16/17

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification (1)** 2/16/17

**Name of Building Owner/Operator (2)** A. Popovitch

**Address**

- **Street Address:** 463 Bel Aire Road
- **City, State, Zip Code:** Brielle N.J. 08730

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

- **City:** Spring Lake N.J.
- **County:** Monmouth

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

**Name of Abatement Contractor (9)** NOVATECH INC

**Street Address**

- **Project Manager for Monitoring Firm:**
- **Telephone No.:**

**Start Date (10)** 2/25/17

**Scheduled Completion Date (11)** 3/30/17

**Name of OSHA Monitor** NOVATECH INC

**City, State, Zip Code**

- **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):**

- Cost or More
- 160 or 230 ft.
- Renovation
- Demolition

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

- **Location:** 2nd floor bathroom
- **Description:** X Tile walls & floor, < 400 SF

**Name of Registered Waste Hauler** NOVATECH INC

**IN/DEP Waste Hauler ID No.:** 123501

**Name of Registered Landfill** GROWWS

**City, State**

- **Spill Date:** 2/16/17
- **Dispose Date:** 3/31/17
- **Title:** President
- **Signature:**

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

Date of Notification (1) 02 / 16 / 17
Name of Building Owner/Operator (2) Letch Wrecking & Disposal

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
□ DCA (NJAC 5:23-8)
Type Notification
☑ Initial
□ Amended
□ Amended #
□ Emergency (including justification)
□ Cancellation

Street Address
5115 Belmar Blvd.
City, State, Zip Code
Wall, NJ 07727
Name of Contact
Doug
Telephone Number

FACILITY INFORMATION

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

City (5)
Lakewood
County (6)
Ocean
County Code (?)(STATE USE ONLY) 2000
Current Use (Prior if being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm

Telephone No.
732-349-9932
License No.
00624
Name of OSHA Monitor
E.M.S.L. Analytical

Start Date (10) 02 / 28 / 17
Scheduled Completion Date (11) 03 / 01 / 17

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

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

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

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
□ Abatement Type
□ Endorse

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

exterior □ ☑ ☑ ☑ asbestos siding 2600 sf

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 03/02/17
City, State Tullytown, Pennsylvania

Completed By (Print or Type) Nicholas Fernicola
Title Project Manager
Signature
Date 2/16/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>02 / 16 / 17</td>
<td>Meridian Environmental Services</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>24 Germanyia Station Road</td>
<td>Toms River, NJ 08755</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></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>Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brick</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE USE ONLY</td>
<td>Residential</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>N/A</td>
<td>Guardian Contracting, 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></td>
<td>1889 Route 9, Unit 61</td>
<td>732-349-9932</td>
</tr>
<tr>
<td></td>
<td>08755</td>
<td>00524</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1056 Stetton</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>E.M.S.L. Analytical</td>
<td>1056 Stetton</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 28 / 17</td>
<td>03 / 01 / 17</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>1056 Stetton</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>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>exterior house</td>
<td>Yes</td>
<td>asbestos siding</td>
<td>1250 sf</td>
<td></td>
</tr>
<tr>
<td>exterior garage</td>
<td>Yes</td>
<td>asbestos siding</td>
<td>550 sf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>20223</td>
<td>3</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River, New Jersey</td>
<td>03/02/17</td>
<td>Tullytown, Pennsylvania</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>Nicholas Fermicola</td>
<td>Project Manager</td>
<td></td>
<td>2/10/17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 02/27/17

Name of Building Owner/Operator (2) ELIZABETH BEDER

Street Address

City, State, Zip Code MAPLEWOOD, NJ 07040

Name of Contact ELIZABETH BEDER

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ELIZABETH BEDER

Street Address

City (5) MAPLEWOOD

County (6) ESSEX

County Code (7) (State use only)

ASCM No.

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

Street Address 20 California Ave.

