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

Check #1411

Date of Notification (1) 2-19-2013

Name of Building Owner/Operator (2) Morris Hills Regional District

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address

48 Knoll Drive

City, State, Zip Code

Rockaway, NJ 07866-4024

Name of Contact

Steve A. Ternosky

Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morris Hills High School

Street Address

520 West Main Street

City (5)

Rockaway

County (6)

Morris

County Code (7) (STATE USE ONLY)

Current Use (Prior to if being demolished)

Type of Facility (4)

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

Square Feet

229,760

# of Floors

2

Bldg. Age

53

Name of Monitoring Firm Hired by Building Owner (8)

Westchester Environmental

ASCM No.

Name of Abatement Contractor (9)

GL Group, Inc

Street Address

307 North Walnut Street

City, State, Zip Code

West Chester, PA 19380

Project Manager for Monitoring Firm

Paul F. McCa

Street Address

140 Hamburg Tpke

City, State, Zip Code

Bloomingdale, NJ 07403

Telephone No.

610-431-7545

Telephone No.

(201) 710-9725

License No.

01084

Name of OSHA Monitor

GL Group, Inc

Start Date (10)

03-26-2013

Scheduled Completion Date (11)

03-28-2013

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 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

Yes No N/A

Stage

X ACM Wiring

40 LF

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler

GL Group, Inc

NJDEP Waste Hauler ID No.

0053034

Cubic Yards of Waste

TBD

Name of Registered Landfill

GROWS

City, State

Bloomingdale, NJ

Disposal Date

TBD

Completed by

Elena Solakov

Title

President

Signature

Date

2/19/2013

ASB-41 (R-06-06)

* 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)

**Check #1411**

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

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

---

### Name of Building Owner/Operator
- Morris Hills Regional District

### Street Address
- 48 Knoll Drive

### City, State, Zip Code
- Rockaway, NJ 07866-4024

### Name of Contact
- Steve A. Ternosky

---

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place**
- Morris Hills High School

**Street Address**
- 520 West Main Street

**City**
- Rockaway

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

**Name of Monitoring Firm Hired by Building Owner**
- Westchester Environmental

**ASCM No.**
- Name of Abatement Contractor
- GL Group, Inc

**Street Address**
- 307 North Walnut Street

**City, State, Zip Code**
- West Chester, PA 19380

**Name of OSHA Monitor**
- GL Group, Inc

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

**Scope of Work**
- 234 sq ft or 23 sq ft
- 200 sq ft or 200 sq ft
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility**
- Yes
- No
- N/A

**Stage**
- ACM Wiring

**Cubic Yards of Waste**
- TBD

**Disposal Date**
- TBD

**Name of Registered Landfill**
- GROWS

---

### Completion Details

**Name of Registered Waste Hauler**
- NJ/DEP Waste Hauler ID No.
  - 0033034

**City, State**
- Bloomingdale, NJ

**Completed by**
- Elena Solakov
- President

**Signature**
- Elena Solakov

**Date**
- 2/19/2013

---

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

Date of Notification (1): 2/20/13

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

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

Name of Building Owner/Operator: Tom Houston

Street Address: 59-61 N. Bridge Street

City, State, Zip Code: Red Bank, NJ 07701

Name of Contact: Tom Houston

FACILITY INFORMATION

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

Street Address: 59-61 N. Bridge Street

City: Red Bank, NJ 07701

County: Mercer

County Code (7) (STATE USE ONLY):

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

Square Feet: 3000

# of Floors: 2

Bldg. Age: 90

Current Use (Prior if being demolished):
Residence

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

ASCM No.: 

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

Street Address: PO Box 341

City, State, Zip Code: Crosswicks, NJ 08515


Telephone No.: (609) 298-4070

Start Date (10):
3/4/13

Scheduled Completion Date (11):
3/7/13

Occupancy Status During Abatement (Check only one):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8AM - 4:30PM

Scope of Work (Check all that apply):
- [ ] ≥ 3 sf or ≥ 31 If
- [ ] ≥ 100 sf or ≥ 260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

Amount (Specify SF or LF):
190 lf

Basement

Thermal Pipe Insulation

Name of Registered Waste Hauler:
Stevens Environmental Services Inc.

