### Notification of Asbestos Abatement

**Data of Notification (1)**
- 12-22-2013

**Name of Building Owner/Operator (2)**
- Township of Brick

### Notification Information

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>401 Chambersbridge Road</td>
<td>Brick, NJ 08723</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justifications)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Facility Information

- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 6 (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)

- **Square Feet**: 1000
- **# of Stories**: 1
- **Blg. Age**: 50+

### Monitoring Firm

- **Name of Monitoring Firm or Consultant**: AECM
- **Telephone No.**: n/a

### Abatement Information

- **Date of Abatement**: 01-02-2013
- **Scheduled Completion Date**: 01-03-2018

- **Abatement Type**
  - VAT & Linoleum
  - 875 SF

### Registered Waste Hauler

- **Name of Registered Waste Hauler**: Loznica Management Corporation
- **Waste Hauler ID No.**: 0033137

### Additional Information

- **Notes**: Do not use this form for asbestos removal exempted activities.
### Notation of Asbestos Abatement

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<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
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<td>Dec 26, 2013</td>
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<tr>
<td>Agency Needed</td>
<td>EPA</td>
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<tr>
<td>Street Address</td>
<td>401 Chambersbridge Road</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Brick, NJ 08723</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Township of Brick</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>Loznica Management Corporation</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Owner</td>
<td>Loznica Management Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Tray Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07036</td>
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<tr>
<td>Name of Asbestos-Containing Material (ACM)</td>
<td>+ VAT</td>
</tr>
<tr>
<td>Type of Abatement</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location Normally Used by Maintenance/Custodial Staff</td>
<td></td>
</tr>
<tr>
<td>Description of ACM (I.e., thermal system insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>180 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Removed</td>
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<tr>
<td>Location of ACM in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Exterior of House</td>
<td>Transite Shingless below Siding 2,500 SF</td>
</tr>
<tr>
<td>Name of Registered Hauler</td>
<td>Loznica Management Corporation</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWL Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, PA 07042</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**PROJECT #: BRCK-00460**
**POST SANDY DEMOLITION ASBESTOS REMOVAL**

**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:150)

**$200.00 FOR A BLOCK OF 5 HOUSES**
PER HOWARD BLACK / JOB KICK OFF MEETING.

**CKA 04/66**

---

**Name of Facility Where Abatement is Taking Place:**
House for Donna

**Location:**
1 Bay Way

**City:** Brick

**County:** Ocean

**Name of Monitoring Firm Hired by Building Owner:**
ASCRI Inc.

**Name of Abatement Contractor:**
Laznia Management Corporation

**Scheduled Completion Date:**
01-13-2013

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached Garage</td>
<td>Cement Board Siding</td>
<td>1,000 SF</td>
</tr>
<tr>
<td>Throughout Inside</td>
<td>Sheetrock Wallboard</td>
<td>4,800 SF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Handler:**
Laznia Management Corporation

**Name of Registered Landfill:**
GROWS Landfill

**Completed by:**
E. Ciorcio

---

**Notes:**
*Do not use this form for asbestos concerns exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

*State of New Jersey (Pursuant to NJAC 8:66 and 12:188)*

**PROJECT #: BRCK-00480**
**POST SANDY DEMOLITION ASBESTOS REMOVAL**

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<th>Date of Notification (1)</th>
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<td>Initial</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>Township of Brick</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>407 Chambersbridge Road</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Brick, NJ 08723</th>
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| Name of Contact | DOL Arne 108 |

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Abatement for Demo House</th>
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</table>

| House for Demo | |

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<tr>
<th>Street Address</th>
<th>643 Bancroft Road</th>
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<th>City</th>
<th>Brick</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Ocean</th>
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Name of Monitoring Firm Hired by Building Owner (8) | ASCL Inc. |

Name of Abatement Contractor (9) | Loznica Management Corporation |

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>973-706-7950</th>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>01163</th>
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<th>Start Date (10)</th>
<th>01-09-2013</th>
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<th>Scheduled Completion Date (11)</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tr>
<td>- Facility Closed/Empty During Entire Period of Abatement</td>
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<table>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>- Renovation</td>
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</table>

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

<table>
<thead>
<tr>
<th>2nd Floor Throughout</th>
<th>N/A</th>
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<table>
<thead>
<tr>
<th>Location of ACM in Facility (13)</th>
<th>Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>- Garage</td>
<td>Transite Siding 260 SF x</td>
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<tr>
<td>- 2nd Floor Throughout</td>
<td>VAT and Masonry 88 SF x</td>
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Name of Registered Waste Handler | Loznica Management Corporation |

<table>
<thead>
<tr>
<th>H/D/E/P Waste Handler ID No.</th>
<th>0039137</th>
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<th>Cubic Yards of Waste</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>GROW'S Landfill</th>
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<th>City, State</th>
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<tr>
<th>City, State</th>
<th>Montville, PA 19067</th>
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<tr>
<th>Completed by</th>
<th>E. Ciricovic</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Secretary</th>
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| Date | 12-25-2013 |

---

*Do not use this form for asbestos翘new assessed activities.*
State of Notification (1)
12-26-2013

Agency Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment 8
Emergency (including
Justification)
Cancellation

Street Address
401 Chambersbridge Road

City, State, Zip Code
Brick, NJ 08723

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

Name of Contact

FACILITIES INFORMATION

Type of Facility (4)
School (K-12)
Subchapter 6 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)

Facility Closed/Non-Occupied During Entire Period of Abatement

Scope of Work (Check All That Apply)
Demolition

Name of Monitoring Firm Hired by Building Owner (5)
r/a

Name of Abatement Contractor (6)
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone No.
973-708-7810

License No.
01123

Scheduled Completion Date (11)
01-10-2014

Abatement Type
Full Demolition with Negative Pressure
Glue Bag Procedure
Non-Exempted (%) and Non-Potable Procedure

Abatement Type

Location of Asbestos-Containing Material (ACM)

TOD BE REMOVED

In Facility (13)

In 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 L?)