City, State, Zip Code Paterson, NJ 07503

License Number 01169

Telephone Number 973-345-8020

Start Date (10) 02/27/17

Scheduled Completion Date (11) 03/10/17

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

- >2,500 sf
- Renovation
- >1600 sf or >2600 sf
- Demolition

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encap

END

BASEMENT

PIPE INSULATION 113 LF

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 PATTERSON, NJ 07503

Disposal Date 02/28/17

Completed by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 02/16/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

State of New Jersey

Date of Notification (1)
2-16-2017

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

Name of Building Owner/Operator (2)
Hasbrouck Heights BOE

Street Address
379 Boulevard

City, State, Zip Code
Hasbrouck Heights, NJ 07604

Name of Contact
Mihalis Sianos Gerry

Name of Facility Where Abatement Is Taking Place (3)
Hasbrouck Heights HS

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

Square Feet
40,000 +

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
School

County Code (7)
Bergen

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

ASCM No.
00127

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
307 North Walnut Street

City, State, Zip Code
West Chester, PA 19380

Telephone No.
610-431-7545

License No.
01084

Name of OSHA Monitor
GL Group, Inc

Start Date (10)
2-21-2017 at 7:00 am

Completed Completion Date (11)
2-24-2017 at 11:00 pm

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 ≥3 lf
- ≥160 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Location of

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endoscope

Trainers Room
X
Pipe Fitting Insulation
77 LF
X

Room 109
X
Pipe Fitting Insulation
98 lf
X

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva

Disposal Date
TBD

City, State
Bloomingdale, NJ

Waynesburg, OH

Completed by
Elena Solakov

Title
President

Signature

Date
2-16-2017

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-16-2017</th>
</tr>
</thead>
</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>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including Justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Hasbrouck Heights BOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>379 Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hasbrouck Heights, NJ 07604</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Mihailiyanos Gerry</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Hasbrouck Heights HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>365 Boulevard</td>
</tr>
<tr>
<td>City</td>
<td>Hasbrouck Heights</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Westchester Environmental</td>
</tr>
<tr>
<td>ABCM No.</td>
<td>00127</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>GL Group, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>140 Hamburg Tpke</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomingdale, NJ 07403</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)710-9725</td>
</tr>
<tr>
<td>License No.</td>
<td>01084</td>
</tr>
</tbody>
</table>

| Start Date (10)                  | 2-21-2017 at 7:00 am |
| Scheduled Completion Date (11)   | 2-24-2017 at 11:00 pm |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>23 sf or less</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2180 sf or 2250 sf</td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure Non-Exemptable (*) and Non-Exemptable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Trainers Room</th>
<th>Room 109</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Fitting Insulation</td>
<td>Pipe Fitting Insulation</td>
</tr>
<tr>
<td>Amount (Specify SP or LF)</td>
<td>77 LF</td>
<td>98 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asbestom Type</th>
<th>Removal</th>
<th>Recap</th>
<th>Endscope</th>
<th>Eradicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>GL Group, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>0033034</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minevere</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomingdale, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Elena Sokolov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2-16-2017</td>
</tr>
</tbody>
</table>
Date of Notification (1)  2-10-2017

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

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

Name of Building Owner/Operator (2)
Ft. LEE SCHOOL DISTRICT

Street Address
2175 Lemoine Avenue
City, State, Zip Code
Fort Lee, NJ

Name of Contact
Jack DeNichilo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lewis Cole MS

Street Address
467 Stillwell Ave
City (5)
FORT LEE
County (6)
Bergen
County Code (7) (STATE USE ONLY) 

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

Square Feet
40,000 +

# of Floors
2
Bldg. Age
50+

Name of Abatement Contractor (9)
GL Group, Inc
Street Address
140 Hamburg Tpke
City, State, Zip Code
Bloomfield, NJ 07040

Name of Monitoring Firm Hired by Building Owner (8)
Weschester Environmental
ASCM No.
00127

Name of OSHA Monitor
GL Group, Inc
Street Address
140 Hamburg Tpke
City, State, Zip Code
Bloomfield, NJ 07040

