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

Date of Notification (1)
1/12/17

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

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

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

Street Address
475 Valley Rd

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Elaine Kuca

FACILITY INFORMATION

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

Street Address
10 West Rd.

City (5)
Wayne

County (6)
Passaic

County Code (7)
(State Use Only) 007

Square Feet
1500

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned

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

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

License No.
01228

Start Date (10)
1/23/17

Scheduled Completion Date (11)
1/25/17

Occuancy Status During Abatement (Check One Only)
- 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
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Endorse

Recapitulate

Name of Registered Waste Hauler
Yannuzzi Group

NJ/DEP Waste Hauler ID No.
17467

Cubic Yards of Waste
200

Name of Registered Landfill
Grows

City, State
Kinnelon NJ

Disposal Date
1/25/17

City, State
Morrisonville PA

Completed by
John Mucha

Title
Project Mang

Signature

Date
1/12/17

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 1/16/17

Name of Building Owner/Operator (2) Judy Calvanico

Address

Agencies Notified Type Notification

EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Street Address

City, State, Zip Code Belleville, NJ 07109

Name of Contact Judy Calvanico

Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Residential Home

Street Address

City (5)
Belleville

County Code (6)
Bergen

County (7)

Current Use (Prior if being demolished)
Residential Home

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

Name of Abatement Contractor (9) All Stages Abatement

Street Address

City, State, Zip Code Saddle Brook, NJ 07663

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 1/25/17

Scheduled Completion Date (11) 1/27/17

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8 A.M. - 4 P.M.

Scope of Work (Check All That Apply)
- 2,3 sf or 2,3 ft
- 2,160 sf or 2,200 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable Procedure

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

Location

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

Basement VAT 495 SF

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No. 04509
Cubic Yards of Waste 3 CU
Name of Registered Landfill IESI Landfill
Disposal Date TBD
City, State Bethlehem, PA

Completed by Richard Cristofol Title President
Signature Date 1/16/17

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
1/13/17

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

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

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

**Street Address**
212 Elizabeth Ave

**City, State, Zip Code**
Newark, NJ 07108

**Name of Contact**
Wayne

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Former American Building Fire Damaged

**Street Address**
212 Elizabeth Ave

**City (5)**
Newark, NJ

**County (6)**
Essex

**County Code (7)**

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

**Name of Abatement Contractor (9)**
Yannuzzi Environmental Services

**Street Address**
135 Kinnelon Rd suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Project Manager for Monitoring Firm**

**Telephone No.**
908-218-0880

**License No.**
01228

**Start Date (10)**
1/27/17

**Scheduled Completion Date (11)**
2/10/17

**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 s f or ≥3 l f
- [x] ≥160 s f or ≥260 l f
- [x] Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted *(1)* and Non-Friable Procedure

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

**In Facility**

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

- [x] Removal
- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler**
Yannuzzi Group

**Waste Hauler ID No.**

**Cubic Yards of Waste**
300

**Name of Registered Landfill**
Grows

**City, State**
Kinnelon, NJ

**Completed by**
John Mucha

**Title**
Project Manager

**Signature**

**Date**
10/17/16

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/16/17</td>
<td>Larry Wylie</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
IRVINGTON, NJ 07011

**City, State, Zip Code**
IRVINGTON, ESSEX, NJ 07011

**Name of Contact**
Larry Wylie

**Telephone Number**

**Name of facility where abatement is taking place (3)**
Larry Wylie

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm)</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>BASEMENT, boiler</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>40 ft</td>
</tr>
<tr>
<td>BASEMENT, boiler</td>
<td>No</td>
<td>BOILER INSULATION</td>
<td>40 sq ft</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT, boiler</td>
<td>No</td>
<td></td>
<td></td>
</tr>
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</table>

**Registered Waste Hauler**
D & S Restoration, Inc.

**Name of Abatement Contractor (6)**
D & S Restoration, Inc.

**Street Address**
20 California Ave.
PATERSON, NJ 07503

**City, State, Zip Code**
PATERSON, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue
PATERSON, NJ 07503

**City, State, Zip Code**
PATERSON, NJ 07503

**Full Containment w/negative pressure**

**Mini-enclosure**

**Glovebag procedure**

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

**Occupy Status During Abatement (Check only one)**
- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
  - Describe: NORMAL HOURS

