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

Date of Notification (1) 01/15/20

Agencies Notified
EPA
DEP
DOH
DOL
DCA

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

Name of Building Owner/Operator (2)
MATS CONSTRUCTION

Street Address
14 IRENE CT

City, State, Zip Code
LAKESIDE NJ 08701

Name of Contact
MATS CONSTRUCTION

Telephone Number
732-905-4494

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Lakewood

County (6)
Ocean

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKESIDE, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

License No.
1200

Start Date (10)
01/27/2020

Scheduled Completion Date (11)
01/28/20

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)

≥3 sf or ≥3 if
≥160 sf or ≥2260 sf
Renovation
Demolition

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

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

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

Amount (Specify SF or Lb)
Abatement Type

Exterior
SIDING
TILE

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
12

Name of Registered Landfill
IESI

Disposal Date
01/28/20

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
01/15/20

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

**State of New Jersey**

**Date of Notification (1)**  
01/15/20

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

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

**Type Notification**  
- [x] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (Including justifications)  
- [ ] Cancellation

**Street Address (3)**  
40 Deforest Ave.

**City, State, Zip Code (4)**  
East Hanover, N.J. 07936

**Name of Contact (5)**  
Dina Caravella

**Telephone Number (6)**  
973 884-4900

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (7)**  
[Redacted]

**Project Manager for Monitoring Firm**  
[Redacted]

**Start Date (10)**  
01/28/20

**Scheduled Completion Date (11)**  
02/11/20

**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] ≥30 sf or ≥30 if
- [x] ≥160 sf or ≥260 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**  
In Facility (13)

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**  
No

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

**Amount (Specify SF or LF)**  
20

**Abatement Type**  
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**INTERIOR**

**Name of Registered Waste Hauler**  
NEWARK CARTING

**NJDEP Waste Hauler ID No.**  
04509

**Cubic Yards of Waste**  
20

**Name of Registered Landfill**  
IESI

**City, State**  
NEWARK, NJ

**Disposal Date**  
02/11/20

**City, State**  
BETHLEHEM PA

**Completed by**  
JOSEPH PERLSTEIN

**Title**  
OWNER

**Signature**  
01/15/20

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

ASBESTOS

CARLSTADT, NJ

Exterior (1st and 2nd Floor): 7 Window Glazing 11SF
Exterior (1st and 2nd Floor): 21 5x3 Window Caulk 30SF
1st Floor Office: 12" floor tile and mastic 754SF
Basement, Right Storage: 9: Floor tile and mastic 280SF
Garage, Roof: Asphalt Roof Shingles, Bottom and Top Layer 374SF
Main Building, Front Canopy: Tar Coat on Metal 189SF
Main Building Roof: Roofing 952SF
Roof Parapet: Roof Flashing 210SF
Angled Roof: Asphalt Roof Shingles 140SF
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 14 / 20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>DOLWD</th>
<th>DOH</th>
<th>DCA (NJAC 5:23-8)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
</tr>
</thead>
</table>

| Street Address | |
|----------------||

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Reading, MA 01867</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Don Gray</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Don Gray</th>
</tr>
</thead>
</table>

## FACILITY INFORMATION

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

| Street Address | |
|----------------||

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Lavallette</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1889 Route 9, Unit 61</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08755</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>01 / 24 / 20</th>
<th>Scheduled Completion Date (11)</th>
<th>01 / 27 / 20</th>
</tr>
</thead>
</table>

### 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/_______PM-_______AM

### Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Abatement Type
  - Removal
  - Repair
  - Encapsulate
  - Ensurde

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>1200 sf</th>
</tr>
</thead>
</table>

### Name of Registered Waste Hauler
Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20223</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>3</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>01/27/20</th>
</tr>
</thead>
</table>

### Completed By (Print or Type)
Nicholas Fernicola

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

* Do not use this form for asbestos linings/encapsulated activity.