Waste Hauler ID No.: 18292

Cubic Yards of Waste: 3 CU

Disposal Date: 3/7/13

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

City, State: Allentown, NJ

Completed By: Mahlon E. Stevens
Title: Project Manager

Signature: 
Date: 2/20/13

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

Date of Notification (1)
[ ] 02/12/13
[ ] 01/19/13
[ ] 11/13/13

Name of Building Owner/Operator (2)
PHYLLIS GERBER

Street Address
35 ROSE AVENUE

City, State, Zip Code
SPRINGFIELD, NJ

Name of Contact
PHYLLIS GERBER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

PHYLLIS GERBER

Street Address
35 ROSE AVENUE

City (5)
SPRINGFIELD

County (6)
UNION

County Code (7)
(State use only)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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

Project Manager for Monitoring Firm

Start Date (10)
02/20/13

Sched. Completion Date (11)
02/28/13

Scope of Work (check all that apply)
[ ] >3 sf or >3 if
[ ] Renovation
[ ] ≥160 sf or >260 if
[ ] Demolition

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

Is location normally used solely by maintenance/custodial staff (12)

Yes
No
N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount
70 L FT

Removal
Repair
Encaps

ENCL

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Disposal Date
02/21/13

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT

Signature

Date
02/19/13

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

Date of Notification (1):
[ ] [ ] 02/13

Name of Building Owner/Operator (2):
ROSEANN SCARPA FUCCELLI

Street Address:
95 BOOREAM AVE.

City, State, Zip Code:
JERSEY CITY, NJ 07306

Name of Contact:
ROSEANN SCARPA FUCCELLI

FACILITY INFORMATION

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

Street Address:
95 BOOREAM AVE.

City:
JERSEY CITY

County:
HUDSON

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

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

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: NORMAIL HOURS

Scope of Work (check all that apply):
[ ] >3 sf or >3 lf
[ ] Renovation
[ ] >160 sf or >260 lf
[ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>PIPE INSULATION</td>
<td>20 LFT</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td></td>
<td>X</td>
<td></td>
<td>Boiler Insulation</td>
<td>40 SQ FT</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

Name of Registered Landfill:
TULLY TOWN, RESOURCE RECOVERY

City, State:
PATERSON, NJ 07503

Disposal Date:
02/21/13

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

* 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):
[2/1/12]

Name of Building Owner/Operator (2):
ROSSO SCARPA FUCCLL

Type Notification:
Initial

Street Address:
95 DOORHAM AVE.

City, State, Zip Code:
JERSEY CITY, NJ 07306

Name of Contact:
ROSSO SCARPA FUCCLL

FACILITY INFORMATION

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

Street Address:
95 DOORHAM AVE.

City (4):
JERSEY CITY

County (6):
HUDSON

Square Foot (7):

County Code (7) (State use only):

License Number (8):

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

Street Address:
20 California Ave.

City, State, Zip Code:
PATerson, NJ 07530

Telephone Number:
973-343-8020

Telephone Number (12):

Name of CSHHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue.

City, State, Zip Code:
PATerson, NJ 07530

FOOT NOTES:

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

Description of asbestos-containing material (ACM):

Amount (Specify SF or LF):

Removal:

Repair:

Replacement:

Elimination:

Full Containment/Private/Personnel

Mini-enclosure

Closely-guarded/Procedure

Non-Exempted (*) and Non-Tolerable Procedure

Registered Waste Handler:
D & S RESTORATION, INC.

