State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 6 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Goya Foods, Inc. / Job #1412-4857 / CHEC #6844</td>
</tr>
<tr>
<td>Street Address</td>
<td>350 County Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07307</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Matthew Montour</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Goya Maintenance Garage</td>
</tr>
<tr>
<td>Street Address</td>
<td>390 New County Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Jersey City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EAS Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>426 69th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Guttenberg, NJ 07093</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Geiser Fajardo</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-724-8135</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1 / 19 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1 / 30 / 15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM; PM; AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥250 if</td>
<td>☑ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Entrance to Restroom, Lunch Room #4</td>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>Throughout</td>
<td>☑</td>
</tr>
<tr>
<td>Exterior</td>
<td>☑</td>
</tr>
<tr>
<td>4th Fl. Northern Offices</td>
<td>☑</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18750</td>
</tr>
<tr>
<td>Cubic Yards of Waste (20)</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1/30/15</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwendolyn Trumbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td></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 5:16)

**Date of Notification (1)**
1 / 6 / 15

**Name of Building Owner/Operator (2)**
Goya Foods, Inc. / Job #1412-4857  Check #6914

**Name of Contact**
Matthew Montour

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
380 New County Road

**City (5)**
Jersey City

**County (5)**
Hudson

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

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

**ASCM No.**

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

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**Telephone No.**
609-285-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

---

**Project Manager for Monitoring Firm**
Geiser Fajardo

**Telephone No.**
201-724-8135

**Start Date (10)**
1 / 19 / 15

**Scheduled Completion Date (11)**
1 / 30 / 15

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

---

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Location**

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

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
20

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

**City, State**
Lumberton, NJ

**Disposal Date**
1/30/15

**City, State**
Tullytown, PA

**Date**
11/15

---

**Scope of Work (Check all that apply)**
- [ ] ≥ 300 sf or ≥ 3,000 sf
- [ ] ≥ 1,600 sf or ≥ 260 sf

**Location**

**Type**

**Name**

**Signature**

---

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

---

**Title**
Operations Coordinator

**Signer**

**Date**
11/15

---

**ASS-41**
MAY 11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 7 / 15
Name of Building Owner/Operator (2) WPG Rockaway Commons, LLC an Indiana LLC/ID 1601-1947 Chk. # 1397

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

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

Street Address
225 West Washington Street
City, State, Zip Code
Indianapolis, IN 46204
Name of Contact
Jim Stocks, PM
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Proposed DS&W

Street Address
343 Mt. Hope Avenue
City (5)
Rockaway
County (6)
Morris
County Code (7)(STATE USE ONLY)
Vacant

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
1430 Broadway 10th Floor
City, State, Zip Code
NY, NY 10018
Project Manager for Monitoring Firm
Dmitry Khimich
Telephone No.
212-221-7822

License No.
609-702-0400
00862

Start Date (10)
1 / 21 / 15
Scheduled Completion Date (11)
1 / 23 / 15

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☑ ≥160 sf or ≥260 ft

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

(2) Restrooms
☐ ☐ ☒ Floor Tile and Mastic
260 SF
☐ ☐ ☐

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endurable

Name of Registered Waste Hauler
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No.
02265
Cubic Yards of Waste
5
Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ
Disposal Date
1/23/15
City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti
UPO Coordinator

Signature

Date
1-15-15

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

Date of Notification (1) 1 / 7 / 15
Name of Building Owner/Operator (2) WPG Rockaway Commons, LLC an Indiana LLC #1551-1947 Chk. #3891

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #________
☐ Emergency (including justification)
☐ Cancellation

Street Address
225 West Washington Street
City, State, Zip Code
Indianapolis, IN 46204

Name of Contact
Jim Stocks, PM
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Proposed Nordstrom Rack

Street Address
343 Mt. Hope Avenue
City (5)
Rockaway
County (8)
Morris

County Code (7)(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
1430 Broadway 10th Floor
City, State, Zip Code
NY, NY, 10018