ASB-41

JAN 17 2020
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>1/9/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Corrados Family Affair of Brick</td>
</tr>
<tr>
<td>Street Address</td>
<td>1930 NJ 88</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Brick, NJ 08724</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Marco Dragone</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-390-2897</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Former Supermarket |
| Street Address | 1930 NJ 88 |
| City (5) | Brick |
| County (6) | Ocean |
| County Code (7) | |
| Name of Monitoring Firm Hired by Building Owner (8) | The Vertex Companies |
| Street Address | 700 Turner Industrial Way |
| City, State & Zip Code | Aston, PA 19014 |
| Project Manager for Monitoring Firm | Dave Turowsky |
| Telephone Number | 610-568-8902 |
| Scheduled Start Date (10) | 1/23/20 |
| Scheduled Completion Date (11) | 2/4/20 |
| Occupancy Status During Abatement (Check only one) | X Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours - Describe: | Other - Describe: |
| Scope of Work (Check all that apply) | Demolition X Renovation X Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM |
| X Quantity is ≥ 160 SF or ≥ 280 LF ACM | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| Amount (Specify Square Feet or Linear Feet) | |
| Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | X Full Containment with Negative Pressure |
| Mini-Enclosure | |
| Glove-bag Procedure | |
| Other: Clean up | |
| Main Floor Area | N/A |
| Floor mastic | 20,800 SF |
| Name of Registered Waste Hauler | Freehold Carting |
| NJDEP Waste Hauler ID # | 18593 |
| Cu. Yds. of Waste | 40 |
| Name of Registered Landfill | Fairless Landfill |
| City, State | Fairless Hills, PA |
| Disposal Date | 2/4/20 |
| Completed By (Print or Type) | Dominick Tringali |
| Title | Manager |
| Signature | Dominick Tringali |
| Date | 1/9/2020 |
State of New Jersey  
NOTIFICATION OF ABSESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1) 1/2/19  
Name of Building Owner/Operator (2) KINNEY BUILDING ASSOCIATES, LLC  

Agencies Notified  
- EPA  
- DEP  
- DCL  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Evaluation (Insulating)  
- Cancellation  

Street Address  
KINNEY BUILDING  
770 BROAD STREET  

City (3) NEWARK  
County (4) ESSEX  
Name of Facility Where Abatement is Taking Place (5)  
Type of Facility (6)  
- School (K-12)  
- Subchapter B (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  

Name of Monitoring Firm Hired by Building Owner (7)  
ACSM No.  
A. Mac Contracting Inc.  

Name of Abatement Contractor (8)  
Name of OSHA Monitor  
Omega Environmental Servicers Inc.  

Soaps of Work (9)  
- Renovation  
- Demolition  

Location of Asbestos-Containing Material (AOM) TO BE ABATED in Facility (10)  
Location Normally Used Solely by Maintenance/Custodial Staff?  

<table>
<thead>
<tr>
<th>Location</th>
<th>AOM</th>
<th>Used Solely</th>
<th>Description of Asbestos-Containing Material (AOM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount Specified SI or LF</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>✗</td>
<td>✗</td>
<td>PLASTER</td>
<td>8,740 lb x</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>✗</td>
<td>✗</td>
<td>PIPE</td>
<td>330 lb x</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>✗</td>
<td>✗</td>
<td>PLASTER</td>
<td>920 lb x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting Inc.  

Name of Registered Landfill  
Grand Central Sanitary Landfill  

Disposal Date 1/2/19  
City, State Newark, NJ 07105  
Pen Argyl, PA 08072  

Completed by R. McDonald  
Title President  
Signature R. McDonald  
Date 1/2/19  

* 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) 1/26/19

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

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

Name of Building Owner/Operator (2) KINNEY BUILDING ASSOCIATES, LLC
Street Address 447 NORTHFIELD AVE.
City, State, Zip Code WEST ORANGE, NJ 07052
Name of Contact ANDREW
Telephone Number 973-743-4789

Name of Facility Where Abatement is Taking Place (3) KINNEY BUILDING

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 9' 200
# of Floors 12
Bldg. Age 106

Current Use (Prior to being demolished) VACANT AND 7-ELEVEN 1ST FLOOR

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) A. Mac Contracting Inc.