Disposal Date (10):
02/28/13

Name of Registered Lander:
TULLYTON, RESOURCE RECOVERY

Title:
President

DOGDAN JODZIC

FEB. 19, 2013 (TUE) 12:23 COMMUNICATION

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

Date of Notification (1)  
02/11/13

Name of Building Owner/Operator (2)  
RICH MATTISSICH

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

Type Notification  
☒ Initial  ☐ Amended  ☐ Amendment #:  

Amendment #:  

Emergency (including justification):  

Name of Contact  
RICH MATTISSICH

Telephone Number  

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
RICH MATTISSICH

Street Address  
570 FERN STREET

City (5)  
TWP. OF WASHINGTON

County (6)  
BERGEN

County Code (7)  
(State use only)

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

Type of Facility (4)  

☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  

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

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

Start Date (10)  
03/05/13

Sched. Completion Date (11)  
05/18/13

Scope of Work (check all that apply)  

☒ 20 ft or >20 ft renos  
☐ Demolition  

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

Location normally used solely by maintenance/custodial staff(12)  

Yes  ☒ No  ☐ N/A

Description of asbestos-containing material (ACM)  
DUCT WORK  

Amount (Specify SF or LF)  
20 LFT

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

Encapsulation  

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
15306

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
TULLY TOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
03/06/13

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Date  
02/19/13

Signature  

ACD 14

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

**CHECK #4947**

**Date of Notification (1)**
2/14/13

**Name of Building Owner / Operator (2)**
The College of New Jersey

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

**Type Notification**
- [ ] Initial
- [ ] Amended #45
- [ ] Emergency
- [ ] Cancellation

**Address**
- **PO Box 7718**
- **Ewing, NJ 08628**

**Name of Contact**
Amanda Radosti

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
The College of New Jersey

**Street Address**
2000 Pennington Road

**City (5)**
Ewing

**County (6)**
Mercer

**County Code (7)**

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

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

**Address**
30 Maple Ave
Lumberton, NJ 08048

**Name of OSHA Monitor**
EMSL Analytical

**Address**
107 Haddon Ave.
Westmont, NJ 08108

**Project Manager for Monitoring Firm**
Jim Giulardi

**Telephone Number**
856-840-8800

**Telephone Number**
609-285-2107

**License Number**
00529

**Scheduled Start Date (10)**
11/8/12

**Scheduled Completion Date (11)**
2/28/13

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

**Scope of Work (Check all that apply)**
- [x] 3 ft or >=3 ft
- [x] 160 ft or >=260 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Full Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

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

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

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Manholes #3 & #4**

- [ ] Pipe Insulation
  - 160 LF

**Exterior Trench**

- [ ] Pipe Insulation
  - 64 LF

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

**NJD EP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
15

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

**Disposal Date**
2/28/13

**City, State**
Lumberton, NJ

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

**Date**
2/14/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1302-4603
Check #4946

Date of Notification (1) 2/14/13

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

Type Notification
- Initial
- Amended #
- Emergency
- Cancellation

Name of Building Owner / Operator (2) 2013 FEB 25 PM 2:08

PSE&G

Street Address
80 Park Plaza

City, State & Zip Code
Newark, NJ 07101

Name of Contact
Drew Shuda

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Pennsauken Substation

Street Address
Route 130

City (5) Pennsauken
County (6) Camden
County Code (7)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Substation Exterior

Name of Monitoring Firm Hired by Building Owner (8)
M.E.C.S.

Street Address
1224 Hamilton Ave. PO Box 33004

City, State & Zip Code Trenton, NJ 08629

Project Manager for Monitoring Firm
William Weisgarber Jr.

Telephone Number
609-915-1140

Scheduled Start Date (10)
2/25/13

Scheduled Completion Date (11)
3/1/13

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition

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

Exterior

Is Location Normally Used Solely by Maintenance or 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)
400 LF

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ

Disposal Date
3/1/13

City, State
Morrisville, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature

Date
2/14/13
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

#### Date of Notification (1)
- 2 / 22 / 13

#### Name of Building Owner/Operator (2)
- JC Penney Corporation Inc.

#### Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5.23-8)

#### Type Notification
- □ Initial
- □ Amended
- □ Amendment #\(^\text{3}\)
- □ Emergency (including justification)
- □ Cancellation