Start Date (10)
2-17-17 at 3:30 pm
Scheduled Completion Date (11)
2-20-2017 at 11:30 pm

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
- ≥50 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys Bathroom</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GL Group, Inc
NJ DEP Waste Hauler ID No.
0033034
Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva
City, State
Bloomfield, NJ

Disposal Date
TBD
City, State
Waynesburg, OH

Completed by
Elena Solakoff
Title
President
Signature

Date
2-10-2017

* Do not use this form for asbestos licensure exempted activities.
**EDS17-021-1**

**State of New Jersey**
**NOTIFICATION OF ABSTOS ABATEMENT**

**Nome of Building Owner/Operator (2)**
FL. LEE SCHOOL DISTRICT

**Street Address**
2175 Lealome Avenue

**City, State, Zip Code**
Fort Lee, NJ

**Name of Contact**
Jack DeNichio

---

**FACILITY INFORMATION**

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

**Street Address**
467 Stillwell Ave

**City (5)**
FORT LEE

**County Code (7)**
Bergen

**Type of Facility (6)**
School (K-12)

**Square Feet**
40,000 +

**Current Use**
Principal building

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

**Telephone No.**
810-491-7545

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys Bathroom</td>
<td>X</td>
<td>Pipe Fitting Insulation</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
GL Group, Inc

**City, State**
Bloomingdale, NJ

---

**Date of Notification (1)**
2-10-2017

---

**Check # 2683**

---

**From:** Elena Soltakov

**To:** NJDOL Asbestos

---

ASB-41 (2-05-08)

---

*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 8:68 and 12:120)

**Date of Notification (1):** 2/17/17

**Name of Building Owner/Operator (2):** Kovacs Residence

**Street Address:**

**City, State, Zip Code:** Somerset, New Jersey 08873

**Name of Contact:**

**Facility Information:**

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

**Street Address:**

**City:**

**County:**

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

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

**Street Address:** 95 Montrose Rd

**City:**

**State:**

**Zip Code:**

**Telephone No.:** 732 294 1757

**License No.:** 00029

**Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours**

**Start Date (10):** 2/17/17

**Scheduled Completion Date (11):** 3/4/17

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

- Renovation
- Demolition
- Asbestos-Containing Material (ACM) TO BE ABATED
- FULL CONTAINMENT WITH NEGATIVE PRESSURE
- MINI-ENCLOSURE
- GLOVEBOX PROCEDURE
- NON-EXEMPTED (*) AND NON-FRAGILE PROCEDURE

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

- **Basement**

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

- **Yes**

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

- **flax**

**Amount (Specify SF or LF):** 703.7

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

**NDEP Waste Hauler ID No.:** 12086

**Cubic Yards of Waste:** 3

**Name of Registered Landfill:** Ohrins Landfill

**City, State:** Easton, PA

**Disposal Date:** 2/17/17

**Completed by:** Bree McGuire

**Title:** Secretary Treasurer

**Traceable Number:** 217/17

*Do not use this form for asbestos linoleum amended 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>2/16/2017</th>
</tr>
</thead>
</table>

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

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

**Name of Building Owner/Operator (2)**  
CLIFTON PUBLIC SCHOOLS

**Street Address**  
745 CLIFTON AVENUE

**City, State, Zip Code**  
CLIFTON, NJ 07013

**Name of Contact**  
AL MARCHIONE

**Facility Information**

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

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

**Name of Facility Where Abatement is Taking Place (3)**  
SCHOOL #16

**Street Address**  
755 GROVE STREET

**City (5)**  
CLIFTON

**County (6)**  
PASSAIC

**Name of Monitoring Firm Hired by Building Owner (8)**  
AHERA CONSULTANTS, INC.

**Telephone No.**  
609-652-1833

**Name of Abatement Contractor (9)**  
TWO BROTHERS CONTRACTING, INC.

**Street Address**  
11 VREELAND AVENUE

**City, State, Zip Code**  
TOTOWA, NJ 07512

**License No.**  
00494

**Name of OSHA Monitor**  
SAME AS (9) ABOVE

**Start Date (10)**  
2/1/2017

**Scheduled Completion Date (11)**  
2/24/2017

**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: Exterior; Work Hrs: 3:30 PM - 1AM

**Scope of Work (Check All That Apply)**
- [x] 23 sf or 23 if  
- [x] 160 sf or 260 if  
- [ ] Renovation  
- [ ] Demolition