City, State, Zip Code MAssapequa, NY 11787
Telephone No. 201-282-5641
License No. 00168

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address 185 Vreeland Ave.
City, State, Zip Code Newton, NJ 07860

Scope of Work (Check All That Apply)
- 28 sf or 28 if
- 160 sf or 260 if
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (19)

- 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)

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting Inc.</td>
<td>04509</td>
<td>60</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

Complied by R. McDonald
Title President
Signature __________________________
Date 1/26/19

* Do not use this form for asbestos licensure exempted activities.
| **State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:1120) |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Notification (1):</strong> 1-10-20</td>
</tr>
<tr>
<td><strong>Agency Notified:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Type of Notification:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2):</strong> REUTER CONSTRUCTION</td>
</tr>
<tr>
<td><strong>Street Address:</strong> 959 N. BEECHAM RD</td>
</tr>
<tr>
<td><strong>City, State, Zip Code:</strong> WILLIAMSTOWN N.J. 08094</td>
</tr>
<tr>
<td><strong>Name of Contact:</strong> JON</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3):</strong> RESIDENCE</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
</tr>
<tr>
<td><strong>City (5):</strong> OCTAVE CITY</td>
</tr>
<tr>
<td><strong>County (6):</strong> CAPE MAY</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8):</strong> N/A</td>
</tr>
<tr>
<td><strong>ASCM No.:</strong></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9):</strong> KLEMCO INC</td>
</tr>
<tr>
<td><strong>Street Address:</strong> 369 S. SPRUCE AVE</td>
</tr>
<tr>
<td><strong>City, State, Zip Code:</strong> MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td><strong>License No.:</strong> 01371</td>
</tr>
<tr>
<td><strong>Telephone No.:</strong> 856-729-0472</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor:</strong> N/A</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code:</strong></td>
</tr>
<tr>
<td><strong>Start Date (10):</strong> 1-10-20</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11):</strong> 1-30-20</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check only one):</strong> Facility Closed/Vacated During Entire Period of Abatement:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Other - Describe:</strong></td>
</tr>
<tr>
<td><strong>Scope of Work (Check all that apply):</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):</strong> SIDING</td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maintenance/Custodial Staff? (12):</strong> No</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Transite</strong></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF):</strong> 2000 SF X</td>
</tr>
<tr>
<td><strong>Type of Abatement:</strong></td>
</tr>
<tr>
<td><strong>Name of Registered Waste Handler:</strong> KLEMCO INC</td>
</tr>
<tr>
<td><strong>Waste Handler ID No.:</strong> 590U</td>
</tr>
<tr>
<td><strong>Number of Yards of Waste:</strong> U</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill:</strong> MAPLE SHADE N.J.</td>
</tr>
<tr>
<td><strong>Completed By:</strong> MICHAEL VIGUER</td>
</tr>
<tr>
<td><strong>Title:</strong> PRES</td>
</tr>
<tr>
<td><strong>Signature:</strong> CHUCK W.</td>
</tr>
</tbody>
</table>
| **Date:** 1-10-20
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:66 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
1/14/20

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

**Type Notification**
- [x] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

**Agencies Notified**
- [x] Initial
- [ ] Amended
- [x] Emergency (including justification)
- [ ] Cancellation

**Street Address**
Manahawkin NJ 08055

**City, State, Zip Code**
Manahawkin NJ 08005

**Name of Contact**
Stacy

**Telephone Number**

- **FACILITY INFORMATION**
  - **Name of Facility Where Abatement is Taking Place (3)**
  - **City (5)**
  - **County (6)**

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

- **Name of Abatement Contractor (9)**
- **Pernaco Inc.**

- **License No.**
- **Street Address**
- **PO Box 329**
- **City, State, Zip Code**
- **West Berlin NJ 08091**

- **Project Manager for Monitoring Firm**
  - **Telephone No.**
  - **609-665-9984**