**Start Date**
01/16/17

**Sched. Completion Date**
01/30/17

**Project Manager for Monitoring Firm**

**Phone Number**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**ASCM No.**

**Paterson, NJ 07503**

**Disposal Date**
01/17/17

**Name of Registered Landfill**
Tullytown, Resource Recovery

**City, State**
Tullytown, PA

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

**Title**
PRESIDENT

**Signature**

**Date**
01/12/2017
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Larry Wylie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility where abatement is taking place (3)</td>
<td>Larry Wylie</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (8)</td>
<td>Essex</td>
</tr>
<tr>
<td>County (9)</td>
<td></td>
</tr>
<tr>
<td>County Code (10)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm (Hired by Wlrd. Owner (3))</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>School (K - 12)</td>
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</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (Private/Commercial Bridges/Homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
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<tr>
<td># of Floors</td>
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</tr>
<tr>
<td>Bed Age</td>
<td></td>
</tr>
<tr>
<td>Current Use</td>
<td></td>
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</table>

**Type of Abatement (5)**

<table>
<thead>
<tr>
<th>Type of Abatement (5)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>PIPE INSULATION 40 ft</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

- X 12 ft or 24 ft
- X 180 ft or 280 ft
- X Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>40 ft</td>
<td></td>
</tr>
<tr>
<td>BASEMENT boiler</td>
<td>BOILER INSULATION</td>
<td>40 sq ft</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Wastewater Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Wastewater Hauler</th>
<th>M &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N J DEP Hauler ID</td>
<td>13506</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2 yrs</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>FULL CITY Resource Recovery</td>
</tr>
</tbody>
</table>

**Completed by (Pnt or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Bogdan Joldzic</td>
<td>01/12/2017</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 8:18)

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

**Name of Building Owner/Operator (2):** TA Properties

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

**Square Feet:** 1200

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

**Street Address:**
- [ ] Residential
- [ ] Commercial

**City (5):** Pennsauken, NJ 08110

**Current Use (Prior if being demolished):**
- [ ] Residential
- [ ] Commercial

**County (6):** Camden

**License No.:** 00493

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

**Telephone No.:** (609) 259-9688

**Start Date (10):** 1/31/17

**Scheduled Completion Date (11):** 2/3/17

**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 ≥33 sf
- [x] ≥160 sf or ≥250 sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**
- [x] Exterior
- [x] Transite Siding

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

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

**Amount (Specify SF or LF):**
- [x] 900 sf

**Abatement Type:**
- [x] Demolition

**Location of Registered Waste Hauler:** Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.:** 18292

**Cubic Yards of Waste:** 3 CU

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Allentown, NJ

**Disposal Date:** 2/3/17

**City, State:** Morrisville, PA

**Completed By:**
- [ ] Mahlon E. Stevens
- [ ] Project Manager

**Date:** 1/18/17

*Do not use this form for asbestos licensure exemptions activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
01/16/2017

Name of Building Owner/Operator (2)
Jeff Yeager

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

Street Address
[Redacted]

City, State, Zip Code
Verona, NJ 07044

Name of Contractor
Jeff Yeager

Facility Information

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

Street Address
[Redacted]

City (5)
Verona, NJ

County (6)
Essex

County Code (7)

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
J & S Environmental Laboratories

ASCM No.

Name of Abatement Contractor (9)
Continental Restoration Corp

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Telephone No.
908-206-0073

License No.
01268

Project Manager for Monitoring Firm
Sherrill Geisomino

Telephone No.
201-376-9308

Start Date (10)
01-26-17

Scheduled Completion Date (11)
01-27-17

Name of OSHA Monitor
J & S Environmental Laboratories

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

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
☒ ≥150 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 (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)