**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 (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td>X</td>
<td>WINDOW CAULKING</td>
<td>1,471 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
TWO BROTHERS CONTRACTING

**City, State**  
TOTOWA, NJ

**Waste Management G.R.O.W.S.**

**Name of Registered Landfill (10)**

**Disposal Date**  
2/24/2017

**City, State**  
MORRISVILLE, PA

**Completed by**  
VIVECA RAMOS

**Title**  
PROJECT COORDINATOR

**Signature**  
[Signature]

**Date**  
2/16/2017

*Do not use this form for asbestos licensee exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 1/20/2017

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

Street Address 745 CLIFTON AVENUE
City, State, Zip Code CLIFTON, NJ 07013

Name of Contact AL MARCHIONE
Telephone Number

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

SCHOOL #16

STREET ADDRESS
755 GROVE STREET

CITY (5)
CLIFTON

COUNTY (6)
PASSAIC

NAME OF MONITORING FIRM Hired by Building Owner (8)
AHERA CONSULTANTS, INC.

STREET ADDRESS
PO BOX 365

CITY, STATE, ZIP CODE
OCEANVILLE, NJ 08231

PROJECT MANAGER FOR MONITORING FIRM
DONNA D'ERRICO

TELEPHONE NO.
809-652-1933

START DATE (10) 2/1/2017

SCHEDULED COMPLETION DATE (11) 2/17/2017

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other — Describe: EXTERIOR: WORK HRS: 3:30 PM - 1AM

SCOPE OF WORK (CHECK ALL THAT APPLY)

≥3 sf or ≥3 if
≥150 sf or ≥260 if

RENOVATION
DEMOLITION

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

IN FACILITY (13)

EXTERIOR

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? (14)

YES
NO
N/A

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

WINDOW CAULKING

AMOUNT (SPECIFY SF OR LF)
1,471 LF

ABATEMENT TYPE

FULL CONTAINMENT WITH NEGATIVE PRESSURE
MINI-ENCLOSURE
GLOVEBOX PROCEDURE
NON-EXEMPTED (*) AND NON-FRAGILE PROCEDURE

NAME OF REGISTERED WASTE HAULER
TWO BROTHERS CONTRACTING

CITY, STATE
TOTOWA, NJ

COMPLETED BY
VIVECA RAMOS

TITLE
PROJECT COORDINATOR

NAME OF REGISTERED LANDFILL
WASTE MANAGEMENT G.R.O.W.S.

CITY, STATE
MORRISVILLE, PA

DISPOSAL DATE 2/17/2017

ASB-41 (R-9/98)

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

Date of Notification (1) 2/14/2017
Check# 2972

Agency Notified
☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA

Type Letter
☐ Initial  ☐ Amended  ☐ Amendment #  ☐ Emergency (Including Justification)  ☐ Cancellation

Name of Building Owner/Operator (2)
St Mary & St Elizabeth Academy
Street Address
170 Hussa Street
City, State, Zip Code
Linden, NJ 07036

Name of Person to be Notified
Debbie

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
St Mary & St Elizabeth Academy
Street Address
170 Hussa Street
City, State, Zip Code
Linden, NJ 07036

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor(s) (9)
EA Services Corporation
Street Address
426 69th Street
City, State, Zip Code
Gutenberg, NJ 07093

License No.
01074

Name of GSHA Monitor
Same as above

Project Manager for Monitoring Firm

Telephone No.
201-295-1700

Occupancy Status During Abatement (20)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other - Describe: Starting at 9 AM