- **Start Date (10)**
  - 1/23/20

- **Scheduled Completion Date (11)**
  - 1/29/20

- **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)**
  - [x] ≥3 sf or ≥3 If
  - [x] ≥160 sf or ≥260 If

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

- **In Location Normally Used Solely by Maintenance/ Custodial Staff? (12)**
  - [x] Yes

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

- **Amount (Specialty SF or LF)**

- **Abatement Type**
  - **Endosilica**

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

- **Full Containment with Negative Pressure**
  - **Mini-Enclosure**

- **Glovebag Procedure**

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

- **Name of Registered Waste Hauler**
  - **United Roll Off**

- **Cubic Yards of Waste**
  - **3**

- **Disposal Date**
  - **1/23/20**

- **Name of Registered Landfill**

- **G.R.O.W.S.**

- **City, State**

- **Elm NJ**

- **Completed by**
  - **Anthony T Perna**

- **Title**
  - **President**

- **Signature**

- **Date**

- 1/14/20

---

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

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

**State of New Jersey**

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

Esther Wilson

**Date of Notification (1)**

1 / 13 / 20

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

A.E.S.L

**ASCM No.**

0021

**City (5)**

Bloomfield NJ 07003

**Street Address**

Bloomfield NJ 07003

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

Somerset

**Telephone Number**

Phone: 8421 Hegeman St

**Square Feet**

1541

**Type of Facility (4)**

Residential

□ School (K-12)

□ Subchapter 8 (Other than K-12)

□ Other (i.e., private and commercial buildings, homes, etc.)

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

Residential

**City, State, Zip Code**

Philadelphia PA 19136

**County Name**

Somerset

**County Code**

00

**License No.**

01328

**Telephone No.**

215 333-5117

**License No.**

215 333-5117

**Name of Abatement Contractor (9)**

CPR Environmental Service

**Telephone No.**

215 333-5117

**Name of OSHA Monitor (10)**

Same

□ Abatement Performed Outside of Normal Facility Hours - Describe

**Name of Registered Waste Hauler**

ASBESTOSTRANSPORTATION COMPANY

**Cubic Yards of Waste**

NSP Waste Hauler ID No.

S24310

**Name of Registered Landfill**

MINERVA ENTERPRISES LLC

**Cubic Yards of Waste**

Wynnewood PA 19096

**Name of Registered Landfill**

MINERVA ENTERPRISES LLC

**City, State**

Philadelphia PA 19136

**Disposal Date**

Same

**Number of Floors**

1

**Bldg. Age**

57

**Start Date (10)**

24 / 20

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

Yes

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

(VAT, thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

930 sf

**Abatement Type**

Abatement Date: 1/23/20

□ Removal

□ Repair

□ Encapsulate

□ Endorse

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

**Signed By**

**Signature**

Anthony Joren

Date: 1/13/20

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**
1/14/2020

**Name of Building Owner/Operator (2)**
480 S Democrat RD LLC

**Street Address**
480 S Democrat Road

**City, State, Zip Code**
Gibbstown, NJ 08027

**Name of Contact**
Greg Young

**Telephone Number**
610-804-2302

**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>Vancant Property</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>442 South Democrat Road</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Gibbstown</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Gloucester</td>
<td></td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td>3100</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bidg. Age</td>
<td></td>
</tr>
<tr>
<td>45+</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
Finog Environmental Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Diamond Huntbach Construction Corp.

**Street Address**
617 Stokes Road, Suite 4-318

**City, State, Zip Code**
Medford, NJ 08055

**Project Manager for Monitoring Firm**
Rebecca Rubnitz

**Telephone No.**
888-715-2211

**Scheduled Completion Date (11)**
1/31/2020

**Start Date (10)**
1/29/2020

**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)**

- [x] ≥3 sf or ≥3 if
- [ ] ≥150 sf or ≥260 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Spray SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>[x]</td>
<td>Yellow Linoleum</td>
<td>650 SF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste hauler**
Diamond Huntbach Construction Corp.