#### Street Address
- 6501 Legacy Drive
- Plano, TX 75024

#### Name of Contact
- Soy Thomas

#### FACILITY INFORMATION
**Name of Facility Where Abatement is Taking Place (3)**
- Wayne Town Center

#### Street Address
- 260 Wayne Town Center
- Wayne, NJ 07470

#### City (5)
- Wayne
- County (6)
- Passaic

#### County Code (STATE USE ONLY)
- Current Use (Prior if being demolished)

#### Name of Monitoring Firm Hired by Building Owner (8)
- Hillmann Consulting LLC

#### ASCM No.
- 62252

#### Name of Abatement Contractor (9)
- JVN Restoration Inc

#### Street Address
- 1600 Route 22 East
- Union NJ 07083

#### City, State, Zip Code
- Union, NJ 07083

#### Project Manager for Monitoring Firm
- Tom Rubin

#### Telephone No.
- 908-965-1233

#### Start Date (10)
- 2 / 11 / 13

#### Scheduled Completion Date (11)
- 3 / 11 / 13

#### 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: 10:00 AM - 6:00 AM

#### Scope of Work (Check all that apply)
- □ 3 sf or 3 sf
- □ 160 sf or 260 sf
- □ Renovation
- □ Demolition

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

#### 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 $ or LF)

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

#### 2nd Level Home Street Dept.
- □ VAT/MASTIC
- □ 3755

#### 1st Level Marchese Dept.
- □ VAT/MASTIC
- □ 850

#### Name of Registered Waste Hauler
- Express Waste Services LLC

#### NJDEP Waste Hauler ID No.
- NJ-804

#### Cubic Yards of Waste
- 40

#### Name of Registered Landfill
- Global Waste Industries, Inc.

#### City, State
- Newark, NJ

#### Disposal Date
- 3/11/13

#### City, State
- Hackettstown, NJ

#### Completed By (Print or Type)
- John Tardy
- Senior Project Manager

#### Signature
- [Signature]

#### Date
- 2/22/13

---

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>02</td>
<td>25</td>
</tr>
</tbody>
</table>

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

**Street Address**
260 OTTAWA AVENUE

**City, State, Zip Code**
HASBROUCK HEIGHTS, NJ

**Name of Contact**
HANY KALDAS

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
260 OTTAWA AVENUE

**City (5)**

**County (6)**

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

**ASCM No.**

---

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**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

---

**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

**Start Date (10)**
02/21/13

**Sched. Completion Date (11)**
02/28/13

---

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

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

---

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

- >2 sf or >2 lf
- >160 sf or >260 lf
- Renovation
- Demolition

---

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

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

**Is location normally used solely by maintenance/custodial staff(12)**

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

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

**Amount (Specify SF or LF)**

**Removal**

**Repair**

**Encaps**

**EncL**

---

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

**NJDEP Hauler ID**
13506

**Cubic Yards of Waste**
2 YDS

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

**Disposal Date**
02/22/13

**Name of Registered Landfill**
TULLYTOWN, PA

**City, State**
Paterson, NJ 07503

---

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

**Title**
PRESIDENT

**Signature**

**Date**
02/20/13

---

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

Date of Notification (1)
12/13

Name of Building Owner/Operator (2)
HANY KALDAS

Agency Notified
DOL

Street Address
260 OTTAWA AVENUE

Type of Notification
Amended

City, State, Zip Code
HASBROUCK HEIGHTS, NJ

Amendment #:

Name of Contact
HANY KALDAS

Emergency (including justification)

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
HANY KALDAS

Street Address
260 OTTAWA AVENUE

City (5)           County (6)           County Code (7)
HASBROUCK HEIGHTS  BERGEN

ASCM No.

Name of Abatement Contractor (6)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
02/21/13

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

Other Describe:
NORMAL HOURS

Scope of Work (check all that apply)

>

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


Yes  Nc  NIA

Pipe Insulation

120 L.F.

BASEMENT

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


Registered Waste Handler
D & S RESTORATION, INC.