Project Manager for Monitoring Firm
Dmitry Khichin

Telephone No.
212-221-7822

Vendor License Information

License No.
609-702-0400

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
3655 Sylon Boulevard
City, State, Zip Code
Hainesport, NJ 08036

Start Date (10) 1 / 21 / 15
Scheduled Completion Date (11) 1 / 26 / 15

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

Scope of Work (Check all that apply)
☐ 600 or more sf
☐ 400 to 600 sf
☐ 200 to 400 sf
☐ 100 to 200 sf
☐ 50 to 100 sf
☐ 50 sf or less

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

1st and 2nd floor
Floor Tile and Mastic 4,130 SF

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
8

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
1/29/15

City, State
Morristown, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date 1-7-15

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

(Pursuant to NJAC 8:1A and 13:21D)

**Date of Notification (1):** Jan 5, 2015

**Name of Building Owner/Operator:** Pop Realty Corp

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

**Street Address:** 275 Highway 22, #44

**City, State, Zip Code:** Springfield, NJ 07081

**Name of Contact:** (signature)

**Name of Building Owner/Operator:** Pop Realty Corp

**Initial**

**State Health & Senior Services**

**Street Address:** 275 Highway 22, #44

**City, State, Zip Code:** Springfield, NJ 07081

**Date:** 1/5/15

**Name of Contact:** (signature)

**Date:** Jan 5, 2015

**Facility Information**

**Name of Facility Where Abatement Is Taking Place (3):** Commercial Bldg for Demo

**Commercial Bldg for Demo**

**Street Address:** 28 W. 22 East

**City:** Springfield

**County:** Union

**Square Feet:** 36,000

**Current Use:** Prior to being demolished

**License No.:** 01193

**Telephone No.:** 9737087360

**Telephone No.:** 8754448478

**Start Date (10):** Jan 7, 2015

**Occupancy Status During Abatement:** Occupied

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement, 1st, &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td></td>
<td></td>
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</tbody>
</table>

**Name of Abatement Contractor:** Lenzica Management Corp

**Name of OSHA Monitor:** Lenzica Management Corp

**Street Address:** 22 Troy Lane

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

**Project Manager for Monitoring Firm:**

**Telephone No.:** 9737087360

**Telephone No.:** 8754448478

**License No.:** 01193

**Start Date (10):** Jan 7, 2015

**Occupancy Status During Abatement:** Occupied

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement, 1st, &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td></td>
<td></td>
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**Location Normalized:**

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<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement, 1st, &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Name of Registered Landfill:**

**Name of Registered Waste Hauler:**

**Name of Registered Landfill:**

**Disposal Date:** TBD

**GROWS Landfill**

**Disposal Date:** TBD

**Name:** Rivco Transport

**City, State:** Rivendale, NJ

**Name:** E. Cirvolo

**Title:** Secretary

**Date:** Jan 5, 2015

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

Date of Notification (1)     1-07-2015
Name of Building Owner / Operator (2)
Township of Parsippany-Troy Hills

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

Street Address
1001 Parsippany Blvd
City, State & Zip Code
Parsippany, NJ 07054

Name of Contact
Mr. Joe Jannorone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Craftsman Farms-Garage

Street Address
2352 New Jersey 10

City (5)         County (6)       County Code (7)
Morris Plains, NJ   Morris

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

Name of Abatement Contractor (9)
Resource Management Group, LLC
Street Address
2115 Hamilton Ave, Suite 202

City, State & Zip Code
Trenton, NJ 08619

Project Manager for Monitoring Firm

Telephone Number
856-547-0505

License Number
01185

Scheduled Start Date (10)     1/20/2015
Scheduled Completion Date (11) 2/3/2015

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed During 1st Shift
   Describe: 9:00am to 5:00pm
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 ft
☒ 160 sf ≥260 ft
☐ 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)
Pipe Insulation