Name of Registered Waste Hauler
Loznica Management Corporation

Waste Hauler ID No.
0053137

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Lincoln Park, NJ 07035

Disposal Class
TBD

City, State
Montville, PA 19078

Completed by
E. Cerio

Secretary

Signature

Dec 26 2013 04:47PM NJ Asbestos Control 503.633.0664
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1)

Agencies Notified
- EPA
- DEP
- X DOL (Amended Notification #3)
- X DOH (On Hold)
- X DCA
- EMERGENCY N

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBRIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO

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

Square Feet
187,000

# of Floors
13

Bidg. Age
42

Name of Facility Where Abatement is Taking Place (5)

HESS PLAZA

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBRIDGE, MIDDLESEX, 07095

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
945-369-7500

License Number
460

Expected State Date (10)

1/1/14

Sched. Completion Date (11)
3/15/14

Month
1

Day
6

Year
14

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12569

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
X Other - Describe: Monday - Friday 6pm - 2:30 am

Scope of Work (Check all that apply)

- X Demolition

- X Renovation

- X >3SF OR LF

- >160 SF OR

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

1ST FLOOR MER ROOM

PIECE FITTINGS

16 LF

X

1ST FLOOR MER ROOM

PIECE FITTINGS

19 LF

X

Name of Registered Waste Hauler
DJM TRANSPORT, LLC

NJDEP Waste Hauler ID No. 26981

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS LANDFILL

City, State
KEARNEY, NEW JERSEY

Disposal Date
12/16/13

City, State
MOHNSVILLE, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
1/21/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

12 /30/13

Agencies Notified

Name of Building Owner/Operator (2)

HESS CORPORATION

Type Notification

Initial Notification

Street Address

1 HESS PLAZA

Amended Notification

City, State, Zip Code

WOODBRIDGE, NEW JERSEY 07085

Cancellation

Name of Contact

DAVID CERULO

DOH

Telephone Number

DCA

FACILITY INFORMATION

EMERGENCY N

Type of Facility (4)

 School (K-12)

Subchapter 8 (Other than K-12)

X Other (ie, private & commcl. bldgs., homes, etc.)

Square Feet

187,000

# of Floors

13

Bldg. Age

42

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

County (6)

MIDDLESEX

County Code (7)

(State Use Only)

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

Street Address

1900 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Telephone Number

908-377-5644

License Number

998-408-5644

Project Manager for Monitoring Firm

MIKE NEHLEN

Expected State Date (10)

12 /16 /13

Sched. Completion Date (11)

5 /15 /14

Occupancy Status During Abatement (Check only one)

Full Containment with Negative Pressure

Facility Closed/Vacated During Entire Period of Abatement

X Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: Monday - Friday 6pm - 2:30 am

Scope of Work (Check all that apply)

X Demolition

X Renovation

X 3SF OR LF

X >160 SF OR

X Mini-Enclo.

X Glovebag Procedure

X Non-Friable Procedure

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

Is Location normally used solely by Maint/Custodial Staff (12)

Yes No N/A

Location

PIE FITTINGS

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

ENCAPSUL

REMOL

REPAIR

ENCLOSURE

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Disposal Date

GROWS LANDFILL

Date

12/30/13

Name of Registered Landfill

KEARNLEY, NEW JERSEY

Complated by (Print or Type)

Title

DIRECTOR OF OPERATIONS

City, State

Signature

Date

1/2/13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7.1 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>12/6/13</td>
<td>HESS CORPORATION</td>
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<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
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<td>X</td>
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</tr>
<tr>
<td>X</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY N</td>
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<tr>
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<td>1 HESS PLAZA</td>
<td>WOODBRIDGE, NEW JERSEY 07095</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>DAVID CERULO</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>HESS PLAZA</td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>X</td>
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<td></td>
<td>Other (ie. private &amp; commcl. blgs., homes, etc)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
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<tbody>
<tr>
<td>187,000</td>
<td>13</td>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>HESS PLAZA</td>
<td>WOODBRIDGE, NEW JERSEY 07095</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>HILLMANN ENVIRONMENTAL</td>
<td>17</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>PAR ENVIRONMENTAL CORPORATION</td>
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<table>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>313 SPOOK ROCK ROAD</td>
<td>UNION, NEW JERSEY 07083</td>
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<table>
<thead>
<tr>
<th>Phone Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>MIKE NEHLSN</td>
<td>908-377-6644</td>
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<thead>
<tr>
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<th>Sched. Completion Date (11)</th>
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<tr>
<td>12/16/13</td>
<td>3/15/14</td>
</tr>
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<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>1376 ROUTE 9 W</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
<td>WAPPINGERS FALLS, NY 1259</td>
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<tr>
<td>X Other - Describe: Monday - Friday 8am - 2am</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>X Demolition</td>
<td>X Renovation</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<td></td>
<td>(ie, Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount</th>
<th>Abater</th>
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<tbody>
<tr>
<td>(Specify SF or LF)</td>
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<table>
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<tr>
<th>1ST FLOOR MER</th>
<th>PIPE FITTINGS</th>
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<tr>
<td>X</td>
<td>16 LF</td>
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</tbody>
</table>

**Disposal Data**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJM TRANSPORT, LLC</td>
<td>28981</td>
<td>10</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>GROWS LANDFILL</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEARNY, NEW JERSEY</td>
<td>12/16/13-03/15/14</td>
<td>MORRISVILLE, PA</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>BENJAMIN SANCHEZ</td>
<td>DIRECTOR OF OPERATIONS</td>
<td>[Signature]</td>
<td>1/26/13</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification (1)**: 12/27/13

**Agency Notified (3)**: DOL - 10 Day

**Facility Information**

**Name of Facility Where Abatement is Taking Place (5)**: SCHOOL

**Address**: 720 CLARKSON AVE

**City**: ELIZABETH

**County**: UNION

**Name of McMahon Firm Headed by Building Owner (6)**: Best Removal Inc

**Street Address**: 450 B. River St

**City**: Hackensack

**Date of Completion**: 12/28/13

**Type of Facility (4)**: School

**Contractor**: Omega Environmental

**Supervisor**: 280 Huyler St

**City**: Hackensack

**Name of Registered Lessor**: Cumberland County Landfill

**Person in Charge**: J. Maiorano

---

**Location of Asbestos-Containing Material (ACM) (13)**

**Reception**: Re-McGraw

**Description**: Asbestos-Containing Material (ACM) - General System Insulation, facing, VAV, or other interior materials

**Type of ACM**: SF or LP

---

**Notes**

- Do not use this form for asbestos management procedures.
- Completed by J. Maiorano
- Estimator: [Signature]
- Date: 12/27/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)
Delbarton School

Street Address
230 Mendham Road

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
M. Rimpel

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
230 Mendham Road

City (5)
Morristown

County Code (6)
Morris

County Code (7)

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

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10)
1/10/14

Scheduled Completion Date (11)
3/10/14

Occupancy Status During Abatement (Check Only One)

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

Other – Describe:

Scope of Work (Check All That Apply)

- 23 sf or 23 If
- ≥150 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

(13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Remove
Repair
Encapsulate
Endorse

center attic/attic storage room

x

wall plaster

60 SF

x

basement/basement storage rm

x

wall/ceiling plaster

40 SF

x

Room 301

x

plaster

10 SF

x

Room 302

x

plaster

10 SF

x

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by
Andrew Scott Higgins
Title
President
Signature