Yes No N/A

Name of Registered Waste Hauler
Continental Restoration Corp

NJDEP Waste Hauler ID No.
36126

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
West New York, NJ

Completed by
Maria Pilamunga

Title
President

Signature

Date
01-17-17

Abatement Type

* 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):** 1/19/17

**Name of Building Owner/Operator (2):** The Lawrenceville School

**Street Address:** 2500 Main St

**City, State, Zip Code:** Lawrenceville, NJ 08648

**Name of Contact:** Ken Manna

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:**

**City:** Lawrenceville, NJ 08648

**County:** Mercer

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

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

**ASCM No.:**

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

**Address:** PO Box 341

**City:** Crosswicks, NJ 08515

**Telephone No.:** (609) 259-9688

**License No.:** 00493

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

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

**Other - Describe:** 8 am to 4 pm

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

- ≥ 3 sf or ≥ 5 sf
- ≥ 150 sf or ≥ 260 sf
- Renovation
- Demolition

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

**IN Facility:**

**Yes**

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

**Yes**

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

**Amount (Specify SF or LF):** 30 lf

**Abatement Type:**

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

**Name of Registered Waste Hauler:** Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.:** 18292

**Cubic Yards of Waste:** 1 CU

**Name of Registered Landfill:** GROWS Landfill

**City:** Allentown, NJ

**Disposal Date:** 2/3/17

**City:** Morrisville, PA

**Name of Registered Landfill:**

**City:**

**Compliance Date:**

- Name of Registered Landfill

- Name of Registered Landfill

- Name of Registered Landfill

**Completed By:** Mahlon E. Stevens

**Title:** Project Manager

**Signature:**

**Date:** 1/19/17

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

**Date of Notification (1):** 1/12/17

**Name of Building Owner/Operator (2):**
**Township of Wayne**

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

**Type Notification:**
- [ ] Initial
- [X] Amended
- [ ] Emergency (including justification)

**Street Address:**
475 Valley Rd

**City, State, Zip Code:**
Wayne, NJ 07470

**Name of Contact:**
Elaine Kuca

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:**
17 West Rd.

**City (5):** Wayne

**County (6):** Passaic

**County Code (7):** 50

**Square Feet:** 1200

**# of Floors:** 1

**Bldg. Age:** 50+

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

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

**Name of Abatement Contractor (9):**
Yannuzzi Environmental Services

**Street Address:**
135 Kinnelon Rd suite 102

**City, State, Zip Code:**
Kinnelon, NJ 07405

**Telephone No.:** 908-218-0880

**License No.:** 01228

**Start Date (10):**
1/10/17

**Scheduled Completion Date (11):**
1/13/17

**Name of OSHA Monitor:**
Yannuzzi Environmental Services

**Street Address:**
135 Kinnelon Rd suite 102

**City, State, Zip Code:**
Kinnelon, NJ 07405

**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 ≥ 3 if
- [X] ≥ 180 sf or ≥ 280 if
- [X] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, 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>Window glaze</td>
<td>4 windows</td>
<td>[X]</td>
</tr>
<tr>
<td>Exterior</td>
<td>[X]</td>
<td>Transite bond</td>
<td>2800sf</td>
<td>[X]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Yannuzzi Group

**NUDEP Waste Hauler ID No.:**
17467

**Cubic Yards of Waste:**
20

**Name of Registered Landfill:**
Grows

**City, State:** Kinnelon NJ

**Disposal Date:**
1/13/17

**City, State:** Morrisville PA

**Name of Registered Landfill:**
Grows

**Completed by:**
John Mucha
**Title:** Project Manager

**Signature:**

**Date:** 1/12/17

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

Date of Notification (1) 18 / 17

Name of Building Owner/Operator (2) PSE&G / Job #1701-5103

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

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

Name of Contact Greg Marone

Street Address 4000 Hadley Road

City, State, Zip Code South Plainfield, NJ

Name of Facility Where Abatement is Taking Place (3)

PSE&G- Union

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

County Code (?) [STATE USE ONLY]

Current Use (Prior if being demolished)

Substation

Name of Abatement Contractor (9)
AbateTech, Inc.

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.

Name of OSHA Monitor
EMSL Analytical

Street Address

PO BOX 385

City, State, Zip Code
Berlin, NJ 08009

Street Address

30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Name of OSHA Monitor
Jim Proctor
EMSL Analytical

Telephone No. 856-452-1311

Telephone No. 609-265-2107

License No. 00529

Start Date (10) 1 / 19 / 17

Scheduled Completion Date (11) 1 / 31 / 17

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

Time of Abatement: AM-PM-PM-AM

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)

Location

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

Amount (Specify SP or LF)

Abatement Type

Location

Location

Location

Exterior ☑ ☑ ☑ ☑ Stucco 25 SF

Location

Location

Location

Extension (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 ☐

Name of Registered Waste Hauler
AbateTech, Inc.