NUEDP Handler ID:
13506

City, State
PATERNOS, NJ 07503

Cubic Yards of Waste
2 YDS

Name of Registered Handler
TULLY TOWN, RESOURCE RECOVERY

City, State
TULLY TOWN, PA

Completed by (Print or Type)
BOGDAN JOELZIC

Title
PRESIDENT

Signature

Date
02/22/13

FEB. 20, 2013 (WED) 11:39  COMMUNICATION No. 9  PAGE 1
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

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

Facility Information

Name of facility where abatement is taking place (3)

TOM MINDEN

Street Address

17 FAIRFIELD TERRACE

City, State, Zip Code

SHORT HILLS, NJ 07078

Name of Contact

TOM MINDEN

Telephone Number


Type of Facility (4)

<table>
<thead>
<tr>
<th>School (K - 12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (Private/Commercial Bldgs./Homes, etc.)</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>&gt;3 sf or &gt;3 lf</th>
<th>Renovation</th>
<th>Full Containment with negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td>Demolition</td>
<td>Mini-enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-friable procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Duct Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60 SQ FT</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)


Registered Waste Hauler

D & S RESTORATION, INC.

NUDEP Hauler ID

13506

Cubic Yards of Waste

1 YD

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATerson, NJ 07503

Disposal Date

03/07/13

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/20/13

ASB-41

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

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

**Date of Notification (1)**
2-21-13

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

**Street Address**
4000 Hadley Road

**City, State, Zip Code**
South Plainfield, New Jersey 07080

**Name of Contact**
Rich Hoarle

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
33 Littleton Avenue

**City (5)**
Newark, New Jersey 07107

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

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

**Square Feet**
100,000

**# of Floors**
5

**Bldg. Age**
55 years

**Current Use (Prior if being demolished)**
Not in use

---

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

**Street Address**
208 Newtown Road

**City, State, Zip Code**
Plainview, NY 11803

**Telephone No.**
917-299-7122

**Name of Abatement Contractor (9)**
Gramercy Group Inc.

**Street Address**
3000 Burns Avenue

**City, State, Zip Code**
Wantagh NY 11793

**Telephone No.**
516-876-0020

**License No.**
01085

**Name of OSHA Monitor**
Gramercy Group Inc.

**Street Address**
3000 Burns Avenue

**City, State, Zip Code**
Wantagh, NY 11793

---

**Start Date (10)**
1-14-13

**Scheduled Completion Date (11)**
12-31-12

**Occupy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Facility scheduled for demolition. No occupancy

---

**Scope of Work (Check All That Apply)**
- ≥ 3 sf or ≥ 3 if
- 2-160 sf or ≥260 sf
- Renovation
- Demolition

---

**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**
- Removal
- Repair
- Encapsulate
- Enclose

---

**Name of Registered Waste Hauler**
Gramercy Group Inc.

**NJ/DEP Waste Hauler ID No.**
32981

**Cubic Yards of Waste**
400

**Name of Registered Landfill**
GROWS North Landfill

**City, State**
Wantagh New York

**Disposal Date**
3-3-13

**City, State**
Morrisville PA

**Completed by**
Robert Lewin

**Title**
Environmental Coordinator

**Signature**

**Date**
2-21-13

---

* Do not use this form for asbestos licensure exempted activities."
<table>
<thead>
<tr>
<th>MATERIAL</th>
<th>UNITS</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>250</td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>100</td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>10</td>
</tr>
<tr>
<td>Transite</td>
<td>sq. ft.</td>
<td>250</td>
</tr>
<tr>
<td>Transite</td>
<td>sq. ft.</td>
<td>200</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>sq. ft.</td>
<td>2800</td>
</tr>
<tr>
<td>Floor Tile Mastic</td>
<td>sq. ft.</td>
<td>3500</td>
</tr>
<tr>
<td>Floor Debris</td>
<td>sq. ft.</td>
<td>250</td>
</tr>
</tbody>
</table>
Date of Notification (1) | 2/14/12
--- | ---
Name of Building Owner/Operator (2) | MR. ISRAEL ZOUBEK