Date 12/30/13

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/30/13</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Lou Bancala</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
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<tr>
<td>DEP</td>
<td>Amended #</td>
<td></td>
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<td>DOL</td>
<td>Emergency (including justification)</td>
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<td>DOH</td>
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<th>33 Forest Place</th>
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<tr>
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<th>Name of Contact</th>
<th>Lou Bancala</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>House</td>
<td>School (K-12)</td>
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<td></td>
<td>Subchapter S (Other than K-12)</td>
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<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<thead>
<tr>
<th>Street Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>Towaco</th>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th>2200</th>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>50</td>
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<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td>(STATE CODE ONLY)</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ABS Environmental Services, LLC</th>
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<tr>
<th>Street Address</th>
<th>PO Box 483</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Glenwood, NJ 07418</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tr>
<td></td>
<td>973-583-8500</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>1/7/14</td>
<td>1/20/14</td>
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<th>Occupancy Status During Abatement (Check Only One):</th>
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<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:</td>
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<thead>
<tr>
<th>Scope of Work (Check All That Apply):</th>
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<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 lf</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 lf</td>
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<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>
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<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 In Facility (13)</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
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<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, VLT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tr>
<td>Freehold Cartage</td>
<td>15959</td>
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<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>10</td>
<td>GROWS</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/30/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1): 12/31/13  CK:2960  $200

Name of Building Owner/Operator (2): Elizabeth Board of Education

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

Type Notification: [x] Initial  [ ] Amended  [ ] Amendment #3

Street Address: 500 North Broad Street

City, State, Zip Code: Elizabeth, New Jersey 07201

Name of Contact: Luis Milanes

Telephone Number:

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3): School #16 Annex</td>
</tr>
<tr>
<td>Street Address: 1086</td>
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<tr>
<td>City (5): Elizabeth, New Jersey 07201</td>
</tr>
<tr>
<td>County (6): Union</td>
</tr>
<tr>
<td>County Code (7): (STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished): School</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4):</th>
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<tbody>
<tr>
<td>[x] School (K-12)</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>[ ] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

| Square Feet: 20,000 |
| # of Floors: 2 |
| Bidg Age: 55+ |

Name of Monitoring Firm Hired by Building Owner (8): Detail Associates Inc.

ASCM No.:

Name of Abatement Contractor (9): Lilich Corporation

Street Address: 606 McBride Avenue

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

Telephone No.: 201-569-6708

License No.: 01104

Name of OSHA Monitor: J&S Environmental Labs

Project Manager for Monitoring Firm: Stephen J.

Address of Waste Facility: 2333 Route 22 West

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

Start Date (10): 01/17/14  

Scheduled Completion Date (11): 01/19/14

Occupy Status During Abatement (Check Only One):
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 5PM Start Friday

Scope of Work (Check All That Apply):
- [x] 23 sf or 23 if
- [x] 218 sf or 2250 if
- [ ] Renovation
- [x] 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:

| Description of Asbestos-Containing Material (ACM) |
| (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |

Basement Boys Bathroom  

| Location Normally Used Solely by Maintenance/Custodial Staff? (12): N/A |
| Description of Asbestos-Containing Material (ACM) |
| Amount (Specify SF or LF) |
| Abatement Type |

| Name of Registered Waste Hauler: Lilich Corporation |
| NJDEP Waste Hauler ID No.: 18724 |
| Cubic Yards of Waste: 1 |
| Name of Registered Landfill: G.R.O.W.S Landfill |
| City, State: Morrisville, Pennsylvania |

Completed by: Tatiana Kalenikova  
Title: Vice President  
Signature:  
Date: 12/31/13

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

State of New Jersey

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

Date of Notification (1)
12/27/13

Name of Building Owner/Operator (2)
Elizabeth Board of Education

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

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

Street Address
500 North Broad Street

City, State, Zip Code
Elizabeth, New Jersey 07201

Name of Contact
Luigi Milanese

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3)
School #16 Annex

Street Address
1086 North Avenue

City (5)
Elizabeth

County (6)

County Code (7)

State Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates Inc.

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, New Jersey 07631

Street Address
600 McBride Avenue

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

Project Manager for Monitoring Firm
Stephen J.

Telephone No.
201-569-6708

License No.
01104

Start Date (10)

PROJECT ON HOLD

Scheduled Completion Date (11)

PROJECT ON HOLD

Current Use (Prior to being demolished)
School

Name of OSHA Monitor
J&S Environmental Labs

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check All That Apply)
- Asbestos removal
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI</td>
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</table>

Amount (Specify SF or LF)
15 LF

<table>
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<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removed</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Lillich Corporation

Cubic Yards of Waste
1

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

City, State
Morristown, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
12/27/13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:20 and 12:13)

---

**REMEMBER — MAIL IN HARD COPY**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/30/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building/Owner/Operator (2)</td>
<td>CATHY BENIPAYO</td>
</tr>
<tr>
<td>Address</td>
<td>103 GRIGGS AVE.</td>
</tr>
<tr>
<td>City</td>
<td>TEANECK</td>
</tr>
<tr>
<td>County</td>
<td>DEER</td>
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<tr>
<td>State</td>
<td>N.J.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>07666</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>CATHY BENIPAYO</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility/Whose Abatement is Taking Place (3) | CATHY BENIPAYO |
| Address | 103 GRIGGS AVE. |
| City | TEANECK |
| County | DEER |
| State | N.J. |
| Zip Code | 07666 |
| Phone | 1800 |
| Email | 2 |

**Residence**

| Name of Residence Owner (2) | CATHY BENIPAYO |
| Address | 103 GRIGGS AVE. |
| City | TEANECK |
| County | DEER |
| State | N.J. |
| Zip Code | 07666 |
| Phone | 1800 |
| Email | 2 |

**Utilization of Contract/Performance Contract (6)**

| Name of Contractor (9) | Omega Environmental |
| Address | 280 Huyler St |
| City | Hackensack, N.J. 07606 |
| State | N.J. |
| Zip Code | 07606 |

**Location of Abatement**

| Description of Location | B I E N T E N |
| Description of Activity | 70 |

**Amount**

<table>
<thead>
<tr>
<th>Amount</th>
<th>$</th>
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</thead>
</table>

**Disposal Data**

| Disposal Site | Cumberland County Landfill |
| City | Newburgh, PA |
| Zip Code | 17240 |