Scope of Work (Check All That Apply)
☐ ≥ 3,000 sf or ≥ 3 lt
☐ ≥ 160 sf or ≥ 260 lt

Renovation  ☐ Demolition

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

Location

Ground Floor

9x9 loose tile

9 SF

Description of Asbestos-Containing Material (ACM)

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

Disposal of Material

Cubic Yards of Waste

(lbf)

Name of Registered Landfill
Cumberland Landfill

City, State
Newburg, PA

Date
2/14/2017

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 17 / 17</td>
<td>Sidney Israel</td>
<td>EPA, DOLWD, DHSS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Bradley Beach, NJ 07720</th>
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</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>County Name</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 28 / 17</td>
<td>03 / 01 / 17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Time of Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>AM-PM-AM</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours Describe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes, No, N/A</td>
<td>Pipe insulation, 25 LF</td>
</tr>
<tr>
<td>1st floor-kitchen</td>
<td></td>
<td>Pipe insulation, 5 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEE Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>T.R.R.F. Inc</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ 07470</td>
<td>TBD</td>
<td>Tullytown, PA</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></td>
<td></td>
<td></td>
<td>02/17/17</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 17 / 17

Name of Building Owner/Operator (2) Ray Faison

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

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

Street Address

City, State, Zip Code
Newark, NJ 07112

Name of Contact Ray Faison

Telephone Number

FACILITY INFORMATION

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

City (5)
Newark, NJ 07112

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

Project Manager for Monitoring Firm
Envirovision Consultants, Inc.
20-21 Wagawar Road, Bldg. # 35E
Fair Lawn, NJ 07410

Start Date (10) 02 / 27 / 17
Scheduled Completion Date (11) 02 / 28 / 17

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

Time of Abatement: AM PM AM AM

Scope of Work (Check all that apply)
☒ >3 sf or >3 if
☒ 160 sf or >280 sf
☐ 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 SIF or LF)

Abatement Type
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

Location
Basement

Ceiling Insulation

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Completed By (Print or Type) Title
N. Jevtic Owner

N.Jevtic Signature

Tullytown, PA Date 02/17/17
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>Check # 2974</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb/15/2017</td>
<td></td>
<td>St. Rose of Lima Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Amendment</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #1</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</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>St. Rose of Lima Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Short Hills Avenue</td>
<td>Short Hills, NJ 07078</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (6)</th>
<th>Name of Monitoring Firm HIred by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSEX</td>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EA Services Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>428-68th Street</td>
<td>201-295-1700</td>
<td>01074</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/17/2017</td>
<td>2/18/2017</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>Other - Describer: Standing AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥23 sf or ≥23 lf</td>
</tr>
<tr>
<td>≥150 sf or ≥260 if</td>
</tr>
</tbody>
</table>

**Full Containment with Negative Pressure**

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: Boy's Scout Storage Rm</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>x</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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>4 LF</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Carting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>15939</td>
<td>TBD</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newburg, PA</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gina Betances</td>
<td>Office Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>2/15/2017</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 8:60-7 and 12:120-7)

**Date of Notification:** 2/16/17  
**Name of Building Owner / Operator:** Infinium

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
<td>1900 E. Linden Ave</td>
<td>Linden, NJ 07036</td>
</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** Infinium Main Entrance  
**Street Address:** 1900 E. Linden Ave

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linden</td>
<td>Union</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner:** Environmental Tactics  
**ASCM No.:** N/A

**Name of Project Manager for Monitoring Firm:** Tom Geiger  
**Telephone Number:** 732-290-2217

**Scheduled Start Date:** 2/27/17  
**Scheduled Completion Date:** 3/3/17

**Occupancy Status During Abatement:**  
Cross out if not applicable.

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Scope of Work:**  
Check all that apply.