**NJDEP Waste Hauler ID No.**
0036777

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Western Bank Community Landfill

**City, State**
Philadelphia, PA

**Disposal Date**
as needed

**City, State**
Birdsboro, PA 19508

**Completed by**
Wayne Huntbach

**Title**
Project Manager

**Signature**

**Date**
1/14/2020

* 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) 01/13/2020

Name of Building Owner/Operator (2) Aidalize Perez

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

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

Name of Building Owner/Operator (2) Aidalize Perez

Street Address

City, State, Zip Code
Linden, NJ 07036

Name of Contact Aidalize Perez

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)  Linden

County (6)  Union

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

Name of Abatement Contractor (9) Danvic Contracting LLC

Street Address  240 South 5th St.

City, State, Zip Code  Elizabeth, NJ 07206

Project Manager for Monitoring Firm

Telephone No.
908-906-4123

Start Date (10) 01/25/2020

Scheduled Completion Date (11) 01/27/2020

Name of OSHA Monitor Iris Environmental Laboratories, Inc.

Street Address  2333 Route 22 West

City, State, Zip Code  Union, NJ 07083

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

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 lf
☐ >150 sf or ≥260 lf
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
15 LF

Abatement Type
☐ Removal  ☑ Repair  ☐ Encapsulation  ☐ Enclosure

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

Basement

Pipe Insulation

Name of Registered Waste Hauler
Danvic Contracting LLC

NJDEP Waste Hauler ID No. 37574

Cubic Yards of Waste 2

Name of Registered Landfill Fairless Landfill

City, State, New Jersey
Elizabeth, New Jersey

Disposal Date TBD
City, State Morrisville, PA

Completed by Jaymy Donneys Title Owner

Signature

Date 01/13/2020

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 3</td>
<td>Column 4</td>
</tr>
<tr>
<td>Column 5</td>
<td>Column 6</td>
</tr>
<tr>
<td>Column 7</td>
<td>Column 8</td>
</tr>
<tr>
<td>Column 9</td>
<td>Column 10</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Name of Building Owner/Operator (2):**
Federico Valenzuela

**Name of Contact:**
Federico Valenzuela

**FACILITY INFORMATION**

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

**Street Address:**

City (5)
Totowa NJ 07512

**City, State, Zip Code:**
Totowa NJ 07512

**County Code (7):**
N/A

**County (6):**
N/A

**Passaic**

**County Code (7): (STATE USE ONLY) N/A**

**Current Use (Prior if being demolished):**
Private Dwelling

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

**Square Feet:**
N/A

**# of Floors:**
N/A

**Bldg. Age:**
N/A

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

**Name of Abatement Contractor (9):**
Amax Contracting LLC

**Street Address:**
PO BOX 734

**City, State, Zip Code:**
Woodland Park NJ 07424

**Telephone No.:**
9730692-6298

**License No.:**
01286

**Name of OSHA Monitor:**
Amax Contracting LLC

**Street Address:**
PO BOX 734

**City, State, Zip Code:**
Woodland Park NJ 07424

**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):**
- [X] ≥ 3 sf or ≥3 if
- [ ] ≥ 100 sf or ≥200 if
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
In Facility (1)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>8 LF</td>
<td>[X]</td>
</tr>
<tr>
<td>Basement and crawl space</td>
<td>[X]</td>
<td>clean up residue on pipes</td>
<td>80 LF</td>
<td>[X]</td>
</tr>
<tr>
<td>basement stair and landing</td>
<td>[X]</td>
<td>VAT</td>
<td>20 SF</td>
<td>[X]</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>[X]</td>
<td>VAT</td>
<td>100 SF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Amax Contracting LLC

**NJDEP Waste Hauler ID No.:**
0036184

**Cubic Yards of Waste:**
4 CY

**Name of Registered Landfill:**
Fairless Hills

**City, State:**
Woodland Park NJ 07424

**Disposal Date:**
01-30-2020

**City, State:**
Morristown PA

**Completed by:**
Tome Maslarkov

**Title:**
Project Manager

**Signature:**

**Date:**
01-10-2020

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

Date of Notification (1)

1 / 15 / 20

Name of Building Owner/Operator (2)
Newark Portuguese Congregation of JW Job #: 2001-2534 Check#2217

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

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

Street Address
67 Mott Street

City, State, Zip Code
Newark, NJ 07105

Name of Contact
Daniel Kinross

Telephone Number
916-768-9509

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kingdom Hall

Street Address
57 Mott Street

City (5)
Newark

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Place of Worship

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

ASCM No.