**Completed by**

| Name of Registered Holder | J. Maiorano |
| Address | Estimator |

---

*All dates are now readable.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>12/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Street Address</td>
<td>MR. IRA BAUMAN</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code</td>
<td>936 RED RD</td>
</tr>
<tr>
<td></td>
<td>County Code</td>
<td>TEANECK, NJ. 07666</td>
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<tr>
<td></td>
<td>Phone No.</td>
<td>201-329-7444</td>
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<tr>
<td></td>
<td>Licensure No.</td>
<td>00388</td>
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<tr>
<td></td>
<td>Name of Abatement Contractor</td>
<td>Omega Environmental Inc</td>
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<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 07606</td>
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<td>973-943-5656</td>
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<td>Licensure No.</td>
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<td></td>
<td>Name of Registered Waste Handler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td></td>
<td>Address</td>
<td>450 S. River St</td>
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<td></td>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 07601</td>
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<td>Phone No.</td>
<td>973-271-6700</td>
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<tr>
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<td>Name of Registered Waste Handler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
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<td>Address</td>
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<td></td>
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<tr>
<td></td>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 07601</td>
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<td>Name of Registered Waste Handler</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

- **Basement**
  - Description: 1,100 square feet of asbestos containing materials
  - Location: Teaneck, NJ. 07666
  - Owner: Mr. IRA BAUMAN
  - Contractor: Best Removal Inc
  - Date: 12/14
  - Estimator: J. MAIORANO

**Disposal Date**

- Date: 1/15/14
- Job Location: Teaneck, NJ. 07666
- Disposal Date: 1/15/14
- Disposal Site: Minerva Enterprises

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

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

**Name of Building Owner/Operator (2)**
Mr. & Mrs. Fine

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

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

**Street Address**
36 Rynda Road

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

**Name of Contact**
Mr. & Mrs. Fine

**Telephone Number**

## FACILITY INFORMATION

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

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

**Square Feet**
2200

**# of Floors**
2

**Bldg. Age**
50

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

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Project Manager for Monitoring Firm**

**Telephone No.**
973-583-8500

**License No.**
703

**Start Date (10)**
1/10/14

**Scheduled Completion Date (11)**
2/10/14

**Occupy Status During Abatement (Check Only One)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performance Outside of Normal Facility Hours

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Endoscopy
- [ ] 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</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>
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<tr>
<td>exterior</td>
<td>[x]</td>
<td>pipe insulation</td>
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**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
15959

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
GROWS

**City, State**
Freehold, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Andrew Scott Higgins

**Title**
President

**Signature**

**Date**
1/2/14

---

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

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

**State of New Jersey**

**Date of Notification (1)**

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**Agencies Notified**

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

**Type Notification**

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY

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

- HESS CORPORATION

**Street Address**

- 1 HESS PLAZA

**City, State, Zip Code**

- WOODBRIDGE, NEW JERSEY 07095

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

- HESS PLAZA

**Street Address**

- 1 HESS PLAZA

**City (5)**

- WOODBRIDGE

**County (6)**

- MIDDLESEX

**County Code (7)**

- ASCM No. 17

**Type of Facility (4)**

- Commercial Office
- Subchapter 8 (Other than K-12)
- Other (i.e., private & comm. bldgs., homes, etc.)

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

- Commercial Office

**Square Feet**

- 187,000

**# of Floors**

- 13

**Bldg. Age**

- 42

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

- HILLMANN ENVIRONMENTAL

**Name of Abatement Contractor (9)**

- PAR ENVIRONMENTAL CORPORATION

**Street Address**

- 313 SPOOK ROCK ROAD

**City, State, Zip Code**

- SUFFERN, NEW YORK 10901

**Telephone Number**

- 845-369-7500

**License Number**

- 480

**Name of OSHA Monitor**

- QUALITY ENVIRONMENTAL

**Street Address**

- 1376 ROUTE 9 W

**City, State, Zip Code**

- WAPPINGERS FALLS, NY 12590

**Project Manager for Monitoring Firm**

- MIKE NEHILSEN

**Telephone Number**

- 908-377-5844

**Expected State Date (10)**

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**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 6pm - 2:30 am

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

- [x] Renovation
- [x] >3SF OR LF
- [X] >160 SF OR

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

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

**Amount (Specify SF or LF)**

- 16 LF

**ENCLOSURE**

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

- TO BE ABATED in Facility (13)

- 1ST FLOOR MER ROOM

- PIPE FITTINGS

**Name of Registered Waste Hauler**

- DJM TRANSPORT, LLC

**NJDEP Waste Hauler ID No.**

- 20691

**Disposal Date**

- 12/16/13-03/15/14

**Name of Registered Landfill**

- GROWS LANDFILL

**City, State**

- MORRIS, N.J., PA

**Completed by (Print or Type)**

- BENJAMIN SANCHEZ

**Title**

- DIRECTOR OF OPERATIONS

**Signature**

- [Signature]

**Date**

- 12/30/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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<td>1376 ROUTE 8 W</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected State Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/ 6/13</td>
<td>3/ 15/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abater</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR MER ROOM X PIPE FITTINGS</td>
<td>Yes</td>
<td>16 LF</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJM TRANSPORT, LLC</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>26981</td>
<td>10</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEARNEN, NEW JERSEY</td>
<td>12/16/13-03/15/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/6/13</td>
</tr>
</tbody>
</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120-1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>[ ] Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[ ] Amendment #</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>[ ] Emergency (including Justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
</tr>
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</table>

**State of NJ Dept. of Environmental Protection**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Forest Nursery</td>
<td>Bob Kunze</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>372 East Veterans Highway</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other Than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial, buildings, houses, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>USA Environmental Management Inc</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>973-628-9559</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willie Weigarder</td>
<td>609-696-5101</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled State Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Is Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Other - Describe:</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Is Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] ≥ 3 sf or ≥ 3 ft</td>
<td>X Pipe &amp; Fitting Insulation</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>[X] ≥ 100 sf or ≥ 250 ft</td>
<td>X Boiler Rib Insulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Linoleum &amp; Mastic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Flu Cement</td>
<td></td>
</tr>
<tr>
<td>[X] Demolition</td>
<td>X Textured Ceiling Finish</td>
<td></td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>2,618 sf ft. X</td>
</tr>
<tr>
<td>Throughout</td>
<td>140 sq. ft. X</td>
</tr>
<tr>
<td>Throughout</td>
<td>10 sq. ft. X</td>
</tr>
<tr>
<td>Throughout</td>
<td>192 sq. ft. X</td>
</tr>
<tr>
<td>Throughout</td>
<td>2 sq. ft. X</td>
</tr>
<tr>
<td>Throughout</td>
<td>721 Sq. ft. X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler</td>
<td></td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Jerry Bijesteric</td>
<td>Project Manager</td>
<td></td>
<td>12/20/2013</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

12 / 31 / 13

Name of Building Owner/Operator (2)

Junior R. Fortuna

FACILITY INFORMATION

Agency 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 Home

125 West 25th Street

City (5)

Bayonne, NJ 07002

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)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Name of OSHA Monitor

Envirospection Consultants, Inc

License No.