- Demolition  
- Renovation  
- Large Project  
- Quantity is ≥ 3 SF or ≥ 3 LF ACM  
- Quantity is ≥ 160 SF or ≥ 250 LF ACM

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

<table>
<thead>
<tr>
<th>Main Entrance</th>
<th>N/A</th>
<th>Window Caulk</th>
<th>640 SF</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>Wall tar</td>
<td>30 SF</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>TSI pipe</td>
<td>15 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Freehold Cartage  
**NJDEP Waste Hauler ID #:** 18693  
**Cu. Yds. of Waste:** 10  
**Name of Registered Landfill:** Cumberland County

**City, State:** Freehold, NJ  
**Disposal Date:** 3/3/17  
**City, State:** Newburg, PA

**Completed By (Print or Type):** Dominick Tringali  
**Title:** Manager

**Signature:** Dominick Tringali  
**Date:** 2/16/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
2/16/2017

Name of Building Owner/Operator (2):
John Nalisnik

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

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

Street Address:

City, State, Zip Code:
Stirling, NJ, 07980

Name of Contact:
John Nalisnik

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

Street Address:

City (5):
Stirling

County (6):
Morris

County Code (7):

FACILITY INFORMATION

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

Square Feet:
850

# of Floors:
1

Bldg. Age:
90

Current Use (Prior if being demolished):

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

ASCN No.:

Street Address:

City, State, Zip Code:

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

Street Address:
86 Christopher St.

City, State, Zip Code:
Montclair, NJ 07042

Telephone Number:
(973) 744-8800

License Number:
00371

Name of OSHA Monitor:
N/A

Project Manager for Monitoring Firm:

Telephone Number:
N/A

Scheduled Start Date (10):
03 03 2017

Sched. Completion Date (11):
03 04 2017

Month:

Day:

Year:

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

- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:

- [ ] Other - Describe:

Scope of Work (Check all that apply):
- [X] >= 2,000 sq ft or >= 12 ft

- [X] Renovation

- [ ] Demolition

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

Amount (Specify SF or LF):
90 LF

Abatement Type:
[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glove-bag Procedure

[ ] Non-Pneumatic Procedure

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

Location Normally Used Solely By Maintenance/Custodial Staff (12):
Yes

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.:
17040

Cubic Yards of Waste:
1.0

Name of Registered Landfill:
Minerva Enterprise INC

City, State:
Montclair, NJ 07042

Disposal Date:
03/06/2017

City, State:
Waynesburg, Ohio 44688

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:

Date:
2/16/2017
NOTIFICATION OF ASBESTOS ABEATMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

2/16/2017

Name of Building Owner/Operator:

James Wulach

Street Address:

Maplewood, NJ, 07040

City, State, Zip Code

Name of Contact:

James Wulach

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:

James Wulach

Street Address:

Maplewood

City, State, Zip Code

County:

Essex

Square Feet

2000

# of Floors

2.5

Bldg. Age

94

Name of Abatement Contractor:

AZTECH MANAGEMENT, Inc.

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

Street Address:

City, State, Zip Code

Scope of Work (Check all that apply):

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glove-bag Procedure

[X] Non-Friable Procedure

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

Basement

Pipe Insulation

125 LF

Amount

Cubic Yards

1.5

Name of Registered Waste Hauler:

AZTECH MANAGEMENT, INC.

Waste Hauler ID No.

17040

Disposal Date

02/28/2017

City, State

Minerva Enterprise INC

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

2/16/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
02/16/17  

Name of Building Owner/Operator (2)  
Mike Napoli  

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

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

Street Address  

City, State, Zip Code  
Belleville, NJ 07109  

Name of Contact  
Mike Napoli  

Telephone Number

FACILITY INFORMATION

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

Street Address  

City (5)  
Belleville  

County Code (6)  
Essex  

County Code (7)  
(STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
Academy Construction Inc.  

Street Address  
205 Rt. 46 West Suite 14  

City, State, Zip Code  
Totowa, NJ 07512  

Telephone No.  
973-832-4244  

License No.  
01155  

Start Date (10)  
02/28/17  

Scheduled Completion Date (11)  
03/07/17  

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 If  
- ≥160 sf or ≥260 If  
- Renovation  
- Demolition  

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

In Facility (13)  

Yes  
No  
N/A  

Basement  
Pipe Insulation  
55 LF  

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

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Enclose  

Name of Registered Waste Hauler  
Academy Construction Inc.  