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

City, State
Lumberton, NJ

Disposal Date 1/31/17

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title Operations Coordinator

Signature

Date 1/15/17

MAY 11

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

Date of Notification (1)  
1 / 18 / 17  
Name of Building Owner/Operator (2)  
Verizon Communications / Job #1701-5099  
Check #8909

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

Street Address  
100 Greenwood Avenue
City, State, Zip Code  
Jenkintown, PA 19046
Name of Contact  
Alex Baylor  
Telephone Number

FACILITY INFORMATION

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 Facility Where Abatement is Taking Place (3)  
Verizon Farmingdale CO
Street Address  
50 Main Street
City (5)  
Farmingdale
County (6)  
Monmouth
County Code (?)(STATE USE ONLY)  
Current Use (Prior if being demolished)

Offices

Name of Monitoring Firm Hired by Building Owner (8)  
USA Environmental
ASCM No.  
Name of Abatement Contractor (9)  
AbateTech, Inc.
Street Address  
8436 Enterprise Ave.
City, State, Zip Code  
Philadelphia, PA 19153
Name of OSHA Monitor  
EMSL Analytical

Project Manager for Monitoring Firm  
Mark Jenkins
Telephone No.  
215-365-5810
City, State, Zip Code

License No.  
00529

Start Date (10)  
1 / 30 / 17  
Scheduled Completion Date (11)  
2 / 3 / 17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-PM-5PM-1:30AM

Scope of Work (Check all that apply)
☐ 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)

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  
☐ Endorse

Please see attached  
☐ ☒ ☐

Name of Registered Waste Hauler  
AbateTech, Inc.
18750
Cubic Yards of Waste  
40
Name of Registered Landfill  
G.R.O.W.S. Landfill

City, State  
Lumberton, NJ  
Disposal Date  
2/3/17  
City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwendalyn Trumbetti  
Title  
Operations Coordinator  
Signature  
Date  
11/8/17

MAY 11

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Quantity</th>
<th>Number of Estimated Shifts</th>
<th>Total Dollar Amount *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor-Diesel Room and Plant Storage Room</td>
<td>Removal of 740 SF of 12&quot;x12&quot; Beige VAT/Mastic, 10 SF of VDC, and 750 SF of Joint Compound/Drywall (3 Phases)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor-Diesel Room</td>
<td>Removal of 80 SF of 12&quot;x12&quot; Beige VAT/Mastic under Generator and Equipment (Separate Mobilization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor-Diesel Room Exterior Louvers</td>
<td>Removal of 6 SF of Exterior Caulking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL BASE BID**

* *Includes Supervisor and Laborers*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
January 11, 2017

Name of Building Owner/Operator (2)
PA of NY & NJ

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

Name of Facility Where Abatement is Taking Place (3)
Goethals Bridge - New Jersey Side of Bridge

Street Address
2777 Goethals Road North

Owner (5)
Staten Island, NY 10303-8413

Square Footage
440,758

City (5)

County (6)
Staten Island

County Code (7) (STATE USE ONLY)

Union

Name of Monitoring Firm Hired by Building Owner
Creative Environment Solutions (CES) Corp.

ASCN No.
N/A

Name of Abatement Contractor (9)
B&N&K. Restoration Company, Inc.

Street Address
223 Randolph Avenue

City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-478-4681

License No.
00120

Name of OSHA Monitor
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue

City, State, Zip Code
Lyndhurst, NJ 07071

Start Date (10)
January 23, 2017

Scheduled Completion Date (11)
January 21, 2018

Occupancy Status During Abatement (Check only one)

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Non-friable exterior work

Scope of Work (Check all that apply)

2 3 6 of or 2 3 11

2 160 6 of or 2 260 11

Renovation

Demolition

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

Enclosure

Endorsement

Location

Asbestos-Containing Material (ACM) TO BE ABATED

IN Facility (13)

Concrete Encased Transite Pipe (Parapet) - South Side

Concrete Encased Transite Pipe (Parapet) - North Side

Cubic Yards of Waste

51

Name of Registered Landfill
Minerva Enterprises, Inc.
Chemical Waste Management

City, State
Waynesburg, OH / Emelle, AL

Disposal Date
01/23/2017 - 01/23/2017

Name of Registered Waste Hauler
1. Jimmy Byrne Trucking
2. Clean Earth of North Jersey, Inc.

Cubic Yards of Waste

51

City, State
Bronx, NY / Newark, NJ

Completed by

G. Roger Woodman

Title
Project Manager

Signature

Date
1/11/2017

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/16/17</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including Justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Hurley</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Princeton, NJ 08540</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Hurley</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Princeton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 341</td>
<td>Crosswicks, NJ 08515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(609) 259-9688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/27/17</td>
<td>1/31/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>□ Other - Describe:</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation 190 Lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
<td>18292</td>
<td>2 CU</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State</th>
<th>Disposal Date</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown, NJ</td>
<td>1/13/17</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td></td>
<td>1/16/17</td>
</tr>
</tbody>
</table>

* 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 12:120)