973-638-1777

Start Date (10)

01 / 09 / 14

Scheduled Completion Date (11)

01 / 10 / 14

Occupy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

- ≥ 360 sq ft or ≥ 260 LF

- 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)

- Amount (Specify SF or LF)

Abatement Type

- Clean up and decontamination with negative pressure
- Full containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

Location of Registered Waste Hauler

R.O.E. Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

Wayne, NJ 07470

Disposal Date

TBD

Tullytown, PA

Completed By (Print or Type)

N. Jevic

Title

Owner

Signature

Date

12/31/2013

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

**Date of Notification (1)**
December 27th, 2013

**Name of Building Owner/Operator (2)**
VNO WAYNE TOWN CENTER LLC

**Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- DDOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment # 4
- Emergency (including justification)
- Cancellation

**Street Address**
250 Wayne Town Center, NJ State Rte. 23 Willowbrook Blvd.

**City, State, Zip Code**
Wayne, New Jersey 07470

**Name of Contact**
Mark Messier

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Wayne Town Center Fortunoff

**Street Address**
250 Wayne Town Center

**City (5)**
Wayne

**County (6)**
Passaic

**County Code (7)**

**Square Feet**
220,000

**# of Floors**
2

**Bldg. Age**
45

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Slavco Construction Inc.

**Street Address**
280 Huyler Street

**City, State, Zip Code**
South Hackensack, New Jersey

**Project Manager for Monitoring Firm**
Mr. Gary Mellor

**Telephone No.**
201-489-8700

**License No.**
973-478-4848

**Name of OSHA Monitor**
Slavco Construction Inc.

**Street Address**
164 Getty Ave.

**City, State, Zip Code**
Clifton, New Jersey 07011-1802

**Start Date (10)**
October 2, 2013

**Scheduled Completion Date (11)**
January 31, 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: Monday-Saturday:7:00am-3:30pm

**Scope of Work (Check All That Apply)**
- [X] ±3 sf or ±3 ft
- [X] ±160 sf or ±200 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Corner</td>
<td>X</td>
<td>Clean up</td>
<td>3240sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Slavco Construction Inc.

**NJDEP Waste Hauler ID No.**
18508

**Cubic Yards of Waste**
TBD

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

**City, State**
Clifton, New Jersey 07011-1802

**Disposal Date**
TBD

**City, State**
Morrisville, Pa

**Completed by**
Vivian D. Jurcevic

**Title**
Office Manager

**Signature**

**Date**
12/27/13

---

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:61 and 12:126)

**Date of Notification (1)**
12/30/13

**Name of Building Owner/Operator (2)**
H. Judith Bitterman

**Address**
25 East Fairmount Ave
Maywood, NJ 07607

**Type of Facility (4)**
- School (K-12)
- Residential (Other than K-12)
- Other (i.e., private or nonresidential buildings, houses, etc.)

**Square Foot**
1800

**Residence**

**Name of Resident Contractor (9)**
Best Removal Inc

**Street Address**
450 S. River St
Hackensack, N.J. 07601

**Home of Abatement Contractor (9)**
Omega Environmental Inc

**Street Address**
280 Ruyler St
South Hackensack, N.J. 07606

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Tactical Insulation</td>
<td>Y</td>
<td>N</td>
<td>ACM</td>
<td>90 LF</td>
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</table>

**Name of Registered Waste Handler**
Best Removal Inc

**Waste Handler ID No.**
17109

**Disposal Date/Location**
1/14/14 Waynesburg, Oh

**Estimator**
J. Alvarado

**Date**
12/30/13

*Do not use this form for asbestos removed during rehabilitation.*
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:80-7 and 12:120-7)

**UL**  
**Certificate No. 50**

**Waiver Approved**

---

### FACILITY INFORMATION

- **Name of facility where abatement is taking place:** Main School South Side of the Building  
  - **Address:** 1060-1066 South Orange Avenue  
  - **City:** Newark  
  - **County:** Essex  
  - **County Code:** (State use only)

- **Name of Asbestos Abatement Contractor:** Paragon Contracting, Inc.  
  - **Address:** 590 River Rd.  
  - **City, State, Zip Code:** Clifton, NJ 07014

- **Name of Building Owner/Operator:** Church of Sacred Heart  
  - **Address:** 171 Clifton Ave.  
  - **City, State, Zip Code:** Newark, NJ 07104

- **Name of Contact:** Chris Tomlin

---

### OCCUPANCY STATUS DURING ABATEMENT

- **Check only one:**  
  - **Facility closed/exempted during entire period of abatement**
  - **Abatement performed outside of normal facility hours.**
  - **Other-Describe (Must be described on attached sheet):**

### SCOPE OF WORK (Check all that apply)

- **Demolition**
- **Renovation**
- **Full Containment (with negative pressure)**
- **Multi-slab/sole method**
- **Non-Exempted (Non-Removable)**

---

### LOCATION OF ASBESTOS-CONTAINING MATERIALS

- **Basement Boiler Room**
  - **Location:** is location normally used solely by maintenance/ custodial staff
  - **N/A**
  - **Yes**
  - **No**
  - **Pipe Elbows**
  - **Amount (in lbs):** 5 EA

---

### COMPLETED DATA

- **Date:** 12/27/2013
- **Title:** President
- **Signature:**
- **Date:** 12/27/2013

---

**Waiver Approved**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1:10)

Date of Notification (1): 12/30/13

Name of Building Owner/Operator (2): [Name]

Agency Notified (11): [EPA, DEP, DOL, DOH, DCA]

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

Street Address: 225 Freeport Ave.

City, State, Zip Code: Woodbine, N.J. 08270

Name of Abatement Contractor (9): Klemco, Inc.

County (3): Cape May

County Code (1) (STATE USE ONLY): [Code]

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

ASCU No.: [Number]

Name of Registered Waste Hauler: Klemco, Inc.

Name of Registered Landfill: C.M.C., M.U.A.

Cm. State: Woodbine, N.J. 08270

Suit Address: [Address]

City, State, Zip Code: [City, State, Zip]

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

Square Feet: 1000

No. of Floors: 2

Blog Age: 40

Current Use (Prior to being demolished): [Vacant]

Occupy Status During Abatement (Check only one): [Facility Closed/Vacated During Entire Period of Abatement, Other - Describe]

Facility Performed Outside of Normal Facility Hours: [Yes, No, N/A]

Scope of Work (Check all that apply): [23 SF of 2311, 2160 SF or 2260 SF, Renovation, Demolition, Full Containment with Negative Pressure, Wet Enclosure, Glovebag Procedure, Non-Exposed ("O") and Non-Inside 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]

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

Amount (Specify SF or LV): [1400 SF, 1400 LV, X]

Name of Registered Waste Hauler: Klemco, Inc.