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

Street Address
617 Stokes Rd #4-318

City, State, Zip Code
Medford, NJ 08055

Project Manager for Monitoring Firm
REbecca Rubnitz

Telephone No.
(856) 596-9994

License No.
00862

Employer Name
EMSL Analytical, Inc.

Street Address
1835 Underwood Blvd

City, State, Zip Code
Delran, NJ 08075

Start Date (10)
1 / 27 / 20

Scheduled Completion Date (11)
2 / 4 / 20

Scope of Work (Check all that apply)

☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
1,125 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Location of Asbestos-Containing Material (ACM)

IN Facility

Throughout

☒ Floor Tile

☐干wall
☐ Insulation
☐ Strip
☐ Carpet

Name of Registered Waste Hauler
Asbestos and Mold Services, Corp.

NJDEP Waste Hauler ID No.
0035680

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Delran, NJ

Disposal Date
2/4/20

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kaysl Gruner

Title
Office Assistant

Signature

Date
1-15-2020

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 01 / 14 / 20

**Name of Building Owner/Operator:** Debbie Hammell

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

**Type Notification:**
- Initial
- Amended
- Emergency (including justification)
- Cancellation

**Street Address:**

**City, State, Zip Code:** Delanco, NJ 08075

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Hammell Residence

**City:** Delanco

**County:** Burlington

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

**Square Feet:** 2,106

**# of Floors:** 2

**Bldg. Age:** 110

**Name of Abatement Contractor:** Shade Environmental, LLC

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

**Name of OSHA Monitor:** EMSL Analytical, Inc.

**Start Date:** 01 / 29 / 20

**Scheduled Completion Date:** 01 / 31 / 20

**Street Address:** PO Box 341

**City, State, Zip Code:** Chesterfield, NJ 08515

**Project Manager for Monitoring Firm:** Bill Weisgarber

**Telephone No.:** 609-298-4070

**License No.:** 00842

**License No.:** 00842

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

**Scope of Work:**
- ≥3 sf or ≥300 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**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):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>80 LF</td>
</tr>
</tbody>
</table>

**Abatement Type:**

- Removal
- Repair
- Encapsulate
- Endorse

**Location of Freehold Waste Hauler:**

**Name of Freehold Waste Hauler:** NJDEP Waste Hauler ID No. 15839

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Morrisville, PA

**Disposal Date:** 01/31/2020

**Completed By:**
- **Name:** Christina Fay
- **Title:** Vice President of Operations
- **Signature:**
- **Date:** 1/14/2020

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 13 / 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Building Homes for Heroes</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>✓ EPA</td>
<td>✓ Initial</td>
</tr>
<tr>
<td>✓ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>✓ DOH</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>4564 Austin Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Island Park, NY 11558</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Daniel Del Fava</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>407-603-1181</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>08052</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Management &amp; Enviro. Consulting Services</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>01 / 23 / 20</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>01 / 24 / 20</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/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 ≥260 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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Family Room, Stairs, &amp; 2nd Fl. Hall</td>
<td>Popcorn/Sheetrock Ceilings</td>
</tr>
<tr>
<td>336 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

- Family Room, Stairs, & 2nd Fl. Hall

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

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

**Amount (Specify SF or LF)**

- 336 SF

**Abatement Type**

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

**Name of Registered Landfill**

- Fairless Landfill

**City, State**

- Freehold, NJ

**Completed By (Print or Type)**

- Christina Fay

**Title**

- Vice President of Operations

**Signature**

- [Signature]

**Date**

- 1/13/2020

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

Date of Notification (1)
01/14/20

Name of Building Owner/Operator (2)
Element Response Team

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

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

Street Address

City, State, Zip Code

Name of Contact:
Element Response Team

Telephone Number
973-536-9283

FACILITY INFORMATION

Name of Facility/Model 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

# of Floors

Built Age

City (5)
Nutley

County Code (6)
Essex

COUNTY USE ONLY

Current Use (Prior if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (6)

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

ASCM No.