**Date of Notification:** 01-09-21017  
**Name of Building Owner/Operator:** La Casa Don Pedro

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

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

**Street Address:** 317 Roseville Ave  
**City, State, Zip Code:** Newark, NJ, 07107  
**Name of Contact:** CHRISTOPHER PAGAN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** PRIVATE HOUSE  
**Type of Facility:**  
- [x] School (K-12)  
- [ ] 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

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

**Name of Monitoring Firm Hired by Building Owner:** N/A  
**ASCM No.:** N/A  
**Name of Abatement Contractor:** EHW ABATEMENT LLC

**Street Address:** 89 FRANKLIN STREET  
**City, State, Zip Code:** PATERSON, NJ, 07524

**Project Manager for Monitoring Firm:** N/A  
**Telephone No.:** 973-333-5144  
**License No.:** 01274

**Start Date:** 01-18-2017  
**Scheduled Completion Date:** 01-19-2017

**Facility Closed/Vacated During Entire Period of Abatement:** N/A  
**Abatement Performed Outside of Normal Facility Hours:** N/A  
**Other – Describe:** OCCUPY

**Scopes of Work (Check All That Apply):**  
- [x] ≤3 sf or ≤3 ft  
- [ ] ≥100 sf or ≥260 ft  
- [ ] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneou):** PIPE INSULATION  
**Amount (Specify SF or LF):** 180LF

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

**Location Normally Used Solely by Maintenance/Custodial Staff:**  
**Yes:** X  
**No:**  
**N/A:**

**Is Location Normally Used Solely by Maintenance/Custodial Staff:**  
**Yes:**  
**No:** X

**Location Normally Used Solely by Maintenance/Custodial Staff:**  
**Yes:**  
**No:** X

**Description of Asbestos-Containing Material (ACM):** PIPE INSULATION  
**Amount (Specify SF or LF):** 180LF

**Location of Asbestos-Containing Material (ACM):**  
**In Facility:** BASEMENT  
**Where:**  
**Type:** PIPE INSULATION

**Amount (Specify SF or LF):** 180LF

**Name of Registered Waste Hauler:** TRI STATE TRANSFER  
**NJDEP Waste Hauler ID No.:** N/A

**Cubic Yards of Waste:** N/A  
**Name of Registered Landfill:** MINERVA ENTERPRISES  
**City, State:** PATERSON, NJ, 07524  
**Disposal Date:** TBD  
**City, State:** 900 MINERVA RD WAYNESBURG OH

**Completed by:** VICTOR ESPIRITU  
**Title:** PROJECT MANAGER  
**Signature:** [Signature]  
**Date:** 01/09/2017

---

*Do not use this form for asbestos licence exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:220)

**Name of Building Owner/Operator:** Paul Land Construction

**Street Address:** 300 77th Street

**City, State, Zip Code:** 26017 NJ 08234

**Name of Contact:** Frank

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Residents

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

**Square Feet:** 2,500

**# of Floors:** 2

**Bldg. Age:** 70

**Current Use:** Prior to or being demolished

**Name of Monitoring Firm Hired by Building Owner:**

**Name of Abatement Contractor:** ANI Joe Abatement, Demolition LLC

**Street Address:** 1242 Burlington Ave

**City, State, Zip Code:** New Jersey NJ 08075

**Telephone No.:** 609-346-0911

**License No.:** 01072

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

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

**Scope of Work:**
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>Siding</td>
<td>750.00</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** ANI WEC LLC

**City, State:** New Jersey NJ

**Completion Date:** 1/13/17

---

*Do not use this form for asbestos license exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

**Date of Notification:** 1/12/17  
**Name of Building Owner/Operator:** Pinbrook Construction  
**Street Address:** 320 71st St  
**City, State, Zip Code:** Secaucus, NJ 07094

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Resident  
**Street Address:** [Redacted]  
**City:** Secaucus  
**County Code:** [Redacted]  
**Current Use:** Revenue  
**Bldg. Age:** 70

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

### Name of Abatement Contractor:

**Name of Abatement Contractor:** Ani Joe Abatement Demolition LLC  
**Street Address:** 1212 Burlington Ave  
**City, State, Zip Code:** [Redacted]  
**Telephone No.:** 609-556-6916  
**License No.:** 671070  
**Name of OSHA Monitor:**

### Occupancy Status During Abatement

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

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

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

<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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>Yes</td>
<td>Siding</td>
<td>1500 SF</td>
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</tbody>
</table>