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) | RESIDENCE
--- | ---
Street Address | 104 HINCHMAN AVE
City, State, Zip Code | HADDONFIELD, N.J. 08033

ENVIROMENTAL MANAGEMENT INTO

Name of Monitoring Firm Hired by Building Owner (9) | ASCM No.
--- | ---
Street Address | 34E GERMANTOWN PIKE 204
City, State, Zip Code | EAST NORRITON PA. 19401
Project Manager for Monitoring Firm | Raymond J Giordano
Telephone No. | 610-277-0405

Start Date (10) | 2/11/13
Scheduled Completion Date (11) | 2/18/13

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

Scope of Work (Check All That Apply)
- ≥23 sf or ≥23 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 (12)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>V</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | GRAMARTECH ENVIRONMENTAL SERVICE
--- | ---
City, State | EGG HARBOR TOWNSHIP, NJ

Complied by | WILLIS GRAHAM
--- | ---
Title | OWNER
Signature | 
Date | 2/14/13

* Do not use this form for asbestos licensure exempted activities.
This is an asbestos abatement notification form for the state of New Jersey. The form is filled out by the building owner/operator and contains the following information:

- **Date of Notification (1):** 2-18-13
- **Name of Building Owner/Operator:** Matteo/Manley
- **Agency Notified:**
  - EPA
  - DEP
  - DOL
  - DOH
  - DCA
- **Type of Notification:**
  - Initial
  - Amendment
  - Emergency (Including justification)
- **Street Address:** 8125 Central Ave
- **City, State, Zip Code:** Ocean City, NJ, 08226
- **Name of Contact:** Matteo
- **Telephone Number:**
- **Type of Facility:**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet:** 2400
- **Number of Floors:** 2
- **Building Age:** 70
- **Name of Facility Where Abatement is Taking Place:** Resident
- **Street Address:** 8125 Central Ave
- **City:** Ocean City
- **County:** Atlantic
- **County Code:** 08
- **Current Use:** Resident
- **Name of Monitoring Firm Hired by Building Owner:**
- **Name of Abatement Contractor:** Joe Lee
- **Street Address:** 1212 Burlington Ave
- **City, State, Zip Code:** Delanco, NJ, 08075
- **Telephone Number:** 856-524-0711
- **License No.:** 01070
- **Start Date:** 2-28-13
- **Scheduled Completion Date:** 3-6-13
- **Name of OSHA Monitor:** Self
- **Scope of Work:**
- - Asbestos-Containing Material (ACM)
- - No other issues
- **Location of Asbestos-Containing Material (ACM) to Be Abated:**
- **Location Normally Used Solely by Maintenance/ Custodial Staff:** Yes
- **Location Normal Usage:** Outside
- **Asbestos-Containing Material (ACM):** 1700 sf
- **Name of Registered Waste Hauler:** Jack Robinson
- **ID No.:** 28568
- **Cubic Yards of Waste:** 0
- **Name of Registered Landfill:** WMI of PA
- **City, State:** Bellmawr, NJ
- **Disposal Date:**
- **Completed by:** Joe Hill
- **Title:** VP

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

Date of Notification (1) 2-18-13

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DCH
☐ DOA

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

Name of Building Owner/Operator (3) First Commerce Bank

Street Address 105 River Ave

City, State, Zip Code Lakewood NJ 08730

Name of Contact Opavut Abe

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (9) First Commerce Bank

Street Address 40 North Main St

City (5) Allentown P

County (6)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) Ani Jnr LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delran NJ

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

858210071 01002

Start Date (10) 2-25-13

Scheduled Completion Date (11) 3-7-13

Occupy Status During Abatement (Check only one)

☐ Facility Closed/Occupied During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other (Describe)

Scope of Work (Check all that apply)