Name of Registered Landfill: C.M.C., M.U.A.

Cm. State: Woodbine, N.J. 08270

Signature: [Signature]

Date: 12/30/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/14</td>
<td>SHERRI COURTNEY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<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>3216 PARK AVE</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3216 PARK AVE.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>SOUTH PLAINFIELD</th>
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</thead>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>MIDDLESEX</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA LEAD PROFESSIONALS</td>
<td>6 WHITE DOVE COURT</td>
<td>732-868-9078</td>
<td>1200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/13/14</td>
<td>1/14/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only)</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>No</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR TILES</td>
<td>500SF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>4</td>
<td>IESI</td>
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<table>
<thead>
<tr>
<th>City, State, NJ</th>
<th>Disposal Date (14)</th>
<th>City, State,</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>1/14/14</td>
<td>BETHLEHEM PA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-27-13</td>
<td>James Herring</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[X] Initial Notice</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Amended Notice</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Castle Howard Ct.</td>
<td>James Herring</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>Same as above</td>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>[X] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>Essex</th>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Newark</td>
<td></td>
<td>NJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm hired by Building</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AZTECH MANAGEMENT, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>86 Christopher St.</td>
<td>(973) 744-8800</td>
<td>00371</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9-14</td>
<td>1-14-14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>[X] Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</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>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] 3 sf or &gt; 3 lf</td>
</tr>
<tr>
<td>[ ] 160 sf or &gt; 260 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Pipe Insulation</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>110 1f</td>
<td>X</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>X</td>
<td>165 1f</td>
<td></td>
</tr>
<tr>
<td>Furnace Area</td>
<td>X</td>
<td>210 1f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste hauler LD No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZTECH MANAGEMENT, INC.</td>
<td>17040</td>
<td>1.5</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montclair, NJ 07042</td>
<td>1-15-14</td>
<td>G.R.O.W.S.</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Constantine Vivian</td>
<td>President</td>
<td>[Signature]</td>
<td>12-27-13</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
12/31/13

Name of Building Owner/Operator (2)  
A.K. Schreiber

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA  

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

Street Address  
1454 CANTERBURY ROAD

City, State, Zip Code  
LAKewood NJ 08701

Name of Contact  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

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

Square Feet  
1000

# of Floors  
1

Bldg. Age  

Current Use (Prior if being demolished)  
HOME

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVECOURT

City, State, Zip Code  
LAKewood, NJ 08701

Project Manager for Monitoring Firm  

Telephone No.  
732-668-9078

License No.  
1200

Start Date (10)  
01/10/14

Scheduled Completion Date (11)  
01/13/14

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVECOURT

City, State, Zip Code  
LAKewood, NJ 08701

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  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (X) 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)  

Abatement Type  
□ Removal  
□ Repair  
□ Encapsulate  
□ Enclose

EXTERIOR SIDING  
X

SIDING  
X

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
10

Name of Registered Landfill  
IESI

City, State  
NEWARK, NJ

Disposal Date  
01/13/13

Completed by  
JOSEPH PERLSTEIN  
Owner

Signature  
Date  
12/31/13

* 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)
12/27/13 Ck:2957 $200

Name of Building Owner/Operator (2)
Dover Board of Education

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

Street Address
100 Grace Street

City, State, Zip Code
Dover, New Jersey 07801

Name of Contact
Bob Gomes

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North Dover Elementary School

Street Address
51 Highland Avenue

City (5)
Dover, New Jersey 07801

County (6)
Morris

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
20,000

# of Floors
2

Bldg. Age
55+

Current Use (Prior if being demolished)
High School

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
500 South Broad Street

City, State, Zip Code
Glen Rock, New Jersey 07452

Project Manager for Monitoring Firm
Bruce Wolf

Telephone No. 201-652-1119

Start Date (10)
12/27/13

Scheduled Completion Date (11)
12/31/13

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

Scope of Work (Check All That Apply)
☒ 233 sf or ≤33 if
☒ 1600 sf or 2650 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Attic Near Gym X

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Asbestos Debris Clean Up 24 SF
CriticalBarriersNegativeAirHEPA

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
1/2

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

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

Disposal Date
01/03/14

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

City, State
Woodland Park, New Jersey 07424

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
12/27/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Building Owner/Operator</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Temp - 76 South Orange Avenue</td>
<td>Township of South Orange Village</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>City, State, Zip Code</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td>South Orange, N.J. 07079</td>
<td>Salvatore Renda</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>Telphone Number</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>name of Facility Where Abatement is Taking Place</td>
<td>South Orange Village Hall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>101 South Orange Avenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>South Orange</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>Hatch Mott MacDonald</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td>001140</td>
<td>Name of Abatement Contractor</td>
<td>Tricon Enterprises Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>27 Bleeker St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Millburn, N.J. 07041</td>
<td></td>
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</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Kevin Herrigthy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-912-2480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/14/14</td>
<td></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/19/14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other - Describe:</td>
<td></td>
<td></td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td>x Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x Non-Exempted (I) and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td>Description of Asbestos Containing Material (ACM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement crawlspace</td>
<td>x Pipe insulation</td>
<td>300 lf</td>
<td></td>
</tr>
<tr>
<td>Attic staircase</td>
<td>x Transite panels</td>
<td>150 sf</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Atlantic Carting Inc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>28085</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESE PA Bethlehem Landfill 2335 Applebutter Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, P.A. 10815</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>James Mahoney</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Project manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Signature | [Signature]
| Date | 12/30/13 |

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 12-27-13

Name of Building Owner/Operator (2) Denise Riordan

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOT
[ ] DCA
[ ] Initial Notification
[ ] Amended Notification
[ ] EMERGENCY
[ ] Cancellation

Street Address
527 Grove Street

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Denise Riordan

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

Square Feet 2400

FACILITY INFORMATION

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

City (5)

County (6)
Essex

County Code (7)
STATE USE ONLY

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

ASCM No.