### Name of Registered Waste Hauler:

**Name of Registered Waste Hauler:** ANH WIE LLC  
**NIDEP Waste Hauler ID No.:** 20547  
**Cubic Yards of Waste:**  
**Name of Registered Landfill:** WM of PA

### Completed by:

**Completed by:** Joseph T Hall  
**Title:** President  
**Signature:** [signature]  
**Date:** 1/12/17

---

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

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

**Date of Notification:** 1/9/2017

**Name of Building Owner/Operator:** Adam D'Amello

**Agency(N)(ies) Notified:**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- DCA

**Type of Notification:**
- [X] Initial
- [X] Amended
- Amusement # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:**

**City, State, Zip Code:**

**Name of Contact:**

**Telephone Number:**

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

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

**County Code:**

**Current Use (Prior to Demolition):**

**Square Foot:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

**Name of Monitoring Firm Hired by Building Owner:**

**Name of Abatement Contractor:** Amax Contracting LLC

**Street Address:**

**City, State, Zip Code:**

**License No.:** 01266

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

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Telephone No.:** 973-494-3762

**Start Date:**

01-04-2017

**Scheduled Completion Date:**

03-14-2017

**Occupancy Status During Abatement:**

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>[X]</td>
<td>Vermiculite</td>
<td>475 SF</td>
<td>X</td>
</tr>
<tr>
<td>First Floor Kitchen</td>
<td>[X]</td>
<td>VAT</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>VAT</td>
<td>600 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Waste Hauler ID No.:** 36814

**Cubic Yards of Waste:** 8 cy

**Name of Registered Landfill:** GROWS

**City, State:**

**Disposal Date:** 01-14-2017

**City, State:** Morristown, PA

**Completed by:**

**Title:** Project Manager

**Signature:**

**Date:** 1/9/2017

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

**Date of Notification (1)**
01/09/2017

**Name of Building Owner/Operator (2)**
La Casa Don Pedro

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

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

**Street Address**
317 roseville ave

**City, State, Zip Code**
newark,nj,07107

**Name of Contact**
Christopher pagan

**Phone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
newark

**County Code (6)**
essex

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

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

**Name of Abatement Contractor (9)**
EHW ABATEMENT LLC

**Street Address**
89 FRANKLIN STREET

**City, State, Zip Code**
PATerson,nj,07524

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
01/19/2017

**Scheduled Completion Date (11)**
01/20/2017

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

**Scope of Work (Check All That Apply)**
- [x] 23 sf or >= 33 ft
- [ ] >= 160 sf or >= 260 ft
- [ ] Renovation
- [x] 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)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>X</td>
</tr>
</tbody>
</table>

**BASEMENTET**
PIPE INSULATION

**Name of Registered Waste Hauler**
TRI STATE TRANSFER

**City, State**
1199 RANDALL AVE BRONX NY

**Disposal Date**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISES

**City, State**
900 MINERVA RD WAYNESBURG OH

**Completed by**
VICTOR ESPIRITU

**Title**
PROJECT MANAGER

**Date**
01/09/2017

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

Date of Notification (1)
01/20/17

Name of Building Owner/Operator (2)
PHILIP VITANZO

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

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

Street Address
[redacted]

City, State, Zip Code
MAYWOOD NJ 07607

Name of Contact
PHILIP VITANZO

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
[redacted]

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

City (5)
MAYWOOD

Square Feet
1400

County (6)
BERGEN

# of Floors
2

County Code (7)

Bldg. Age
1955

Current Use (Prior if being demolished)
RESIDENCE

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

Name of Abatement Contractor (9)
ARIAI

ASCM No.

Street Address
144 MILL ST

City, State, Zip Code
PATerson NJ 07501

Telephone No.
973-653-9652

License No.
1257

Name of OSHA Monitor
GORAN IGEV

Street Address
144 MILL ST

City, State, Zip Code
PATerson NJ 07501

Start Date (10)
01/21/17

Scheduled Completion Date (11)
01/27/17

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

Scope of Work (Check All That Apply)
☒ 30 sF or >3 sF
☒ 160 sF or >250 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 LF)

Abatement Type

1ST FLOOR

V

DUCT WORK ACM INS.
20-100 SF

NAME OF REGISTERED WASTE HAULER

INDIAN ARROW INDUSTRIES

Cubic Yards
TBD

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

City, State
PATerson, NJ

Disposal Date
TBD

City, State
MORRISVILLE PA

Completed by
GORAN IGEV

Title
SECRETARY

Signature

Date
01/20/17

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