Amount (Specify SF or LF)
100 LF

Abatement Type

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

Date
01/07/2015
**State of New Jersey**

**Notification of Asbestos Abatement**

**2015 JAN-9 PM 9:27**

**RECEIVED**

- **Name of Building Owner/Operator:** Medford Lees Retirement Community
- **Street Address:** 1 Medford Lees Way
- **City:** Medford
- **County:** Burlington
- **Name of Abatement Contractor:** Shade Environmental, LLC
- **Address:** 223 Cutler Avenue, Maple Shade, NJ 08052
- **Name of Waste Handler:** Western Berks Community Landfill

**FACILITY INFORMATION**

- **Facility Name:** Medford Lees Retirement Community
- **Square Feet:** 10,000
- **Current Use:** Retirement Community
- **License No.:** 00842

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

- [X] Demolition
- [X] Renovation
- [X] Full Containment with Negative Pressure
- [X] Man-Evacuation
- [X] Cave-in Procedure
- [X] Non-Evaporative

**Abatement Type:**

- [X] K

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify BF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Building</td>
<td>XOX Linoleum Flooring</td>
<td>500 SF</td>
</tr>
</tbody>
</table>

**Disposal Date:** 1/12/2015

**Completed by:** Christina Lynch

**Title:** Operations Manager

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

Date of Notification (1) 01 / 05 / 15

Name of Building Owner/Operator (2) Clive Saunders

Agencies Notified
☐ EPA
☐ DOLWD
☐ D-SS
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address 415 Richmond Avenue
City, State, Zip Code South Orange, NJ 07079

Name of Contact
Clive Saunders
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address 415 Richmond Avenue
City (8) South Orange, NJ 07079
County (6) Essex
County Code (7) (STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.
Gr Tech LLC

Street Address 576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

License No. 973-638-1777

Start Date (10) 01 / 14 / 15
Scheduled Completion Date (11) 01 / 15 / 15

Name of OSHA Monitor

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

Time of Abatement
AM
PM
AM
PM

Scope of Work (Check all that apply)
☐ > 3 sf or > 3 Lf
☐ 100 sf or > 250 Lf

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

Yes
No
N/A

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

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

Amount (Specify GT or LF)

Abatement Type

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

Repair

Repair

Enclose

Enclose

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Fair Lawn, NJ 07410

Disposal Date TBD

Completed By (Print or Type)
N. Jevtic

Title Owner

Signature

Date 01/05/2015

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

**Date of Notification (1):**
1/6/15

**Name of Building Owner/Operator (2):**
Karon Miller Private Home

**Street Address:**
22 Illinois Avenue

**City, State, Zip Code:**
Port Monmouth NJ 07758

**Name of Contact:**
Dave

**TelephoneNumber:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
Karon Miller Private Home

**Street Address:**
22 Illinois Avenue

**City (5):**
Port Monmouth NJ 07758

**County (6):**
Monmouth

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
Parnaco Inc.

**Street Address:**
PO Box 329

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

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**License No.:**

**Start Date (10):**
1/7/15

**Scheduled Completion Date (11):**
1/9/15

**Occupancy Status During Abatement (Check Only One):**

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

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

- ≥3 sf or ≥3 if
- ≥100 sf or ≥260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Floor Tile</td>
<td>128 SF</td>
</tr>
<tr>
<td>Porch</td>
<td>Floor Tile</td>
<td>96 SF</td>
</tr>
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**Name of Registered Waste Hauler:**
United Containers

**Disposal Date:**
1/9/14

**City, State:**
Morrisville PA 19067

**Completed by:**
Anthony T Perna

**Title:**
President

**Signature:**

---

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

### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
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<th>Date of Notification (1)</th>
<th>1-2-15</th>
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</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Twin Wall Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>2911 Route 37</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rose Guglielmi</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>7th 7th Auc</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ortley Beach, NJ 08751</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
</tbody>
</table>

### Abatement Contractor (9)

| Name of Abatement Contractor (9) | EPC Technologies Inc |
| Street Address                   | P.O. Box 337        |
| City, State, Zip Code            | New Egypt, NJ 08533 |

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

| 25 sf or 25 ft² | X Renewal Demolition |

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

<table>
<thead>
<tr>
<th>Location Normally Located Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Exterior, Siding Shingles</td>
<td>1800 SF X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
</table>

### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
<th>Moonachie, PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>1-2-15</td>
</tr>
</tbody>
</table>

### Notes

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

Date of Notification (1) 1-6-14

Name of Building Owner/Operator (2) Shaun Braue

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

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

Street Address 114 Central Avenue 2015 JAN-9 PM 8:42

City, State, Zip Code Caldwell, NJ, 07006

Name of Contact Shaun Braue

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

City (5) Essex County (6) County Code (7) (STATE USE ONLY)

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

Square feet # of Floors Bldg. Age

1700 2 94

Current Use (Prior if being demolished)

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

Name of OSHA Monitor N/A

Project Manager for Monitoring Firm Telephone Number

March Day Year

15-14 16-14

Scheduled Start Date (10) Sched. Completion Date (11)

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check one only)

[X] Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:<Off Hours Describe>

Scoops of Work (Check all that apply)

[X] Repair

[X] Demolition

[X] Renovation

[X] Non-Friable Procedure

[X] Pull Containment with Negative Pressure

[X] Clovebag Procedure

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

In Facility Yes No N/A

(13)

Location Normal Use

Solvent/Soil Normal Use

By Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

REMOVAl

REPAIRS

ENCAPsULAtION

ENCLOSURE

Basement X Pipe Insulation 140 lf X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

City, State Montclair, NJ 07042

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

Disposal Date 1-19-14

City, State Morrisville, PA 19067

Title

Constantine Vivian

Signature

Date 1-6-14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/6/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BASF</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>25 MIDDESEX ESSEX TPK</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ISELIN, NJ 08830</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TOM S00000000</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>BASF</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 MIDDESEX ESSEX TPK</td>
</tr>
<tr>
<td>City (5)</td>
<td>ISELIN</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EMC</td>
</tr>
<tr>
<td>Street Address</td>
<td>ESS WEST SHORE TRAIL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPAITA, NJ 07871</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>R. KELLER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-651-2041</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/20/2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/25/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE PANEL 120 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>FERMAR SYSTEMS INSULATION 320 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. MAIORANO</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>MAIORANO</td>
</tr>
<tr>
<td>Date</td>
<td>1/6/15</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1):**
10/29/14

**Name of Building Owner/Operator (2):**
Novus Fine Chemicals, PM 8:42

**Street Address:**
So Cranwood Avenue

**City, State, Zip Code:**
South Plainfield, N.J. 07080

**Name of Contact:**
Ivan Dolan, Tolo

**FACILITY INFORMATION**

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

**Street Address:**
426 Orchard St

**City (6):**
Callstadt

**County Code (7):**

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
AMAC Contracting Inc.

**Street Address:**
105 Lowell Road

**City, State, Zip Code:**
Glen Rock, NJ 07452

**Telephone No.:**
(201) 282-5441

**License No.:**
00156

**Project Manager for Monitoring Firm:**

**Name of OSHA Monitor:**
CMAGS Environmental Services Inc.

**Street Address:**
280 Huyler Street

**City, State, Zip Code:**
Hackensack, NJ 07605

**Start Date (10):**
11/19/14

**Scheduled Completion Date (11):**
12/31/14

**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:

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

- [ ] 98 sq or 23 ft
- [ ] ≥160 sq or ≥2600 ft

- [ ] Renovation
- [ ] Demolition

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

**Description of Asbestos Containing Material (ACM):**
SEE ATTACHED SCHEDULE

**Quantified Items Only:**

**Name of Registered Landfill:**
IESI PA Bethlehem Landfill Corp.

**City, State:**
Bethlehem, PA 18015

**Name of Registered Waste Hauler:**

**Rovic Transport**

**Waste Hauler ID No.:**
20785

**Cubic Yards of Waste:**
150

**Disposal Date:**
11/20/14

**Completed by:**
Joseph Vocastro

**Title:**
Vice President

**Signature:**

**Date:** 10/29/14

*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) January 5, 2015

Name of Building Owner/Operator (2) Debbie Nowakowski

Name of Contact Debbie Nowakowski

FACILITY INFORMATION

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

Street Address 62 Archer Avenue South

City Bayville

County Code (6) Ocean

County Code (7) (STATE USE ONLY) ASCM No.