☐ 500 sf or greater
☐ 200 sf or less
☐ Soil Remediation
☐ Demolition
☐ Full Encapsulation with Negative Pressure
☐ Mint-Encapsulate
☐ Sealing Procedure
☐ Non-Encapsulated (C) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

Description of ACM (e.g., thermal systems; insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specified SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flooring</td>
<td>3000 sq ft</td>
</tr>
<tr>
<td>Walls</td>
<td>250 sq ft</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler

J. Robinson

N.J.DEP Waste Hauler License No. 28365

Cubic Yards of Waste 3

Name of Registered Landfill

W.H. of Pa

City, State Bellmurray, NJ

Disposal Date 2-18-13

City, State Allentown PA

Completed by Joe Hill

Title VP

Signature JH

Date 2-18-13

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

Date of Notification (1): 2-16-13
Name of Building Owner/Operator (2): Anrachi/Manhas

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

Type Notification:
- [ ] Initial
- [ ] Amended
- [ ] Amendment
- [ ] Emergency (Including justification)
- [ ] Cancellation

Street Address: 3432 West Ave
City, State, Zip Code: Ocean City, NJ 08226
Name of Contact: Anrachi
Telephone Number: 2402

Name of Facility Where Abatement is Taking Place (3):
Resident
Street Address: 3432 West Ave
City: Ocean City
County: Atlantic
County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (9):

ABCN No. (10):
Name of Abatement Contractor (9):
Anri Joe LLC
Street Address: 1212 Burlington Ave
City, State, Zip Code: Delranro NJ 08075
Telephone No.:
License No. 01070

Start Date (10): 2-16-13
Scheduled Completion Date (11): 3-6-13

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

Scope of Work (Check all that apply):
- [ ] 3 sf or 3 3/4
- [ ] 500 sf or 250 sf

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

IN Facility:
- [ ] No
- [ ] Yes
- [ ] N/A

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, VAP, or other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:

J. Robinson
ID No. 2336

Cubic Yards of Waste:

City, State:
Bellmowe, NJ

Name of Registered Landfill:
WM of PA
Disposal Date:
City, State:
Tullytown PA

Completed by:

Joe Hill
Title: VP
Signature:
Date:
2-18-13

* Do not use this form for asbestos license exemption authorized activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3915/13

Date of Notification (1) 2/13/2013

Name of Building Owner / Operator (2)
Port Authority of New York & New Jersey

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

Type Notification
☐ Initial Notification
☒ Amended Notification
☐ Cancellation

Street Address
241 Erie Street, Room 236
City, State & Zip Code
New Jersey, NJ 07310
Name of Contact
Mr. Ralph Campione

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Terminal B, B-2 Connector Departures Level
Street Address
Newark International Airport, Newark, NJ

City (5) Newark
County (6) Essex
County Code (7)

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

Square Feet 1.2 Mil
# of Floors 2
Bldg. Age 50+

Current Use (Prior if being demolished)
Airport

Name of Abatement Contractor (9)
ETS Contracting, Inc.
Street Address
160 Clay Street
City, State & Zip Code
Brooklyn, NY 11222
License Number 00511

Name of OSHA Monitor
TESTOR TECH, INC.
Street Address
10 59 JACKSON AVENUE
City, State & Zip Code
L.I.C., NY 11101

Scheduled Start Date (10) 4/1/2013
Scheduled Completion Date (11) 7/31/2013

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

Scope of Work (Check all that apply)
☐ Demolition
☒ Renovation
☐ Large Project
☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM
☒ Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet) 5,800 SF
Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) Removal

Name of Registered Waste Hauler
TRI-STATE TRANSFER

Cu. Yds. of Waste Name of Registered Landfill
120 Minerva Enterprises, Inc.
City, State	Disposal Date	City, State
Bronx, NY	TBD	Waynesburg, OH

Completed By (Print or Type) Title
Richie Smith Project Executive

Signature	Date	2/13/2013

ASB-41 JUN 95 G4567