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

Scheduled Start Date (10)
1-8-14

Completion Date (11)
1-9-14

Month Day Year

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

Scope of Work (Check all that apply)
[ ] 23 sf or 23 lf
[ ] 360 sf or >260 lf
[ ] Renovation
[ ] Demolition
[ ] Non-Per-Piable Procedure

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Basement

Pipe Insulation

25 lf

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No. 17040

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

City, State
Montclair, NJ 07042

Disposal Date
1-10-14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 12-27-13
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification (1)
12/24/2013

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPA</strong></td>
<td>Initial</td>
</tr>
</tbody>
</table>

### Street Address
PO Box 42

### City, State & Zip Code
Avon by the Sea, NJ 07717

### Telephone Number
**T**: 609-847-2956

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bricktown</td>
<td>Ocean</td>
<td></td>
</tr>
</tbody>
</table>

### Square Feet
1000

### # of Floors
1

### Bldg. Age
80

### Current Use (Prior if being demolished)
Residential

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

### License Number
01222

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

### Name of Abatement Contractor (9)
Alpha Environmental Services

### Project Manager for Monitoring Firm

### Telephone Number
609-847-2956

### Scheduled Start Date (10)
1/2/2014

### Scheduled Completion Date (11)
1/4/2014

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

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

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

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

### Name of Registered Waste Hauler
NJDSEP Waste Hauler ID No. 000333330

### Cubic Yards of Waste
4

### Name of Registered Landfill
Grows Landfill

### City, State
Morrisville, PA

### Disposal Date
City, State

### Various

### Name of Registered Landfill

### Date
12/24/2013

### Completed By (Print or Type)
Rod Richardson

### Title
Project Manager

### Signature
Rod Richardson

### City, State
Trenton, NJ
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/31/13

Name of Building Owner/Operator (2)
Karen Cheffee

 Agencies Notified
EPA
☑ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
107 Herbert Ave

City, State, Zip Code
Hamilton, New Jersey

Name of Contact
Karen

Facility Information

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

Street Address
107 Herbert Ave

City (5)
Hamilton

County (6)
Mercer

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

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

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

Square Feet
100

# of Floors
1

Bldg. Age
55 Yr

Current Use (Prior to being demolished)
Residence

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

NJDEP Waste Hauler ID No.
12066

Cubic Yards of Waste

Name of Registered Landfill
JESE

City, State
Colts Neck, New Jersey

Disposal Date
1-13-14

Abatement Type
Removal

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

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

Location
Basement

Is Location Normally Used Solely by Maintenance/Custodial Staff?
No

Description of Asbestos Containing Material (ACM)
Pipe Covering

Amount
50 LF

Abatement Type
Encapsulate

Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14

Date of Notification (1) | Name of Building Owner/Operator (2)
---|---
December 26, 2013 | RUTGERS, THE STATE UNIVERSITY OF NJ

 Agencies Notified |
- [ ] EPA
- [ ] DCA
- [ ] DOL
- [x] DEP - No Longer REQUIRED
- [ ] DOH

Notification Type |
- [ ] Initial Notification
- [ ] Amended Notification
- [ ] Emergency (Including justification)
- [ ] Cancelled

Street Address:
ENVIROVISION, INC.
20-21 WARGAROW ROAD
FAIRLAWN, NJ

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

Sq. Feet: N/A
# of Floors: 4
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CONKLIN HALL, BLDG# 7218

Street Address:
NEWARK CAMPUS

City (5) | County (6) | County Code (7)
---|---|---
NEWARK | ESSEX | (State Use Only)

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

ASCM No. | Name of Contractor (9)
---|---
0098 | GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
3 TERRI LANE
BURLINGTON, NJ 08016

City, State, Zip Code:
BUTLER, NJ 07405

Project Manager for Monitoring Firm |
BRIAN KEARNY

Telephone Number |
609-386-8800

Scheduled Start Date (10) |
01/17/14

Scheduled Completion Date (11) |
01/20/14

Name of OSHA Monitor

Street Address:
268 MAIN STREET
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 -
  Describe: Shift Hours: 5:00 PM – 5:00 AM
  (24 hours as needed)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff (12)
YES | NO NA

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

Amount (Specify SF or LF)

Abatement Type |
Remove, Repair, Encap, & Dispose

Room 239 | VAT |
---|---|

500 SF |

Name of Reg. Waste Hauler
See Hauler Below #1 & 2
NJDEP Waste Hauler ID # |
See Below

Cubic Yards of Waste: 15 CY
Name of Registered Landfill
G.R.O.W.S. North Landfill

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Disposal Date |
01/20/14

Hauler #2) STG – 58 Pyles Lane, New Castle, De 19720
NJ DEP # 20990
City, State |
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Completed by |
RAYMOND C. PEDALINO
Title |
SENIOR PROJECT MANAGER
Signature |
Raymond C. Pedalino
Date |
December 26, 2013

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14

Date of Notification (1)  
December 26, 2013  

Name of Building Owner/Operator (2)  
RUTGERS, THE STATE UNIVERSITY OF NJ

Agencies Notified  
☐ EPA  
☐ DCA  
☐ DOL  
☐ DEP No Longer REQUIRED  
☐ DOH

Notification Type  
☐ Initial Notification  
☐ Amended Notification  
☐ Emergency (including justification)  
☐ Canceled

Street Address  
ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code  
PISCATAWAY, NJ 08854

Name of Contact  
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
BLUMENTHAL HALL, BLDG # 7493

Street Address  
NEWARK CAMPUS

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCX No. 0098

Street Address  
3 TERRI LANE

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KEARNY

Telephone Number  
609-386-8800

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: Shift Hours: 6:00 PM - 8:00 AM (24 hours as needed)

Scope of Work (Check all that apply)  
☐ ≥ 3,000 sf or ≥ 3 If  
☐ ≥ 160 sf or ≥ 260  
☐ Renovation  
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES NO NA

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

Room 209  
VAT  

Cubic Yards of Waste:  
10 CY

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

Copies To:  
Rutgers, REHS, Attn: Mike Smith  
Cardno ATC, Attn: Brian Kearney

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

Disposal Date  
01/13/14

City, State  
100 New Ford Mill  
Morrisville, Pa  
19067

215-736-1700

Completed by (Print or Type)  
RAYMOND C. PEDALINO  
Title  
SENIOR PROJECT MANAGER  
Signature  
Raymond C. Pedalino  
Date  
December 26, 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
December 30, 2013

Name of Building Owner/Operator (2)
Joelaine construction

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

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

Street Address
668 Hyson Road

City, State, Zip Code
Jackson, NJ 08527

FACILITY INFORMATION

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

Street Address
1889 Route 9, Unit 61

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

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

Square feet
1000 sf

No. of Floors
1

Bidg. Age
60

Current Use (Prior if being demolished)
Residence

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

ASCN No.