NJDEP Waste Hauler ID No.  
034422  

Cubic Yards of Waste  
3  

Name of Registered Landfill  
GROWS Landfill  

Disposal Date  
TBD  

City, State  
Totowa, NJ  
Tullytown, PA  

Completed by  
Filip Geleski  

Title  
Supervisor  

Signature  

Date  
02/16/17

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

Date of Notification (1)
02 / 17 / 17

Name of Building Owner/Operator (2)
Alex Santopadre

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

Type Notification
- Initial

Amendment #: 1

Emergency (including justification)
- Cancellation

Street Address
[Redacted]

City, State, Zip Code
Holmdel, NJ 07733

Name of Contact
Alex Santopadre

Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Union Beach

County (6)
Monmouth

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Telephone No.
732-349-9932

License No.
00624

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Start Date (10)
02 / 20 / 17

Scheduled Completion Date (11)
02 / 21 / 17

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

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

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

exterior

asbestos siding

1250 sf

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

Disposal Date
2/22/17

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

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Ferrinola

Title
Project Manager

Signature

Date
2/17/17
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02 / 17 / 17</th>
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<th>Name of Building Owner/Operator (2)</th>
<th>Walters Residential</th>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
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<tr>
<td>✔ DOLWD</td>
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<td></td>
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<tr>
<td>✔ DOH</td>
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<tr>
<td>[redacted] (NJAC 5:23-8)</td>
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<tr>
<th>City, State, Zip Code</th>
<th>Barnegat, NJ 08005</th>
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<table>
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<tr>
<th>Name of Contact</th>
<th>Victor</th>
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<th>FACILITY INFORMATION</th>
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<th>Manahawkin</th>
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<th>Ocean</th>
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<th>County Code (7)(STATE USE ONLY)</th>
<th>12</th>
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<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Residence</th>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
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<tbody>
<tr>
<td>1200 sf</td>
<td>1</td>
<td>65</td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Guardian Contracting, Inc.</td>
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<th>Street Address</th>
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<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08755</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td></td>
<td></td>
<td>732-349-9932</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>03 / 01 / 17</td>
<td>03 / 02 / 17</td>
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<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
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<tr>
<th>Street Address</th>
<th>1056 Stalton</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Piscataway, New Jersey 08854</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☐ &gt;3 sf or ≥3 if</td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 sf</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>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>exterior</th>
<th>asbestos siding</th>
<th>1250 sf</th>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<table>
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<tr>
<th>Guardian Contracting, Inc.</th>
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<table>
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<th>NJDEP Waste Hauler ID No.</th>
<th>202223</th>
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<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>3</th>
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<tr>
<th>Name of Registered Landfill</th>
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<table>
<thead>
<tr>
<th>T.R.R.F.</th>
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<th>Disposal Date</th>
<th>12/6/16</th>
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<tr>
<th>City, State</th>
<th>Tullytown, Pennsylvania</th>
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<table>
<thead>
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<th>Completed By (Print or Type)</th>
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<table>
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<tr>
<th>Nicholas Fernicola</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
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<tr>
<th>Signature</th>
<th>2/17/17</th>
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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>02/17/2017</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Stevens Institute of Technology</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Castrite Point on Hudson</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hoboken, NJ 07030</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>School</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 9th Street</td>
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<tr>
<td>City (5)</td>
<td>Hoboken</td>
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<tr>
<td>County (6)</td>
<td>Hudson</td>
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<td>County Code (7)</td>
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<td>Current Use (Prior if being demolished)</td>
<td>School</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI Environmental</td>
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<tr>
<td>ASCM No.</td>
<td>0003</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
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<tr>
<td>Street Address</td>
<td>1253 North Church Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Bordentown, NJ 08505</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Guilard</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-314-1683</td>
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<td>Scheduled Completion Date (11)</td>
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<td>Start Date (10)</td>
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<td>License No.</td>
<td>01311</td>
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<tr>
<td>OSHA Monitor</td>
<td>D&amp;S Abatement, Inc.</td>
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<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe: Occupied</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>23 sf or 23 if</td>
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<tr>
<td>160 sf or 260 if</td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Kitchen</td>
<td>X</td>
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<tr>
<td>Location Penetrations (O&amp;M)</td>
<td>wall plaster</td>
</tr>
<tr>
<td>X</td>
<td>wall plaster (outlet openings)</td>
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<tr>
<td>X</td>
<td>8 SF</td>
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<td>Name of Registered Waste Hauler</td>
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<td>Cubic Yards of Waste</td>
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<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
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<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
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<tr>
<td>Disposal Date</td>
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<tr>
<td>Completed by</td>
<td>Oliver Hegedus</td>
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<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
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<tr>
<td>Date</td>
<td>02/17/2017</td>
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* 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)