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
01/24/20

Scheduled Completion Date (11)
01/27/20

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

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)
☐ ≥ 30 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

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

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

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

Amount (Specify SF or LF)

Abatement Type

INTERIOR

PLASTER ON CEILING
90SF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
4

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
01/27/20

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
01/14/20

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

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

## 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>Ewing</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Mercer</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

### Name of Abatement Contractor

AAA LEAD PROFESSIONALS

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

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surfaceing, VAT, or other miscellaneous</td>
<td>90LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

AAA LEAD PROFESSIONALS

### Completion

Completed by JOSEPH PERLSTEIN

Title: OWNER

Signature: 01/14/2020

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

Date of Notification (1): 1/10/20
Name of Building Owner/Operator (2): JUSTIN LUCAS

Agencies Notified:
- ( ) EPA
- (x) DEP
- (x) DOL
- (x) DOH
- ( ) DCA

Type Notification:
- ( ) Initial
- ( ) Amendment
- ( ) Emergency
- ( ) Cancellation

Street Address: [Redacted]
City, State, Zip Code: WESTFIELD, NJ

Name of Contact: JUSTIN
Telephone Number: NA

FACILITY INFORMATION

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

Square Feet: NA
# of Floors: 2
Bldg. Age: NA

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

Current Use (Prior if being demolished):
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner:(8) BRIGGS ASSOCIATES
ASCM No.: NA

Name of Abatement Contractor (9):
GUILIANO ENVIRONMENTAL, LLC

Street Address: 3 CROSSWICKS STREET
City, State, Zip Code: BORDENTOWN, NJ 08505

Name of OSHA Monitor:
GUILIANO ENVIRONMENTAL, LLC

City Address: PO BOX 1124
City, State, Zip Code: SAYREVILLE, NJ 08871

Scope of Work (Check all that apply):
(X) > 3 sf or ≥ 3 ft
(X) ≥ 160 sf or ≥ 260 sf

(X) Renovation
(X) Demolition

(X) Full Containment with Negative Pressure
(X) Mini Enclosure
(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 Maintenance/Custodial/Staff? (12)

Yes No N/A

Name of Registered Waste Hauler:
NEWARK CARTING, INC
NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste:

Name of Registered landfill:
GRAND CENTRAL LANDFILL

Completed By:
Melinda Sobal
Title:  Admn. Asst
Signature: [Redacted]
Date: 1/10/20

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

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

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>40 LF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
01-10-2020

Agency Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment 
Emergency (including justification)
Cancellation

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Katrina Lautz

Telephone Number
973-303-3582

FACILITY INFORMATION

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

Type of Facility (4)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
Control Room

Name of Monitoring Firm Hired by Building Owner (8)

ASC No.
N/A

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

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank, NY 11980

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

License No.
01136

Start Date (10)
01-21-2020

Scheduled Completion Date (11)
03-21-2020

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

Abatement Performed Outside of Normal Facility Hours
Other – Describe: Electrical Cabinet

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if
≥160 sf or ≥290 if
Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Geotextile Procedure
Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility


Yes
No
N/A

Control Room

Arc Tape

36 if

Removal
Repair
Encapsulate
Endorse

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Veolia ES Technical Solution LLC

NJDEP Waste Hauler ID No
NJD080631369

Cubic Yards of Waste
2 yards

Name of Registered Landfill
EQ Wayne Disposal

City, State
Belleville, NJ

Completed by
Raymond Tutiven

Title
Supervisor

Signature
Raymond S. Tutiven

Date
01-10-2020

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