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
12/31/2013

Scheduled Completion Date (11)
01/03/2014

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

Scope of Work (Check all that apply)
[ ] >3 sf or >3 If
[ ] Renovation
[ ] ≥160 sf or ≥260 If
[ ] Demolition
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in facility

Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

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

Amount (Specify SF or LF) 1150 sf

Abatement Type X

Enclosure

Removal
Repair
Encapsulation

Exterior X Asbestos siding

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 01/06/2014

City, State, Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title Project Manager

Signature

Date 12/30/13

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

State of New Jersey

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Miller Homes</td>
</tr>
</tbody>
</table>

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

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

Street Address
112 Giffordtown Lane
City, State, Zip Code
Tuckerton, NJ 08087

Name of Contact
Jim Miller
Telephone Number

**FACILITY INFORMATION**

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

Street Address
29 West Mohawk Rd.
City
Little Egg Harbor
County Code (7) (STATE USE ONLY)
Ocean

Square feet
1300 sf
# of Floors
1
Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

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

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

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9032
License Number
00624

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

Street Address
1056 Stelton Road
City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

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

<table>
<thead>
<tr>
<th>Is Location Normally used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Maintenance/Custodial</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1600 sf</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Exterior

Asbestos siding

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
01/06/2014

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager
Signature

Date
12/30/13

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

**RESUMES 01/02/2014**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/13</td>
<td>Seminary Urban Renewal</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**  
- EPA  
- DOL  
- DOH  
- DCA

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**  

- **Name of Facility where abatement is taking place (3):** Vacant Building
- **Street Address:**  
  - 46 College Avenue
- **City:** New Brunswick, NJ 08901
- **County:** Middlesex
- **County Code:** (State use only)
- **Name of Monitoring Firm Hired by Bldg. Owner (8):** The Louis Berger Group, Inc.
- **Name of Abatement Contractor (9):** B & G Restoration, Inc.
- **Street Address:**  
  - 105 Ryerson Road
- **City:** Lincoln Park, NJ 07035
- **Licensed Contractor:** Yes
- **License Number:** 00378
- **Current Use (Prior if being demolished):** Residential housing
- **Type of Facility:** Other

**RESUMED 01/02/2014**

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/2013</td>
<td>01/25/2014****</td>
</tr>
</tbody>
</table>

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

**Scope of Work (check all that apply):**  
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure
- 120 Albany Street
- City, State, Zip Code: New Brunswick, NJ 08901
- Name of Contact: Merissa Buczy

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

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

**SEE ATTACHED SHEET**

**ADDENDUM QUANTITATIVE**

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

**ADDED to PROJECT**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/13 - 01/27/14</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Gordana Luna</th>
</tr>
</thead>
</table>

**Title**: Secretary/Treasurer

**Date**: 12/31/2013
December 31, 2013

Re: One page attachment to 10-day notification for asbestos removal at 46 College Avenue, New Brunswick, NJ 08901.

Resume Start date: 01/02/2014

The following materials shall be abated:

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance / custodial staff</th>
<th>Description of ACM</th>
<th>Amount (LF or SF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>NO</td>
<td>Pipe insulation &amp; Assoc. mudded joints</td>
<td>525 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>NO</td>
<td>Scratch coat on brick furnace</td>
<td>150 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>NO</td>
<td>Compressed board above furnace</td>
<td>80 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st &amp; 2nd fl. restrooms</td>
<td>NO</td>
<td>12x12 floor tile</td>
<td>72 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2nd fl. restroom outside break room</td>
<td>NO</td>
<td>Tub &amp; wall caulking</td>
<td>2 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st fl. Office 104, 104A &amp; 104B</td>
<td>NO</td>
<td>Floor tile &amp; mastic</td>
<td>215 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st &amp; 2nd Fl. Offices</td>
<td>NO</td>
<td>Particle paper behind heaters</td>
<td>36 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Location of asbestos-containing material to be abated in facility</td>
<td>Is location normally used solely by maintenance / custodial staff</td>
<td>Description of ACM</td>
<td>Amount (LF or SF)</td>
<td>Remove</td>
<td>Repair</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>2nd fl.</td>
<td>NO</td>
<td>Electrical paper to light fixtures</td>
<td>10 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Exterior Façade</td>
<td>NO</td>
<td>Exterior window frame caulking</td>
<td>750 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2nd fl.</td>
<td>NO</td>
<td>Joint compound</td>
<td>410 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Rear roof</td>
<td>NO</td>
<td>Black roofing tar</td>
<td>190 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**State of NJ**

**Notification of Asbestos Abatement**

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

***ON HOLD***

**B & G proj. #: 2013-97H**

**Name of Building Owner/Operator:** Seminary Urban Renewal

**Street Address:** 120 Albany Street

**City, State, Zip Code:** New Brunswick, NJ 08901

**Name of Contact:** Merissa Buczy

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendement</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

**Street Address:** 46 College Avenue

**City:** New Brunswick, NJ 08901

**County:** Middlesex

**County Code:** M

**Name of Monitoring Firm Hired by Bldg Owner:** The Louis Berger Group, Inc.

**Street Address:** 412 Mount Kemble Avenue

**City, State, Zip Code:** Morristown, NJ 07960

**Project Manager for Monitoring Firm:** Craig Napoliello

**Scheduled Start Date:** 12/05/2013

**Sched. Completion Date:** 01/11/2014

**Occupancy Status During Abatement:**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Scope of Work (check all that apply):**
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Full nailable procedure
- Manual

**Location of asbestos-containing material to be abated in facility:**

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

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Encls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEE ATTACHED SHEET**

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

**Diaperal Date:** 12/05/13 - 01/13/14

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

**City, State:** Tullytown, PA

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

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 12/04/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
5/26/2013

Name of Building Owner/Operator (2)
MIDDLETOWN TENT

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address
3502 MALLARD LAKE DR

City, State, Zip Code
JOHNS ISLAND, SC 29455

Name of Contact
Mike

Facility Information

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

Square Feet
5,751

# of Floors
1

Bidg. Age
55+

Current Use (Prior if being demolished)
Home

Name of Facility Where Abatement is Taking Place (3)
336 17th St

City (5)
Ship Bottom, NJ 08085

County Code (6) (STATE USE ONLY)
05089

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Giberson Environmental LLC

Street Address
907 WILLOW AVE

City, State, Zip Code
PITTSBURGH, PA 15220

Project Manager for Monitoring Firm

Telephone No.
866-938-1343

License No.
01267

Contract No.

Start Date (10)
9/26/2013

Scheduled Completion Date (11)
10/19/2013

Occupy 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)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Haz trayable

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</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 SP or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Yes</td>
<td>surfacing (sidew)</td>
<td>728.5 FT</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
A GREENER RECYCLING

Cubic Yards of Waste
2

Name of Registered Landfill
GROVES

Disposal Date
10/19/2013

City, State
HAINTOWN, PA

Completed By
Fred Giberson

Title
Owner

Signature

Date
10/19/2013

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