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<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>02/17/2017</th>
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<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Thomas Connolly</td>
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<td><strong>Agency Notified</strong></td>
<td><strong>Type Notification</strong></td>
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<td>EPA</td>
<td>Initial</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
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<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Morris Plains, NJ 07950</td>
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<tr>
<td><strong>Name of Contact</strong></td>
<td>Thomas Connolly</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
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**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | House |
| **Street Address** | N/A |
| **City (5)** | Morris Plains |
| **County Code (7)** | Morris |
| **Current Use (Prior if being demolished)** | House |

**Type of Facility (4)**

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

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

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

- [x] ≥ 2,500 sf or ≥ 3,000 sf
- [ ] ≥ 1,800 sf or ≥ 2,500 sf
- [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 (13)** |
| **Basement** |
| **Pipe & Fitting Insulation** |
| **240 LF** |

| **Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)** |
| Pipe & Fitting Insulation |

| **Amount (Specify SF or LF)** | 240 LF |
| **Abatement Type** | N/A |

| **Location of Registered Waste Hauler** |
| **Name** | D&S Abatement, Inc. |
| **Street Address** | 11 Rosegren Avenue |
| **City, State, Zip Code** | Totowa, NJ 07512 |

| **Name of Registered Waste Hauler ID No.** | 20996 |
| **Cubic Yards of Waste** | N/A |
| **Name of Registered Landfill** | Waste Management of PA |
| **City, State** | Morrisville, PA |
| **Disposal Date** | TBD |
| **Signature** | N/A |
| **Date** | 02/17/2017 |

*Do not use this form for asbestos licensure exempted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:39 and 12:129)

**Date of Notification (1)**: 2/18/17

**Name of Building Owner/Operator (2)**: 32RD PROPERTIES LLC

**Street Address**: 807 SEELEY AVE

**City**, **State**, **Zip Code**: KEARNY, N.J.

**Name of Contact**: LEO LUIS

## FACILITY INFORMATION

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

**Square Feet**: 3,500

**# of Floors**: 1

**Bldg. Age**: 50

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

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

**Name of Abatement Contractor (9)**: NOVATECH INC.

**Street Address**: P.O. BOX 814

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

**Telephone No.**: 732-238-7500

**License No.**: 09806

**Name of OSHA Monitor**: NOVATECH INC

**Street Address**: P.O. BOX 814

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

## Scope of Work (Check All That Apply)

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

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

**Location**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSE EXT</td>
<td>SIDING (RENOVATION)</td>
<td>1,805SF</td>
</tr>
<tr>
<td>REAR GARAGE</td>
<td>SIDING (DEMOLITION)</td>
<td>1,805SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: NOVATECH INC

**NJDEP Waste Hauler ID No.**: 1850

**Cubic Yards of Waste**: 10

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

**City**, **State**: OLD BRIDGE, N.J. 08857

**Disposal Date**: 3/17/17

**Completed by**: CARLOS ARIEIDA

**Title**: PRESIDENT

**Signature**: [Signature]

**Date**: 2/18/17