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

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 732-349-9932

License Number 00624

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

Square feet 1200 sf

# of Floors 1

Bldg. Age 60

Current Use (Prior if being demolished)
Residence

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10) 1/6/15

Scheduled Completion Date (11) 1/8/15

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)
[ x ] >3 sf or ≥23 if
[ ] ≥160 sf or ≥200 sf
[ ] Renovation
[ x ] Demolition

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

In facility (13)

YES NO N/A

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

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

Amount (Specify SP or LF)

Abatement Type

REMOVAL REPAIR ENCAPSULE ENCLOSURE

Exterior X Asbestos siding

1000 sf X

Cubic Yards of Waste 3

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

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Disposal Date 1/9/15

City, State Toms River, New Jersey

Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Project Manager

Signature

Date 1/5/2015

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

Date of Notification (1) 1/2/15

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

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

Type of Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Street Address
PO Box 5042

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Chris Rossi

Telephone Number

---

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garden State Parkway Service/Maintenance Building (Bldg. 314)

Street Address
GSP – Mile Post 143 (North)

City (5)
Union

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

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

Street Address
323 Changebridge Road

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
732-330-5858

License Number
973-575-8700

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22W

City, State, Zip Code
Union, NJ 07083

---

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
1/12/15

Sched. Completion Date (11) 1/31/15

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: partially vacant

Scope of Work (Check all that apply)

[ ] Demolition

[ ] ≥3 sf or ≥3 if

[ ] ≥160 sf or ≥260 if

[ ] Renovation

[ ] Full Containment with Negative Pressure

[ ] Mini – Enclosure

[ ] Glovebag Procedure

[ ] Non – Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Main floor | Floor mastic and cleanup of entire area | 4800 SF |
| Main floor | TSI | 5 LF |

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
1

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
1/30/15

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
1/2/15

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
1/6/15

EPA
DEP
DOH
DCA

Agency Notified:

Type Notification:
Initial
Amended
Amendment 
Consolation (including
Emergency
justification)

Name of Building Owner/Operator (2):

Corinellio Residence

Street Address:
214 East Ave

City, State, Zip Code:
Day Head, New Jersey

Name of Contact:
Gloria

Telephone Number:

FACILITY INFORMATION

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

Street Address:

City:
Day Head

County (9):
Ocean

County Code (7) (STATE USE ONLY):

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

ASCN No.:

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

Street Address:
95 Montrose Road

City, State, Zip Code:
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm:

Telephone No.:
732-294-1757

License No.:
00028

Start Date (10):
1/6/15

Scheduled Completion Date (11):
1/6/15

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):

Reno-Wall Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Graveling Procedure

Non-Exempted (C) and Non-Fireable Procedure

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

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or

other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

Endorse

Removal

Repair

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

City, State:
Colts Neck, New Jersey

Waste Hauler ID No.:
12088

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill:
IESI

City, State:
Easton, PA

Completed by:
Bree McGuire

Title:
Secretary Treasurer

Signature:

Date:
1/6/15

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 9:6E and 12:130)

Date of Notification (1) 1/1/15

Name of Building Owner/Operator (2)
Cindy + Joseph Ponzio

Street Address
19 Osborne Place

City, State, Zip Code
Sec. Bright, N.J., 07722

Name of Contact
Frank

FACILITY INFORMATION

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

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

Square Feet
200

County Code (6)
(MARSHAL)

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
98 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

Telephone No.
732-294-1737

License No.
00029

Project Manager for Monitoring Firm

Name of OSHA Monitor

Start Date (10)
1/1/15

Scheduled Completion Date (11)
2/1/15

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
2,000 sf or less

Renovation

Demolition

Full Containment with Negative Pressure

Grooving Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

MIA

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

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

City, State
Colts Neck, N.J.

Disposal Date

Name of Registered Landfill

City, State

Completed by
Bree McGuire
Title
Secretary Treasurer
Signature

Date

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